

This short version of the guide is intended to inform community activists from key affected populations (KAPs), civil society organizations, and community-based organizations (CBOs) on how to engage in meaningful, transparent, and accountable budget advocacy towards domestic government at national or subnational level. The regional focus of this guide is Eastern Europe and Central Asia (EECA), although it can also be used by individuals from other regions. This budget advocacy guide summarizes the activities of the Eurasian Harm Reduction Association (EHRA) in providing technical assistance and support, creating opportunities and facilitating the transition period for the integration of harm reduction services into national health and social care systems, and securing the allocation of public funds to those services.

## INTRODUCTION

Despite the specific objectives set by each country, the EECA region as a whole is facing significant challenges in terms of a dramatic decrease in allocations from the international donors and a worsening of the HIV epidemiological situation especially among KAPs.

Governments have made a number of key global and regional high-level policy declarations and commitments about HIV (Figure 1) which influences and shapes national policies, programs, and funding and should be used for planning and setting advocacy goals.

Figure 1. Timeline of key policy decision regarding HIV services for KAPs



International targets related to HIV/AIDS have been defined and set high. The United Nations Sustainable Development Goals call for an end to HIV epidemics by 2030, while UNAIDS and the international community call for 90-90-90 targets by 2020. Harm reduction programs play an important role in achieving 90-90-90 goals among people who use drugs.

Figure 2. The 90-90-90 targets



## BUDGET ADVOCACY FOR KAPs

Health budget advocacy is about lobbying and campaigning to change the way public resources are used to deliver health services. By analyzing how healthcare is funded and how budgets are drawn up, civil society groups will have greater opportunity to influence how the government

defines priorities for health spending, plans and executes those expenditures, and, finally, monitors the outcomes. Budget advocacy for KAPs means that civil society groups and communities working in the area of service provision, research, or human rights protection for KAPs undertake specific well-conceptualized strategic activities to influence government decisions on allocating and implementing public health budgets and the provision of services, and to enhance the transparency and accountability of government institutions/service providers. Budget advocacy includes a series of activities developed to influence people who devise and enact laws or policies and distribute resources among all parts of the public sector, and specifically within the public health sector. This process is intended to change the development and implementation of the public-sector budget to benefit PWUD. The ultimate targets of budget advocacy are the key government representatives (key decision-makers) who influence budgetary allocations, policies, and regulations, they include different levels of public officials and technical staff who are in charge of implementing public budget allocation decisions. Depending on the type of budget advocacy work, it may target the general public, other CSOs, and other groups too.

Some of the steps/strategies needed to achieve the ultimate advocacy goals include encouraging changes in communities (awareness-raising and mobilization), campaigning to create public pressure, writing policy briefs, organizing public events, having direct meetings with government representatives, building alliances, etc. To implement the budget advocacy process, it is very important to have data about budgets and public spending that will support your strategies (evidence of how the government is using the existing funds for harm reduction, or budget funds in general; evidence of how the government sets its budget allocation priorities, and where harm reduction stands as a government priority; identifying possible sources of revenue in national budgets that can be used for funding harm reduction programs; etc.).

The budget is an essential policy document. Budgets are used as instruments for implementing international conventions and national standards that promote the welfare of people who use drugs. Better outcomes in the health sector and any other parts of the public sector depend not just on budget allocations but also on the actual execution and proper use of those allocations. The execution and proper use of budgeted funds can be improved through budget advocacy. Civil society organizations that work in the area of harm reduction and people who use drugs can be involved in participatory budgeting, tracking public revenues and expenditures, monitoring public service delivery, lobbying, etc.

A low level of investment in harm reduction services reflects the low priority the government attaches to this issue when it comes to budget planning and implementation. KAP groups are equal members of our communities, entitled to the full enjoyment of their basic human rights and all other rights available to our societies. As employees, business owners, and employers, as consumers of goods and services provided by the public and the private sectors, they pay taxes and other public fees and contribute a significant amount of funds to the government. Furthermore, as part of the national electorate, they have the power to influence a change of government — i.e. to vote for or against politicians depending on how they represent their interests. The government's genuine intention to meet the specific needs of people who use drugs can be proved solely through the proper allocation of funds to national budgets. In addition, all necessary policies which regulate and facilitate the use of the allocated funds should be developed and implemented. The intended beneficiaries of the policy and budget allocations will not be able to enjoy those benefits or will have limited access to them if the country:

- has policies but does not allocate budget funds to implement them;
- has adequate budgets but no clear policies to regulate the use of the allocated funds;
- has poor-quality policies and insufficient funds to implement them.

Community activists can use budget advocacy to:

- increase the share of the overall budget for harm reduction in comparison to other government spending and prioritize harm reduction programs within the allocations for health;
- improve the efficiency of the resources used for harm reduction;
- learn how the decision-making system works and how to participate in policy and budget development and enactment processes: policy and budget enactment, implementation, and oversight;
- improve transparency and accountability;
- become a member of working groups and boards of public/government agencies, in order to speak up, make the voices of vulnerable populations heard, and get them incorporated into decisions and programs;
- raise issues that would otherwise be neglected, and draw the attention of the media and others in civil society;
- confront the unequal power dynamics that affect the distribution of public resources;
- pressure governance institutions to treat people from KAP groups with dignity, and let them know the positive and negative consequences of their decisions on the quality of life of those individuals;
- create new public spaces for citizens' participation;
- gain the skills needed to effectively participate in public debate;
- produce alternative budgets;
- simplify budgets;
- expand the debate around budget policies and decisions.

## **TYPES OF BUDGET ADVOCACY WORK**

The objective of this work is to influence public budget allocations; however, there could be multiple ways to achieve this change. As with any advocacy work, you may choose the type of activities that are most suitable for your organization and its type of expertise. Here are some suggested types of budget advocacy activities that all contribute to changing public budget allocations:

- Capacity-building:
  - CSOs develop budget expertise, which they share with other CSOs through training.
  - CSOs working with public officials (or international organizations) and building their capacity in budget processes. This results in stronger interventions and better oversight.
- Analytical work: As CSOs develop alternative approaches to budget analysis, they are capable of analyzing budget data from a different perspective and uncovering important policy issues. For example, when you try to analyze data in order to advocate for increased prevention and care services for PWUD, you can easily take the data on the number of individuals in prison for drug-

related offenses, then identify the public expenditures on those prisoners and argue that redirecting funds from repression to care (such as harm reduction) can prevent the overpopulation of prisons for drug-related offenses, positively impact the quality of life of PWUD, and save public money.

- Collecting and sharing best practices: Every issue has its own specific characteristics, but work done by one group can influence and motivate the work of others.
- Improving accountability: When you start demanding data and information, you enforce public accountability. On the one hand, public services may start to feel pressured; on the other hand, they may change their practices in response to this pressure (e.g. start collecting the data which interest civil society).
- Supporting budget authorities (through different stages of the budget cycle — ministries, legislative bodies, etc.) to integrate policy, program, and funding/ financing changes: in this case, CSOs act as experts and provide help with drafting a piece of legislation or regulatory documents, designing a program, developing costing tools or other implementation instruments, etc.

## **APPLIED BUDGET WORK**

Applied budget work is an analysis of public budgets with an explicit intention to advance certain policy goals which assist the most disadvantaged groups in society. This work seeks to:

- raise awareness among the general public or certain special interest groups about the budgeting process and about the state's spending priorities;
- provide findings in a way which is accessible and understandable for the public and impacts the policy debate;
- increase the accountability of public agencies and officials and keep them open and accountable to the public.

## **ENVIRONMENT FOR BUDGET ADVOCACY**

Budget advocacy occurs in a certain environment. Before moving on to the specific details of budget works or advocacy, it is important to have at least a basic understanding of the key factors that shape the environment for the work. Each country is different. Furthermore, our advocacy often targets subnational governments, such as municipalities, where variations could be even greater. Therefore, your advocacy work should be and is shaped by the realities of your specific environment.

## **GOVERNANCE SYSTEMS**

The national governance system defines how state policies and legislation, including budgets, are developed, enacted, and executed. Therefore, before launching advocacy efforts, it is useful to examine the national government structure. This helps to identify targets for advocacy efforts. Generally, governments are understood as systems with three branches: legislative, executive and judicial.

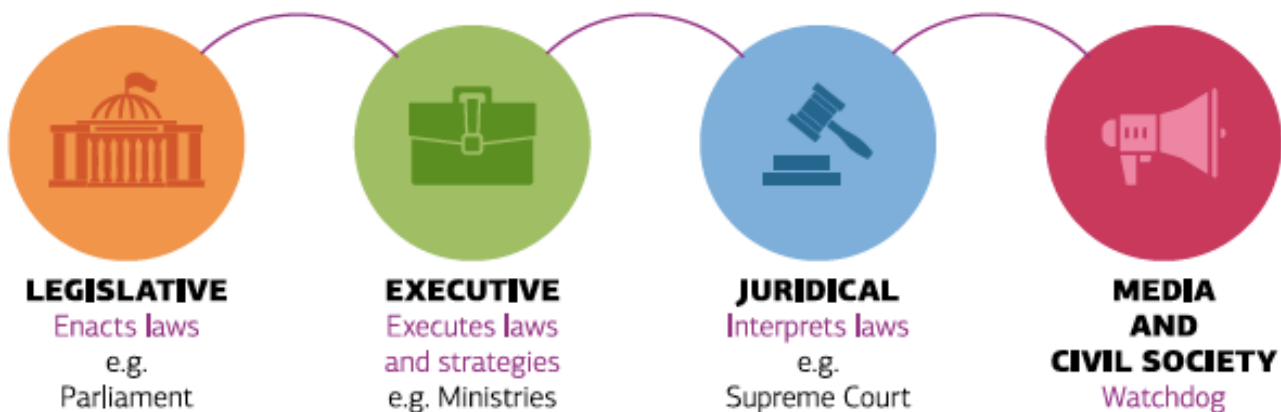
The legislative branch is generally a parliament or other similar structure which is responsible for developing laws and national strategies and serves as a control mechanism over laws and policies prepared, proposed, and executed by the executive branch. This would be where budget laws are enacted.

The executive branch could be led by the president or prime minister, and it includes all the bodies/agencies involved in the execution of national policies, legislation, and strategies. While we often refer to only executive funding, it should be clearly understood as legislation, policies, strategies, and budgets — all of which are planned and drafted by the executive bodies of government (with very few exceptions). This is generally all the ministries, including health and finance. This would be where budgets are developed (planned), and executed after they are enacted. Notably, the executive parts of government are also responsible for auditing budget execution, which is an essential component of the oversight process of the budget cycle.

The juridical branch is responsible for interpreting laws and is the one to address to protect one's constitutional rights, or other rights defined by law, such as the right to information, the right to health, the responsibility of the government to be accountable to its citizens, etc.

In modern democratic societies, an important role is allocated to groups that influence all three branches of the government, which are often referred to as the fourth branch of government. This includes groups such as the mass media and journalists, civil society actors and activists, etc. — in general, groups engaged in advocacy and watchdog activities.

Figure 3. 3+1 branches of government



All three branches of the governance system could be targeted by budget advocacy. It is important to also maintain alliances with fellow civil society groups and the media, in order to increase support and leverage.

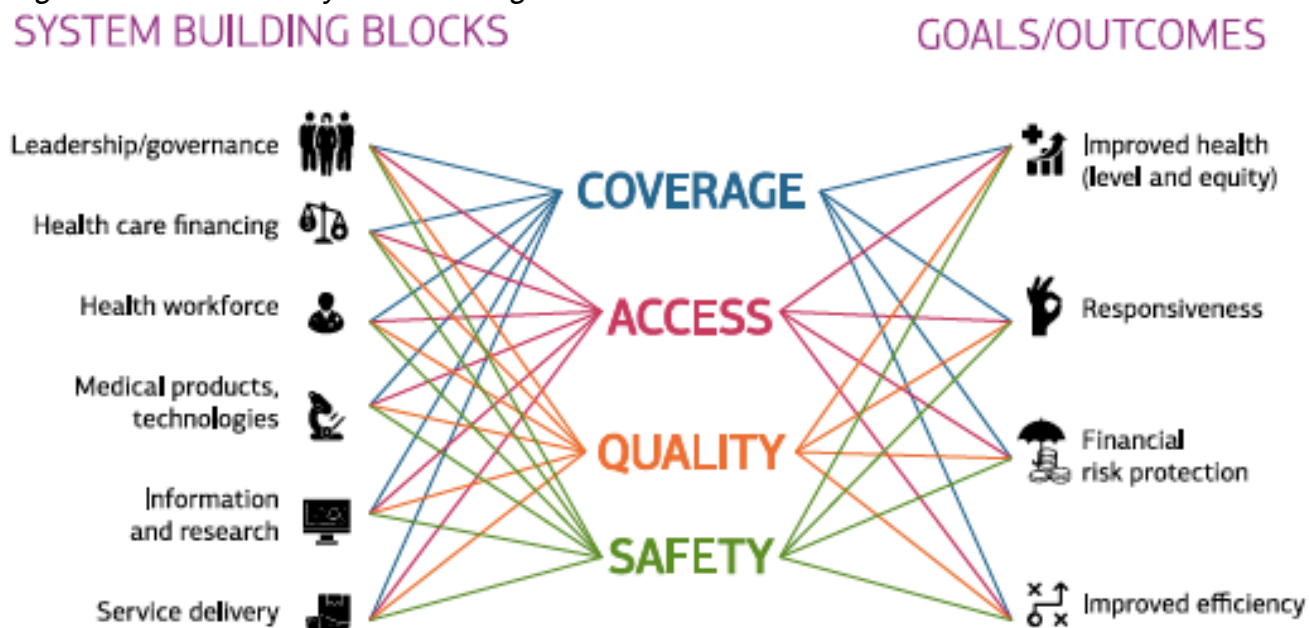
## HEALTH SYSTEMS

According to the World Health Organization (WHO), the health system “consists of all organizations, people and actions whose primary intent is to promote, restore, or maintain health.” The primary goal of a health system is to improve health through interventions “that are responsive, financially fair, and make the best, or most efficient, use of available resources.” Health systems are composed of six “building blocks”:

- Leadership/governance
- Financing
- Health workforce
- Medical products, vaccines, and technologies
- Information
- Service delivery.

These components interact to impact the healthcare system’s overall goals and outcomes. This framework also shows that in order to influence the outcomes of the healthcare system and for individuals per se, the system should ensure access, coverage, quality, and safety. All six building blocks of the healthcare system will have an impact on those factors. During the advocacy process, it might be very complicated, but one should keep in mind that any healthcare reform/program should address all six building blocks of the healthcare system and should be analyzed from the perspective of how it contributes towards the overarching objectives of access, coverage, quality, and safety.

Figure 4. Healthcare system building blocks



Universal coverage is now one of the key policy priorities in healthcare worldwide. By definition, universal coverage means that everyone can access the healthcare services they need without experiencing financial hardship. This policy priority at the international level is clearly expressed in the global Sustainable Development Goals (SDGs): “Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all”. This provides a basis for budget advocacy for services for KAPs:

- These are the services they need (they have an objective health status, and there is an effective intervention available to alleviate it).
- Individuals in these groups cannot generally afford to pay for services.

The SDG objective for universal coverage goes even further and stipulates terms for quality and safety, especially in the context of medicines, as part of the universal healthcare agenda.

## LEGAL SYSTEMS

Law is frequently classified into two domains: public and private law. Public law deals with the government and its relations with individuals and businesses. It includes definitions, regulations, and enforcement mechanisms. Public laws are constitutions, statutes, regulations, and rules promulgated by the government

## INTERNATIONAL HEALTH POLICY AND HUMAN RIGHTS

Understanding the health policy environment in which your budget advocacy efforts will operate is crucial. However, when we talk about health policy, we should always remember that health is an integral part of our basic human rights. For countries in the EECA region, the policy environment is shaped by:

- global health policy;
- EU health policy;
- policies of different cross-country unions (e.g. the Eurasian Customs Union) which have a major impact on health (e.g. trade and migration-related policies);
- national health policies;
- subnational health policies.

The national legal and policy framework includes a country's constitution and legislative acts (including regulations on access to information), national strategies, health policy, HIV strategy, and other relevant acts. These should be publicly available. Furthermore, most EECA countries are also signatories and/ or have ratified and undertaken obligations under a number of international conventions, declarations, and others. Some of the key international documents that will influence national obligations to deliver care and treatment for KAPs include the United Nations Universal Declaration of Human Rights, the SDGs, 90-90-90: Treatment for All, and others. To guide the advocacy process, legal and policy frameworks should be analyzed to at least develop an understanding of the following aspects:

- The right to health: In many countries, legal frameworks, such as a health act or even the national constitution, assert the right to health. All countries are party to a treaty that recognizes “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” (Article 12 of the International Covenant on Economic, Social and Cultural Rights, 1966). In addition, all countries — except Somalia and the USA — have ratified the UN Covenant on the Rights of the Child, which asserts that “Every child and young person has the right to the best possible health and health services” (Article 24).
- The powers and functions of actors in the health system: Legal frameworks might outline the powers and functions of different levels of administration in the health system. They might also explain the extent to which budgets are decentralized — that is, the level of government that determines budget policy.
- Public participation: Information should be available on how citizens and CSOs can participate in the governance of the health system (for instance, through community health committees, which provide a forum for health workers and community representatives to discuss public health issues and service delivery). However, this information may not be readily available, due to limited or no public participation in the budget process, and weak freedom of information laws. Gaining access to budget information may, in this case, be the crucial message around which you build your early advocacy activities.
- Complaints procedures: There may be independent bodies — for instance, the ‘ombudsman’, elected representatives, or committees — through which complaints about service delivery are made. This may provide a useful channel or target for the findings of your budget analysis in order

to influence policy change. In the field of harm reduction, community activists can also use the following policy and strategic documents to shape their advocacy:

- the SDGs, in which countries pledge to take decisive steps to improve the well-being of PWUD;
- the 2016 High Level Political Declaration on Ending AIDS, in which countries commit to expand access to services, including community-led services: “Commit to build people-centred systems for health by strengthening health and social systems, including for populations that epidemiological evidence shows are at higher risk of infection and by expanding community-led service delivery to cover at least 30% of all service delivery by 2030”;
- the Outcome Document of the United Nations General Assembly Special Session (UNGASS) on the World Drug Problem, which builds on international conventions that protect the rights of all people, do not mandate the criminalization of drug use, and express a comm o improve the health of PWUD.

## UNDERSTANDING THE PRINCIPLES OF PUBLIC BUDGETING

Public budgets are the instruments through which governments allocate the country’s financial resources. They are usually drafted at regular intervals to cover a fixed period of time, often referred to as the fiscal year. The budget process is a political one; it reflects the policy priorities of the government in power. The public budget is the government’s annual plan which outlines planned public revenues, sources of revenue, and expenditures. The budget is usually passed by the highest governmental bodies, such as the parliament, municipal councils, and regional/provincial councils. The public budget is the most important policy document for safeguarding citizens’ rights (the right to health, education, housing, social protection, etc.). In order to obtain the full picture of what is in your country’s budget, the first thing to do is to develop a list of “budget documents”, a timeline of when they are published, and sources (where to obtain the documents). In order to identify an exhaustive list of specific budget documents developed in your country, a timeline of their development, and regulations about their publication, you should review the national budget law or consult a document which provides this type of review. In general, at the national level, budget documents will include:

- an executive budget proposal;
- an enacted budget;
- an audit report;
- a medium-term expenditure framework;
- a budget circular;
- a citizens’ budget;
- a year-end report and in-year reports.

These documents might have different names in each country, or some of them might not even be available. Not all countries have a citizens’ budget available, but if your country does, this document is the best way to start the budget exploration process.

The enacted public budget is divided into two sections: projected revenues and projected expenditures. In the projected revenues section of the public budget the government outlines the amount of funds expected to be collected over the calendar year from different sources, in order to



be able to cover the expenses needed to implement the main budget functions mentioned above. The projected expenditures section of the public budget outlines the amount of funds expected to be spent over the course of the calendar year to implement the main budget activities. In addition to projections, public budgets contain information about planned expenditures. They can be divided into:

- salaries;
- goods and services: communications, heating, electricity, maintenance, materials and small inventory, contracting services, etc.
- capital expenditures: construction, purchases of equipment, furniture, vehicles, strategic goods, etc.
- interest payments;
- instalment payments;
- other expenditures

## BUDGET CYCLE

Budgets cover a fixed period of time, called a fiscal year. In most countries (70% of International Monetary Fund countries), the fiscal year for the public budget is the same as the calendar year, but this does not have to be the case.

Figure 5. Budget Cycle



The budget cycle is generally viewed as a four-stage process comprising:

- budget formulation: when the budget plan is put together by the executive branch of government;
- enactment: when the budget plan may be debated, altered, and approved by the legislative branch;
- execution: when the budget is implemented by the government;
- oversight and evaluation (audit): when the actual expenditures of the budget are accounted for and assessed for effectiveness.

### POINTS OF INTERVENTION

If you want to ensure that the government allocates public funds to the services you need, you should ensure that those services or needs are high among the government's policy priorities. When you identify your issue as a priority, you need to carefully follow the process through a budget cycle.