



ADVOCACY TO IMPROVE GLOBAL HEALTH:

# Strategies and stories from the field

 PATH

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### TABLE OF CONTENTS

**STEP 1:** Establish a process for assessing and understanding the challenges and needs of the target population. p.2

Reducing the risk of violence for women in Tanzania

**STEP 2:** Identify policy changes that would address the needs of the target population. p.3

Identifying policy gaps to improve surveillance for avian influenza

**STEP 3:** Identify decision-makers with the power and influence to change policies that address the needs of the target population. p.4

Building political and community support for a cervical cancer vaccine in India

**STEP 4:** Determine why decision-makers have not implemented the desired change. p.5

Increasing government support for reproductive health education in Kenya

**STEP 5:** Identify potential obstacles to policy change. p.6

Addressing government concerns over safe-birth interventions in Mali

**STEP 6:** Assess the advocating institution's strengths and weaknesses in working for policy change. p.7

Assessing resources for expanding diarrheal disease prevention in Nicaragua

**STEP 7:** Identify others who have a similar interest in addressing the problem. p.8

Mobilizing support for woman-initiated HIV prevention options

**STEP 8:** Identify the advocacy activities and messengers that are most likely to influence those with the power to effect the desired change. p.9

Training journalists as advocates in Zambia

**STEP 9:** Assess current and future resources that could be accessed to pursue policy change. p.10

Developing policy champions to increase support for malaria vaccines

**STEP 10:** Determine how to evaluate progress and success. p.11

Tracking the success of advocacy to enhance tuberculosis control in Asia

## **INTRODUCTION**

Advocacy is one of the many powerful tools that PATH uses to achieve its mission. By influencing the priorities and actions of those in power, PATH works to create a policy environment that supports good health.

In Zambia, workshops for journalists are helping the government broaden its efforts to wipe out malaria. In Kenya, an email discussion group for local advocates is encouraging the government to support research expanding woman-initiated options for HIV protection. And in Ukraine, policy gaps are being identified and addressed in efforts to prevent and contain future cases of avian influenza.

This collection of stories provides examples of how PATH uses ten key steps for strategic advocacy to achieve lasting policy change. These steps are not stringent guidelines, but rather a resource that can help global health implementers and advocates plan more deliberately to develop strategies to achieve policy goals. Although these examples are specific to particular countries and health issues, the methods used to accomplish policy objectives can be practiced in a variety of settings to address a myriad of issues.

## **ADVOCACY AT PATH**

PATH advocates for effective policies and resource commitments among stakeholders throughout the global health and development communities. Our staff work to influence issues, legislation, appropriations, and public policy by increasing awareness and engaging with policymakers, key constituencies, and other influential individuals and groups. Using evidence-based advocacy, we leverage our unique expertise as a provider of field, technology, and program solutions that are innovative, field-driven, scalable, affordable, and based on best practices to influence and inform public policy decisions.

## **ABOUT PATH**

PATH is an international nonprofit organization that creates sustainable, culturally relevant solutions, enabling communities worldwide to break longstanding cycles of poor health. By collaborating with diverse public- and private-sector partners, PATH helps provide appropriate health technologies and vital strategies that change the way people think and act. PATH's work improves global health and well-being.

## STEP 1

Establish a process for assessing and understanding the challenges and needs of the target population.

Before embarking on an advocacy effort, it is important to understand the challenges that the affected population faces in gaining access to the services and support it needs for improved health. To get this information, implementers and advocates can rely on data that already exist or employ their own survey mechanism. Methods for collecting data need not be complex and could take the form of focus groups or meetings with members of the affected population. However, these methods must be reliable enough to ensure that advocacy goals will address the real problems faced by the people that implementers and advocates seek to serve.

## REDUCING THE RISK OF VIOLENCE FOR WOMEN IN TANZANIA

Violence against women is disturbingly common in Tanzania, where more than half of women have experienced abuse since the age of 15 years. This high rate of violence results largely from cultural norms that make such practices acceptable in communities throughout the country.

The government of Tanzania has sought to address this problem by mandating that elected street and ward leaders monitor violence in their communities, but numerous obstacles prevent women from seeking such assistance. As part of this effort, the Kivulini Women's Rights Organization, a partner in PATH's effort to reduce gender-based violence, is mobilizing communities in Tanzania to change social norms and government policies and practices that prevent women at risk of violence from seeking assistance.

Before initiating its advocacy work, Kivulini needed to better understand the barriers to addressing violence against women in Tanzania. To do so, the program team first consulted a multi-country study co-authored by the World Health Organization (WHO), PATH, and the London School of Hygiene and Tropical Medicine about gender-based violence. The study showed that, despite systems already

in place for women to report domestic violence, 60 percent of women in Tanzania were not seeking assistance.

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### Needs assessment tools used:

- Multi-country study of gender-based violence.
- Local survey of women's knowledge of and experiences with government resources and policies.

Next, the program team needed to learn about the more specific challenges faced by the women. "We are trying to assess what the barriers are," says Yassin Ally, Kivulini program manager. So Kivulini launched a study to collect information from

women about their knowledge of available resources and their experience with institutional gaps in the local government's response. The team found that elected community leaders lacked the training and resources to effectively respond to issues of violence and that the attitudes and policies of local police discouraged women from seeking help.

This research guided the organization in developing a model of training and care that addresses many of the identified challenges. Kivulini is now advocating with the prime minister of Tanzania and with local government officials for adoption of the model on a national scale. By understanding the needs of affected populations and engaging them in the development of the models, the new policies will be more likely to bring about changes that will have great impact.



PATH/Mike Wang

In Tanzania, the Kivulini Women's Rights Organization launched a study to assess the needs of women at risk of gender-based violence—the first step in building a successful advocacy effort.

## IDENTIFYING POLICY GAPS TO IMPROVE SURVEILLANCE FOR AVIAN INFLUENZA

Highly pathogenic avian influenza is occurring in domestic fowl in numerous countries, posing a considerable human public health risk. Although Ukraine has identified cases of infected fowl and faces the risk of a bird flu pandemic in humans, the country's response system is not ready to handle a potential pandemic.

With funding from the US Centers for Disease Control and Prevention, PATH assisted the Ukraine Ministry of

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### Steps used in the policy gap analysis:

- Convened multi-agency expert group to identify policy needs and priorities.
  - Collected and assessed existing evidence and resources.
  - Held expert discussion groups to identify policy solutions.
  - Created national guidelines outlining those solutions.
- 

Health (MOH) in understanding the shortcomings of its influenza surveillance system and identifying policy gaps where the system could be strengthened. Staff conducted a joint situation analysis with MOH partners, studying the country's existing approach to tracking influenza and

pinpointing areas for change. PATH and the MOH formed a multi-agency expert group with representatives from national and international health committees and organizations to identify policy change needs and priorities and develop new technical influenza surveillance guidelines.

Based on their experiences, the stakeholders highlighted important policy provisions for surveillance that were lacking in Ukraine, such as procedures for investigating new cases or analyzing data. "Most of the gaps were obvious to all parties," says Anton Luchitsky, a PATH program officer who worked on the project. When controversial issues arose, staff from PATH and the MOH met with key partners to discuss their viewpoints and reach consensus.

Once the group identified the needed policy changes, PATH staff reviewed global evidence on influenza surveillance and brought in world-class experts for face-to-face meetings to inform the proposed policy change. PATH researchers presented their findings and options to the Ukraine expert group and then worked with the group to translate the best evidence into culturally appropriate solutions for Ukraine and its existing health care policies. As a result of PATH's work, the MOH developed new guidelines for influenza surveillance and recommended them for nationwide implementation.

## STEP 2

Identify policy changes that will address the needs of the target population.

New laws and increased government financing are the most common goals of public policy advocacy. But changes to existing government strategies and regulations can be just as important—and often are easier to achieve. Sometimes, a law or policy already exists that could alleviate a health issue, and a focus on improvement or enforcement is more effective than attempting to enact new laws. Before deciding to pursue a particular policy change, implementers and advocates should conduct a policy scan to identify existing laws and the histories of funding and political support for the issues of interest.



PATH/Mike Wang

In Ukraine, thanks to new government policies, better information is being collected on avian influenza. Here, a trainer speaks at Artsyzsk Rayon Hospital.

### STEP 3

Identify decision-makers with the power and influence to change policies that address the needs of the target population.

To change public policy to improve health, implementers and advocates must identify who has the influence and power to make the desired changes. Such people could include elected or appointed officials, social or community leaders, government staff, or representatives of international bodies. Often, gaining the support of just one influential person can be the key to a successful advocacy effort. Once key policymakers have been identified, it is important to understand what factors have influenced their decisions in the past—and are therefore likely to influence them in the future.

## BUILDING POLITICAL AND COMMUNITY SUPPORT FOR A CERVICAL CANCER VACCINE IN INDIA

India is home to a sixth of the world's population and more than a quarter of the world's burden of cervical cancer—a disease that kills an estimated 75,000 Indian women each year. In India, PATH and our partners are piloting the introduction of a vaccine against human papillomavirus (HPV)—the primary cause of cervical cancer—and generating evidence to help policymakers in the developing world make informed decisions about vaccine introduction and financing. PATH is studying the best ways to reach young girls to protect them with the new vaccine.

PATH staff conducted formative research to understand the sociocultural environment, health systems capacity, and policy landscape surrounding public-sector introduction of HPV vaccine. To increase awareness about cervical cancer and generate support for vaccinating girls in India against HPV, staff developed a list of stakeholders who would affect decision-making. Team members used information from the formative study, created a grid to evaluate and compare potential decision-makers' impact on the project, and drew

on their own experiences working in government systems to identify people who could influence policy.

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#### Steps in decision-maker assessment:

- Identification of potential policy stakeholders.
- Prioritization by anticipated influence and impact.
- Outreach to engage prioritized stakeholders.

The team first targeted decision-makers such as staff at the Ministry of Health and the Ministry of Education (for school-based vaccination) and heads of professional associations and civil society organizations. They then turned to the reputation and know-how of renowned international

organizations, such as the World Health Organization and UNICEF, to serve as a second but very important tier of influencers. "Their support gives us so much more legitimacy," team leader Martha Jacob explains.

As a result of these efforts, the PATH team was invited to present to India's National Technical Advisory Group on Immunization—a breakthrough that will create even more support for protecting women from cervical cancer. The team anticipates that its engagement of important stakeholders will help to build a strong voice for HPV vaccine introduction.



PATH

PATH is engaging decision-makers and stakeholders in efforts to accelerate the introduction of a vaccine that can prevent cervical cancer. Here, a woman participates in a formative research study.

## INCREASING GOVERNMENT SUPPORT FOR REPRODUCTIVE HEALTH EDUCATION IN KENYA

Youth in Kenya have few resources for learning about sexual and reproductive health. In Kenya's Nyanza Province, the Ministry of Education (MOE) had set aside funds for general health education in schools, but for 40 years none of the funding was allocated to adolescent reproductive health. As part of the Kenya Adolescent Reproductive Health Project, PATH collaborated with the government of Kenya and the

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### Barriers:

- Lack of awareness of the problem by ministries.
- No cross-ministerial response mechanisms.

### Solutions:

- Involvement of ministries in developing a training curriculum.
  - Establishment of inter-ministerial committees.
- 

Population Council to design and implement a project that reaches youth with accurate messages about sexual health.

Teachers showed overwhelming interest in adopting sexual and reproductive health programs, yet the MOE had not prioritized them. To

find out why, PATH facilitated structured meetings with government officials at provincial, district, and division levels. By playing a collaborative role and empowering officials as leaders of the initiative, PATH was able to elicit an honest investigation of obstacles to the desired educational outcomes.

Through these meetings, it became clear that MOE leaders lacked awareness of the need for such programs and the political will to implement them, says PATH program officer Alfayo Wamburi. Additionally, Kenya's three ministries with stakes in such a program—the MOE; the Ministry of Health; and the Ministry of Gender, Sports, Culture, and Social Services—did not have a method of systematically addressing cross-ministerial issues.

The project team established networks among the three ministries to facilitate cross-ministerial dialogue. Program staff also facilitated and served as secretariat to new national, provincial, and district inter-ministerial committees where MOE staff could share challenges and successes. The team involved ministry officers in developing a training curriculum and student manuals about sexual and reproductive health—a method that was critical to increasing awareness and changing decision-makers' attitudes toward reproductive health education.

These efforts were ultimately successful and encouraged an increase in government commitment and funding for programs to promote sexual and reproductive health among youth in Kenya. The MOE allocated money for sexual and reproductive health education and included the education-sector support program in its national strategy.

## STEP 4

### Determine why decision-makers have not implemented the desired change.

If a policy change is needed to address a community's health needs, why hasn't it already been made? Policymakers will often say that there just isn't enough money—but there is usually more to the story. Perhaps the topic is politically risky or unpopular, or there are other issues that are receiving much higher visibility in the media and among the community. Maybe the issue is poorly understood and the policymaker needs more information about the extent of and solutions to the problem. Whatever the reason, the answer to this question is critical to developing an effective advocacy strategy.



Wendy Stone

PATH reached out to teachers and government officials to identify and remove obstacles to sexual and reproductive health education for youth in Kenya.

## STEP 5

### Identify potential obstacles to policy change.

To prepare for potential opposition to an advocacy effort, implementers and advocates must understand the reasons behind the opposition. Will the concerns of stakeholders and decision-makers be serious enough to hinder the proposed change? If so, an implementer or advocate must find ways to address the concerns without significantly compromising or inhibiting the intent of the advocacy efforts. Allies who have the trust of the concerned groups can help to allay their fears; this may affect who is engaged in outreach.



PATH/Monique Berlier

In Mali, matrones provide essential care during childbirth but were restricted from using an effective tool for preventing maternal deaths. A targeted advocacy program helped remove the policy obstacles, expanding the role of matrones and saving the lives of many more women and their newborns.

## ADDRESSING GOVERNMENT CONCERNS OVER SAFE BIRTH INTERVENTIONS IN MALI

In Mali, as in many developing countries, a large number of women die from postpartum hemorrhage (PPH), or excessive bleeding after childbirth. Active management of the third stage of labor (AMTSL)—which includes administering the drug oxytocin—is a feasible, low-cost, and evidence-based intervention that can prevent PPH and greatly improve survival of women and their infants. In 2007, the National Department of Health in Mali prioritized nationwide training in AMTSL for all skilled birth attendants, but *matrones*—or midwifery assistants—were restricted from practicing AMTSL or administering oxytocin. While matrones conduct the majority of normal vaginal births in facilities in Mali, they are not considered skilled birth attendants.

To address the restriction, staff from PATH and IntraHealth International—with assistance from the US Agency for International Development (USAID)—discussed with health department officials the reasons for their reluctance to authorize matrones to apply AMTSL and use oxytocin. They learned that the government lacked evidence to support matrones' proper use of AMTSL and was concerned that matrones might use

#### Reasons matrones were restricted from administering oxytocin:

- Lack of clear evidence that matrones could safely apply active management of the third stage of labor.
- Concern that matrones would use oxytocin for unintended purposes.
- Difficulty enforcing the use of oxytocin to specific situations.
- Concern that training would shift from skilled attendants to matrones.
- Fear that authorization could have regional implications in neighboring countries.

oxytocin for other purposes or apply AMTSL without the direct supervision of skilled birth attendants. The government also wanted to focus first on training all skilled attendants and feared that funders would shift their support to training the lower cadre before all skilled attendants were trained. Additionally, it would be difficult to reach all matrones, as they are a non-homogeneous group with varied educational backgrounds, training requirements, and places of work. Finally, authorizing matrones in Mali to apply AMTSL could have regional implications for other West African countries.

To study the safety and feasibility of matrones applying AMTSL and administering oxytocin, USAID-funded projects led by PATH and others worked

with the National Department of Health to train matrones in a demonstration pilot project. The study showed that matrones could apply AMTSL with as much competence as skilled birth attendants and revealed no increase in related birth complications. The training increased coverage of AMTSL to more than 95 percent in the project sites and significantly decreased the incidence of PPH. As a result of this evidence-based advocacy, Malian decision-makers expanded the role of matrones to use oxytocin for AMTSL, allowing a new cadre of health workers to provide life-saving interventions to new mothers.

## ASSESSING RESOURCES FOR EXPANDING DIARRHEAL DISEASE PREVENTION IN NICARAGUA

When the first infant in Nicaragua was vaccinated against rotavirus in 2006, the event marked a landmark moment in history—the first time a vaccine had reached the public sector in one of the world’s poorest countries in the same year that it reached the industrialized world. The moment concluded an advocacy effort by PATH and our partners in Nicaragua that paved the way for the introduction of rotavirus vaccine—which offers young children protection from severe diarrheal disease—and other new interventions for managing diarrhea. In an effort funded by the GAVI Alliance, PATH collaborated with the Nicaragua Ministry of Health (MOH) and a national network of nongovernmental organizations to enhance government support and policies to ensure their successful introduction.

Before embarking on this endeavor, the PATH team assessed PATH’s strengths and weaknesses in the areas it needed to reach its advocacy goals: expertise in vaccine introduction

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### Institutional strengths needed:

- Expertise in vaccine introduction and diarrheal disease management.
  - Trusted relationships with national and international policy stakeholders.
  - Strong ties to the Ministry of Health.
- 

and diarrheal disease management, partnerships with influential national and international stakeholders, and strong ties with the MOH. Through PATH’s work with health and social issues in Nicaragua, staff had developed positive relationships with national and international stakeholders. PATH also had in-house experts on diarrheal disease who could provide

government officials with the newest scientific evidence on rotavirus vaccine and other prevention methods and build support for their use.

Timing, too, was important. On the heels of a serious diarrhea outbreak, the MOH was exploring ways to bring into the country an integrated approach to diarrheal disease control that included rotavirus vaccine, and PATH had the relationships with vaccine manufacturers and the technical resources to make it happen. “We found each other in the right moment,” explains Dr. Margarita Quintanilla, country representative for PATH in Nicaragua.

PATH worked with numerous partners to educate policymakers and increase political support for expanding Nicaragua’s diarrheal disease prevention efforts. This work ultimately led to the creation of an expert committee, which advises the government on awareness-raising and training plans to teach health personnel about new interventions, including rotavirus vaccine. As a result of the government’s enhanced efforts, children throughout Nicaragua now have access to rotavirus vaccine and other interventions that can protect them against severe diarrheal disease.

## STEP 6

### Assess the advocating institution’s strengths and weaknesses in working for policy change.

What makes an organization best suited to carry out an advocacy initiative? What are its areas of strength in comparison to other organizations? In what areas of government does it have the strongest contacts? Who on its staff can speak most compellingly about the topic? Does the team have strong communications support or will it need to rely on personal connections? There is no “right” or “wrong” way to do advocacy—but some organizations and people are better suited to play certain roles than others. Understanding an organization’s unique niche can help define the most appropriate role for its advocacy and enhance its effectiveness.



PATH/Mike Wang

A simple oral vaccine can protect children against rotavirus infection. Advocacy helped bring the vaccine to Nicaragua in the same year it was introduced in the United States.

## STEP 7

Identify others who have a similar interest in addressing the problem.

Partnerships with others who are seeking similar policy changes and have resources, influence, expertise, or community strength that could benefit advocacy efforts can be very valuable. Patient groups can offer a powerful voice in conveying the impact of a health issue, and professional organizations often provide access to experts that enhance credibility. Faith-based and community leaders can be influential with some policymakers, while business leaders are better positioned to influence others. And in many cases, activist groups and advocacy organizations can provide the strategy and strength needed to move an issue forward on the political agenda.

## MOBILIZING SUPPORT FOR WOMAN-INITIATED HIV PREVENTION OPTIONS

Microbicides are woman-initiated HIV prevention methods that, one day, may be an option for women around the world. Considerable resources and political support are needed to continue the research that will make them a reality. In East Africa, the Global Campaign for Microbicides (GCM), housed at PATH, is building a strong, well-networked constituency among nongovernmental organizations to advocate for more and better woman-initiated HIV prevention options.

With funding from the Bill & Melinda Gates Foundation, GCM selected four countries in East Africa where microbicides research is under way—Kenya, Rwanda, Tanzania, and Uganda—to advocate for such efforts and launched a stakeholder mapping exercise to identify potential constituents. Campaign staff reached out to partners, clinical trial sites, the United Nations Population Fund, and other stakeholders to build a database of more than 100 organizations in the region working in gender issues,

women's health, HIV/AIDS, sexual and reproductive health, and women's rights. They then assessed and reduced the list to 30 key organizations that were best suited to assist in achieving their advocacy objectives.

Campaign staff traveled to each country and met with the organizations identified in the stakeholder analysis to assess common areas of interest and to better understand their advocacy challenges. The results of the mapping exercise were documented

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### Steps in the stakeholder analysis:

- Select target countries.
  - Assess and prioritize potential stakeholders.
  - Consult with potential stakeholders.
  - Finalize a stakeholder network.
- 

and shared with the partners interviewed. Campaign staff solicited responses from the stakeholders and developed a network of interested parties. As a result, the campaign has developed an influential network of strategic partners in all four countries that can be easily mobilized to advocate in a coordinated and combined manner.

Pauline Irungu, GCM's East Africa regional coordinator, says the mapping exercise laid the groundwork for broad support for advocacy to increase access to existing and new HIV prevention options for women. "It allowed us to take a much more strategic approach to reaching out to key advocates in East Africa, so we will have the greatest impact," she says.



PATH

The Global Campaign for Microbicides—including East Africa regional coordinator Pauline Irungu, shown here—is collaborating with organizations across the region to bring new protection against HIV into the public eye and, ultimately, into women's hands.

## TRAINING JOURNALISTS AS ADVOCATES IN ZAMBIA

“To get your advocacy messages out, it is important to select the messengers that will have the most impact,” says Todd Jennings, a communications officer in Zambia for the Malaria Control and Evaluation Partnership in Africa (MACEPA), a program at PATH funded by the Bill & Melinda Gates Foundation.

In Zambia, those messengers include community radio disc-jockeys. Their voices reach Zambia’s largely rural population and leap over communication barriers such as poverty and illiteracy, reaching 80 percent of the country.

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### Advocacy activity: three-day workshop for journalists from 30 local radio stations

- Training and skill-building sessions.
- Education about malaria and the government’s malaria control program.
- Access to government staff, experts, and affected communities.
- Dissemination of digital recording devices.

### Advocacy messengers: community radio disc-jockeys

- Disc-jockeys reach 80 percent of the country, including poor and remote areas.
  - Messages can be understood by those unable to read.
- 

national malaria control plan. During the three-day workshops, journalists connected with district health staff, went into communities to interview people affected by malaria, and bolstered their writing, editing, and in-studio production skills with the assistance of technical trainers and peer feedback. Each radio station also received a brand-new digital recorder, donated by an electronics company, to replace the aging cassette recorders they were using.

As a result of the training, journalists now have the resources for improved reporting and story coverage, and the frequency of local media reports on malaria control efforts in Zambia has increased. This has resulted in expanded community support for the government’s malaria policies and initiatives, which contributes to Zambia’s efforts to protect its population from this devastating but preventable disease.

These journalists are critical to efforts to spread information about malaria and the national and community changes needed to control the disease. Yet journalists in Zambia don’t always have the most up-to-date information about malaria or access to health officials to accurately report their stories.

Jennings, together with the Health Communication Partnership and the Zambia National Malaria Control Centre, conducted training sessions for the country’s nearly 30 community radio stations about the disease and Zambia’s

## STEP 8

Identify the advocacy activities and messengers that are most likely to influence those with the power to effect the desired change.

Advocacy activities should be matched specifically to the target audience. Policymakers who are responsive to public opinion may be influenced by media campaigns, social mobilization strategies, petitions, and rallies. Radio and television shows, newspaper inserts, and editorials can increase awareness in communities. Public events that recognize a policymaker’s leadership can be especially effective in transforming support into action.

However, the messenger is as important as the message. Celebrities are compelling spokespeople but are hard to reach and expensive to engage. Personal testimonials are very valuable in media outreach. Some policymakers respond best to scientific experts, whereas a friendly champion inside the government may be most effective in educating his or her peers.



PATH/Todd Jennings

Radio journalists are effective messengers for information about malaria and the need for prevention.

## STEP 9

Assess current and future resources that could be accessed to pursue policy change.

The scope and timeframe for advocacy activities must be informed by the resources available to carry them out effectively. Money is only one resource to consider. Does the advocating organization or individual have access to the expertise, influence, and people necessary to carry out the proposed advocacy activities? A small, strategic advocacy effort that engages the appropriate people with the necessary skills and connections is likely to be more successful than a large mobilization and media campaign that lacks financial support or communications expertise.

## DEVELOPING POLICY CHAMPIONS TO INCREASE SUPPORT FOR MALARIA VACCINES

In Africa, thousands of children and pregnant women die every day from malaria. Despite recent scientific advances and increased awareness to fight the disease, African researchers and advocates often lack the skills and resources needed to garner support for the research that will eventually help to defeat malaria. In 2005, the PATH Malaria Vaccine Initiative (MVI) began a pilot program to determine whether it had the necessary resources and skills to train scientists working in malaria research and development (R&D) to effectively influence policy and increase political support for developing a malaria vaccine.

In preparation for the pilots, MVI interviewed more than 25 malaria R&D scientists to assess their interest, skills, influential contacts, and financial resources for advocacy. These data helped to inform the staffing and resources that MVI would need for the training to have the desired impact. MVI found that the scientists had significant interest in the program and varied skills. For example, the scientists were

very familiar with presenting research data to their peers but were less versed in delivering messages to the press and policymakers. They also lacked financial resources to pursue their advocacy agendas within their respective institutions. MVI and its partners could address all but one of the needs: the researchers'

contacts with key decision-makers.

### MVI assessed the researchers':

- Interest in malaria advocacy.
- Need for training and skills.
- Access to key decision-makers.
- Financial resources.

Fortunately, the scientists had very good access to health ministers, immunization program managers, and other influential people who could affect policy change.

The assessment was promising for MVI staff. They held pilot workshops in 2006 and 2007 and officially launched the

Malaria Vaccine Advocacy Fellowship program, funded by ExxonMobil, in 2008. The three-day workshops trained African fellows to engage the media and policymakers about the drive for a malaria vaccine, the need for R&D funding, the implications for countries where malaria is endemic, and other critical issues. Following the workshops, participants received coaching from MVI's communications staff and other experts to implement their advocacy plans. MVI also has provided financial support for advocates who demonstrate particular enthusiasm for pursuing their advocacy plans.

To date, MVI has trained 24 scientist-advocates, and their new skills are proving to be valuable for increasing support for malaria vaccines. Fellows have authored editorials in newspapers, conducted interviews with news outlets, met with influential policymakers, and formed technical advisory groups to pursue the inclusion of a malaria vaccine in endemic countries' Expanded Programmes on Immunization.



PATH/Nyaka Mwanza

The PATH Malaria Vaccine Initiative created a pilot program to determine what skills and resources African malaria scientists need—including media interview and presentation training—to be effective advocates for malaria vaccine research.

## TRACKING THE SUCCESS OF ADVOCACY TO ENHANCE TUBERCULOSIS CONTROL IN ASIA

Across Asia, countries are taking important steps to address tuberculosis (TB), and advocacy is an integral component of the effort. In 2007, PATH staff, with support from the US Agency for International Development and the Stop TB Partnership, conducted a workshop in Thailand to help Asian countries enhance their advocacy, communication, and social mobilization (ACSM) activities and develop country-specific plans to garner more resources, improve case detection and treatment outcomes, confront stigma, and empower people affected by the disease.

Participants from eight countries evaluated barriers and opportunities to develop and implement effective ACSM plans and shared their own experiences with ACSM activities. Each country then developed a 12-month action plan to help move forward their specific ACSM activities. But how would PATH—and the countries—evaluate the success of their action plans?

PATH staff established several indicators of success, three of which are documented in the table below:

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### Desired policy outcomes:

- Development of a country-specific ACSM plan.
- Political support for the plan.
- Implementation of the plan.

### Indicators of success:

- Adoption or endorsement of the plan by national TB programs and ministries of health.
  - Funding available for ACSM activities.
  - Number of people trained in the ACSM strategy.
- 

The process proved to be a success. After one year, all participating countries had shared their ACSM plans with senior stakeholders and obtained government endorsements. Most importantly, countries were implementing ACSM activities according to these plans. By specifying what success would look like *before* the advocacy was conducted, the effect of the activities on the final outcomes was clear and measurable. Such documentation is critical to identifying the most effective advocacy tools and obtaining the funds that are necessary to expand their use.

## STEP 10

### Determine how to evaluate progress and success.

Advocacy initiatives often seek to achieve easily measured outcomes such as passage of a law, increased revenue for a health issue, or changes to government policies and regulations. But political change can be a lengthy process—so it is important to also measure incremental gains in political awareness, interest, and support. Increased awareness can be measured by how often the media report on an issue in the outlets accessed by the target audience. Political interest can be evaluated by the number of public statements or references to an issue made by a policymaker. And political support can be documented through the adoption of health priorities into national plans, line items inserted in budgets, and introduction of new regulations and guidelines.



PATH

In Hai Phong, a doctor examines the chest radiograph of a patient with tuberculosis. Through programs that define ways to make advocacy more effective, Asian countries are giving physicians more resources to combat this rapidly growing epidemic than ever before.



1800 K Street NW  
Suite 800  
Washington, DC 20006  
USA

tel: 202.822.0033  
fax: 202.457.1466  
[www.path.org](http://www.path.org)

#### **ABOUT THIS DOCUMENT**

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# Ten steps for developing a strategic advocacy agenda

Advocacy is one of the most effective ways to achieve public health goals through policy change. Because there are so many methods of influencing policy—and usually limited resources available—PATH has developed a set of ten steps to help assess advocacy options and make strategic decisions about advocacy goals and activities. This document is intended to serve as a resource for global health implementers and advocates to plan a strategic advocacy agenda.

**STEP 1:** Establish a process for assessing and understanding the challenges and needs of the target population.

- Collect or use information already available describing the factors contributing to the health problem.
- Develop a process for ongoing feedback and input from the target population.

**STEP 2:** Identify policy changes that will address the needs of the target population.

**Policy changes to consider:**

- Increased resources.
- New laws, regulations, policies, and plans.
- Changes to laws, regulations, policies, and plans.
- Enforcement of laws, regulations, policies, and plans.

**STEP 3:** Identify decision-makers with the power and influence to change policies that address the needs of the target population.

**Influentials to consider:**

- Politicians (elected and appointed officials).
- Social or community leaders.
- Government staff.
- Representatives of international bodies.

**STEP 4:** Determine why decision-makers have not implemented the desired change.

**Possible reasons change has not been implemented:**

- The policy change is perceived as too expensive to pursue.
- The policy change is not a priority in comparison to other issues.
- There is a lack of understanding of the scope and benefits of addressing the problem.
- There is a perceived lack of community demand for addressing the policy change.

**STEP 5:** Identify potential obstacles to policy change.

**Questions to ask:**

- Who opposes the policy change?
- Why do they oppose the policy change?
- What could change their position?

**STEP 6:** Assess the advocating institution's strengths and weaknesses in working for policy change.

**Areas to assess:**

- Expertise.
- Spokespeople.
- Relationships/influence.
- Unique niche.

**STEP 7:** Identify others who have a similar interest in addressing the problem.

**Potential advocacy partners:**

- Patient groups.
- Professional organizations.
- Faith-based organizations.
- Community leaders.
- Business leaders.
- Activist/advocacy organizations.

**STEP 8:** Identify the advocacy activities and messengers that are most likely to influence those with the power to effect the desired change.

**Potential activities:**

- Meetings with decision-makers.
- Public events.
- Media campaigns.
- Social mobilization.

**Potential messengers:**

- Representatives from the affected population.
- Community leaders.
- Scientific experts.
- Government officials.
- Celebrities.
- Donors.

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**Be strategic!**

**Identify a set of criteria to assess and select among each of your options, such as:**

- Level of influence the activity would have on decision-makers.
  - Resources that would be needed.
  - Risk to the program/institution of pursuing the activity.
  - Access to effective messengers.
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**STEP 9:** Assess current and future resources that could be accessed to pursue policy change.

**Resources to consider:**

- Financial.
- Human.
- Intellectual.
- Networking.

**STEP 10:** Determine how to evaluate progress and success.

**Potential outcomes:**

- Increased financial support.
- Increased political support.
- Increased political interest.
- Increased political awareness.
- Increased public support.

**Potential indicators:**

- Government funding allocations.
- Changes to laws, regulations, policies, and plans.
- Public statements of support from decision-makers.
- Mentions of the issue in media outlets.
- Signatures on a petition or attendees at a rally.



1800 K Street NW  
Suite 800  
Washington, DC 20006  
USA

tel: 202.822.0033  
fax: 202.457.1466  
[www.path.org](http://www.path.org)

