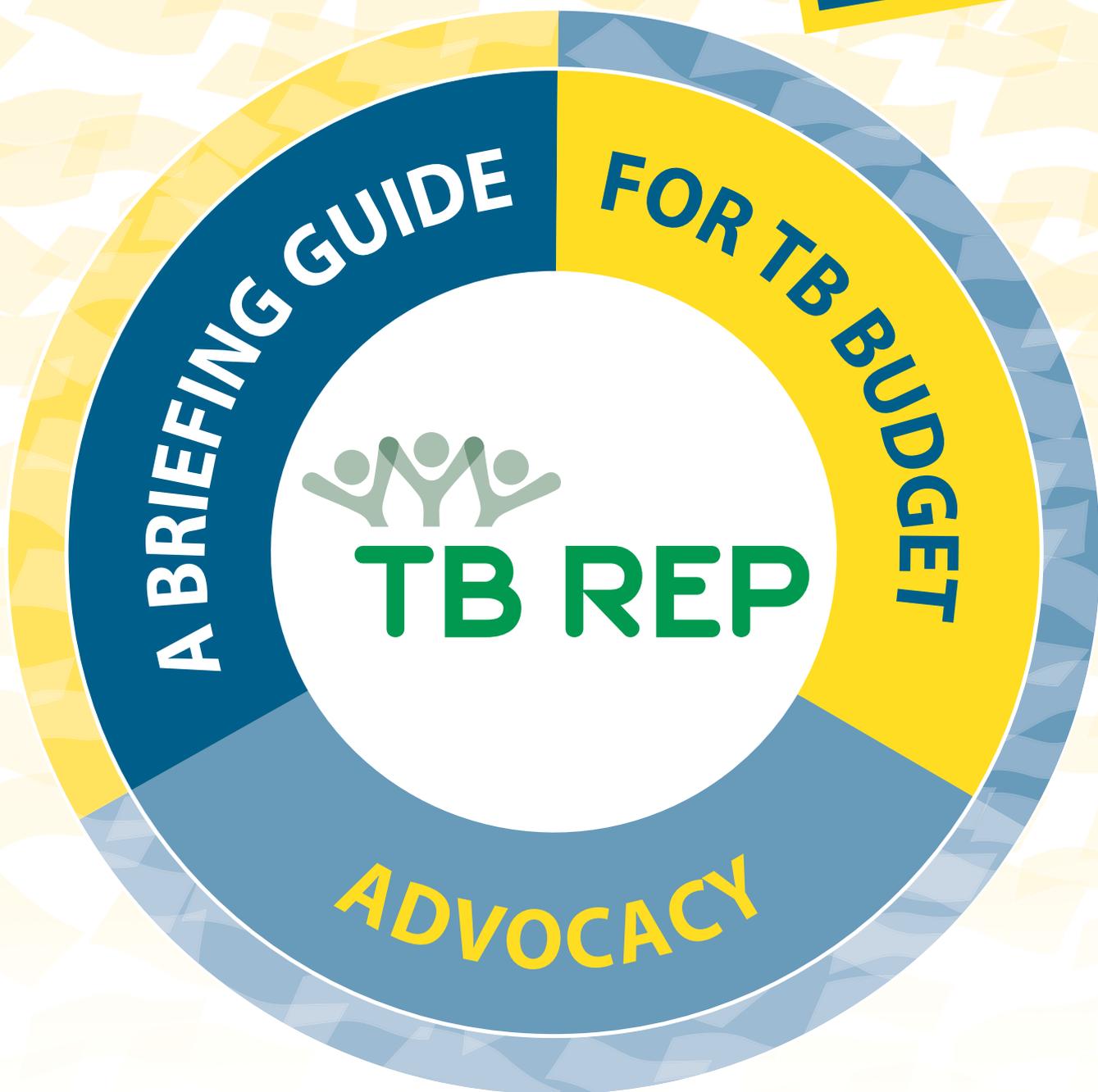


Armenia | Azerbaijan | Belarus | Georgia | Kazakhstan
| Kyrgyzstan | Moldova | Tajikistan | Turkmenistan
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A BRIEFING GUIDE FOR TB BUDGET ADVOCACY

Context in EECA

Challenging epidemiological situation: countries in EECA have a high burden of TB, especially for MDR/XDR-TB, and the resistance is further growing. Treatment of drug-resistant forms of TB is more expensive and ensuring adherence is difficult due to side effects. It poses a significant economic and social burden and causes a high level of premature mortality, morbidity, and disability.

Financial sustainability of the national TB response is under pressure due to the transition from major donors and the limited capacity of domestic governments to take over and further expand responsibilities to cover needed services.

Introduction of new drugs and new models of care – people-centered, integrated approaches that provide improved outcomes of treatment is currently in progress and might be challenged by outdated treatment models requiring lengthy hospitalization with limited patient support.

ABCs of Budget Advocacy

Budget Advocacy is a collection of targeted activities to change public resource allocation. In other words, the government often spend public/budget funds in a way that does not meet the expectations and needs of specific groups. Communities and CSOs come together to change the way public funds are spent, and the activities they carry is their budget advocacy efforts.

Budget advocacy starts with **scoping work** to learn more about the current status of domestic budget allocation, which aids CSOs to formulate **priorities for budget advocacy work**. Ethical advocacy focuses on evidence-based interventions that meet patient and community expectations and provide cost-effective solutions to TB care challenges. Budget analysis is a process that informs TB Budget advocacy. Reliable data on TB expenditures help to develop substantiated arguments for changing the current allocations for advocacy.

Types of Budget Advocacy Work

Budget advocacy is a process, and there are three main types of activities included in this process:

- ◆ **Capacity building:** Budgets can be a scary document at first and getting information from the public sector – a challenging process. Building capacity among CSO actors by teaching them how to access and use this information in their advocacy efforts is an integral part of budget advocacy work.
- ◆ **Analytical work:** conducting routine analysis of budgets and making this work publicly available is a powerful tool to benefit of communities, as well as, to keep public officials accountable.
- ◆ **Watchdogging** is a process of active monitoring on how the government implements its commitments and includes regular budget analysis, review of procurement processes, and generation of analytical reports.
- ◆ **Support designing new solutions** such as regulations, programs, strategies, costing interventions, and provide input in the development of public programs.



How is budget advocacy different?

- Budget advocacy **always targets public budget**, whether it a budget of your city, oblast or region, or a central budget, or even a debt or budget support;
- Public budgets are composed of funds **collected from citizens** (individuals or businesses); therefore, citizens have a say, how these funds are allocated;
- Budget advocacy is about **changing allocation means that existing funds are re-distributed differently**. This work always includes two aspects of analytical work: looking at the revenue side – where funds are coming from and looking at the expenditures side – how these funds are spent.
- With budget advocacy work, one should keep in mind that spending public money on your request, **ultimately reduces spending on other things** (or a chance to spend money on some other request). Therefore, there is often a moral dilemma whether spending funds for specific cause should be priorities over other causes.

Partnerships are essential for budget advocacy work

Budget advocacy work will require skills and resources, which could be outside the reach of TB CSOs, and strategic partnerships can help fill this gap.

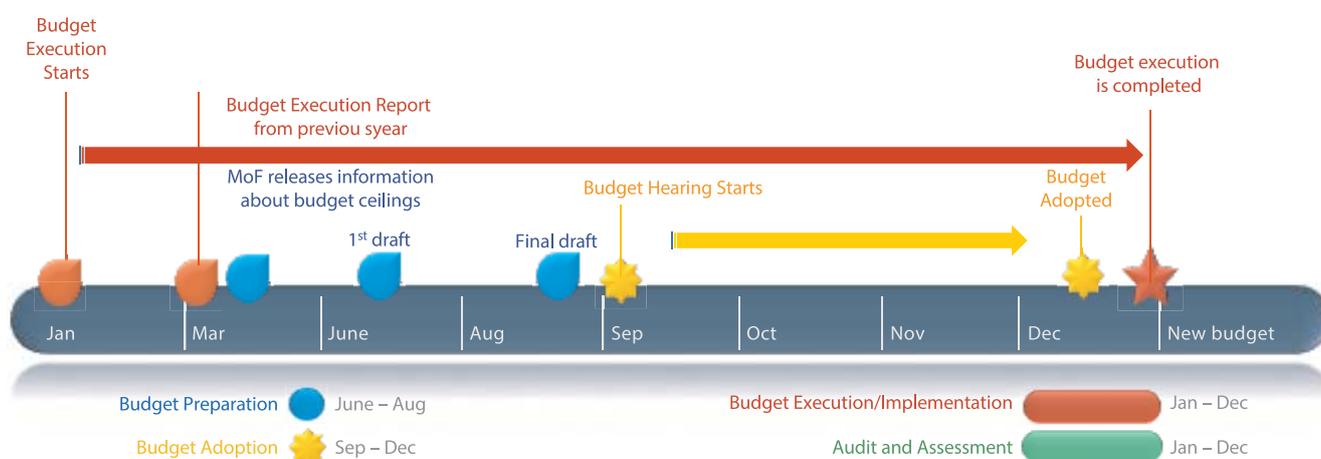
Partnering with NTP is essential in order to gain access to information and understand financial flows for TB services and structure of budgets. This also provide opportunities for joint advocacy work to ensure funds released as a result of transition from hospital to outpatient model of care are kept and used for TB care, including for CSO involvement in service provision.

Partnering with “watchdog” CSOs: there is a number of CSOs who are highly experienced in tracking public expenditures and monitoring public budgets; They can bring in their expertise in budget analysis, while TB CSOs can enrich their work by explaining the importance of TB. **Partnering with CSOs working on public governance, democracy, and the rule of law:** a significant part of a budget advocacy process is about keeping governments accountable and transparent. In this process, access to public information can be significantly limited. Partnering with CSOs which focus their work on improving public governance and accountability can help TB CSOs to gain access to this information, especially if the request is denied, and the organization decides to follow this request through the court.

Partnering with CSOs, whose focus is also affected by the transition from donor funding, can help to pressure the government and keep it more accountable. **Partnering with other health and social issue CSOs** can enrich your work with different approaches for budget advocacy and help you understand what the ways government can fund the services.

Understanding Budgets

Public budgeting is a cyclic process. The budget year usually follows calendar year and starts in January and ends in December. Many countries also follow a multi-year budget planning – Medium-term expenditure framework, which includes projection about public revenues and expenditures for three or more years.



The budget cycle is composed of four basic steps:

- 🏦 Budget Preparation
- 🏦 Budget Adoption
- 🏦 Budget Execution/Implementation
- 🏦 Audit and Assessment

Budget Analysis

The first step of the budget advocacy process is a budget analysis or budget work. Since budget advocacy not only tells how much funds are needed for specific intervention but also where these funds should come from, analysis of revenue, as well as expenditure is necessary.

- **A prospective analysis** will look at approved budgets and analysis it from the standpoint of how specific priorities are reflected in there. This is an analysis of the Government's intentions.
- **A retrospective analysis** looks at the executed budget. It provides information about how the intention of Government was implemented.
- **Analysis of strategic and policy documents** can be very informative. Usually, the National TB Response is guided by the multi-year National Strategic Plan for TB (NSP TB), which can also include the budget. This budget is different from the budget approved annually but should serve as a guiding document. Since governments pledge to execute strategic objectives stated in NSP TB, public budgets should ensure their execution;
- **Analysis/monitoring of public procurements** is a part of budget execution process, however, monitoring of tenders and other forms of public procurements requires specific experience and skills and can be powerful tool to reveal inefficiencies, such as procurement of drugs and supplies for very high price, which in effect will reduce funds available for other interventions.
- **Monitoring of budget plan implementation** is a part of a budget execution process. A budget plan stipulates the distribution of annual amounts to specific interventions and timeline. During the execution process, activities might not follow the plan. As a result, funds allocated for certain activities might be re-programmed during the year and used for other activities. A reprogramming process with a public budget is a formal process. Conducting ongoing monitoring of budget plan implementation can show these potential "savings" for some activities, and this can serve as an entry point to advocate that these funds are allocated for your cause.

Role of TB CSOs in budget advocacy work

Budget is the most critical policy instrument in the country, and it reflects the Government's social and economic priorities and commitments. Hence, it is the role of civil society actors to engage actively with governments – local or national and work with them on tailoring a public budget to the needs of communities.

Health is one of the fundamental human rights, but very often, this right is not protected. Every individual should have a right to health and healthcare despite his or her ability to pay for the services. This is especially true in the case of drug-resistant TB as appropriate care can be unaffordable or inaccessible for individuals.



CSOs can play an essential role in making TB services affordable, accessible, and equitable for individuals:

- They can **act as a bridge to key populations** and help designing programs that meet the needs and preferences of these groups;
- They can **provide differentiated care to different groups of the people**, which will be tailored to their needs;
- CSOs/community organizations can **provide psycho-social support** to individuals on treatment or in need of treatment that can be essential for treatment uptake, adherence and successful completion of treatment, thus improving outcomes for individuals, their families, and society in general;
- They can **provide prevention, referral, and treatment support** for individuals with TB and therefore, strength the care and treatment provided by the clinics; and
- CSOs can **provide legal support** to communities.

Budget Advocacy Targets

National targets are effectively set as a part of **national TB strategies**. The role of CSOs is very instrumental in realizing core principles of people-centered model of care and some of the key priorities for their work could be:

- **Replace donor funding**
- **Increasing coverage** with prevention and treatment services to reach all individuals
- **Ensure inclusion of CSOs in TB care** provision and planning through enabling social contracting.
- **Focus on prevention of catastrophic healthcare expenditures** due to TB and ensuring that anyone can access services without financial hardship, through tracking and monitoring of out-of-pocket spending for TB care.
- **Diversify funding sources** for national TB response through engaging with central, regional, and city governments

- Optimize TB care by:
 - **Advocating for evidence-based services and interventions**, which are more cost-effective as well.
 - **Advocating for reduction of cost of treatment and drug prices:** the same quality care can be delivered at lower costs.

Budget advocacy models for drug-resistant TB Care

Budget Advocacy for drug-resistant TB can be carried out using at least four models as follows:

Model 1: Advocacy for changing allocation via identification of new revenue sources outside of health/social sector

Healthcare services are often underfunded or rely heavily non-public spending, such as private/out-of-pocket expenditures. Identification of new potential revenues to the health sector can be an entry point for budget advocacy work.

Model 2: Advocacy for increasing allocation via identification of potential cost-savings within the health/social allocation (increasing efficiencies within the sector)

Finding potential sources of funding within the health sector is easier, than from outside of the sector. One of the common entry points in this process is advocacy for reallocating potential “savings” in the program within one budget year (e.g., if a particular drug was purchased at lower prices than initially budgeted).

Model 3: Advocacy for increasing efficiencies within TB sector (e.g., by replacing inefficient services with efficient ones)

Allocation within a sector and especially within program, such as TB program can be easier to reach target for two basic reasons: on the one hand, changing allocation within TB program is technically more feasible (e.g., replacing one drug with another formulation), and, on the other hand, since TB CSOs work in this field, that have more expertise to trace ineffectiveness within a sector.

Model 4: Advocacy for increasing allocation for the TB sector in general (e.g., by offering economic benefits due to TB burden reduction).

MDR-TB treatment is a complicated and costly process. It leads to catastrophic economic and social costs that patients incur while seeking help and while on treatment. Interventions targeted at prevention of MDR-TB (case management, improved supply-chain management of TB drugs, availability of new drugs) can generate a significant return on investments made by the public sector through reducing mortality and morbidity and resulting disabilities.

Budget Advocacy Planning Tool

	Objectives/targets	Resources	Stakeholders
Scoping	Formulate initial objectives.	Collect general information about the availability of resources: <i>TB Budgets, donors, health budget, the general financial outlook of the country.</i>	Ministries of health, social care, and financing; Local health and social service authorities; Strategies, national policies and priorities (incl. MTEF, budget reports, etc.)
Analysis	The specific objective should be formulated: e.g.: <i>Increase food allowance for MDR-TB patients from X to Y amount.</i>	Identify potential sources of funding.	Ministries of health, social care, and financing; Local health and social service authorities; Strategies, national policies, and priorities (incl. MTEF, budget reports, etc.) and others.
Intervention	Formulate advocacy messages.	Costing and budgeting exercises as needed.	Follow the budget cycle.

