From February 13-14, 2019 PATH organized an Advocacy Learning Lab on decentralization in Nairobi, Kenya. This Learning Lab convened 125 attendees from seven African countries—Kenya, Uganda, Zambia, Malawi, Democratic Republic of the Congo, Nigeria, and Senegal. It prioritized participation of stakeholders operating in sub-national contexts, including civil society advocates, policymakers, donors, and implementing partners.

Establishing a shared understanding of decentralization

Many countries in Africa are in varying stages of decentralization, where greater political responsibility is held by the district, county, or province, and budgeting and delivery of health services often fall to local government. Generally, this is expected to bring services and decision-making closer to the people and facilitate better access to health care services, as local populations would have greater ability to engage with their local leaders and hold them accountable. But there are significant challenges to realizing this potential, and little data exists on its impact on health equity, efficiency, accountability, or quality. This shift in governance structures dramatically expands health advocates' playing field from the national to sub-national levels and creates a host of emerging opportunities and challenges.

The Learning Lab was opened with a keynote address from His Excellency Dr. Wilber Ottichilo, Governor of Vihiga County, Kenya, who put the role of decentralization in health care into context using Kenya as an example. He said that the primary objective of decentralization is to devolve power, resources, and representation to be closer to the people. To this end, various laws have been enacted by Kenya's national parliament to create an enabling environment for devolution.
Advocacy Learning Lab: Decentralization meeting report

Vihiga has capitalized on this system, and with Governor Ottichilo's leadership the county is addressing disease burden through a combination of primary and clinical health interventions. Through decentralization, he said, his people are able to participate and directly involve themselves in health service delivery at the community level.

Following the governor's address, Learning Lab participants further explored the meaning of decentralization and the varying models and approaches adopted by different countries.

From increased citizen empowerment and participation to accelerated decision-making and greater transparency, participants agreed that decentralized health systems offer a myriad of opportunities, such as platforms for citizen engagement in priority-setting, policy-making and budgetary processes, and the ability to hold decision-makers accountable for delivering on their commitments.

Decentralization can also create healthy competition between decentralized units, allowing advocates to leverage one district or county's progress to spur action from policymakers in others.

Participants highlighted challenges associated with decentralization. The most common included: navigating the decision-making process; weak capacity for policy formulation, prioritization and resource allocation; lack of clarity on resource allocation processes; multiplicity of decision-making responsibility and tensions arising from misalignment between national and sub-national priorities. These challenges, identified through instant polling, formed a common thread throughout discussions over the two days.

Whose mandate is it: Power on paper vs. power in practice

Learning Lab participants discussed which policy decisions are made at the different levels of government, what priorities and budgets each level of government decides on, and what sensitivities and dynamics advocates need to be aware of. Acknowledging that decision-making power varies by country, participants broke up into country-specific groups to discuss who holds the power on paper, who holds the power in practice, and where advocates have a real opportunity to influence or intervene.

About PATH's Advocacy Learning Lab: Decentralization

PATH has initiated a South-to-South learning series dubbed the Advocacy Learning Lab. This series aims to provide an opportunity for advocates, health practitioners, policy makers, data experts and funders together to share learnings and experiences from their work on health policy and implementation. The interactive Learning Lab featured a mix of sessions to impart knowledge, promote exchange of ideas, and facilitate action planning and applied learning both across countries and through deep-dives into individual country contexts. Specific objectives for the Advocacy Learning Lab: Decentralization included accelerating effective health advocacy in decentralized settings; fostering knowledge sharing among attendees; and contributing to the body of evidence and experience pertaining to decentralization challenges and opportunities, particularly related to health advocacy.

Throughout the two-day, slide-free workshop participants discussed the following:

- The understanding of decentralization and variations in different country contexts.
- Entry points for advocacy in policy-making and budgeting.
- Opportunities and challenges for advocacy in nascent decentralized settings.
- Shared case studies of successful advocacy approaches from different countries.

Learning Lab at a glance

- 2 days
- 7 African countries
- 11 sessions
- 125 participants
- 906 tweets
A key takeaway from the panel was the need to strengthen well positioned to build the capacity of citizens to demand their meaningful participation in decision-making at decentralized levels. When citizens understand their rights and responsibilities they are able to more meaningfully engage with their governments and leaders. Civil society is well positioned to build the capacity of citizens to demand quality services and to hold their governments and other duty bearers accountable. However, to achieve this governments and funders must invest in advocacy capacity-strengthening initiatives for civil society organizations and community groups.

Samburu Wa-Shiko from the Bill & Melinda Gates Foundation, agreed that more resources should be allocated to the sub-national level, where the bulk of the work is being implemented. He said that donors recognize this and are adapting accordingly, funneling more of their resources into county- or provincial-level programs.

Hard work is one of the outcomes of advocacy in decentralized settings. The accompanying word cloud is a visual representation of attendee responses.

Following the country breakout sessions, participants re-convened to hear decision-maker and donor reactions. Honorable Sabina Chege, Women’s Representative for Murang'a County in Kenya’s Parliament and Chairperson of the Parliamentary Health Committee, cited the biggest challenges facing decentralization as lack of human resources and competition for limited financial resources at the expense of service delivery to the citizens.

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“We need to increase community awareness and educate our people that funds allocated for health is their money. They must hold policymakers accountable [for these funds].”

—Hon. Sabina Chege, Chairperson, Parliamentary Health Committee and Member of Parliament for Kenya’s Murang’a County

Using data to go beyond numbers

Designing and delivering high-quality health services requires accurate data. Advocates have a role to play in demanding the generation of high-quality data and ensuring that it is translated and packaged for decision-makers. This is especially important at the sub-national level, where policymakers have an expanded mandate and need targeted, accurate data to guide their new decisions.

According to PATH’s Jeff Bernson, in the global health sphere data collection and reporting is sometimes confused with data use. There is too much focus on the data systems and not enough focus on the people who use the data. One solution he offered is that advocates need to produce data that sparks more curiosity among users and package it in a way that decision-makers can easily understand.
“Devolution was initiated by Kenya in order to respond to citizens’ needs to have strengthened institutions, improved service delivery, and citizen engagement. The implementation of devolution created an opportunity for the local communities to identify their problems, prioritize interventions, and oversee implementation. In regards to the health sector, it entails public participation in planning and budgeting to ensure equity and transparency at the community level.”

H.E. Dr. Wilber Ottichilo, Governor, Vihiga County, Kenya
Dr. Beatrice Kariuki from the Pan African Institute for Consumer Citizenship and Development stressed the key to building a data culture is ensuring that every use of data has a value add and that decision-making is informed by data. One way to do this is to communicate the data to champions at the grassroots level, and they will assist advocates in defending data to leaders and policymakers.

Following the money: Financing health at the sub-national level

It is no secret that the process of budget formulation, approval, execution, and oversight differs greatly across settings. It is often difficult for advocates without adequate knowledge of the process to set budget priorities, influence appropriation, and track dispersement and expenditure. Participants discussed designated opportunities for public participation and how this differs from the real opportunities to influence priorities and budgets.

Mokeira Nyagaka, a budget expert from the International Budget Partnership, noted that due to lack of understanding of the budget process and the effective opportunities to influence—not usually detailed in the budget calendars—advocates join the budget process late when major decisions have been made. However, in order to engage, advocates must know when and how to participate in the budgetary process and who the key players are along the whole chain. One topic front of mind for almost all panelists and Learning Lab contributors was determining the entry point for advocates to best influence the budget and the influencers to target in the labyrinth of the budgetary process. Additionally, many advocates focus heavily on budget formulation, but are less engaged in tracking how allocated funds are dispersed and spent. This means that funds budgeted for a health program—a win celebrated by advocates—may get re-appropriated for an infrastructure project. Policymakers and advocates alike agreed that for civil society to have meaningful impact on the budget process, they have to engage early and stay connected throughout the entire process.

“Data use is a muscle that needs more exercise. One of the best things we can do to solve issues around data is to think about how to strengthen that muscle of data use among our decision-makers.”

—Jeff Bernson, Vice President, Technology, Analytics and Market Innovation Management, PATH
Building people power and partnerships at every level

In a session dedicated to building people power and partnerships, participants explored topics such as how seasoned advocacy organizations are partnering amongst themselves, as well as growing and fostering local advocacy capacity; how groups are mobilizing citizens to demand quality health services; and the complexities associated with partnership formation and management at the sub-national level.

Angela Nguku of White Ribbon Alliance Kenya emphasized the importance of engaging marginalized groups, especially adolescents and young people, in advocacy. Christina Chilimba, a youth advocate with the Graça Machel Trust (in Malawi), agreed, speaking passionately about the need to tap into the power of young people who are active but lack opportunities to engage in the policymaking process. She said, “including young people cannot be an afterthought. There is a need to open up opportunities to mentor young people to be better leaders, not just leaders of tomorrow, but now.”

Deogratias Agaba used PATH’s Advocacy for Better Health (ABH) project as an example of a successful engagement platform between citizens and leaders. He explained that ABH raises awareness among citizens on their rights and responsibilities related to health using Uganda’s Patient’s Charter. The project then supports communities to hosts advocacy forums where citizens and duty-bearers discuss challenges and identify solutions together. Through the forums, community leaders have a chance to respond directly to the issues raised and make commitments to address the same.

“"The real power lies with the people, but do the people realize they have the power? Therein lies the opportunity for advocacy. As civil society it is our job to ensure our people realize they have the power in their hands.”

—Elizabeth Choseni, Assistant Director, Decentralization Secretariat, Cabinet of Zambia

Breakout sessions

To dive deeper on emerging questions and hot button issues, participants gathered in small groups and discussed the following questions:

- When should health advocates advocate for good governance?
- How do we promote and sustain youth advocacy at the sub-national level?
- How can we achieve and sustain citizen-led advocacy at scale?
- How can advocates bring decision-makers up to speed on health issues, especially after elections?
- How does the Global Financing Facility help advocates drive implementation and accountability?
- How does the global universal health coverage dialogue impact national and sub-national action?
- How can advocates generate acceptance from policymakers and get them to listen?
- Where do advocates intervene for impact in policy and budget process?
- How are primary health care policies operationalized at the sub-national level?
- How does decentralization impact health service delivery, and how can advocates leverage opportunities and overcome challenges?
- What best practices strengthen advocacy capacity at the sub-national level?
“Initially (in my role as First Lady) I was advocating for improved maternal and newborn health and adolescent sexual and reproductive health. But when I got into the science behind early childhood development, I realized it is one critical health area we are forgetting. The first 1,000 days of a child's life are very important (for their development).”

H.E. Rosella Rasanga
First Lady, Siaya County, Kenya
Advocacy wins at the sub-national level

Learning Lab participants shared examples of successful advocacy initiatives and discussed how their lessons could contribute to future work and motivate action at the sub-national level, especially once a policy has been adopted.

Lucia Laboso from Options, Evidence for Action (E4A) Mama’Ye, Kenya, said that advocates are stronger when they act together and that there is a need to build on each other’s strengths in order to bring about sustainable policy change. She highlighted the need to anchor advocacy asks within an existing policy framework, and co-create with decision-makers, where possible. Laboso also discussed the double-edged sword that is partnering with the media. She explained that the media is useful for helping reach the people, but that advocates need to be strategic about engaging it: “the media is a powerful tool, but it’s a tool that can take us down the wrong road if not used properly.”

Sharing experiences from the DRC, PATH’s Guy Bokongo told the story of how advocates worked together to pass provincial-level health edicts in two of DRC’s provinces, ensuring that certain resources were allocated for health regardless of changing national-level priorities. He stressed the role that local stakeholders play in finding solutions to address local problems.

In reflecting on specific advocacy wins, speakers offered guidance for staying the course long enough to see the goal realized—remain flexible and patient in the face of changing environments, maintain clarity around the pathway to change, set a realistic timeline, and be transparent around what is truly possible.

“Despite our different historical and cultural contexts, we have a common goal around decentralization. We can improve the health of all Africans through using decentralization strategies.”

—Makolo Jibikilayi, Coordinator, Technical Cell of Support to Decentralization, Ministry of the Interior (DRC)

Reactions from decision-makers and donors

At the start of the second day, decision-makers in attendance were asked to provide insight into the first day’s conversations and how they could be used to inform discussions moving forward.

The Bill & Melinda Gates Foundation’s Jillian Foote emphasized the importance of engaging citizens on their rights, translating data for decision-makers, and strengthening the capacity of advocates to engage in the budget cycle. She noted that “CSOs and citizens in general must realize that they have the power to hold their duty bearers to account on key health issues,” including budget.

Darwin Pangani from Malawi’s Ministry of Local Government and Rural Development indicated that decentralization can improve health service delivery as long as there is sufficient political will. He encouraged civil society organizations to cultivate political champions and present simplified, digestible evidence to policymakers to ensure its use in decision-making.

Honorable Abigael Perpetua Awino, the Health Committee Chair for Kenya’s Siaya County echoed Ms. Foote’s call for civil society capacity strengthening in budget advocacy. Hon. Awino also called for multisectoral partnerships to address inefficiencies in the health system. Other sectors, including education, finance, and infrastructure all have bearing on health service delivery. Advocates can help bring these diverse stakeholders together to solve problems.

Honorable Sabina Chege, Chairperson Parliamentary Health Committee and Member of Parliament Murang’a County, Kenya comments on challenges facing decentralization in Murang’a County.
Where do we go from here?

At the close of the two days, participants contributed to a second word cloud, this one reflecting on their time spent together. The following are the results.

Continuing the conversation online

As a way of continuing the conversation, a Knowledge Gateway group was set up to enable participants to remain engaged in discussions on health advocacy in decentralized settings. The collaborative platform will be used to continue and expand on the in-person Learning Lab and to share ideas, lessons learned, and tools. This group will serve as a resource and information sharing hub for improving and accelerating effective health advocacy in decentralized settings; fostering knowledge sharing; and contributing to the body of evidence pertaining to decentralization.

To join, visit https://knowledge-gateway.org/health-advocacy-decentralization/join.

“Inefficiency in health service delivery is not entirely a health service issue. We need to go multisector and bring everyone on board (water, education, finance, etc). This is where advocacy comes in.”

—Honorable Abigael Perpetua Awino, Member County Assembly, Chair Health Committee, Siaya County (Kenya)

Next steps

Throughout the two days, participants were broken up into groups by country to reflect on learnings around decentralization. At the end, participants agreed upon some next steps to embark on.

- Kenya participants hope to benchmark advocacy best practices among different partners and strengthen county platforms for advocacy for impactful decentralization by creating advocacy champions and strategically packaging advocacy tools.
- Zambia participants hope to strengthen partnerships between government and CSOs and arrange a country-specific devolution decentralization conference for follow-up conversations.
- Malawi participants plan to create an advocacy roadmap to ensure the full percentage of national funds are allocated to district councils and distributed according to need. They also plan to generate more data and package for decision-makers.
- Nigeria participants plan to hold monthly dialogues to continue to identify issues and engagement opportunities and further explore funding of basic health care provision funds.
- DRC participants plan to develop a document that will help educate decisionmakers at the provincial level on their roles and responsibilities. They also hope to facilitate trainings at the local level on citizen engagement and accountability.
- Uganda participants hope to generate evidence on how decentralization has improved service delivery throughout the country and jointly facilitate policy engagement on decentralization.

Lucia Laboso, Options, Evidence for Action (E4A) MamaYe, Kenya, facilitates a small group discussion.
About PATH’s Advocacy Learning Lab model

Even seasoned advocates require continued stimulation to hone approaches and innovate practices. PATH uses an innovative “learning lab” model to convene stakeholders from multiple countries on emerging topics of high importance to the field of advocacy. These slide-free, 2-3 day meetings include interactive sessions with thought leaders from different disciplines to share learning and experience. Heated panel discussions, facilitated group dialogue, and tools like instant polling catalyze “aha moments” and fuel action. With support from the Bill & Melinda Gates Foundation, PATH convened 75 stakeholders on the topic of accountability in Nairobi, Kenya in 2018, and 125 policymakers, bureaucrats, advocates and influencers from eight African countries in 2019 to discuss advocacy in decentralized settings. Both convenings sparked new thinking by participants to apply to their work. PATH is continuing to foster dialogue on both topics through online platforms.

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“In Vihiga County, we place number one priority on health because we strongly believe that a healthy county will thrive and will develop very fast. We believe development is not possible without a healthy population.”

—H.E. Dr. Wilber Ottichilo, Governor, Vihiga County, Kenya
PATH is a global organization that works to accelerate health equity by bringing together public institutions, businesses, social enterprises, and investors to solve the world’s most pressing health challenges. With expertise in science, health, economics, technology, advocacy, and dozens of other specialties, PATH develops and scales solutions—including vaccines, drugs, devices, diagnostics, and innovative approaches to strengthening health systems worldwide.

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