

Improving budget accountability in health through government-civil society collaboration: **Insights from Mexico**

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World Health Organization

Mexico case study

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- » Context: *Handbook on Social Participation for UHC*
- » Social Participation Technical Network → 9 case studies

Country	Region	Focus area
India	SEARO	'Communitization' pillar within National Rural Health Mission
Thailand	SEARO	National Health Assembly process
Burkina Faso	AFRO	Civil society engagement in National Health Financing Strategy development
Madagascar	AFRO	Local community participation and links to national level
Mexico	PAHO	Civil society engagement with national budget processes
Tunisia	EMRO	Post-revolution societal dialogue for health initiative
Iran	EMRO	Evaluation of existing participatory governance mechanisms
Portugal	EURO	Health Council as a participatory governance institution
France	EURO	<i>Democratie sanitaire</i> approach in the health sector



Mexico: social participation background

- » Highly decentralized and democratic country
- » Significant urban-rural difference
- » Long tradition of organized civil society and civic movements
- » Right to health legislation in place
- » 2002: freedom of information law
- » 2004: legal framework for civil society to work with federal government on Mexico's social development

Mexico: Adolescent sexual and reproductive health

- » 20% of 120 million population 10-19 years old!!
- » Highest adolescent birth rates among OECD countries (20% of births in 2017 to mothers < 20 yrs)
- » Adolescent pregnancy - leading cause of mortality in girls 15-19 yrs
- » Expression of **inequality**:
 - » Poorest income quintile: 97 adolescents/1000 pregnancies
 - » Highest income quintile: 15 adolescents/1000 pregnancies
- » Government of Mexico: Specific Action Program for Adolescent Sexual and Reproductive Health 2006-2012; 2013-2018



Mexico: SRH & budgeting

- » CSOs fairly active in budget analysis and advocacy
- » CSOs highlighted the problem of timeliness of transfers from federal to state level
 - » funds not effectively used
 - » funds not spent on time
 - » underspending of up to 80%
 - » spending did not correspond with adolescent SRH programme objectives
 - » no accountability system for government officials formally in place



Agreement for Strengthening of Public Health Actions (AFASPE)

- » Formalized programme-based budgeting process (2007)
- » Agreement signed between federal and state ministries
- » SRH programmes have earmarked budgets
- » *State has obligation to report to federal ministry*

Mexfam, OMM, Fundar, others : a CSO coalition

Why Mexfam and allies were object of our study:

- » analyzed the funds budgeted for SRH programme
- » monitored the execution of funds
- » used monitoring findings to dialogue with government officials
- » played a key role in changing federal-state budget transfer modus operandi
- » influenced accountability and reporting system at state and federal government level



Research question and methods

- » What were the specific *roles* and *capacities* of CSOs in monitoring the budget allocated to SRH in Mexico?
- » What were the principal factors of success in advocating for improved budget execution and accountability at federal and state government level ?
- » What were some bottlenecks in CSO budget monitoring and policy dialogue?

Methods

- » Rapid literature review, including government documents, monitoring and analysis reports from Mexfam and allies
- » 10 key informant interviewees (Mexfam senior officials, CSOs allies, state and federal government levels)
- » Thematic analysis approach by 3 independent coders
- » Group workshop format to cross-verify coded passages + agree on conclusions

FINDINGS

CSO capacity, standing, and respect → civic space widened

- » Which capacities?
 - » Research & analysis -- technically sound evidence in SRH and budget tracking
 - » Advocacy based on research but using the right language for the right audience (policy dialogue)
 - » Link to communities
- » Community presence
 - » Legitimacy
 - » Advocacy based on knowledge & information from communities
 - » Evidence generation
- » Alliance-building with other CSOs
 - » potentiate technical capacities (in particular budget tracking)
 - » join forces for common goals
- » Using formal ('feedback meetings') and informal mechanisms for engagement with government officials
 - » to obtain information
 - » to present research findings
 - » to formulate policy implications

BUT: institutional, political and social context determines a lot

Enabling factors

- » Adolescent SRH recognized as priority → good entry point for policy / budget dialogue
- » Access to information through AFASPE
- » Federal government officials → generally open to listen to CSOs (but willingness to collaborate varies greatly)
- » State authorities became allies
 - » Initial resistance overcome by demonstrating win-win
 - » Mid-level state authorities crucial for real-time information exchange

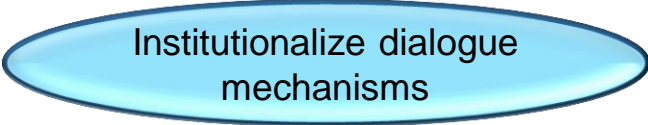
Hindering factors

- » Lack of a transparent culture → resistance from government (especially state-level finance personnel) to provide information
- » Low capacity of state governments
 - » deficient management
 - » lack of coordination and communication between federal & state
- » Internal government budget tracking tools still not publicly available despite CSO requests

Lessons for handbook: how to ensure sustained dialogue around health policy and budget monitoring?

Challenge for CSOs

- » Resources needed to build capacity, keep links to communities, conduct advocacy
- » Strengthen a culture of working together in alliances



Institutionalize dialogue mechanisms

Challenges for government

- » (Fluctuating) political will determines the level of openness
- » Lack of staff & capacity in government agencies to guarantee spaces for participation and follow-up
- » The difficulty to obtain detailed relevant budget and expenditure information

Civil society advocacy contributed to increased accountability and efficiency in budget spending for SRH in Mexico

National policy changes with a direct impact on programme implementation effectiveness:

- 1. Transparency** AFASPE agreements between federal and state are made public as soon as signed
- 2. Timeliness in fund transfer** a mandated no. of months for federal-to-state fund transfer
- 3. Timeliness of information** Notification from federal to state authorities regarding fund transfer with subject heading
- 4. Reporting** State government must report to federal government on the use of the funds
- 5. Revising the criteria for purchasing goods and services** Long overdue update undertaken after recognition of it limiting the ability of state governments to execute the budget.

HOW DOES THIS COMPARE WITH OTHER COUNTRIES?

International Budget Partnership 6-country study (2005)

- » Lesson 1: Civil society can influence the budget
- » Lesson 2: Budget work is an adaptable tool
- » Lesson 3: Access to information combined with civil society capacity to leverage it is key
- » Lesson 4: Structural change requires long-term engagement
- » Lesson 5: Capacity can be found through alliances
- » Lesson 6: Informal (relationship building) and formal mechanisms must both be leveraged to enlarge civic space



Q&A

