



ADVOCACY TO IMPROVE HEALTH
FOR WOMEN AND CHILDREN:

Strategies and stories from the field

 PATH

INTRODUCTION

Advocacy is one of the many powerful tools that PATH uses to achieve its mission. By influencing the priorities and actions of decision-makers at all levels of government, in countries around the world, PATH works to create a policy environment that supports good health.

The following stories from Africa and Asia illustrate how PATH uses a 10-part approach to advocacy to achieve lasting policy change.

The approaches 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 through 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 policy influencers. 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 the leader in global health innovation. An international nonprofit organization, we save lives and improve health, especially among women and children. We accelerate innovation across five platforms—vaccines, drugs, diagnostics, devices, and system and service innovations—that harness our entrepreneurial insight, scientific and public health expertise, and passion for health equity. By mobilizing partners around the world, we take innovation to scale, working alongside countries primarily in Africa and Asia to tackle their greatest health needs. Together, we deliver measurable results that disrupt the cycle of poor health.

THE STRATEGIES

A 10-part approach to strategic advocacy

The 10-part approach is based on proven principles for advocacy that are designed to deliver results for health policies that improve quality or access to care; resources for more robust health programs or actions; or commitments to health by global, national, or subnational leadership.

The parts do not have to be approached in a specific order, and, as advocacy strategies unfold, some may have greater prominence than others.

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| PART 1: Identify the advocacy issue. | PART 6: Take an inventory of assets and gaps. |
| PART 2: State the advocacy goal. | PART 7: Select strategic partners. |
| PART 3: Identify decision-makers and influencers. | PART 8: Develop advocacy tactics. |
| PART 4: Identify the key interests of decision-makers. | PART 9: Create advocacy messages and select messengers. |
| PART 5: Identify potential opposition or obstacles. | PART 10: Measure success and progress. |

THE STORIES

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FOR MORE: Detailed case studies of these and other advocacy stories from the field are available at <http://sites.path.org/advocacyimpact/>.



PATH/Evelyn Hockstein



SAVING MOTHERS' LIVES BY PREVENTING POSTPARTUM HEMORRHAGE

Ghana declared maternal mortality a national emergency in 2008. High maternal death rates, especially in the northern part of the country, meant that too many lives were being lost and the country was failing to reach the Millennium Development Goal target 5—to achieve a 75 percent reduction in the level of maternal mortality by 2015.

Excessive bleeding after childbirth, or postpartum hemorrhage (PPH), was an area needing critical attention to avert deaths. Global and local health organizations, including PATH, had conducted research on the gaps and advances that could have a significant impact on PPH. However the country was lacking a health policy framework that could help policymakers, health professionals, and community health workers fill those gaps.

With leadership from PATH, a group of advocates determined that a national strategy with broad-based support could serve several purposes: increase the accountability and responsiveness of health services at every level of care, and unite government, civil society organizations, health professionals, and the media in support of one set of evidence-based objectives and solutions.

Advocates began by attending a PATH-led policy advocacy workshop alongside government decision-makers, which was held in conjunction with a global women's health conference. There they took important steps to agree on overall goals, objectives, and an approach for developing the strategy.

Over one year, the advocates met formally and informally with key government health officials to move initial recommendations forward. A technical working

group was formed to convene stakeholders and collect broad-based input on the issue. Results from the consultations were incorporated into a draft strategy that was shared for broader comment, including feedback from regional government officials and Queen Mothers, who serve as local decision-makers in Ghanaian communities.

During the process, advocates faced major challenges in coordinating and convening such a wide group of stakeholders from various locations, including regional and local levels of the country. They were working under tight time constraints and pressure to move quickly was intense. Good relations with stakeholders and an efficient, well-planned process proved critical for maintaining momentum. At several key points during the process, advocates saw significant returns from their earlier investments in building trust and strategic planning when they were able to quickly pull together meetings and get timely responses from stakeholders.

By the end of the year, the advocates had built a strong base of support for the strategy across the country. Working with the government partners, they created the final draft PPH strategy and presented it to the Minister of Health, who promptly approved it. The government launched the new PPH strategy in January 2014.



PATH/Evelyn Hockstein

STRATEGY

Identify the advocacy issue

Identify a specific, clear, evidence-based issue that can realistically be addressed. This is the foundation of an effective advocacy strategy. In Ghana, the data were clear that the leading cause of maternal deaths was PPH, or excessive bleeding after childbirth.

Measure success and progress

Policy change can take time. Set benchmarks to measure progress and signal areas where the strategy may need to be refined. In Ghana, advocates knew they were making progress along the way through increased commitments by key stakeholders, including government decision-makers at the regional and local levels.



PATH/Cabe Blenczycki



IMPROVING ACCESS TO EMERGENCY MEDICAL CARE FOR NEW MOTHERS AND NEWBORNS IN UTTAR PRADESH STATE

In India's state of Uttar Pradesh (UP), where infant and maternal mortality rates are high, one of the major barriers to better health outcomes for mothers and newborns is emergency transportation to a hospital, when it is most needed.

India's national government has increasingly recognized the need to address maternal and neonatal mortality and has launched a number of country-wide initiatives in recent years, including schemes to guarantee health services to poor women and children. Individual states are responsible for implementation of the schemes and have the authority to create and implement state programs.

In UP, the state government publically supported the national effort to provide access to emergency transport for women and newborns. And in 2011 the state purchased 2,000 ambulances to be deployed for an emergency ambulance service that would exclusively serve poor women and newborns. However, no plan for how to implement the program was in place.

Advocates recognized that an official policy framework, with detailed plans to ensure quality and longevity, would be critical to reach women and newborns most in need. The framework would need to answer a series of critical questions: How would women access the service? What sort of care would be provided en route to the facility? And how would the receiving facilities need to be equipped?

International and local advocates, convened by PATH, met with key government decision-makers to form an official task team, or "seva," that was designed to

inform policy recommendations and cultivate support among a range of stakeholders. The state head of the national rural health agency served as Chair, while PATH played a practical leadership role as the group's secretariat.

The task team developed evidence-based background papers that formed the basis of guidance for a comprehensive emergency medical transport program. Other creative activities included arranging a study tour of a model system in the Indian state of Tamil Nadu for influential stakeholders, so they could learn lessons from this state leader in emergency transport and referral.

The advocacy efforts resulted in a number of accomplishments. In 2013, the state officially established the emergency transport program. Also, a request for proposals was released to solicit bids from ambulance service providers that integrated recommendations from the policy developed by the task team. Emergency transport services were launched in 2014.



STRATEGY

State the advocacy goal

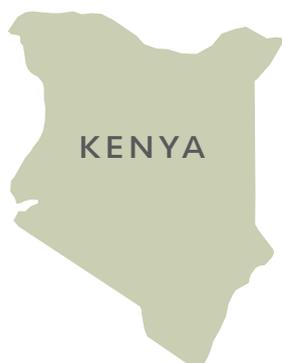
State the desired change. The goal should describe how that change will happen, the timeline, and which institution or individual needs to act to make it a reality. UP supported a dedicated emergency medical transport system for poor women and children early on. However, despite the purchase of ambulances, there was no plan for how the transports would reach women and newborns in need. PATH knew from experience that a comprehensive emergency medical transport policy framework was needed to ensure program effectiveness.

Identify potential opposition or obstacles

Learn if there are groups or individuals who resist or oppose the goal. This can inform tactics or messages to reduce their influence. Think ahead about obstacles—competing priorities, political controversy, or a lack of resources—to avoid delays in progress. In UP, advocates knew that despite strong commitment from the government there were a number of obstacles to overcome for success. For example, evidence in the field of emergency transportation was limited, and few models existed. Knowing this, the advocates designed creative tactics to work around the obstacles, such as the noted study tour.



PATH/Evelyn Hockstein



ENSURING WORKPLACE HIV/AIDS POLICIES FOR NONMILITARY UNIFORMED SERVICE PERSONNEL

In Kenya, a lack of workplace policies for HIV/AIDS at nonmilitary uniformed service agencies constrained the delivery of effective prevention, treatment, and care services to more than 100,000 affected officers in the Kenya Police Service, the Administration Police Service, the National Youth Service, and the Kenya Wildlife Service.

These nonmilitary organizations play a critical role in providing national security, as well as deliver important government services such as youth programming and wildlife management and protection. PATH and partners effectively advocated with key commanders and other decision-makers within four agencies to develop and implement workplace HIV/AIDS policies that allowed them to improve their response to officers coping with the impacts of the epidemic.

From 2008 to 2013, PATH and partners—including the Elizabeth Glaser Pediatric AIDS Foundation and the US Centers for Disease Control and Prevention—worked closely with Kenyan organizations to increase access to tuberculosis and HIV prevention, care, and treatment for their personnel and surrounding communities. Over the five-year project, health facilities serving these groups increased HIV services and improved the knowledge and skills of health workers delivering the care. Monitoring and reporting systems in the facilities also improved.

However, advocates realized that the sustainability of these services could be threatened without a comprehensive workplace HIV/AIDS policy framework in place to enshrine them in the health systems.

With the support of key leaders within the agencies and across government, advisory groups were formed to develop and finalize workplace policies. Kenyan commanders and the advisory teams participated in a workshop organized by PATH to develop, review, and critique draft policies to ensure that they met current international and national standards for HIV/AIDS services. The final policies were reviewed and approved by the top commander of each uniformed service unit.

PATH then continued to work with top commanders to lead the launch of the four workplace HIV/AIDS policies. Each was comprehensive but tailored to the needs of the individual agencies. Today, the policies provide a framework for comprehensive HIV/AIDS services to thousands of officers, their families, and community members.



PATH/Eric Becker

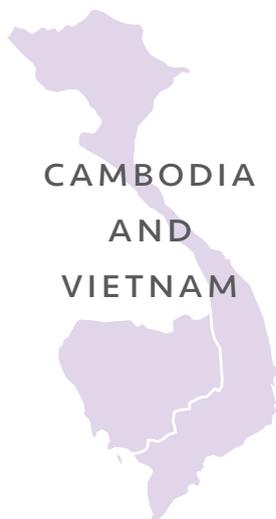
STRATEGY

Identify decision-makers and influencers

Identify those with the power to make the goal a reality and the influencers who can persuade them to act. The advocates in Kenya knew they would need buy-in from influential people within each of the nonmilitary agencies, so they targeted headquarters staff and field-based commanders. Over time, PATH and partners developed trusted relationships, which led to support for a new policy.

Develop advocacy tactics

Well-designed tactics have an immediate and direct impact on decision-makers or influencers. Be strategic, selective, and creative. Tactics can take many forms—from one-on-one meetings with policymakers, to press briefings, to more innovative approaches. To promote more open dialogue among government experts on the sensitive topics of HIV/AIDS and sex education, advocates launched a “condolympics”—a series of competitive games that helped people handle and become familiar with condoms and talk about uncomfortable topics—before discussing workplace policies.



INFLUENCING POLICIES TO REDUCE CHILD DEATHS FROM DIARRHEA IN THE MEKONG REGION

Diarrhea is a major cause of child death in Cambodia and Vietnam, but, for years, outdated national policies kept effective medicines from reaching caretakers and children suffering from the serious illness.

In 2004, the World Health Organization (WHO) and UNICEF recommended two major treatments for severe diarrhea to save child lives: a new formulation of oral rehydration solutions (ORS) and zinc. It was clear that the countries' policies on diarrhea needed to be updated to make the medicines more widely available. At the time, zinc was a regulated drug in both countries, which meant that caregivers needed a prescription. As well, the new, improved low-osmolarity ORS was scarce, and healthcare workers were not receiving training on new treatment guidelines.

Still, for several years after the recommendations, the health ministries delayed in revising their policies and drug guidelines, keeping the medicines out of reach of many caregivers and ill children.

Beginning in 2008, PATH began separate but closely aligned advocacy efforts in Cambodia and Vietnam to update each country's diarrhea policy. The efforts focused on assembling a compelling case to the ministries of health (MOHs) to lend credibility and a sense of urgency to the need for new treatment guidelines in line with global recommendations.

The case included a package of strong evidence on the global recommendations and their potential impact, the high burden of disease, and support for change among communities and potential partners. This evidence would be useful in informing the governments' actions to increase access to ORS and zinc, and better equip health workers to respond to the scope of the diarrheal disease problems in both countries.

In Vietnam, the process culminated in 2011 with the Vietnam MOH's release of its new guidelines to manage diarrhea in children. The guidelines recommended the combination of new interventions, like zinc and ORS, with long-standing interventions, including proper nutrition, hygiene, and breastfeeding. The policy also added zinc to its essential medicines list, ensuring free public-sector availability and coverage by medical insurers.

In Cambodia, the MOH launched its new national diarrheal disease policy in December 2011. The new policy supports the use of low-osmolality ORS and zinc as essential medicines to treat diarrhea. It also reflects the needs and perspectives of health care providers at all levels.



PATH/Heng Chivann

STRATEGY

Take an inventory of assets and gaps

Identify available skills, expertise, and resources to conduct advocacy activities, and note if any are missing. In both situations, PATH took a careful inventory of what was available to achieve its policy goals. Knowing that advocates had strong, established relationships with health decision-makers in both countries was a major asset. The PATH teams in Vietnam and Cambodia leveraged their established relationships with the ministries of health to accomplish the policy efforts.

Select strategic partners

Advocacy is more effective when conducted in partnership. Select partners strategically. Good partners bring new constituents, demonstrate wide-scale support, improve access to decision-makers, mitigate opposition, and yield additional skills and resources. To influence these policies, the package of evidence to inform decision-makers in each country was more compelling because it reflected the breadth of expertise and experience of selected partners, and showed a range of support. The varied constituencies that came together in Vietnam and Cambodia were critical to success.



PATH/Evelyn Hockstein



PRIORITIZING THE NEWBORN AGENDA THROUGH POLICY CHANGE

For the past two decades, Zambia has made strong commitments to improving child health. But, while the country has made great strides in reducing the deaths of children under five, Zambia has failed to make similar progress in newborn health.

A strong group of civil society advocates identified the absence of national newborn health policies and strategies as a key contributor to this lack of progress.

The lack of policies had a negative effect on getting resources allocated to newborn health activities, and government officials and health workers did not have the necessary support to improve infant health.

To improve the situation, over a three-year period, the civil society coalition worked side-by-side with government officials to increase commitment to better newborn health and institute a series of targeted newborn care policies. The policies translate into specific actions to save newborns, adapting international standards to local conditions.

Several years earlier, the government had begun work on a newborn policy framework, but due to competing priorities and a lack of ownership, the framework was never completed. Therefore, the coalition decided to revive the earlier process, as opposed to starting anew. Several key developments generated enthusiasm and momentum: international attention to newborn health, via the launch of the global Every Newborn Action Plan, and increased attention to newborn health by Zambia's First Lady.

To move forward, a highly consultative process was carried out to prepare drafts of a newborn framework, based on the latest WHO guidelines and adapted to the Zambian context. The overall goals were to increase funding for newborn health, improve health worker training, integrate newborn care with other child health services, and raise political visibility. With new mandates in place, they believed doors would open for new treatments, technologies, and better newborn care by doctors and nurses.

The policy was first shared at a global conference for newborn health in Johannesburg, South Africa; the Zambian health minister signed the framework into action shortly after the gathering. Building on the momentum, the group then advocated successfully for inclusion of newborn health in the country's child health strategy—helping to ensure a healthier beginning for newborns in Zambia.



David Jacobs

STRATEGY

Identify the key interests of decision-makers

Understand the issue from the perspective of decision-makers. Consider their level of awareness, current position, and what might motivate them to provide support. It is easier to compel decision-makers to take action if they see their interests reflected in the issue. In this case, advocates assessed opportunities that would shine a global spotlight on Zambia as a leader in newborn health—which responded to the interests of new ministry leaders and other key policymakers.

Create advocacy messages and select messengers

Messages should appeal to target decision-makers. Compelling messages are brief, focus on the issue and how it connects to the decision-maker's interest, and have a clear "ask." Using a messenger who has expertise and influence can be just as important as having a well-crafted message. In Zambia, advocates built on the First Lady's interest in newborn health to carry forward their message—this got the attention of key decision-makers.



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ABOUT THIS DOCUMENT

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