ROLL BACK MALARIA PARTNERSHIP

Advocacy for Resource Mobilization (ARM) for Malaria Guide

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JOHNS HOPKINS
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ACRONYMS

ACTs	Artemisinin-based Combination Therapies
ADB	Asian Development Bank
AfDB	African Development Bank
ALMA	African Leaders Malaria Alliance
APLMA	Asia Pacific Leaders Malaria Alliance
ARM	Advocacy Resource Mobilization for malaria
BCC	Behavior change communication
CARN	Central Africa Roll Back Malaria Network
CAS	Country Assistance Strategy
CCM	Country Coordinating Mechanism (Global Fund)
CEO	Chief Executive Officer
CHAI	Clinton Health Access Initiative
CRC	Convention on the Rights of the Child
CSO	Civil society organization
DFID	Department for International Development (United Kingdom)
DHS	Demographic and Health Surveys
EARN	East Africa Roll Back Malaria Network
GMAP	Global Malaria Action Plan
HWG	RBM Harmonization Working Group
ICT	Internet Communication Technology
IDA	International Development Association (World Bank)
ILO	International Labour Organization
IRS	Indoor Residual Spraying
IsDB	Islamic Development Bank
ITN	Insecticide-treated net
JHU·CCP	Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs
KAP	Key Affected Populations
LLIN	Long Lasting Insecticide Treated Net
MAWG	RBM Malaria Advocacy Working Group
MCEI	Malaria Control Effort Index
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Surveys
MIS	Malaria Indicator Surveys
MOF	Ministry of Finance

MOH	Ministry of Health
MP	Member of Parliament
NFM	New Funding Model (Global Fund)
NGO	Nongovernmental organization
NMCP	National Malaria Control Program (within each malaria endemic country)
OIC	Organization of Islamic Cooperation
PGH	Pledge Guarantee for Health
PMI	President's Malaria Initiative (USA)
PNLP	Programme National de Lutte contre le Paludisme
PR	Public relations
PSA	Public service announcement
RALG	Regional and Local Government Authority
RBM	Roll Back Malaria Partnership
RDT	Rapid Diagnostic Test
SARN	Southern African Roll Back Malaria Network
SRN	RBM Sub-Regional Network
TB	Tuberculosis
UAM	United Against Malaria
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WARN	West Africa Roll Back Malaria Network
WB	World Bank
WCARO	West and Central Africa Office (UNICEF)
WHO	World Health Organization
WHOPES	WHO Pesticide Evaluation Scheme

PURPOSE OF THIS GUIDE

What is This Guide?

Developed by the Roll Back Malaria (RBM) Partnership's Malaria Advocacy Working Group, the aim of the RBM Advocacy for Resource Mobilization (ARM) Guide is to provide malaria stakeholders in endemic countries with an advocacy strategy and implementation guide, case studies and tools to assist them with mobilizing resources for malaria control and elimination at the country level.

Who Should Use This Guide?

The intended audience for this guide includes a variety of in-country stakeholders, from government officials in national malaria control programs to implementing partners focusing on health and malaria. This guide serves as an additional resource to support stakeholders scale up malaria resource mobilization efforts at the national and local level.

How to Use This Guide

This guide should be facilitated as part of the ARM workshop series; however, it can also provide stand-alone guidance to countries interested in strengthening their resource mobilization efforts. For more information about the ARM workshop, send an email to inforbm@who.int or contact your RBM Sub-Regional Network focal person (see *STAGE 2. Building Relationships, D. Working with Regional and National Partners* for contact information). The RBM ARM Guide is organized into a five-stage process based on an advocacy model developed by the Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs (JHU·CCP), which guides advocates in building an advocacy strategy that can be implemented to mobilize resources at the country level. The five stages are:

- Stage 1. Analyzing the situation
- Stage 2. Building relationships
- Stage 3. Making the case
- Stage 4. Monitoring and evaluation
- Stage 5. Building sustainability

By following these stages and using the tools and case studies within them, implementers can build and execute a country-level advocacy strategy for malaria resource mobilization. At the back of this document is a list of resources that are also relevant to this process.

GLOBAL MALARIA LANDSCAPE

A. Malaria Burden

The malaria burden has been reduced substantially within the past decade thanks to major scale-up of vector control interventions, diagnostics and treatment. Importantly, during this time there has been heightened global attention, increased funding allocations and successful public-private and civil society partnerships. The 2014 World Health Organization (WHO) World Malaria Report revealed that between 2001 and 2013, malaria control and elimination efforts had saved an estimated 4.28 million lives worldwide and malaria mortality rates had been reduced by approximately 47% globally and 54% in the WHO African Region. During this same period, it is estimated that, globally, there were 625 million fewer malaria cases[1]. Some of the most dramatic progress has occurred in countries in the malaria elimination phase[2]: estimated cases of malaria fell 85% between 2000 and 2013 and estimated deaths fell 87% during the same time period[3]. The Asia Pacific and Southern Africa regions are particular models of achievement, where cross-border and regional collaboration (such as the Asia Pacific Malaria Elimination Network and the Elimination 8 initiative), high-level political commitment (such as the African Leaders Malaria Alliance and the Asia Pacific Leaders Malaria Alliance) and funding for malaria programs have driven success.

The great success in reducing the malaria burden, particularly during the Millennium Development Goals, has led the global community into a new era where malaria elimination, and ultimately eradication, is within reach. Continuing efforts and sustained funding in both the malaria "heartland" and elimination settings will be necessary to reach this common goal.

Much more has yet to be achieved: it is estimated that 584,000 people died from malaria worldwide in 2013. In Africa, malaria is still responsible for over 430,000 child deaths every year and poses a deadly threat to pregnant women[4]. Emerging artemisinin and insecticide resistance also threatens to reverse gains made in malaria, particularly in the Greater Mekong Region and Southeast Asia. Although some promising tools to fight malaria

[1] World Malaria Report, WHO, 2014.
[2] The University of California, San Francisco Global Health Group lists the 34 malaria-eliminating countries as follows: Algeria, Argentina, Azerbaijan, Belize, Bhutan, Botswana, Cape Verde, China, Costa Rica, Dominican Republic, El Salvador, Iran, Kyrgyzstan, Malaysia, Mexico, Namibia, Nicaragua, North Korea, Panama, Paraguay, Philippines, Sao Tome and Principe, Saudi Arabia, Solomon Islands, South Africa, South Korea, Sri Lanka, Swaziland, Tajikistan, Thailand, Turkey, Uzbekistan, Vanuatu, and Vietnam.
[3] World Malaria Report, WHO, 2014.
[4] World Malaria Report, WHO, 2014.

are in the research and development pipeline, the westward spread of artemisinin resistance from Asia could impact other regions that are fighting to maintain success.

Endemic countries are taking steps to ensure that investment in malaria control is money well spent and that long-lasting insecticide treated nets (LLINs), artemisinin-combination therapies (ACTs), rapid diagnostic tests (RDTs) and other prevention and treatment tools are more widely distributed to vulnerable and high-risk populations. A country may, for example, make tools more accessible by subsidizing production costs, making drugs more affordable or by reducing or abolishing taxes and tariffs on anti-malarial commodities. Many countries are also strengthening the malaria surveillance system to identify and respond to cases as soon as possible—a critical approach in targeting interventions and minimizing the risk of resurgence in the elimination phase.

Addressing the malaria burden in a way that is effective, scalable and sustainable can only be achieved with adequate international and domestic funding streams; while global funding for malaria has increased from $200 million in 2004 to $2.7 billion in 2013[5], donor funding for malaria control and elimination will be insufficient to achieve the milestones set out by the World Health Organization's Global Technical Strategy for Malaria[6] and country-level goals and targets. Securing domestic resources in countries affected by malaria and using current donor funding more efficiently will be critical as the world moves towards malaria elimination.

Investment in malaria control and elimination has proven its worth. Compelling advocacy is crucial to persuade national decision-makers to make efficient and effective use of the available resources to secure new funding from national budgets, donors, innovative financing mechanisms and the private sector. Without continued investment, the great gains in malaria could be reversed.

DEVELOPMENT IS A RIGHT

"The right to development is an inalienable human right by virtue of which every human person and all peoples are entitled to participate in, contribute to, and enjoy economic, social, cultural and political development, in which all human rights and fundamental freedoms can be fully realized."

Declaration on the Right to Development

Adopted by General Assembly Resolution 41/128 of 4 December 1986. Article 1.1.14

[5] World Malaria Report, 2014
[6] To be presented for approval at the World Health Assembly in May 2015

B. Malaria and Development

Malaria's public health impact is compounded by its toll on development. Strong evidence shows that malaria hampers regional and national development and is linked to poverty, poor education outcomes, and workforce absenteeism. The link between malaria and development is reflected in Millennium Development Goal (MDG) 6c, which focuses on the global commitment to halt and reverse the incidence of malaria and other major diseases.

A 2012 United Nations Conference on Sustainable Development resolution highlighted the role of health as an indicator of all three dimensions of sustainable development: economic, social, and environmental.[7] Of note is that The Copenhagen Consensus 2008 estimates that providing the combination of malaria prevention and treatment interventions to at-risk populations in Sub-Saharan Africa would yield a benefit-cost ratio of $20 for every $1 spent[8]. In 2015, they assessed that the economic benefits of reversing the spread of malaria and reducing annual malaria deaths by 95 percent would be 15 to 1, which is classified to be a "phenomenal" return.

Consider also that malaria affects economies in the following ways:

- It is estimated that malaria-related illnesses and mortality cost the African economy US$12 billion per year.[9]
- Malaria is responsible for an "economic growth penalty" of up to an estimated 1.3% per year in malaria endemic African countries.[10]
- Malaria can strain national economies, impacting some nations' gross domestic product by as much as an estimated 5–6%. [11]
- In some countries the disease burden accounts for 40% of public sector health expenditure, over 50% of outpatient visits and 30-50% of hospital admissions. [12]
- Health care expenditures studies have consistently shown that most of the money spent on malaria prevention and treatment is from individuals and households.[13]
- Studies show that malaria impacts educational attainment. For example, in Uganda, one study showed that malaria may impair as much as 60% of schoolchildren's

[7] General Assembly Resolution, 'The Future We Want', 11 September 2012, A/RES/66/288, para 138, p. 27.
[8] Jamison D, Jha P, Bloom D. Disease Control, Copenhagen Consensus Challenge Paper, April 2008.
[9] Sachs, J., Macroeconomics and Health: Investing in Health for Economic Development, WHO Commission on Macroeconomic and Health, Geneva, 2001
[10] Sachs and Malaney 2002. The economic and social burden of malaria. *Nature.* 415(6872): 680-5.
[11] World Economic Forum, Global Health Initiative, in partnership with the Harvard School of Public Health, 2006. Business and Malaria: A Neglected Threat? WEF, Davos, Switzerland.
[12] Roll Back Malaria Partnership. Economic Costs of Malaria. RBM infosheet 2003.
[13] e.g. Tropical Medicine and International Health, Vol. 12, 2007: Economic costs of epidemic malaria to households in rural Ethiopia.

learning ability.[14] An examination of the effects of malaria on female educational attainment found that every 10% decrease in malaria incidence leads to 0.1 years of additional schooling, and increases the chance of being literate by 1–2% points.[15]

- A report found that in Sub-Saharan Africa, 72% of companies reported a negative productivity impact from malaria, with 39% perceiving these impacts to be serious to the "bottom line" and to worker health.[16]
- The Ministry of Agriculture in Sri Lanka uses its network of Farmer Schools to provide combined training and support on organic management for vectors and crop pests, and favorable crop varieties and planting strategies. This has not only reduced malaria transmission, but improved the yield of crops, the costs per yield. The intervention further assisted famers to identify markets for organic crops/rice where they could sell their outputs for a higher price[17].

For more information on the impact of malaria on economies, go to *Appendix B. Economic Impact of Malaria*.

C. Defining Malaria as a Human Right

Access to the highest attainable standards of health is a human right recognized by numerous legally binding international human rights treaties, including the Universal Declaration of Human Rights and the Convention on the Rights of the Child (CRC), signed by 140 states globally.[18]

What does this mean in the malaria context? From the perspective of the Global Fund, this means that countries must protect and promote human rights and ensure that key affected populations (KAPs) affected by AIDS, tuberculosis, and malaria are engaged in country dialogues. Human rights and KAPs are intertwined because through engaging and ensuring coverage for KAPs, we are ensuring their basic human rights, such as the right to the highest attainable standard of health.

It should be stressed that the main "affected population" for malaria interventions is still all people living in endemic areas. This has been the focus for the last decade and as noted earlier major gains have been made with the use of the main malaria interventions of universal LLIN coverage, indoor residual spraying, rapid diagnostic tests, ACT treatment,

[14] Uganda Ministry of Health, 2001. The burden of malaria in Uganda: why all should join hands in the fight against malaria (MOH-MLA-12).
[15] Malaria Eradication and Educational Attainment: Evidence from Paraguay and Sri Lanka. Lucas AM, Am Econ J Appl Econ. 2010 Apr; 2(2):46-71.
[16] Roll Back Malaria. 2011. Progress and Impact Series, Number 6, Business Investing in Malaria Control: Economic Returns and a Healthy Workforce for Africa, WHO, Geneva.
[17] Tripp and Wijeratne: What can we expect of farmers schools: a Sri Lanka case study. World Development Vol. 33, No. 10, pp. 1705–1720, 2005
[18] CRC webpage

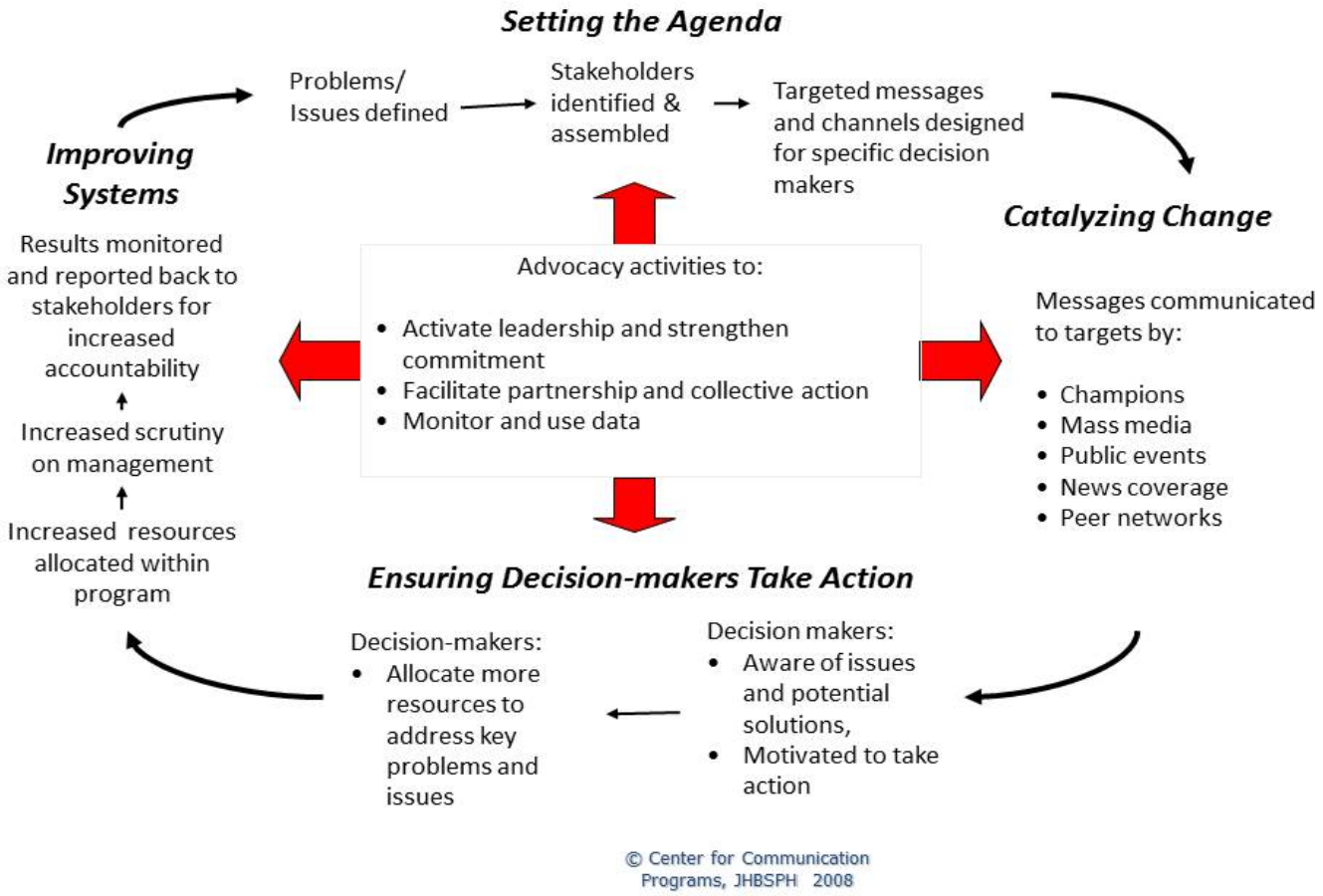
and intermittent preventive treatment in pregnancy (IPTp). This does not preclude that there are other KAPs that need to be identified and covered. Consider also that rural areas are a subset of the "people living in endemic areas." Rural communities tend to have less access to health services and are poorer. This also affects the coverage of interventions including malaria. In elimination settings, a focus on key affected populations is of great importance, because malaria tends to cluster in geographic locations and among populations with similar behavior that puts them at higher risk (e.g. occupation). Populations at higher risk for malaria in low transmission settings include mobile populations (e.g. migrants, forest workers, plantation workers) and those who cannot or have limited access to health services (e.g. illegal laborers). Surveillance and targeting of interventions to these higher-risk populations is an efficient use of resources.

D. Malaria Advocacy Model

Advocacy processes operate to mobilize political, financial, and social commitment for social or policy change. They aim to create an enabling environment to encourage equitable resource allocation and to remove barriers to policy implementation. The model below describes the cycle of advocacy. Each of the stages of the advocacy process is supported by advocacy activities that generate movement from one stage to the next— activating leadership toward commitment, building partnership and collective action, and using data to tell stories. Advocacy also contributes to shifting beliefs and "norms"—in the case of malaria, advocacy can help to create an awareness that malaria is not inevitable and that stakeholders can and should fight this disease at the individual, community and political level.

The five stages in this guide are based on this advocacy model for malaria.

Figure 1. Advocacy Model for Malaria



STAGE 1. ANALYZING THE SITUATION

A situational analysis is the first stage in identifying the appropriate advocacy strategy goals, and provides a baseline against which to measure progress. In the context of resource mobilization for malaria, a situational analysis should include the national malaria landscape (including data on the malaria burden and bottlenecks to effective implementation) and a financial analysis that shows current project funding streams and funding gaps for malaria interventions and surveillance. At this stage, advocates should also gain an understanding of financing mechanisms that can assist governments in funding their malaria program needs. As such, this section will provide tools that help advocates understand the advocacy landscape, challenges and bottlenecks, assets, and stakeholders.

A. Analyzing the Gaps

To plan effective resource mobilization advocacy, it is important to determine the difference between the resources needed and the resources allocated to malaria control and elimination. With this knowledge, programs can target advocacy efforts toward generating additional external and domestic funding to meet the resource gap (*Financing Mechanism Options* are discussed later in this section). The RBM Partnership Harmonization Working Group (HWG) developed a gap analysis tool, which is regularly updated, to assist National Malaria Control Program (NMCP) managers to identify programmatic and funding gaps and to complete the situational analysis: http://www.rollbackmalaria.org/mechanisms/hwg.html (under reference documents tab).

The RBM gap analysis tool guides countries through a three-step process:

1. Identify the programmatic need—Based on the best available information, identify priority areas and populations requiring malaria interventions and quantify commodities, services and activities needed for each intervention.
2. Identify what is currently financed—Assess the commodities and activities already covered within existing systems and resources.
3. Identify programmatic and funding gaps—Identify the commodities, services and activities that still need to be covered.

B. Using the Evidence

Advocates use data to understand underlying trends and tell a powerful story to persuade decision-makers to act on an issue. Important data sets for building an advocacy case include national surveys as well as studies conducted by research institutions, academia, global health and finance organizations, and implementing partners who conduct project-specific studies. The data spans a range of topics from the burden of malaria on people's

lives to the burden of the disease to the economy and other sectors. If many of these studies are unavailable, outdated or inaccurate, countries might have a more difficult time obtaining additional financing, particularly from development banks that are vested in the impact of malaria on development.

Research has shown that decision-makers' use of supporting evidence is central to producing change[19]. Advocates need to use credible data to provide the supporting evidence that audiences need to make decisions.

To help you understand where to get your evidence, review TOOL 1 below. If you are not sure what data exists—or unsure about the full scope—contact relevant partners among academia and research institutions, global health organizations such as WHO and UNICEF, and malaria control and elimination networks such as RBM and its Sub-Regional Networks, ALMA, APMEN, APLMA, etc., to seek assistance (see partner contact information under *D. Working with Regional and National Partners* on page 50 and in the Table of ARM Resources on page 74). In the *Stage 3. Making the Malaria Advocacy Case* section, we show how to use this data to build targeted messages to decision makers in your country.

[19] Stiff, J. B. (1994). *Persuasive Communication.* New York London: The Guilford Press

TOOL 1. Sources of Malaria Evidence. See APPENDIX A for a blank tool.

Tool	Description	Frequency of data collection	Surveys conducted	Coverage
Demographic and Health Surveys (DHS) www.measuredhs.com	Nationally representative, population-based household surveys, designed to produce data that are comparable over time and across countries.	Every four to five years	275 DHS surveys	90 countries
Multiple Indicator Cluster Surveys (MICS) www.childinfo.org	Nationally representative, population-based household surveys developed by UNICEF to support countries in filling critical data gaps for monitoring the situation of children and women.	Every three years	240	100 countries
Malaria Indicator Surveys (MIS) www.malariasurveys.org	RBM partners have developed a standard MIS package for assessing the key household coverage indicators and morbidity indicators. The MIS surveys also produce a wide range of data for in-depth assessment of the malaria situation within countries.	Every 2-5 years	39	25 countries
Mid-term National Strategic Plan Reviews	A tool used for reviewing progress and performance of a country's malaria program linked to Malaria Strategic Plans and Operational Plans.	Approx. every 6 years (Year 3 in each 5-6 year plan)		Endemic Countries
World Malaria Report	Authoritative WHO	Annually		Endemic

	global assessment including data on individual country progress, as well as country-based burden estimates.			Countries
Scholarly journals such as *The Lancet*	Includes academic studies on a range of health topics			Global
Local universities, research institutes and others	Special studies			
Implementing partners	Special studies			

Discerning which data to include and organizing the data in graphs, charts, infographics or other meaningful representations can influence the success of an advocacy initiative. Tips on using evidence and data in advocacy campaigns[20]:

- Use numbers wisely. Choose credible and current evidence from reputable sources.
- Use numbers strategically—not just to establish the size of the problem, but also the cost of ignoring it.
- Numbers alone often fail to create "pictures in our heads." Provide the narrative first, and then give a few easy-to-remember numbers.
- Most people cannot interpret data; they need narratives and context to link the data to their daily lives and interests.

[20] Adapted from: Framing Public Issues. Frame Works Institute.

C. Using Problem and Solution Trees

At this stage, we can use problem and solution trees to visualize the resource mobilization situation. Figures 2 and 3 show an example of this tool, with the global malaria funding gap as the illustrative problem. While this example provides a basic understanding of how this tool can be used, try to delve deeply into the root causes, effects and solutions when developing these trees for your own country situation.

Six steps to develop a problem and solution tree[21]:

Problem Tree

1. *Start by defining the core problem*—in this case, the malaria programmatic and funding gaps. Consider developing a tree for each commodity gap (e.g., LLINs, ACTs, RDTs, etc.). *(Tree Center).*
2. *List the effects of the core problem.* For example, one effect of a lack of access to malaria commodities is increased child mortality. *(Tree Branches).*
3. *List the underlying causes of the problem.* For example, one cause of the funding gaps might be that it isn't a high priority for policy makers to solve since most health funding comes from donors in the form of grants. *(Tree Roots).*

Solution Tree

4. *Translate the core problem into a solution.* Identify solutions by rewriting negative statements into positive ones. For example, "Global and domestic actions are taken to increase funding and fill gaps." *(Tree Center).*
5. *List the effects of the solution.* With guidance from the NMCP, identify the malaria control commodities and services that are needed but not funded. (*Tree Branches).*
6. *List potential advocacy interventions.* Determine the advocacy actions that need to be taken to solve the problem. (*Tree Roots).*

[21] Adapted from: United Nations Children's Fund (UNICEF). (2010). Advocacy Toolkit. A Guide to Influencing Decisions that Improve Children's Lives. New York.

Another Approach—Building a Theory of Change: In some cases, it may be helpful for the advocacy stakeholders to build a Theory of Change that a) defines what you want to change and b) how you will achieve that change.

Step 1: Using evidence from your situational analysis, define a policy or financing objective that is specific, measurable, achievable, realistic and time-bound (SMART). For example, if reliance on external donors is a challenge and/or the malaria program is facing a funding gap, one SMART objective could be: "Increase the proportion of domestic financing for the malaria program to 85% by 2017."

Step 2: Map out what it will take to achieve your advocacy objective. Create outcomes that need to be completed in order to reach your goal. This may require knowledge of the budget process. It is helpful to work backwards from your SMART objective. For example, Members of Parliament will need to sign off on the malaria budget (in which case some of your advocacy activities should be aimed at winning their support—e.g. setting up a Parliamentarian group for malaria). Before that, it could be that the Minister of Health needs to sign off on the malaria budget, and advocacy activities to show how investment in malaria will strengthen his or her portfolio will be required. Map all of the necessary steps until you reach steps that can be accomplished in the next 1-2 months.

Step 3: Now that you have a firm idea of how to accomplish your advocacy objective, you can create a workplan, a budget, and a monitoring and evaluation (M&E) plan to match the necessary interim outcomes you will need to accomplish before achieving your SMART objective. As an example, one outcome might be "key Members of Parliament make commitments to support an increase in the national malaria budget."

Figure 2: Illustrative Problem Tree

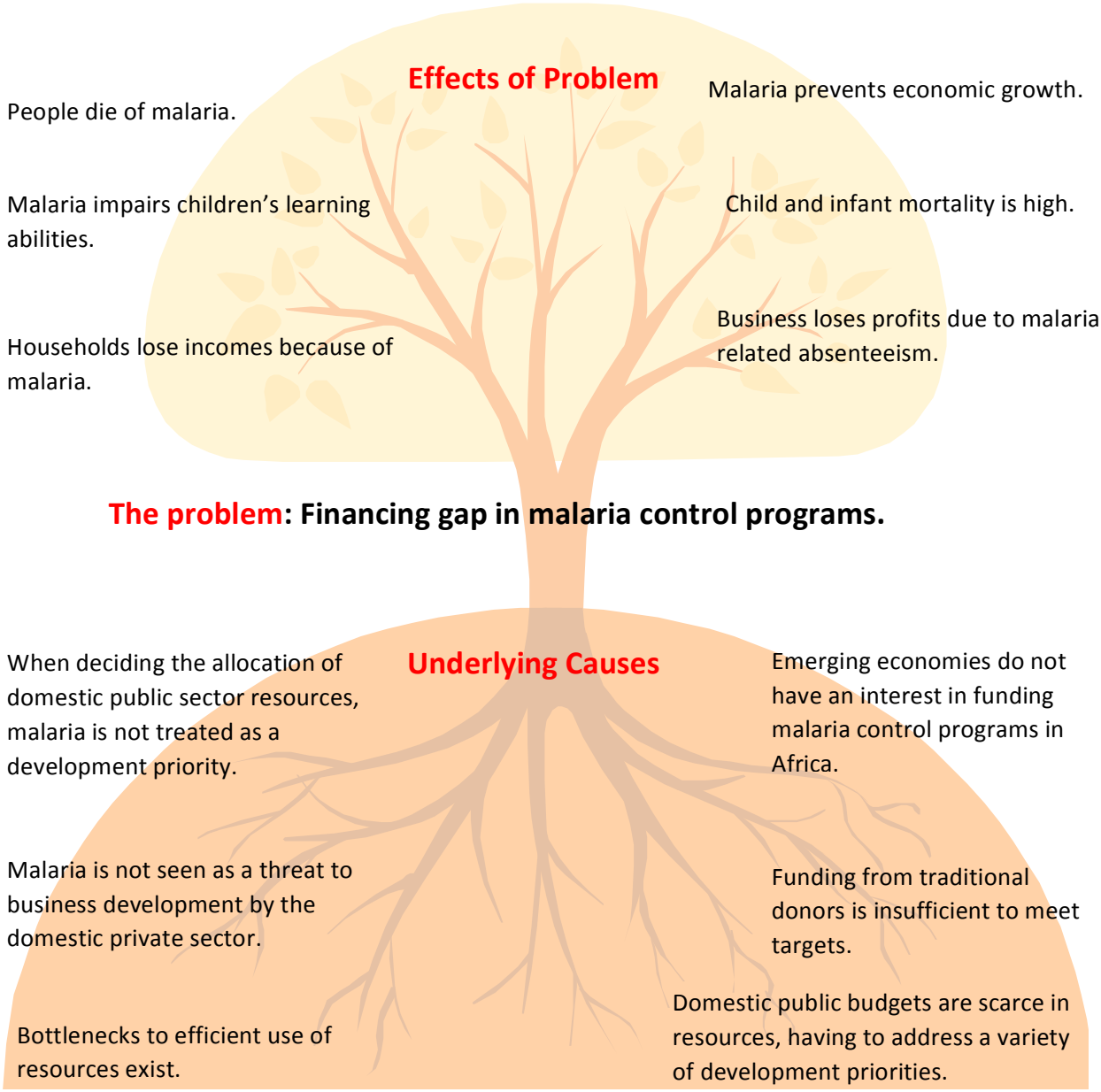
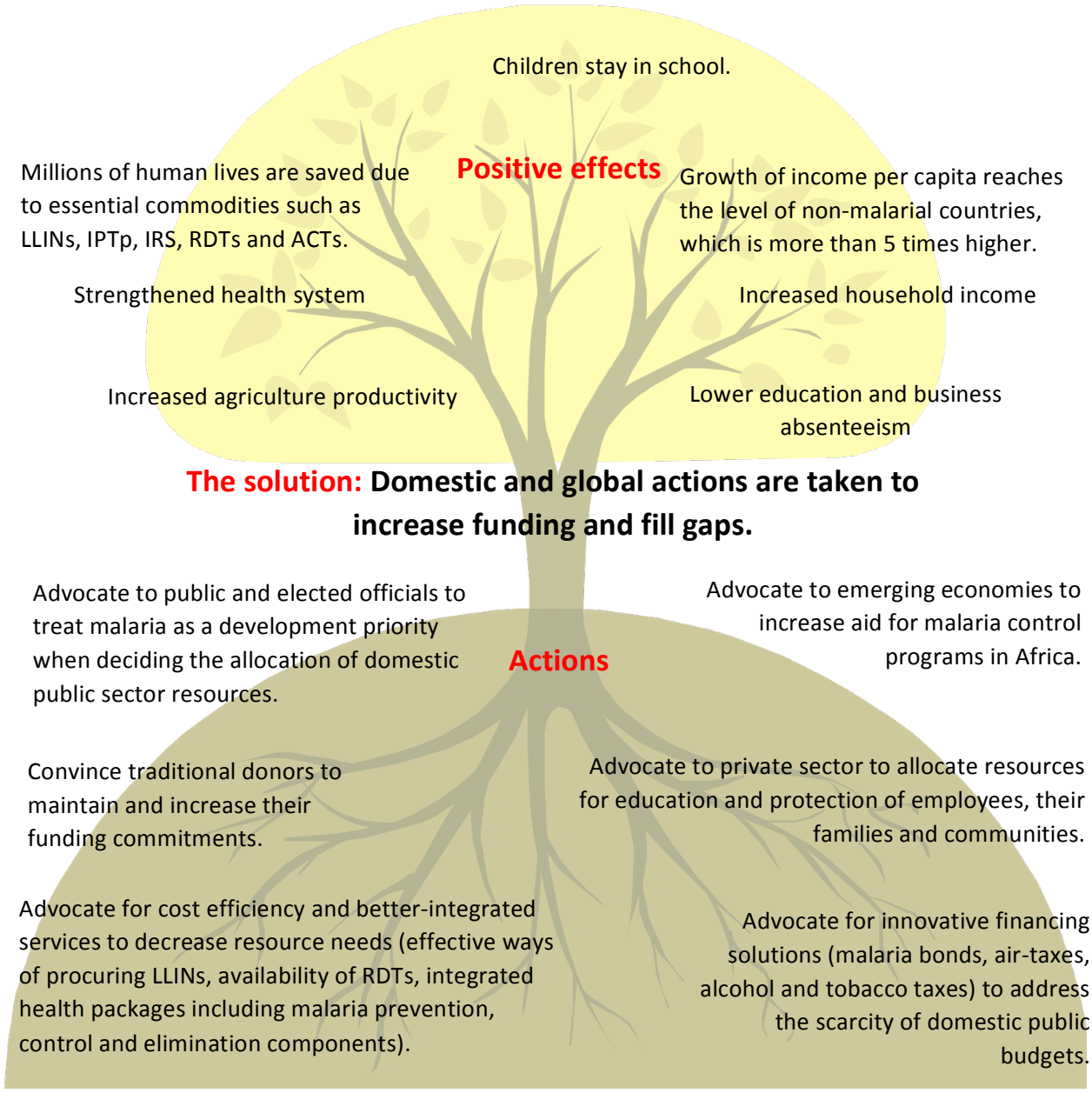


Figure 3. Illustrative Solution Tree



D. Mapping Stakeholders and Targets

Mobilizing resources for malaria is a complex exercise, requiring many people and institutions to get involved to effect and sustain support for malaria programs. Legislators can pass necessary laws and budgets, ministers can allocate resources, research organizations can generate evidence, implementing partners can execute campaigns or engage communities, and champions and civil society can influence the process at all stages and raise awareness.

It is important to understand who the malaria stakeholders are and how to reach them with advocacy messages.

Clarify and Assign Accountability

First, advocates can take stock of the commitments decision-makers have made related to malaria control and elimination so they have a better understanding of what these decision-makers need to be held accountable for achieving, based on their own promises. Use TOOL 2 below to outline the commitments made, by whom, for what timeframe, and the extent to which the commitment has been fulfilled.

TOOL 2. Accountability Mapping[22]. See APPENDIX A for a blank template.

Agreement or commitment	Institution accountable	What was committed?	When should results be delivered?	What has been delivered so far?
Sample				
National Malaria Elimination Goal to Eliminate Malaria by 2025	Ministry of Health	Elimination of Malaria nationally by 2025	2025	Sub-national elimination in 4 of the 10 Districts
Asia Pacific Malaria Elimination Goal by 2030	Head of State (at East Asia Summit, 2014)	Elimination nationally to align with regional elimination goal	2030	
Abuja declaration, 2001, 2006, 2013	Head of State	Increase government		

[22] Adapted from: United Nations Children's Fund (UNICEF). (2010). Advocacy Toolkit. A Guide to Influencing Decisions that Improve Children's Lives. New York.

		funding for health to at least 15%		
Luanda Commitment/ Libreville Declaration, 2010, 2008	Ministry of Health (MOH)	Accelerating MDGs 4, 5, 6 and 7		
Tunis Declaration on Value for Money, Sustainability and Accountability in the Health Sector, 2012	Ministry of Finance (MOF), MOH	Coordination, increased and sustained financing for health.		

Who Influences How Resources Are Mobilized?

Beyond these key commitments, TOOL 3a will help you map the malaria stakeholders in your country and globally so you can think strategically about who needs to be involved in advocacy efforts, how much influence they have on decisions about resources and how they can be linked together to effect change. List the category of stakeholder, their role, who fits into the category and, among them, who will play the key role.

Note: When identifying private sector stakeholders, consider including more than just corporate social responsibility officials. Company CEOs, general managers, marketing managers and human resources directors are also interested in how malaria and partnership benefits (e.g., cause-related marketing) affect their company.

TOOL 3a. Malaria Stakeholders. A Tool 3a template is available in APPENDIX A.

	Description	Examples	Who plays or will play the key role in your country? (by name)
Key Country-level Decision-makers	Decides on how much money should be allocated for malaria control interventions.	Heads of State; Ministers of Finance; Ministers of Health; Parliamentarians	
Private Sector	Decides on how much to invest in malaria interventions, contributing either financially or in-kind (e.g., services)	Extraction industry, finance/banking, media, telecom, food/beverage industry, agro industry, tourism (airlines, hotels), parastatals (e.g. membership	

		associations)	
Donor agencies / organizations	Decides how much donor funding a country receives for malaria interventions	Global Fund/CCMs, USAID/PMI, UK/DFID, World Bank, WHO, IFRC, UNITAID, regional development banks, other donors	
Implementers /Civil Society	Takes concrete steps in implementing the change and making it sustainable.	NMCPs; implementing partners; civil society; faith-based communities; NGOs.	
Champions	Have access to and/or influence of key decision-makers, are well-known and respected	Private sector leaders; celebrities, First Ladies, Ambassadors, politicians, Religious Leaders, Chiefs, etc.	
Experts	Can produce evidence that the issue is relevant for the decision makers.	Research institutions, universities, etc.	
Key Affected Populations	Have the right to live a life free of malaria	Families, communities, migrant workers, etc.	

Once you have an understanding of who needs to be involved in resource mobilization advocacy, complete TOOL 3b by answering the following questions:

- **How influential are they in mobilizing resources for malaria?** Rate stakeholders on a scale of 1 to 5, with 5 being the most influential in mobilizing resources for malaria). For instance, the Minister of Finance, Parliamentarians, Private Sector CEOs and Global Fund Country Coordinating Mechanisms (CCMs) might be rated higher than the other stakeholders.
- **What are their goals?** What are their primary goals? It is important to understand their goals and how closely or remotely they relate to ARM goals.

TOOL 3b. Stakeholder Influence. See APPENDIX A for a blank template.

Individual Stakeholder (name and/or title)	**Level of Influence in Resource Mobilization for Malaria**
Example: Minister of Finance and Economic Planning Beatrice Alazar	5
Example: XYZ Mining, Chief Executive Officer Richard Orth	5

Next, you will use the completed TOOLS 3a and 3b to help you create a stakeholders network map[23]. Typically, the primary target audiences of advocacy interventions are the people and institutions who have the greatest power to make the change. You also want to consider the people who can most influence these decision-makers. For instance, some private sector leaders move in the same social and professional circles as politicians, and have a tremendous influence on these decision makers. As such, it may be beneficial to target your advocacy toward these influencers as well, as they may be in a better position to call the key decision makers—the politicians—to action.

How Are Stakeholders Linked?

At this stage, examine different types of linkages among the stakeholders you have identified. If possible, conduct interviews with stakeholders who are most knowledgeable about the systems in your country and ask the following questions:

- What are the flows of funding among your stakeholders? How does the funding flow from one entity (such as a donor) to another (such as the Ministry of Health)? Who else is involved in this flow (e.g., parliamentarians, Minister of Finance)?
- What, if any, is the chain of command (i.e., reporting structure) among stakeholders? For example, what is the reporting structure linking the ministry officials with the parliamentarians and implementers, from the national to the district level?
- How does information flow among stakeholders? For example, how do Ministers of Health, Finance, parliamentarians, and the private sector get the information they need to make decisions that impact malaria resources in the country?
- Which stakeholders have influence on key decision-makers? For example, around the world, private sector leaders are often highly influential politically. Sometimes powerful tribal chiefs, faith leaders or community organizations can influence decisions. In some cases, it may be sports celebrities or other high profile people, such as the First Lady. Who influences your key decision makers?

As illustrated in Figure 4 below, you can indicate a malaria stakeholder's level of influence on your resource mobilization goals and link those stakeholders for the advocacy strategy. Each country will be slightly different.

For example, in some countries, donor funding is routed directly to the MOH, while in others it goes first through the MOF or Prime Minister's office. Again, if some of these areas are unknown, consider interviewing people in your country who have a better

[23] Adapted from the *Net-Map Toolbox: Influence Mapping of Social Networks*, developed by Eva Schiffer, International Food Policy Research Institute, Washington, DC, USA, http://netmap.wordpress.com

understanding of these processes. When you have completed your stakeholder map, discuss the implications for your advocacy strategy.

This information will guide decision-making about primary and secondary audiences and influencers as well as other aspects of the advocacy strategy.

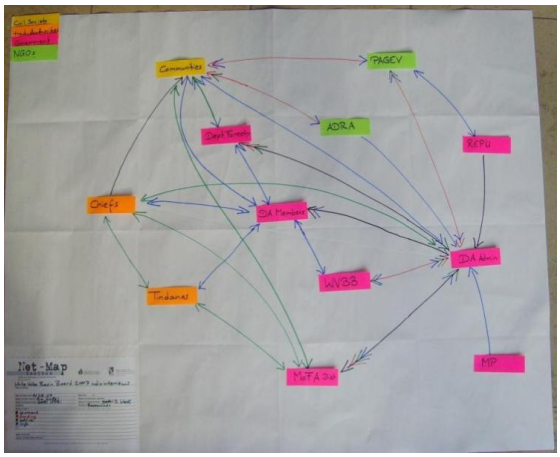
Steps to Developing a Stakeholder Map

STEP 1

Who are the stakeholders involved? Write actor names on colored sticky notes, colored by groups (e.g., government, donors, private sector, civil society, and other decision-makers and influencers).

STEP 2

How are they linked? What is the reporting structure? What is the funding flow? Who influences whom? You can develop different maps for each topic or use one map and indicate these linkages using different colored lines, such as in the example to the right.



STEP 3

How influential are they? How strongly do they influence your resource mobilization goals? Build towers or draw circles to indicate the size of their influence (e.g., small to large).

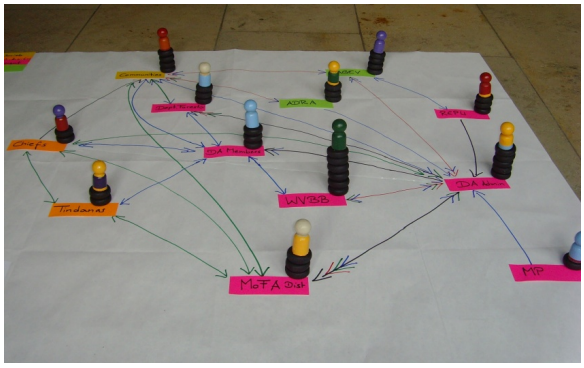
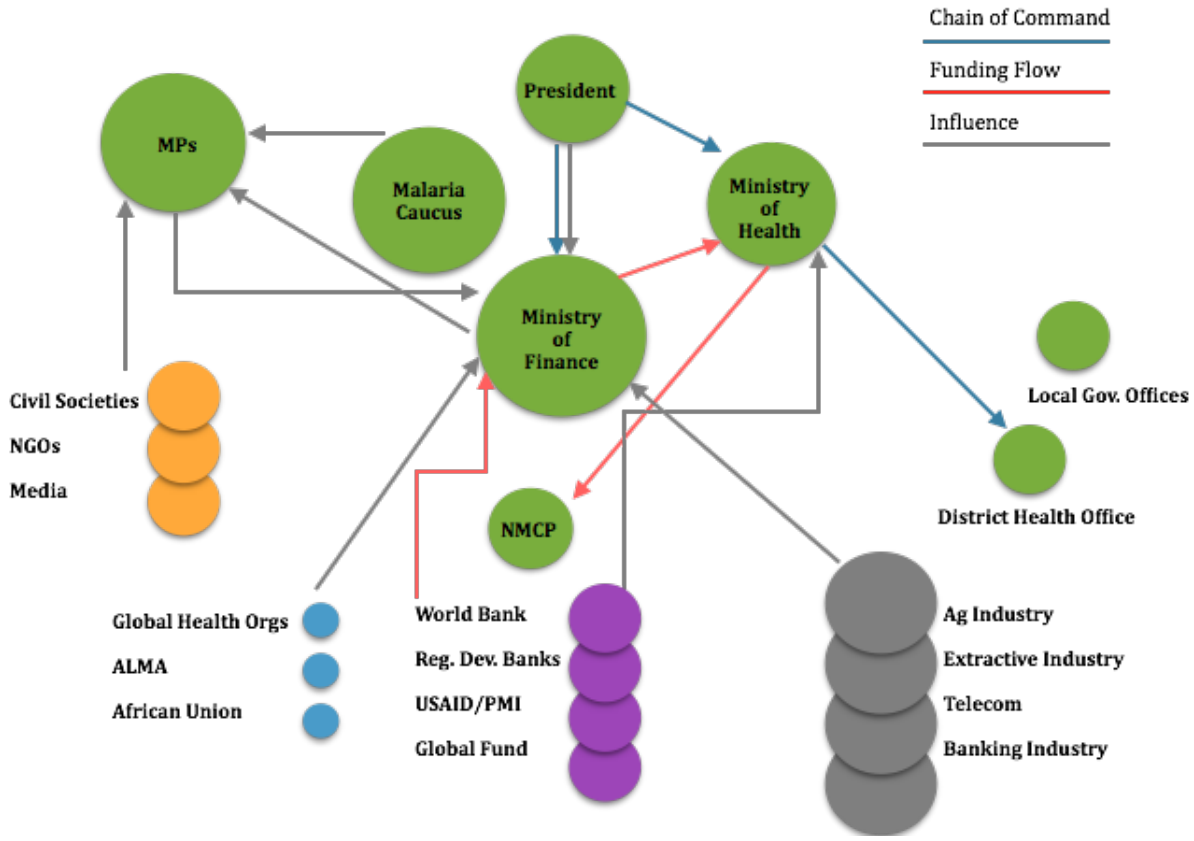


Figure 4. Illustrative Stakeholder Map



Advocacy Highlights

Engaging the Minister of Finance in Uganda

Advocates in Uganda built strategic relationships with the private and public sectors under the United Against Malaria (UAM) campaign to mobilize resources for effective malaria control. By using stakeholder mapping of private sector partners, they looked for those who not only could contribute to malaria but could also reach out to leaders about reducing the burden of malaria. One UAM private sector champion, Maria Kiwanuka, went on to become the Minister of Finance, Planning and Economic Development, gradually prioritizing malaria in her Ministerial role. Advocates met with her about malaria messaging and the economics of malaria. In 2013, the MOF included malaria in her budget speech to the Cabinet and Parliament and announced during a UAM Business Symposium with government leaders and more than 50 companies that she wanted a malaria resource mobilization strategy and multisectoral committees to feed into it. The strategy will address malaria control gaps, funding inefficiencies, and new sources of domestic funding, which would complement efforts of the National Malaria Strategic Plan. *"Malaria constrains national economies,"* said Hon. Maria Kiwanuka during the Symposium. *"Uganda is expected to spend approximately US$23.4 million on the 13 million malaria cases seen in public health facilities this year alone. This impacts the national economy, decreases worker productivity and household income, but also leads to a loss of investment opportunities."*

District Malaria Advocacy Teams (DMATs) Mobilize Resources

In Ghana as in other countries, the decentralization of resources did not happen as mandated in national policy. The further a district was from the downtown area of the capital, the less likely it was to receive its quota of development funds from the central government. This was detrimental for the provision of health services in districts where malaria represented 40-50% of outpatient visits. The goal of the DMATs was to advocate for the 1% District Assembly Funds that were mandated for health, but were often not available in the district. The bottleneck was the argument that health had its own resources, why did they need more? Once malaria needs assessments were conducted and the burden of malaria (with its economic and social consequences) were made clear, there was more interest in finding resources to build a local response to the problem. In all, 38 DMATs mobilized the 1% funds, as well as other in-kind contributions. These DMATs were replicated in Uganda and Tanzania.

E. Financing Mechanisms

International donor funding for malaria is stagnating at current levels, making it all the more important for countries to plan for additional sources of funding. This is crucial if countries are to meet the objectives of their National Strategic Plans on the path to elimination and to prevent resurgences. This section provides a snapshot of financing mechanisms that advocates should be aware of at country level.

Domestic Funding

According to the 2001 Abuja Declaration, re-ratified in 2013, African Union countries pledged to increase government funding for health to at least 15% of their national budgets. Considering the massive current and projected funding gaps for malaria worldwide, there is an even greater need for countries to increase their domestic spending on health and hold their governments accountable. Domestic funding may also be increased through innovative financing measures including taxes on discretionary items including tobacco and alcohol, insurance schemes and fee-based initiatives, and solidarity and endowment funds.

A few countries, such as Rwanda and Zambia, have started to make inroads in increasing their domestic spending on health and on malaria in particular, but most countries are still far from reaching the 15% target. Calling Parliamentarians and Ministers of Finance to action on increasing funding for malaria control and elimination is critical.

Advocacy within Global Fund CCMs

As of 2012, there are on average only 1-2 malaria advocates in CCMs with 35-40 members. Global-level advocates are concerned that this underrepresentation may lead to insufficient funding allocations for malaria. Countries must ensure that the malaria community is represented in CCMs, that they actively advocate for malaria resources, and that there is sufficient input from KAPs and their representatives. This is more important now than ever before. As of 2013, the Global Fund New Funding Model (NFM) allows CCMs to determine their country-level program split among the three diseases (AIDS, tuberculosis and malaria). The split is determined during a country dialogue process, which must also include input from KAPs—and hard to reach populations—so that National Strategic Plans are more comprehensive.

Many countries in Asia Pacific are in the phase of malaria elimination and have experienced significant economic growth. As malaria disappears from communities, and therefore also from political agendas, it is critical for Asia Pacific countries to harness recent economic growth to fund their own malaria programs, consolidate the gains that

have been made, achieve elimination and prevent reintroduction. Donor countries and organizations in the region have begun aid programs to help endemic countries eliminate malaria to guarantee health security for the region as a whole.

Cost Efficiencies Through Multisectoral Approaches

Coupled with increased domestic spending, endemic countries may consider undertaking a multisectoral review of their national malaria strategies to develop multisectoral plans for: more effective LLIN procurement; an integrated approach to case management; pooled procurement across countries in a certain regions; and improved delivery of other prevention, diagnosis and treatment commodities and services, such as Indoor Residual Spraying (IRS), RDTs and social and behavior change communication and education materials. In addition to increasing efficiency, multisectoral approaches can have a greater and more sustainable impact on malaria investments since it can address the social and physical determinants of health related to the disease, such as poverty, education and housing. Multisectoral approaches can include the private sector, agriculture, trade, housing, environment and education sectors. Engagement of other sectors is particularly important in countries eliminating malaria, since many of the remaining cases of malaria are often associated with particular industries (e.g. mining) or occupations (e.g. fishing). Guaranteeing that the affected sectors are invested in malaria elimination will not only secure better access to malaria case detection and treatment, but can also contribute to funding for the malaria program. For more information about multisectoral approaches for malaria, see RBM's *Multisectoral Action Framework for Malaria* on the RBM website: www.rollbackmalaria.org.

Innovative Financing

There are numerous innovative financing options that endemic countries can consider. As of this writing, Zanzibar is working on implementing a small tourism tax to fund malaria projects in the country. UNITAID has raised over half of its funds in the last five years through an air ticket levy, an addition to the cost of an airline ticket purchased in Cameroon, Chile, Congo, France, Madagascar, Mali, Mauritius, Niger and the Republic of Korea. Challenge grants, bond mechanisms (pay-for-performance) and backstopping guarantees such as the Pledge Guarantee for Health (PGH) are other innovative financing strategies are described in the following examples.

Innovative Financing Examples

Accelerated purchase of LLINs for Zambia ($4.8M)

The World Bank (WB) provided an International Development Association (IDA) credit to the Government of Zambia (GoZ) to buy LLINs, with an expected disbursement in February 2011, pushing delivery times beyond the peak rainy season that began in December 2010, which would result in lives and dollars lost.

Working closely with the GoZ, WB, UNICEF and Stanbic Bank, The Pledge Guarantee for Health (PGH) provided a 50% guarantee to Stanbic Bank Zambia, which enabled Stanbic to extend $4.8 million in financing to the GoZ in advance of the WB funding. PGH facilitated the necessary financing to enable UNICEF to accelerate the procurement and delivery of LLINs ahead of the peak rainy season. The PGH is designed to increase the speed and efficacy of funding from international donors for health commodities. Through PGH, procurement and distribution time to districts was achieved in 6 weeks instead of the usual 33 weeks. Delivery to district warehouses was finalized by January 25, 2011. Donor disbursement occurred before an interest payment was due, minimizing the overall financing cost for the transaction. For more information, go to: http://pledgeguarantee.org.

Malaria Pay for Performance Bonds

A malaria pay-for-performance bond aims to improve aid effectiveness, including implementation quality and delivery of successful results. It is designed to repay investors from cost savings generated in the system based on the level of success of financed interventions. By necessity, this mechanism must involve multiple stakeholders (investors, implementers, funders, beneficiaries) and align their incentives around shared gains. A pilot Malaria Pay for Performance Bond is in development in Mozambique.

Private Sector

Partnerships with the private sector can take many forms. When engaging companies, consider not only the financial resources that they can bring to the table, but also the expertise they can share, specifically in terms of distribution, marketing, and other areas of program or financial management. Implementers at the country-level should take stock of the major companies in their country, and consider reaching out to them and private sector membership organizations such as Rotary Clubs to engage them in malaria campaigns. Table 1 includes a list of options for involving the private sector in malaria control.

Table 1. Private Sector Involvement in Malaria Control

Private sector involvement	Public sector key benefits	Private sector key benefits	Sample partnership mechanisms
Sponsorship	Funding or in-kind support (e.g., free media) for programs	Company name associated with a public benefit	Memorandum of Understanding (MOU)
Workplace malaria protection and treatment provision	Improved health outcomes and decreased burden on public health system	Decreased absenteeism, meeting Corporate Social Responsibility (CSR) objectives, better relationship with community	MOU, company investment in health programs
Private sector health care delivery (service promotion)	Improved coverage for health services, decreased burden on public health system	Access to policy support, commodities, training, staffing; additional clients and fees	Training, MOU, contract
Social marketing *(marketing health products to specific audiences)*	Better health outcomes, better coverage with health products	Increased sales	Bulk purchase, subsidy
Media collaboration	Increase audience exposure to health messages, improved outcomes	Reaches audience with positive messages, enhanced reputation, income (for media company)	Contract, co-finance, donated media product

For more information about private sector partnerships, see *STAGE 2. BUILDING RELATIONSHIPS*.

Multilateral Funders

Multilateral development banks can finance investments in malaria control and elimination. Given the mission of these non-traditional banks to promote human and physical development in low-income countries, it is important that country stakeholders understand the economic impact of malaria control at the outset of their preparations for loans, credits and grants.

Development bank financing is granted at the request of Ministers of Finance, so advocates must engage Finance Ministry influencers and decision makers. Depending on the type of assistance requested, advocates need to also consider impacts on the health sector as a whole as well as other sectors such as agriculture, trade, private sector growth and education.

Multilateral Financing and Malaria

African Development Bank (AfDB)

AfDB's approach to assisting regional member countries in malaria control includes collaboration with other development partners. In its operational policies, AfDB states that malaria control is an integral factor in poverty reduction and achieving the MDGs. The AfDB is guided by the following principles: selectivity and focus (promoting a wide range of effective and cost-effective malaria interventions); feasibility of approaches and affordability (integration of malaria control across sectors); empowerment (assisting a wide variety of stakeholders to contribute toward national efforts); and participatory and strategic partnerships (involving beneficiary communities).

The AfDB supports interventions that raise awareness about malaria prevention and early treatment. It also supports impact assessments of operations that reduce the risks of malaria transmission. From 2002 to 2012, most AfDB-financed health projects were aimed at strengthening health infrastructure. Of these projects approximately $46 million went to malaria-related prevention and control activities within the health sector. In addition to spending on the health sector, the AfDB also spent approximately $30 million toward malaria control efforts in other sectors, including agricultural, water and sanitation, infrastructure and education. For more information about the African Development Bank, go to www.afdb.org.

Asian Development Bank (ADB)

The Asia Development Bank hosts the Asia Pacific Leaders Malaria Alliance (APLMA) that was created by heads of State in 2013 to bring political commitment, long-term financing and a new approach to the fight against malaria in the Asia Pacific.. Co-chaired by the Prime Ministers of Australia and Vietnam, APLMA successfully garnered political commitment by 18 leaders at the 2014 East Asia Summit to eliminate malaria from Asia Pacific by 2030. For more information about APLMA, go to www. APLMA.org. For more information on the Asian Development Bank, go to www.adb.org.

Islamic Development Bank (IsDB)

The IsDB's involvement in the social sector is primarily in education and health. According to the IsDB, one of its key strategies is to promote health and address "the most severe and debilitating threats to health in the Muslim world." This includes child mortality, maternal health, and diseases including HIV/AIDS and malaria. Within health, its emphasis is on primary health care, most specifically on delivery of health services to the rural poor. Of note is that in 2007, the IsDB launched its "Quick Win" program focusing on eliminating malaria in some countries (including Burkina Faso, Chad, the Gambia, Guinea Bissau, Indonesia, Mauritania, Niger, Senegal and Sudan). The Bank also signed an MOU with the RBM Partnership to provide US$400,000 in grants to six Organization of Islamic Cooperation countries (Chad, Mali, Mozambique, Niger, Nigeria and Yemen) to develop concept notes for the Global Fund NFM. For more information, go to www.isdb.org.

World Bank

According to the World Bank, malaria fits squarely in its development agenda as many malaria interventions have public goods characteristics[24] and malaria has become an important topic in discussions of poverty reduction and debt relief with countries. As a long established international financial mechanism, the World Bank's International Development Association (IDA) program can provide credits and grants to support health, education, infrastructure, agriculture, economic and institutional development for low-income countries. Credits have zero or very low interest charges, with repayments being stretched over 25 to 40 years and including a 5 to 10-year grace period. Grants are provided to countries at risk of debt distress.

IDA financing in the health sector is focused on providing strategic funding for health system strengthening to enable countries to make effective use of aid from other sources, as well as funding critical areas of health programs not covered by other donors. Countries can benefit from IDA to combat malaria if they have integrated malaria control into their Country Assistance Strategy (CAS); however, the Bank notes that this requires valid socio-economic arguments that make a strong case for spending funds on a disease-specific program. The CAS is developed in consultation with country authorities, civil society organizations, development partners and other stakeholders. As it includes a comprehensive diagnosis of the development challenges facing a country—including the incidence, trends and causes of poverty—advocates need to raise awareness about the value for money that malaria interventions have on a country's development in the early

[24] Hanson, K. (2004). Public and private roles in malaria control: the contributions of economic analysis. *Am. J. Trop. Med. Hyg.* 71 (Suppl 2): 168-173.

stages. Countries that have successfully used IDA financing for malaria-specific programs include Nigeria, Zambia and Benin—while others such as Ghana, Sierra Leone, Ethiopia and Mozambique have included malaria into other IDA-financed programs, including nutrition and health systems strengthening. For more information about IDA, go to www.worldbank.org/ida/.

Malaria stakeholders at the country level can assess which financing mechanisms would be the most appropriate, effective and feasible for mobilizing resources for malaria. Consider that adopting any one of these will require robust partnerships, which are covered in *Stage 3: Building Partnerships* of this guide.

Advocacy Highlights

Chad Ensures Universal Access to Mosquito Nets

In Chad, where malaria has been the main cause of child mortality, the nonprofit Malaria No More partnered with government and corporations to launch a movement called "Stop Palu" (French for "Stop Malaria") that focused on widely distributing LLINs. The movement attracted many well-liked celebrities, including popular musicians who created a Stop Palu anthem and recorded public service broadcasts. No person was more influential to the cause than Chadian president Idriss Deby, who filmed his own public service announcement encouraging his countrymen to do their part and sleep under mosquito nets every night. Stop Palu helped the Chadian government secure funding to achieve universal coverage of LLINs in 2014.

Zambia Increases Domestic Spending on Health and Malaria

The Government of Zambia has made great strides in mobilizing resources for malaria control. It has increased its domestic spending on malaria incrementally from US$15 million in 2009 to US$24 million by 2013, and all levels of government have made health spending a national priority. This increased commitment resulted in an increase in confidence from both the private sector and traditional donors. "Now that donors saw the government commitment to malaria control, their [financial] support has also increased," said Dr. John Banda of the Zambia National Malaria Control Centre, adding that private sector support, primarily from mining and sugar companies, also increased during this time. Following the recommitment of the Abuja Declaration in 2006, Zambia also developed a Cabinet Committee for Malaria that consists of representatives from the MOH, MOF, Ministry of Agriculture, Ministry of Education and local governments to discuss, in part, achieving greater efficiencies in malaria control through multisectoral approaches.

Businesses also have been stepping up their investments and seeing returns. Zambia is part of Elimination 8, a regional initiative led by Ministers of Health in Southern Africa that have committed to achieve elimination in the region through cross-border collaboration.

Niger's CCM Actively Spurred Government to Increase Funding

With support from the Head of State, Niger's CCM partnered with the MOH to prepare documentation that would be defended in Parliament to increase domestic spending for health and malaria, based on the call to action from the Abuja Declaration. Since then, the domestic funding of malaria control in Niger has increased more than seven-fold: from CFA 200 million in 2000 to CFA 3 billion (US$ 5.6 million) in 2013, with CFA 1 billion of that spent on ACTs and CFA 2 billion spent on the mass distribution of LLINs. In April 2012, a private sector coalition advocated for additional resources from corporations, also securing a commitment to add funding to the national budget. The Head of State reiterated his commitment, which led to IsDB financing of CFA 13 billion to close the LLIN gap for 2014.

Benin Receives IDA Funding for Malaria

In 2011, the government of Benin approached the World Bank to request an additional US$31m IDA loan for malaria-specific funding as there was consensus among decision makers that resources allocated to fight this disease would impact GDP positively. To trigger funding, the MOH had to closely liaise with the MOF. Benin's IDA request was approved within 3 months.

F. Assessing your Advocacy Priorities

Once you have a clear understanding of your gaps and options, you can start building a complete advocacy situation analysis. Start by answering the questions below where possible, or provide estimates if necessary. Questions are designed to help you consider country-specific resource mobilization options, challenges, assets and opportunities.

TOOL 4. Country Advocacy Assessment. See APPENDIX A for the template.

Malaria Burden

1. How many national malaria cases per year? In an elimination setting, how many imported cases per year? What is the economic burden on national health systems?

2. What is the malaria mortality rate in the country per year? What is the rate for women and children?
3. By how much has malaria decreased (or increased) in the country in the past five years?
4. What is the economic impact of malaria in your country (if available)? (Review data to determine if an economic analysis has been done in your country.)
5. How does malaria affect other sectors (e.g., agriculture, education, trade, tourism) in your country? Do any studies on malaria's impact on these areas exist in your country (e.g., sources could include World Bank, local universities, implementing partners or global health organizations)?
6. Is your malaria epidemiology data up-to-date and accurate? If not, what challenges exist in ensuring data is up-to-date and accurate?
7. If your country's data on the impacts of malaria on the country is non-existent or outdated, what are the steps needed to get this information? How can international organizations, research institutions and universities support this effort?

Malaria Gaps, Challenges and Assets

1. What are your current and projected funding gaps for malaria in the next 3 years? What is it per malaria commodity (LLINs, ACTs, etc.).
2. What have been your primary funding challenges over the past five years?
3. What actions have you and other malaria stakeholders, such as civil society, taken in your country to mobilize resources for malaria?
4. What are the primary challenges you face in mobilizing resources for malaria?
5. What assets does your country have that strengthen advocacy for resource mobilization (e.g., active civil society, champions)?
6. What types of outside support do you need for your resource mobilization efforts?

Domestic Allocation to Malaria

1. What percentage of your country's budget is spent on health?
2. How much funding does the government contribute to malaria? By how much has this increased (or decreased) in the past 5 years?
3. What innovative financing mechanisms might be feasible for your country to adopt (e.g., pledge guarantee, discretionary taxes) to increase funding for malaria?
4. How have Members of Parliament (MPs) championed malaria control, if at all? What are they doing related to malaria control? Is there a malaria caucus or committee in Parliament? Are they advocating for increased funding? (Why or why not?)
5. What challenges does your country faces in allocating sufficient funding for malaria?

Traditional Donors

1. Who are the main donors, and what are their contributions? Has funding increased/decreased in the past five years? Why?

2. What opportunities exist to increase funding from current donors or to add new donors (e.g., strengthened malaria advocacy in Global Fund CCMs, multisectoral approaches to reach donors, or government ministries that do not normally fund malaria)?
3. How many Global Fund CCM members represent malaria? What other challenges exist in CCMs that might affect adequate funds for malaria?
4. Which development banks, if any, provide funding for malaria control efforts (e.g., financial, in-kind, technical assistance)?
5. What opportunities in your country exist to incorporate malaria control into funding applications (e.g., agricultural development applications)?
6. What challenges exist in your country that impact donor funding?

Private Sector

1. Which companies contribute to malaria control in your country? What do they contribute? How much do they contribute? When and how often do they contribute (e.g., World Malaria Day, throughout the year)? In which areas of the country?
2. Which are the most powerful/wealthiest companies in your country and what causes interest them?
3. What types of expertise or in-kind support would you like to leverage from companies in your country (e.g. financial management, delivery services, media)?
4. How feasible is it to engage the private sector in the national malaria strategic plan? Which stakeholders would need to be involved?
5. Do any private sector coalitions exist in your country? How do they contribute to malaria control?
6. What are the challenges you have faced in trying to engage the private sector to contribute to malaria? What did you ask them to do?
7. What data exists on how malaria affects private sector companies in your country (e.g., returns on investment)? How can companies, universities, civil society, research organizations, and others, support the program to collect data?

Multisectoral Approaches

1. Which non-health sectors are impacted by malaria in your country? What multisectoral approaches for malaria control and elimination exist in your country (e.g., agriculture, housing, education, environmental management, etc.)?
2. Do multisectoral approaches to addressing health (including malaria) already exist in your country?
3. What other committees or coalitions exist in-country, regionally, or globally, that can aid your country in mobilizing resources for malaria?

STAGE 2. BUILDING RELATIONSHIPS

A. Value of Partnerships

Advocacy efforts must include a time investment in building relationships, because creating a constituency or coalition is key to achieving your advocacy for resource mobilization goals. In short, there is strength in numbers.

Partnerships can bring new perspectives, skills, strengths and resources to the table. The following highlight some of the benefits of partnerships[25]:

- **Resource sharing.** Partners attract financial and technical resources for malaria control by influencing the decisions of politicians, donors, the private sector, and by creating innovative financing mechanisms.
- **Multisectoral.** Partners amplify malaria control efforts and help countries achieve better coverage.
- **Local priorities, global goals.** Partners help align local priorities with global goals and trends and vice versa.
- **Knowledge.** Partners can significantly facilitate the exchange of knowledge and expertise around malaria control programs.

THE POWER OF COMMITMENT

Try to get people's commitment early on, either verbally or in writing.

We have a deep desire to be consistent. For this reason, once we've committed to something, we're then more inclined to go through with it.

Adapted from:

Cialdini, R. (2009). Influence. Science and Practice. Pearson Education, Inc.

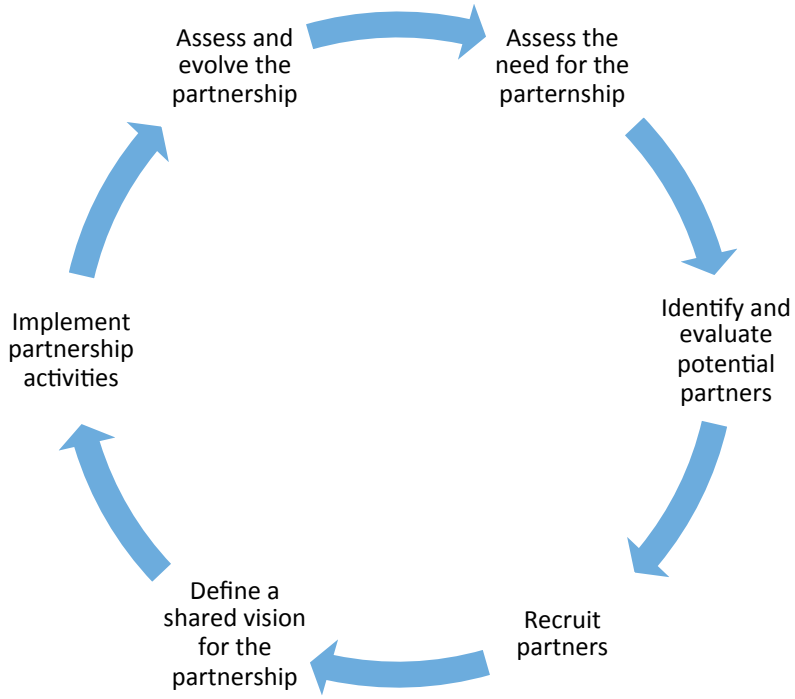
B. Partnership Development Cycle

Alliances are not built overnight. The best strategy for building partnerships is to identify a few key partners who can help provide a nucleus, and then gradually find ways to involve new partners. A good malaria advocacy campaign should excite, impassion and energize people by offering them straightforward and fulfilling ways to participate. As described in

[25] Adapted from: United Nations Children's Fund (UNICEF). (2010). Advocacy Toolkit. A Guide to Influencing Decisions that Improve Children's Lives. New York.

this section, partnership building begins from the understanding of the environment and ends with a network that becomes more meaningful as time passes. *Figure 5. Partnership Development Cycle* describes the process for building and maintaining partnerships, from developing an environmental scan to creating a strategy, setting priorities, crafting an action plan, and then building, managing and growing your network.

Figure 5. Partnership Development Cycle[26]



Recruit Powerful Influencers

Influencers do not always have the direct power to make the necessary changes, but they can influence those who do. Strategic input from influencers can leverage interest and engagement from thought leaders or government officials and contribute to the success of an advocacy campaign.

The right private sector leaders, popular politicians, local community and religious leaders and respected celebrities—such as notable figures from the sports or entertainment industry—can help raise awareness and influence decision makers about malaria control.

[26] Adapted from C. Barrineau, United Against Malaria campaign training materials, 2009.

It is important to note that when engaging powerful influencers, advocates need not only to keep them up to date on successes and challenges in the fight against malaria, but also ensure they get recognition for their role in achieving malaria goals. In football (soccer), a Golden Boot award goes to the player who scores the most goals in a tournament. In the fight against malaria, the United Against Malaria *Golden Boot* award recognized leaders for their outstanding contributions to the cause, with the purpose of motivating them to maintain their involvement.

Advocacy Champion Spotlights

Engaging Mizengo Pinda, Prime Minister of Tanzania

Through consultations with advocates in Tanzania, Prime Minister of Tanzania Mizengo Pinda championed the role of the private sector in the country's malaria control strategy, calling for 100 companies to invest in malaria control by 2016. In 2013, the Prime Minister wrote letters to 32 Tanzanian companies to encourage them to participate in malaria control programs, and requested additional public funding for malaria control from various government entities. Two of these are the Minister of Regional and Local Government Authority (RALG) and the Tanzania Parliamentarians Against Malaria (TAPAMA), who are addressing sub-national and district-level malaria funding gaps. The Prime Minister also wrote to the Minister of Health and Social Welfare and to the Minister of Tourism and Natural Resources to facilitate additional malaria resources. Finally, he sent letters to all Regional and District Commissioners to ensure local governments increase malaria funding before district budgets are finalized in 2014. Importantly, advocates would not have built such a successful relationship with the Prime Minister had it not been for links between them and Tanzania football official Leodegar Tenga, who helped broker the relationship.

Net Distribution Success Story in Mali

In 2008 in Mali, 400,000 nets were blocked in the central warehouse due to insufficient transportation resources, just as the rainy season was starting and malaria cases were on the rise. To influence the decision makers, advocates decided to put pressure on the MOH by raising awareness about the stranded nets. Advocates created a Public Service Announcement (PSA) with a popular Malian singer Salif Keita, who stood in front of the Ministry’s offices, mosquito net in hand, and reminded viewers about the importance of all Malians sleeping under a net during the rainy season. The Minister of Health invited the advocates to a meeting to discuss the net situation. Within a few weeks, the nets were delivered to community health centers for distribution during routine services.

Use Interpersonal Strategies to Build Relationships

Advocates may use discrete interpersonal strategies to approach partners and build relationships behind the scenes. In large part, advocacy outcomes depend on the relationships advocates develop with decision makers. Advocacy experts suggest three ways of approaching decision makers[27]:

- **Establish points of entry**. Think of what you have in common with the decision maker you want to approach: do you have similar backgrounds? Are you affiliated with any of the same organizations? An attitudinal similarity matters as well—if you share the same values, it will be easier to build trust.
- **Schedule a meeting.** A meeting with a decision maker is an opportunity to convey your message and get him or her to pay attention.
- **Invite them to visit.** Even if the decision maker does not attend your event, a staff member may come. Treat the staff member in the same manner you would treat the decision maker.

Decision makers are more likely to meet with and listen to people they already know and trust. If, however, you should approach someone you have never met before, there are still ways to have an effective advocacy meeting. Salespersons often spend a few minutes building a good rapport with clients before focusing on the sale itself. Advocates who are selling ideas should do the same. The following factors may also increase persuasiveness[28]:

- **Knowledge**. Decision makers are more inclined to listen to those who are knowledgeable about their advocacy issue.
- **Credibility**. Truthfulness and expertise are the main dimensions of credibility. Who is regarded as a credible source of information or credible partnership broker?
- **Power**. Those who are regarded as powerful or in positions of authority can sway opinion. Who is in a position to influence the policymaker? Who has relationships with more powerful people?
- **Access**. Those who successfully gain an audience with policymakers will be in a position to influence their thinking or agendas more readily. Who can gain access to these policymakers?

[27] People's Advocacy. (2009). Advocacy for People's Power and Participation.
[28] Stiff, J. B. (1994). *Persuasive Communication.* New York London: The Guilford Press.

Partnership Spotlights

UN Foundation's Nothing But Nets Campaign

While the United Nations Foundation has had a long history working to stop malaria, in 2006 it partnered with others to launch a campaign called "Nothing But Nets," a global, grassroots campaign to save lives by preventing malaria though the distribution of insecticide-treated nets. This program came about after columnist Rick Reilly wrote a story in *Sports Illustrated*, challenging his readers to donate at least $10 to purchase nets for countries in greatest need. Hundreds of thousands of people have since joined the campaign. The UN Foundation originally partnered with the National Basketball Association's NBA Cares, *Sports Illustrated*, and The People of the United Methodist Church; the alliance has since added more corporate, media, and financial partners, including the Bill & Melinda Gates Foundation, Junior Chamber International, and Major League Soccer's MLS W.O.R.K.S. Nothing But Nets has raised more than $56 million and distributed more than 9 million nets to families in need. It also empowers its supporters to advocate across the country for continued U.S. funding for malaria programs, including the President's Malaria Initiative and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

United Methodist Church's Imagine No Malaria Campaign

Already a partner in the Nothing But Nets Campaign and a strong supporter of anti-malaria efforts, The United Methodist Church launched its own initiative called "Imagine No Malaria" in 2008, after a General Church Conference formally adopted Global Health as a denomination-wide area of focus. Imagine No Malaria's goal is to raise $75 million to fight malaria in Africa. To further its goal, it partnered with the Bill and Melinda Gates Foundation, the United Nations Foundation, and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Approximately half of the funds raised through the Imagine No Malaria initiative are administered through the Global Fund and half are implemented by the United Methodist Committee on Relief (UMCOR). Imagine No Malaria takes a comprehensive approach to fighting malaria by supporting programming in four key fields: prevention, treatment, communication, and education. Through UMCOR, Imagine No Malaria has distributed over 2,300,000 insecticide-treated mosquito nets, has trained over 11,000 community health volunteers, and has treated over 250,000 malaria patients. Imagine No Malaria continues to be a cornerstone of The United Methodist Church's ministry.

United Against Malaria Partnership

In Africa, everyone is passionate about football. In advance of the 2010 World Cup in South

Africa, United Against Malaria (UAM) - an alliance of football (soccer) teams, celebrities, health and advocacy organizations, governments and corporations – was founded. As part of the RBM Partnership, UAM is made up of over 200 partners from diverse sectors who share the goal to end malaria deaths by 2015. Since that first UAM World Cup 2010 campaign, UAM has galvanized political and popular support for malaria control using football stars from all over the African continent. Over 5 pan-African tournaments have floated the banners of UAM over football fields and have engaged Heads of State, Ministries and business leaders from over 20 countries in the fight against malaria.

Senegal's Success in Malaria Attributed to its Strong Partnerships

In Senegal, malaria incidence decreased from 130 cases per 1,000 residents in 2006 to 14 cases per 1,000 residents in 2009, with a 66% reduction in mortality rates due to the disease. This dramatic decrease is the direct result of the strong decision of the Programme National de Lutte contre le Paludisme (PNLP – National Malaria Control Program) and its partners to merge and strengthen their individual resources and skills in a common basket to work towards a single goal: malaria elimination.

The main catalyst for the development of the partnership in the fight against malaria was the cancellation of funding provided through the Global Fund Round 1 in 2004. The PNLP then began a restructuring program aimed at significantly improving the effectiveness of its interventions. Under MOH leadership, the PNLP began a capacity building process and hired more qualified personnel. In 2005, the PNLP ensured the CCM was functional, introduced capacity building measures, created a reliable financial management system and integrated its partners in the implementation and periodic evaluation of the PNLP plan. Thanks to the restructuring and the renewed strategy, Senegal obtained a second grant from the Global Fund (Round 4) and drafted a second strategic plan covering 2006–2010. These changes explain how the PNLP went from a program with one manager, an assistant and a driver with a total budget of 5,250,000 CFA (US$10,000) in 1995 to one of 23.198 billion CFA (approximately US$44,000,000) in 2012. The PNLP, aware of its limitations in human, financial, and logistical resources, has demonstrated initiative in recognizing the immeasurable resource it had at its disposal: a group of partners with expertise and a clear, common goal to eliminate malaria as a public health problem in Senegal.

C. Engaging the Private Sector

Malaria is bad for business—it impacts worker productivity and absenteeism as well as discretionary spending among existing and potential customers. Companies can be primed to become more involved in malaria control and elimination efforts, and several public-private partnerships with a common goal toward malaria reduction already exist. (See *STAGE 1. ANALYZING THE SITUATION, E. Financing Mechanisms* for more information).

When trying to engage the private sector to do more for malaria control, the challenge for advocates is to counter the argument that malaria is a problem for the government and not corporations to solve. Messages to the private sector need to focus on returns on investment to them specifically as businesses in a malaria endemic country. More and more, companies are viewing their development efforts in terms of "enlightened self-interest," as opposed to or in addition to corporate social responsibility. For example, small and large businesses have proven to be powerful contributors in the fight against malaria, with malaria cases and absenteeism decreasing by more than 90% as a result of workplace malaria campaigns.[29] In Zambia, malaria-related spending at three company clinics decreased by more than 75%. A conservative estimate showed that the companies gained an annualized rate of return of 28%.[30]

Begin by brainstorming/free-listing potential partners based on what is already known, hoped or believed about them.

Questions to answer when considering potential partners

- How will a partnership with the company benefit society and help reach the program goal?
- How might a partnership with the company harm society or detract from the program goal?
- What are the company's goals, especially in the area in which you seek to collaborate?
- How does the partnership contribute to those goals?
- What are the company's sustainable development goals?
- What, if any, health activities does the company carry out alone or with other partners?
- Where has the company already invested aside from its core business?
- How does the company's core business or expertise relate to the program and what it seeks to achieve?
- What benefits might the company derive from the partnership in the short, medium or long term?
- Can the company work within the policy/regulatory environment in which the program operates?
- Can the program accommodate the demands of the company's structure, legal obligations and culture?

[29] Business investing in malaria control: economic returns and a healthy workforce for Africa/Eric Mouzin…[et al] (Progress & impact series, n.6). May 2011. WHO on behalf of the Roll Back Malaria Partnership Secretariat.
[30] Ibid.

Gathering as much information as you can about each of the potential partners from reports, articles, the Internet and contacts, use the following criteria to shortlist 5-10 organizations that might be a good fit for the proposed partnership.

- **Core business:** Does the organization have expertise or resources (e.g., infrastructure, systems, technology) to help meet the program needs?
- **Geography:** Does the organization operate in the areas where the program expects to focus?
- **CSR, corporate affairs or company foundation:** Has the organization already invested in health? Does the organization own or sponsor a youth club, sports team or other venture that would be a good platform for demand generation?
- **Leadership:** Has the Chief Executive Officer (CEO) or senior management staff invested time in a health or social issue?
- **Relationships:** Has the organization or its leadership worked with other potential partners or the government in the past? Do leaders participate on Boards of Directors of other relevant organizations?

Develop a Work Plan and Budget

The partnership needs a plan of action, and this plan should specify timelines, resources (human, financial, material) and responsibilities. It should be based on the commitments confirmed by each partner after the initial partnership meeting.

Develop a Memorandum of Understanding

Signing a Memorandum of Understanding (MOU) provides a formal framework for a partnership with the private sector. MOUs are typically signed bilaterally, that is, the lead partner signs a separate MOU with each core partner. The MOU should include the vision, goal, and objectives of the partnership; a description of the work to be done conjointly and separately; roles and responsibilities of each partner; accountability; legal considerations; and a clear method for resolving disputes. Normally no money is exchanged in an MOU. If one partner will pay another partner to carry out some aspect of the partnership, the MOU is supplemented by a contract.

Establish Working Groups or Networks

If a partnership is large, it typically forms working groups to focus on specific areas within the program. These working groups meet by telephone or in person on a regular schedule or as needed, and they report to the management and executive teams.

What is most important is that the partnership structure facilitates the partnership's success in achieving the program goal. Too cumbersome a structure (e.g. with too frequent meetings and calls) can discourage private sector participation. There can be moments

when leadership is distracted or destabilized from participating in the partnership, such as times of civil unrest or economic hardship. The important thing is to ensure accountability, coordination of efforts and communication between partners and leadership.

Strong models exist for businesses to take leadership roles in controlling malaria, protecting their workers, strengthening their businesses and extending programs into communities. For more information, see the Malaria Safe Playbook at www.malariafreefuture.org or the RBM website at www.rbm.org, or visit the GBCHealth website at www.gbchealth.org.

Private Sector Partnership Highlights

Standard Chartered Bank Invests in Malaria Control

Standard Chartered Bank invested $1 million in malaria control in 2008, and another $5 million in 2013, benefiting 17 countries in Sub-Saharan Africa. The bank has distributed almost 1.5 million LLINs in Uganda alone, often in remote areas where churches and faith-based organizations provide the only reliable delivery systems.

Nando's Innovative Financing Funds LLINs through Global Fund

The restaurant chain Nando's has led a UAM bracelet campaign that raised hundreds of thousands of dollars for the Global Fund. It has also partnered with explorer Kingsley Holgate to deliver life-saving mosquito nets to vulnerable communities throughout Sub-Saharan Africa. On World Malaria Day 2012, the company delivered LLINs to farmers in Mozambique, where its peri peri chili peppers are grown, and in 2013 it launched the Goodbye Malaria campaign in South Africa with 50% of proceeds from the sale of merchandise going to support the Global Fund.

Recognizing Leaders with the Golden Boot

UAM awarded private sector leaders with a United Against Malaria Golden Boot—modeled after the famous award given to football stars—to recognize unrelenting commitment to the fight against malaria. In 2010, UAM awarded the CEO of the Librairie de France Groupe in Cote d'Ivoire the Golden Boot for his efforts to recruit public and private sector partners to the UAM campaign, and for his innovative campaigns to control malaria in his company. Heads of State have also received the Golden Boot, including Liberia President Ellen Johnson Sirleaf and Paul Kagame, President of the Republic of Rwanda. Awards not only publicly recognize decision-makers for their malaria control and elimination efforts and raise visibility about your issue, but also encourage them to do more. In addition, awards

get high-level leaders to participate in events.

Parastatal Companies Lead the Way in Malaria Control

After advocates led a series of meetings, workshops and workplace training programs, two major parastatal companies, the Volta River Authority (VRA) and the Ghana Revenue Authority (GRA), launched their own company-specific malaria control strategies and action plans. The VRA's "Malaria-Safe" action plan improved malaria control activities among its almost 4,000 strong workforce and about 2 million inhabitants of the communities where it operates. The VRA increased its annual budget for malaria from approximately $24,000 in 2009 to roughly $74,000 in 2011, increased Intermittent Preventative Treatment (IPT) uptake among workers' families and communities by 50%, and contributed to a 64% reduction in malaria cases among workers' children under five years of age. The GRA, after implementing its strategy and action plan, has improved malaria control activities among its 7,000-strong workforce and their families. GRA now has 80 health focal persons trained as Malaria Safe agents. These agents distributed 3,000 LLINs to its workers located in remote rural settings throughout the country. Both VRA and GRA work very closely with government.

Private Sector Funds NetsforLife Campaign

NetsforLife® is a partnership of corporations, foundations, nongovernmental groups, and faith-based organizations working to fight malaria in Africa. Corporate and foundation partners include ExxonMobil Foundation, Standard Chartered Bank, Coca-Cola Africa Foundation, The Starr International Foundation and JC Flowers Foundation. NetsforLife is managed and monitored by Episcopal Relief & Development in 15 countries and by Christian Aid in two. Programs are implemented by local Anglican dioceses, churches and faith-based groups that have the ability to reach deep into the most remote areas of Sub-Saharan Africa. By the end of December 2012, over eleven million nets were distributed to 17 countries throughout Africa. The NetsforLife® methodology includes community mobilization, health message delivery and BCC, working with each country's NMCP and collecting evidence-based results.

Alliances and coalitions offer many advantages, but there are also some challenges associated with them that advocates should understand in order to mitigate them in advance. Below are potential benefits and challenges of partnerships.

Table 2. Benefits and Challenges of Partnerships[31]

Benefits	Challenges
Merges resources: - Partnership members can pool human, material and financial resources and achieve much greater impact.	Causes tensions related to their redistribution: - Members differ in terms of resources; a few powerful organizations may take control over the initiative. - Funding is often a source of distrust, one of the most common reasons for a coalition's break-up. - Reputation risks when the actions of one member can hurt the coalition as a whole. - Uneven workload distribution among coalition members.
Amplifies voice: - A message coming from many organizations is more likely to be heard. - Partnership branding increases likelihood that the partnership will be recognized across organizations.	Dilutes individual recognition: - Each organization's individual visibility on this issue may suffer. - Smaller organizations may fear the loss of their identity.
Opportunities for sharing knowledge and expertise: - Working together on an issue provides lessons in democratic culture.	Difficulty achieving consensus: - Members may have different priorities, visions and missions. - Competition for leadership and control.

An additional benefit is that partnerships can enhance the capacity of the NMCP to openly declare the resource gaps and call for support. Moreover, the NMCP can engage and bring other partners into an advocacy campaign by sharing the common vision and objectives, and complement the work of the existing advocacy actors. The best partnerships are based on trust, are mutually beneficial and goal oriented.

[31] Adapted from: People's Advocacy. (2009). Advocacy for People's Power and Participation.

Given how challenging partnerships can be, it is important to choose partners that bring value without bringing unmanageable liabilities. TOOL 5 below can help guide the identification of new partners. The higher the rating, the better the fit for a malaria partnership.

TOOL 5. Partnership Asset Mapping[32]. A Tool 5 template is available in Appendix A.

Asset	High	Moderate	Low
Well-known, respected, financially sound, visible			
Provides value-added reach and scale			
Leaders with political influence			
Has current commitment to the issue of resource mobilization or potential to commit future funding			
Stated openness to deploy their proprietary assets, relationships and products for the cause of malaria control			
Shared focus on priority decision makers and targets			

[32] Adapted from C. Barrineau, United Against Malaria campaign training materials, 2009.

D. Working with Regional and National Partners

A number of platforms and networks can be used for national and regional advocacy, including the RBM Sub-Regional Networks (SRNs) and the Malaria Elimination Networks.

The SRNs coordinate partner support on technical and operational issues and can assist partners in building influence and support for advocacy needs.

Table 3a. RBM Sub-Regional Networks

Network	Countries	Contacts
Central Africa Roll Back Malaria Network (CARN)	Angola, Cameroon, Chad, Congo, Gabon, Equatorial Guinea, Central African Republic, DR Congo, Sao Tomé-et-Principe.	Dr Claude Emile Rwagacondo RBM Focal Point for Central Africa Hosted by UNICEF WCARO Imm. Maimouna II B.P. 29720 Dakar Yoff SENEGAL Phone: +221 33869 5865 Fax: +221 33820 3065 Mobile: +221 77450 4229
West Africa Roll Back Malaria Network (WARN)	Benin, Burkina Faso, Cap Vert, Cote d'Ivoire, Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Togo.	Dr Claude Emile Rwagacondo RBM Focal Point for West Africa Hosted by UNICEF WCARO
Southern Africa Regional Network (SARN)	Botswana, Madagascar, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia, Zimbabwe. URT-Zanzibar	Dr Kaka Mudambo RBM Focal Point for Southern Africa Hosted by WHO in Gaborone PO Box 485 Gaborone, Botswana Tel: +267 3712714 Cell: +267 74248399
East Africa Roll Back Malaria Network (EARN)	Burundi, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Sudan, Tanzania, Uganda, Yemen	Dr Kaka Mudambo RBM Focal Point for East Africa

Table 3b. Malaria Elimination Networks

Network	Countries	Contacts
Asia Pacific Leaders Malaria Alliance (APLMA)	Initial countries: Australia, Cambodia, China, Laos, Myanmar, Thailand, and Vietnam. More countries expected to join.	Dr Ben Rolfe Executive Secretary APLMA Secretariat 6 ADB Avenue Mandaluyong City 1550 Philippines Tel (+632) 632-4444 ext 70116
Asia Pacific Malaria Elimination Network (APMEN)	Bangladesh, Bhutan, Cambodia, China, DR Korea, India, Indonesia, Malaysia, Nepal, Philippines, Republic of Korea, Solomon Islands, Sri Lanka, Thailand, Vanuatu and Vietnam	Prof Maxine Whittaker APMEN Joint Secretariat (UQ Office) Room 117, Public Health Building 288 Herston Road, Herston, 4006 Queensland, Australia Tel (within Australia) 07 3365 5446 Tel (outside Australia) 61 7 3365 5446 Email: apmen@sph.uq.edu.au
Elimination 8 (E8)	Botswana, Namibia, South Africa, Swaziland, Angola, Mozambique, Zambia and Zimbabwe	Ms. Kudzai Makomva Coordinator, E8 Secretariat Ministry of Health and Social Services Windhoek, Namibia Tel +264-61-5779592 Email: kmakomva@elimination8.org

See the Table of ARM Resources on page 74 for a more complete listing of organizations that can be of assistance in your advocacy work.

STAGE 3. MAKING THE MALARIA ADVOCACY CASE

A. Developing Advocacy Messages

It is important to tailor advocacy messages to each target audience since different audiences need to carry out different actions. The Malaria Advocacy Working Group (MAWG) has developed a list of malaria messages, which are updated regularly: http://rbm.who.int/worldmalariaday/_docs/wmd2014-Key-messages.pdf.

Consider what motivates a target audience to work on malaria control. Understanding their motivation will help you design your advocacy messages and campaigns.

- *Outcome-related* audiences are mostly bound to their objectives. Corporations are a good example, as their interests in malaria prevention may be to reduce absenteeism or improve the company image. As a corporate entity, they are less bound to solving humanitarian issues, so messages need to emphasize outcomes, such as returns on investment.
- *Value-related involvement*[33] arises when an issue is connected to a person's or organization's core values. For example, global health organizations and civil society are value-orientated entities, motivated by improvements to health, poverty and human rights. As such, they respond to messages that reflect these values, usually emotional appeals.
- *Impression-related involvement* focuses on what people think about a person performing an action. Elected officials and celebrities are two examples of those who are concerned with public opinion. Public recognition is a good way to appeal to these audiences.

It is important to note that most audiences are a combination of the above, so advocates should balance rational and emotional appeals.

Tips to create persuasive advocacy messages[34]:

- Convey evidence-based arguments with clear "asks[35]" and potential outcomes.
- Avoid a rhetorical, opinionated mode of communication; be reasoned in order to open people up to evidence and "asks".

[33] Adapted from J. Stiff, Persuasive communications, The Guilford Press, New York, London, 1994
[34] Ibid.
[35] An "ask" is a request, such as a request for a donation, or a request to sponsor legislation in parliament.

- Balance rational and emotional appeals.
- Be concise. Psychologists will tell you that the average human mind cannot deal with more than roughly seven points at a time. This is why seven is a popular number for lists.

B. Using Your Messages

Advocates need to speak easily and comfortably about a topic, which means equipping them with talking points and training them to use them. Talking points should express three key messages and clear "asks," the combination of which is often called a "pitch." The "ask" is the specific action the decision makers are being asked to do.

Advocacy messages convey the importance of the problem, a viable solution, and the benefits of solving the problem. An effective set of messages often combines facts and emotional triggers and speaks to something important to that particular audience.

An example of a good factual message might be: *In Sub-Saharan Africa, a child dies every 60 seconds from malaria, but malaria is a preventable and treatable disease*. An even better message would provide country-level data on the number of children in that country. Reports from the MOH, WHO, UNICEF, or development partners can be good sources of compelling facts and statistics. Using data from reliable sources lends credibility to messages and attracts positive attention to the pitch.

A good emotion-triggering message could be the story of a mother or child victim of malaria. If the child died because her community health center did not have appropriate drugs, this needs to be stated (the story must be true and credible). Pictures also can be useful, although it is important to choose pictures that will not offend. Pictures of the good that is possible can be more effective than pictures of distressing situations. A combination of the two may do equally well.

The final key message should present a win-win opportunity for audiences. For example, that by increasing resources for malaria and ensuring that communities have access to malaria prevention and treatment options, lives will be saved, health systems will be less burdened by malaria, and there will be positive effects on household and national economies. The benefits should be as specific as possible, realistic, and important to the decision makers.

As an example, a Minister of Finance who is interested in agricultural development might be open to messages that articulate how malaria reduction can lead to less absenteeism and turnover in the agriculture sector, and how malaria negatively affects development overall.

Messages to parliamentarians might emphasize the burden of malaria on families, communities and health systems, and may feature stories from malaria victims in the parliamentarians' communities. Since private sector leaders are concerned with how their profits are affected by malaria, messages to them should be tailored to emphasize that malaria reduction and elimination is good for business. Advocates must learn to use the language of business in their advocacy with companies—return on investment, increased productivity, reduced absenteeism, good public relations (PR) and access to a community of like-minded CEOs - are topics that should be of interest to them. Companies more readily take action once they understand the impact of malaria on their staff and business.

Key messages should be informally tested with colleagues and with friends or partners who work in the same sector as the decision-makers. This will give some indication of how well they resonate and what adjustments should be made. It is essential to give audiences a clear idea of what is being asked of them. This "ask" might change as a relationship develops, but providing a clear "ask" from the beginning can inspire confidence and make it easier to move forward.

In TOOL 6, list your target audiences and identify what decisions these audiences make or affect, and the messages that need to be targeted to them. It will help to become familiar with RBM content by visiting RBM's website at www.rollbackmalaria.org; reading RBM publications, key messages and information sheets; and following RBM on Facebook and Twitter. Countries can reach out to RBM for data, international experts, speakers, and other assistance.

TOOL 6. Advocacy Messages for Target Audiences. See APPENDIX A for a blank tool.

Audience	Decisions that these audiences affect/make	Ask(s)	Supporting messages
Minister of Finance	***Example:*** Propose finance law to parliament.	***Example:*** Include malaria in your budget speech to Parliament. Lead efforts to build a resource mobilization strategy for malaria. Reach out to	***Example:*** Malaria not only causes deaths, particularly among women and children, but it constrains national economies. [Country] is expected to spend approximately X on the X number of malaria cases seen in public health facilities this year alone. This impacts the national economy, decreases worker

		development banks to seek credits, grants or loans for malaria. Increase domestic budget allocation for health.	productivity and household income, and leads to a loss of investment opportunities.
Minister of Health	***Example:*** Allocates funding from the health budget.	***Example:*** Strengthen efforts to use malaria resources more efficiently and advocate for increased funding for malaria to maintain the gains and reduce deaths from this preventable and treatable disease.	***Example:*** Malaria has broad health impacts, affecting nutrition and other health areas such as TB and HIV/AIDS. If spending for malaria increases, it could reduce the burden on health facilities overall.
MPs	***Example:*** Passes national budgets.	***Example:*** Form a Malaria Caucus or Committee to end malaria deaths. Be a malaria champion for the nation; advocate for increased funding for malaria.	***Example:*** Malaria causes X number of deaths per year in [country], X% of which are children. This is unacceptable given that malaria is a preventable and treatable disease. Use your power to fight malaria for your communities.
Private sector	***Example:*** Contributes and invests human and financial resources.	***Example:*** Be a malaria champion and advocate for increased domestic spending on malaria; support malaria efforts. (support can be through funding, services or other in-kind contributions).	***Example:*** Companies receive returns on investments in terms of reduced worker absenteeism, increased productivity, improved company image, etc.

CCM members	***Example:*** Defines the disease split of GF funding.	***Example:*** Equitable financing for malaria within the disease split.	***Example:*** Investments in malaria are working, but we need to do more, otherwise we risk losing the gains made thus far. There are risks of resurgence, which would be devastating.
Donors	***Example:*** Funds/finances malaria programs.	***Example:*** Support aggressive malaria control and elimination efforts.	***Example:*** Investments in malaria are working, but we need to do more, otherwise we risk losing the gains made thus far. There are risks of resurgence, which would be devastating.
Champion	***Example:*** Advocates for malaria reduction.	***Example:*** Reach out to decision-makers and call on them to increase funding/support for malaria program.	***Example:*** Malaria is devastating to families and communities, causing deaths especially to pregnant women and children and affecting national economies. Use your voice to fight malaria.
Community	***Example:*** Affected by malaria/benefits from robust malaria programs.	***Example:*** Reach out to politicians and the media and call on them to do more to reduce malaria.	***Example:*** Malaria is devastating to your family, children and communities, causing deaths especially to pregnant women and children and costs money that you could spend on your family, such as on a good education. You have the right to live a life free of malaria.

The Message Checklist below is a simple way to remember what is involved in developing the key messages and the "ask."

Message Checklist

Question	Response
Have three clear messages been developed?	
Is there a clear "ask?"	
Do the messages provide a clear rationale for why the decision maker should take action?	
Do the messages include facts, emotional triggers and potential benefits to the partner?	
Have the messages and "asks" been tested?	
Do the messages resonate with people who are similar to the decision-maker(s)?	
Have the champions and other intermediaries been adequately briefed on the key messages and "ask?"	

Advocacy Spotlight

Appealing to MPs in Uganda in 2013

MPs and other high-level elected officials are accountable to their constituencies. As part of advocacy efforts to increase domestic funding for malaria, advocates organized a photo exhibit in the Ugandan Parliament lobby showing victims of malaria in Uganda. The photo exhibit helped clarify the malaria situation in Uganda and added an emotional appeal to the advocacy message. During this event, a member of the Parliamentary Forum on Malaria called for the establishment of a "Uganda Malaria Commission" that would receive its own vote in Parliament and its own budgetary line in upcoming budget negotiations. "If we do away with malaria, the expense talked about will go," said Speaker Rebecca Alitwala Kadaga. "We the House are fully committed 100% to fighting malaria."

C. Key Opportunities to Convey Your Messages

Now that you have considered framing your messages for your target audiences, it's important to find the right opportunities to convey them and publically call decision makers to action. You can achieve this objective using influential speakers, compelling data and passionate appeals, and creating the right moments. It's also important to provide a space for networking among stakeholders who might not meet regularly under normal circumstances (e.g., private sector and donors, ministers of finance and ministers of health).

Advocacy events usually include high-level decision-makers such as ministry officials, parliamentarians, donors, business executives, global health organizations, development banks and other credible and notable figures such as ambassadors. Sometimes they include celebrities in sports or entertainment. This section provides some suggestions on leveraging key opportunities for malaria advocacy.

1. Recruit Champions to Convey Messages

Create a list of leaders who can speak for malaria, including their names and contact information. Champions could include private sector leaders, philanthropists, tribal chiefs, celebrities, politicians, sports officials or any other influential public or private figure.

A well-respected champion who believes in the fight against malaria can open important doors and raise awareness about your issue. That is the champion's most important job in this early stage of advocacy. The champion can help facilitate a meeting between decision-makers so that more in-depth discussions and negotiations can take place.

When recruiting champions, a personal investment can make a big difference. Having shared interests other than work can help. Building a relationship with them helps ensure that they stay committed when faced with competing requests for time and energy. Consider the following when brainstorming personalities who could become a champion:

- What links are already established with decision-makers?
- Who do you know who might know one of your decision-makers?
- Is the champion known and respected among them?
- What other potentially useful connections does the champion have?
- What does the champion know about the program and topic?
- How personally invested is the champion in the cause?
- Will the champion require remuneration, or will the time be volunteered?

2. Create Opportunities

Use Table 4 in this section as a starting point to build your own calendar of events. Consider events that might not be malaria-focused but can be framed in a malaria context (e.g., business forums, sports tournaments), and national and international issue awareness days. Advocates can hold malaria-themed side events with influential speakers and include advocacy materials, signage, media, and other tools.

Examples of advocacy opportunities to engage leaders include the following:

- Site visits to communities and community health centers; this is especially effective for parliamentarians who can see first-hand how malaria affects their communities
- Business lunches focusing on the economic and business burden of malaria
- Awards ceremonies that recognize leaders in the fight against malaria

It is particularly important to create environments and opportunities for partners and leaders to network and discuss their malaria control issues. For example, a malaria-themed business symposium can highlight the economics of malaria and allow private sector and public leaders to network, or an event in the House of Parliament can encourage discussions about the toll of malaria on communities while Parliamentarians sign advocacy pledges to fight malaria nationally and in their communities, and give public remarks.

Table 4. National and International Awareness Days

Date	Event	Possible message[36]
8 March	International Women's Day	Pregnant women are at risk from malaria.
14 March	World Sleep Day	Bed nets save lives of people who sleep under them.
7 April	World Health Day	Malaria is preventable and treatable. Malaria is linked to other diseases (e.g., nutrition, HIV/AIDS). Malaria is a burden on health systems.
25 April	World Malaria Day	Malaria kills an African every 60 seconds.
Last week of April	World Immunization Week	A malaria vaccine will be available by 2015; other complementary

[36] Adapted from the RBM webpage

		control/elimination efforts must continue.
29 April	International Make-A-Wish Day	Donate a bed net to end malaria. Make our wish come true.
1 June	International Children's Day	Malaria accounts for one out of every four childhood deaths in Africa.
8 September	International Literacy Day	Control malaria and keep children in school.
17 October	International Poverty Eradication Day	Malaria keeps poor people poor.
10 December	UN Human Rights Day	Malaria prevention and treatment is a human right.

3. Engage Civil Social Organizations

Any message needs to get through the "noise" to be heard, and an effective strategy is to use civil society groups to help put pressure on leaders. Health budgets won't change unless a coalition of vocal civil society and media organizations publicly demand increased funding and hold politicians accountable.[37] Civil society organizations (CSOs) representing vulnerable populations such as women, children, the poor, refugees or people who are HIV-positive, are natural partners in the mobilization of resources for malaria control.

In addition, communities can be mobilized to add their voices to movements created by CSOs. Consider the demography and the socio-economic situation of the country or area. For instance, Africa is young: 70% of Africa is 30 years or younger - what does this mean for creating change? Youth make up 40 % of Africa's working age population but 60% of the total unemployed—how can we use this information to create support for malaria? 72% of African youth live on less than $2 a day—what does this audience need to be engaged?[37]

Today, information and communications technology (ICT) offers groups opportunities to garner resources for malaria control. For example, ICT can be used to collect signatures on petitions to government. Elections are often a good time to raise issues about malaria's burden on communities and prompt elected officials into acting for their constituencies.

[37] Adapted from: People's Advocacy. (2009). Advocacy for People's Power and Participation

4. Stay on Message

Recruit speakers who are credible and draw a crowd, such as high-level ministers and celebrities. Also, consider the goals and language of audiences when designing the content of advocacy events; for instance, if you are recruiting the private sector, do not overwhelm them with technical data or heavy-handed appeals to finance malaria projects—instead cite returns on investment, productivity and benefits to the company. Also, consider the comfort zones of your audience and accommodate them accordingly, which may mean investing in a hotel meeting room and refreshments, especially for high-level leaders and executives (this is where developing partnerships with hotels may help, since a partner may donate conference facilities).

Develop detailed scripts with talking points so speakers stay on message, and make sure talking points with clear "asks" are delivered to speakers well in advance of an event. Finally, develop and display signage and materials that include key "asks" or advocacy pledges.

D. Generating Media

Partnering with media is an important component of your advocacy strategy. Media can set the public agenda, which in turn can set the policymaker agenda.

Just as politicians are regularly pressured by many people with their own agendas, journalists, too, face many influences, including editors, media advisories and other press coverage. Malaria advocates must think creatively about how to convince journalists to report on malaria. Most journalists will tell you that they want a story that is "newsworthy." Use the checklist below to determine if you have such a story. Generally, you may have a story that is newsworthy if you have at least three items on the list.

Your story is newsworthy if…

- ✓ Your story is about something that affects the public.
- ✓ It can be linked to a current hot issue or topic.
- ✓ You have a human interest story to tell.
- ✓ You have new evidence on a current hot topic.
- ✓ You are calling for action.
- ✓ You are having a celebrity conveying your message.

Tips for building and leveraging media relationships:

- **Develop a media list**—Create a list of relevant reporters' and editors' names and contact information. Who writes about health issues? Offer yourself as a contact on health and malaria control articles, and ask if you can send them information.
- **Conduct press briefings**— Particularly during special malaria-related events, hold a press briefing between media and malaria experts.
- **Develop a press kit.** Include basic information about malaria, a list of resources, key messages, gaps, etc.
- **Conduct site visits**—Take decision makers and the media to program or event sites and introduce the media to experts and beneficiaries.
- **Look for photo opportunities.** A picture is worth a thousand words. If you have field trips, send photographs to the media immediately after the trip. Include captions describing each photo.
- **Identify human interest stories.** Think of how your initiative impacted ordinary people and tell it from their perspective.
- **Be selective and creative.** Don't bombard the media with letters and press releases about stories that are not news. Don't do what everyone else is doing. Think about unusual ways to tell a story about malaria.
- **Train journalists.** Organize workshops or informal meetings with journalists to explain the issues, and hold story contests awarding the best stories about malaria.
- **Build media coalitions.** Make journalists part of a network. Be sure to support and recognize them.

Media Highlights

Ghana Innovations in Advocacy

In Ghana, getting accurate reporting on malaria was challenging due to previously poor relationships between the media and the NMCP. A media network of supportive journalists called the Ghana Media Malaria Advocacy Network (GMMAN) helped build the bridge between the media and the NMCP, which resulted in positive, engaging media stories. The formation of the network was the result of a two-day malaria advocacy training held for 30 health desk officers and senior reporters from various media outlets in the country. This network further strengthened malaria control advocacy in Ghana. It motivated many respected journalists to commit to keeping malaria in the news, showcasing good practices and highlighting recommended malaria prevention and treatment practices.

Advocates in Ghana also developed an *Action Alerts* newsletter, which for seven years was a regular publication on all things malaria. *Action Alerts* was circulated widely to policy makers and leaders from many different sectors, and leaders relied on it for policy updates.

Ghana advocates also launched the malaria control campaign, 'Use your power!' With TV and radio spots, billboards, posters, and events, this campaign encouraged leaders to use their power for malaria control. The campaign's calls for action were specific—leaders were asked, for example, to invest in supply chain management and to support the ACT subsidy. These specific "asks" helped make this seven-year campaign a success.

The Power of Media: Global Eradication of Polio

Prior to 1995, there had been little or no media coverage on the Global Polio Eradication Initiative in donor countries or potential donor countries. A survey of leading U.S. newspapers including the *New York Times*, the *Washington Post*, and the *Boston Globe* revealed that only one article was published on global polio eradication in the period 1990 through 1995.

Rotary took the lead in articulating a media outreach strategy to influence government leaders and their constituencies in donor countries. Once it got a foothold in the media, the topic of polio eradication started getting more frequent worldwide coverage. This helped create momentum that contributed to securing additional funding for polio eradication.

Press Releases

The press release is a fundamental tool for media outreach. It typically announces a range of news items, such as events, awards, new products, and programs, and it follows a standard format. For a sample press release, see *Appendix C. Sample Press Release.*

How well a press release is written is almost as important as the information it contains. Tips for writing a good press release:

- **Use a compelling title.** This is the first thing people see so make it compelling but also concise. Ideally, it should contain seven words or less.
- **Start with a lead.** This is your first paragraph. The most important information comes first (e.g., what, when and where), with supporting and background information in later paragraphs.
- **Frame and bridge.** Link the new information with something the readers know and care about to propel it into the public agenda. Follow the principles of what makes a newsworthy story (see above), and be careful not to repeat misconceptions or contradict someone's narrative with numbers.
- **Report and verify the facts.** Make the press release evidence-based. Your credibility depends on the accuracy of the information.

- **Make a statement**. Include a quote from a key person that clarifies your position and frames the issue you are writing about.
- **Keep it simple and elegant.** Use action words and simple sentences with common language. Avoid adjectives such as "outstanding" or "interesting." Use the same formatting for dates, names, abbreviations, etc.
- **Help media recognize and find you.** Use a media release template with your logo, tagline and business address. Include information about your organization and what it does, as well as a link to its website. Include contact information.

Op-Eds and Human Interest Stories

Getting an opinion-editorial (op-ed) published can grab the attention of various groups, including elected officials, business and community leaders and the general public. When evaluating op-ed submissions, newspaper editors look for pieces that are of interest to the public and exhibit originality of thought, timeliness, freshness of viewpoint, strength of the argument and expertise on the issue. For a sample op-ed, see *Appendix D. Sample Op-Ed*.

Tips for writing a strong op-ed:

- The topic should be timely and newsworthy.
- The author should have expertise on the issue and the issue should be of interest to the public.
- Pieces should express a single, clear point of view and be supported by facts and statistics.
- Writing should be powerful and appeal to a general audience.
- Pieces should end leaving a lasting impression and with a clear call to action.
- Pieces should be concise—700 to 1,000 words maximum.

Try to share real-life stories of ordinary people or of celebrities who suffered from malaria. The story of one person with malaria can create a more lasting impact than the dry statistics of 300 million malaria cases. While telling the story, weave in facts and figures about malaria. Bridge the story with malaria control. Take it even further and include development issues. Emphasize the duty of the governments to mobilize domestic funds for malaria control.

A tragic story alone will not always lead people to conclude that a change in the system is required, or that the government should do something about it. Without addressing accountability, the burden of malaria might be interpreted as a need for charity, or the blame might be put on the victims (e.g., more parents could protect their children from malaria if they tried harder). An effective story should connect an isolated case to evidence

and trends, as well as to policy interventions and resource mobilization. This can help non-expert audiences relate to complex public finance and public health issues[38].

Media Highlight

Human Interest Story of a Football Star and Malaria

Didier Drogba, an Ivorian footballer who is the captain and all-time top scorer for the Cote d'Ivoire National Football Team, has suffered from malaria. In 2010 *The Guardian* published an article about how malaria affected Drogba and other players in the Premier League, including Lomana LuaLua, Ayegbeni Yakubu and Kolo Touré. The story describes how Drogba was unable to play for three months while he convalesced. The media are more inclined to raise awareness about malaria when the burden is associated with such an iconic player.

STAGE 4. MONITORING AND EVALUATION

One of the most difficult aspects of rolling out an advocacy strategy or campaign is measuring its success. This section provides guidance for advocacy program monitoring and evaluation (M&E) and offers an innovative M&E example.

A. Useful Definitions

As a first step, it is important to understand common M&E terms. The definitions below are based on guidance on logical framework development from the UK Department for International Development (DFID).

- **Outcomes** are the benefits that a project or intervention is designed to deliver. Outcomes cannot be entirely attributable to you because they are somewhat beyond the scope of your intervention.
- **Outputs** are the direct results of your project activities, e.g. knowledge and awareness creation, influencing key decision-makers, empowering affected populations to make their voice heard etc.
- **Indicators** are objective ways of measuring progress. These must relate to the aims and objectives of your advocacy work.
- **Impact indicators** assess what impact your advocacy work has had on the audiences you seek to influence. Impact indicators measure the outcomes of your advocacy.

[38] Adapted from: Framing Public Issues. Frame Works Institute.

- **Process indicators** indicate what progress has been made in implementing your activities and measure outputs generated as part of your advocacy work. Examples include the number of meetings held, attendance levels, and circulation figures for key research reports.

B. Guidelines

Monitoring and evaluation is essential for accountability and for ensuring that lessons are learned so that future advocacy initiatives can be made better. Constant impact monitoring enables you to look for evidence of change as you go, so that you can make changes if your assumptions were wrong and progress is slow. It is important to monitor relationships with key decision makers, policy makers, advocates and other stakeholders, recording the frequency of contact and the issues discussed (both the outcomes journal and the template for recording advocacy meetings can be used for this). Monitoring media coverage and any significant shifts in public debate around key issues is essential.

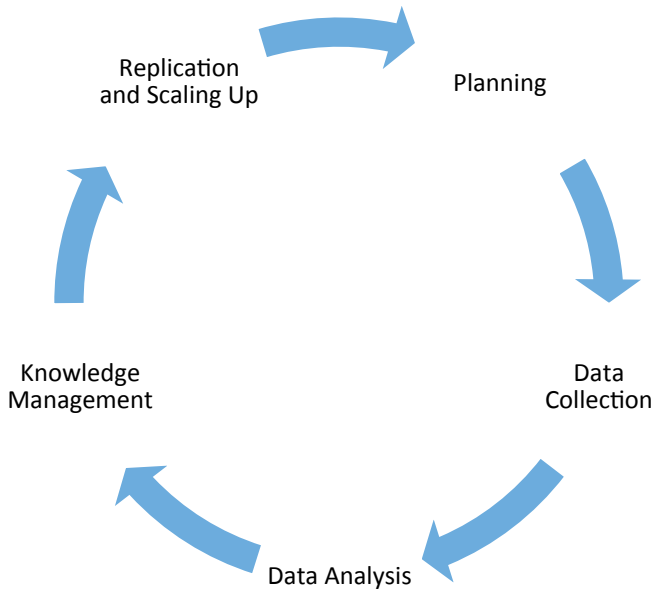
It is important for you to assess both the process and impact of your advocacy. Process monitoring allows you to judge whether you are on track delivering planned activities (events, producing research reports, publications, one to one meetings, conferences etc.) and whether these activities are meeting the desired objectives. For instance, are enough target audiences being reached and are your messages accessible to them? Are you collaborating with the right allies and partners?

Impact monitoring helps you know if you are making progress towards the change objectives you have set. You can, for example, monitor whether you are likely to meet your milestones within a given timeframe and if any unintended impacts – positive or negative – have occurred; you can also monitor whether commitments have been followed through with (e.g. whether pledges of additional funding has resulted in actual additional funding).

C. Measuring Success

The M&E tools reflect the logic of the project and follow an implementation cycle, as shown in the figure below.

Figure 6. M&E cycle



The cycle is described as follows:

- **Planning.** Define the evaluation questions and what you intend to measure.
- **Data collection.** This can involve qualitative and quantitative methods.
- **Data analysis.** Your data should tell a story and answer meaningful questions. To what extent did the advocacy intervention succeed in mobilizing domestic funds for malaria control? How valuable are the advocacy outcomes to the overall malaria control and elimination goals and to reaching the MDG targets?
- **Knowledge management.** What have you learned from the evaluation? Is the Human Rights model reflected in the intervention logic and outcomes? The ultimate purpose of M&E is to promote accountability. Not using the M&E findings would be a waste of time and resources.
- **Replication and scaling.** How will you use the data, apart from reporting? Can your experience help others mobilize more resources for malaria control?

M&E Highlight

Malaria Control Effort Index Assessment

The Voices for a Malaria Free Future, a program of JHU·CCP, developed a Malaria Control Effort Index (MCEI) to trace evolutions in malaria policy, advocacy, and awareness in three countries in which it worked. Measurements were obtained with the recognition that advocacy work undertaken by donors, implementers and other international agencies, as well as national and local partners in each country, had complemented Voices' advocacy activities in these countries. Therefore, the evaluation did not aim to determine a direct cause-and-effect relationship, but rather to gather credible evidence to describe if and how the malaria policy environment had shifted. The evaluation also described the resulting outcomes in access to malaria prevention and treatment services at the population level.

Data collection took place in Ghana, Uganda and Tanzania. The questionnaire was administered to stakeholders: national policymakers from the MOH and national malaria control programs, partners in civil society and international NGOs, malaria champions, university researchers, parliamentarians, members of the media, corporate partners, and others.

The MCEI evaluation thus describes how advocacy efforts, partner coordination, and public awareness have evolved in each country and the extent to which Voices has contributed to these improvements. The six-part MCEI questionnaire included both quantitative and qualitative components. An "Advocacy" section was designed to permit the subsequent creation of an Advocacy Index. Participants rated statements using a Likert scale (0-10) in four categories related to advocacy: strategic partnerships, visibility of malaria, policies towards malaria prevention and treatment and data utilization (both "currently" and "two years ago"). A section on "Access to Malaria Commodities" asked about improvements in access to five malaria control commodities or services over the same period.

For more information about the MCEI, send an email to JHU·CCP at info@jhuccp.org and include the Malaria Control Effort Index in the subject line.

D. M&E Planning Tools

When developing your advocacy strategy, it is essential to have consensus on objectives, output and outcomes . These should be appropriate and realistic within the context of your

advocacy work. In addition, plan carefully when choosing indicators; select those that will best measure progress.

TOOL 7. Advocacy Output Indicators. See APPENDIX A for a blank tool.

Advocacy Goal: ***Example:*** Expand national movements of powerful private and public sector leaders who scale up effective malaria control, laying the foundation for eventual elimination.		
Activities	**Outputs**	**Short-term Outcomes**
Objective 1. ***Example:*** Expand the network of private sector leaders involved in malaria control/elimination		
Example: • Organize networking lunches with the public and private sector and hold a malaria-themed Business Symposium • Support data collection on private sector contributions to malaria control and develop and share case studies • Promote malaria in the media • Promote private sector involvement in the media • Provide technical assistance to develop malaria programming in-company	***Example:*** • Number of business symposium attendees • Number of malaria lunches for network members • Number of companies that participated in the studies • Number of malaria stories in the media • Number of stories about private sector contributions to malaria • Number of companies that have signed MOUs showing support for malaria control • Dollar amounts invested in malaria education, protection and UAM visibility • Number of private sector partners who participate in a Public-Private Partnership committee	***Example:*** • Greater appreciation and understanding among private sector of the challenges to implement effective malaria control • Numbers of employees, families and community members protected from malaria through investments made by companies • Savings reported as a result of investments in malaria • Malaria reduction strategy developed that includes private sector support (financial and in-kind)
Objective 2: ***Example:*** Increase the level of advocacy to national decision makers to mobilize resources for malaria		
Example: • Recruit and provide champions with advocacy advice and materials to inform conversations with peers and political leaders • Support champions in the development of advocacy	***Example:*** • Number of advocacy materials distributed to members • Number of national leaders attending advocacy events • Number of Advocacy Pledges signed	***Example:*** • Positive contacts made or discussions held between private and public sector to advocate for improving malaria control in country

activities and events • Promote malaria in the national media	• Number of references to malaria in budget speeches • Number of MPs in a Parliamentary Committee on malaria	• Agreement on the part of public sector decision makers to increase resources to improve malaria control

TOOL 8: Outcomes Journal Template. A Tool 8 template is available in APPENDIX A.

The outcomes journal monitors changes in the behavior and attitudes of your targeted key decision makers, as identified in your stakeholder analysis. The journal can be completed at regular intervals or used to note particular developments as they unfold. A separate journal can be established for key targets. The journal template can be used by you and your colleagues and should be periodically discussed to aggregate shared perceptions of change in your targets.

Outcomes Journal for:	*Which decision-makers does this refer to?*
Progress from/to:	*Timeframe of recorded change*
Contributors to monitoring update:	*i.e. who recorded the outcomes journal*
What changes we do expect in target?	
Progress on changes against outputs?	*you might also wish to note external reasons for changes to help consolidate your understanding on how change happens*
Sources of evidence:	

Lessons / Required changes to approach & tactics/ Reactions:	

STAGE 5. BUILDING SUSTAINABILITY

A. Branding

Organizations spend considerable effort and time creating a brand, which is a name, a tagline and a visual representation of who they are and what they do. In the past brands were created primarily for business entities; now everything is branded—advocacy organizations, coalitions, even particular events and initiatives.

The reason for branding is simple. All entities have something to sell: ideas. A brand is like a shortcut for the mind. A strong brand name associates on a subconscious level with the product or the idea it is selling. The value of such recognition is hard to overestimate. In earlier parts of this guide we examined the importance of grabbing the attention of audiences and the media, and gaining access to powerful influencers and decision makers. A good brand name can help your work and ensure that your message will be heard and remembered.

Branding strategists suggest considering the following when picking a name[39]:

- Make sure the name is pleasing to the ear.
- Make it easy to remember.
- Initials aren't names.
- Think multilingual.

Advocates must also keep in mind that the framing process, as described in previous sections, starts with a brand. Your name, logo, and tagline should send the message about domestic funding of malaria control. To successfully raise funds for malaria control, advocates need to frame the fight against malaria as a winnable cause. Therefore, words that imply victimization, vulnerability or despair should be avoided. Given that the right to health is a human right and not charity, it is also best not to use words that suggest charitable approaches or a donor driven agenda.

[39] Adapted from: Jack Trout, Steven Rivkin (1996). *The New Positioning* . New York: The McGrow Hill companies. 1996

Your brand will serve as a glue, connecting activities, partners and goals.

Effective advocates consider their names carefully, and choose strong, recognizable logos. Most people would recognize the logos of the World Health Organization, UNICEF or The Global Fund. These development agencies successfully made people remember who they are and what they do.

Logos are also important instruments in alliances and coalitions. Displaying partners' logos on materials allow you to recognize your partners for their contributions. Always use partners' logos with consistency and care.

Logos should not be too sophisticated. The best logos are based on simple, clever ideas. Even simple designs created on your computer can work well. The most important thing is that the image be easily recognized, remembered and understood by those who know little or nothing about you. Over-designed logos tend to make little impact, the very opposite of what they are supposed to achieve.

B. Knowledge Management

Knowledge management is about valuing and using the knowledge of insiders. In the sphere of malaria control, advocates are the insiders who have a lot to offer. As an advocate, you can use case studies to examine projects and other real experiences, and share the studies' evaluation results: what worked, what didn't, how did you do it, what would you do differently next time?

Knowledge management also refers to getting stakeholders involved in the collection and interpretation of data. Participatory evaluation is particularly important in advocacy for malaria control resources, as countries need not only the money, but also local ownership and leadership.

A meaningful, open dialogue on important topics is a key part of knowledge management. That is because knowledge management is not just about improving efficiency. It also fosters societal learning: a change that traverses from the individual to the wider society[40]. For example, a private company implementing malaria protection and education activities might start as a CEO's personal commitment and ultimately turn into a new business norm, producing significant social change in a community.

[40] Adapted from: Reed et al. 2010

Key Components that form the conceptual framework of social learning are[41]:

- Effective, open communication and dialogue.
- Leaders or key stakeholders as facilitators.
- Knowledge transfer to wider societal groups.
- Collective thinking leading to collective practice.
- Lifelong, iterative learning.

While the mobilization of both donor and domestic funds for malaria control is important, a meaningful conversation about new social norms and how those norms can help development of a country has an equally high value.

[41] Social Learning – where to now? Sandra Lauer. Human Ecology Forum 25 November 2011

TABLE OF ARM RESOURCES

Donors, Financial Mechanisms and Support for Resource Mobilization		
Source	**Description**	**Website**
African Development Bank	A regional multilateral development bank, engaged in promoting the economic development and social progress, assisting regional member countries in malaria control.	www.afdb.org
Asian Development Bank	Brings political commitment, long-term financing and a new approach to the fight against malaria in the Asia Pacific region.	www.adb.org
Australian Department of Foreign Affairs and Trade (DFAT)	DFAT provides aid to developing nations, mainly in the Indo-Pacific region, with funds specifically targeting malaria control and elimination.	www.dfat.gov.au
Clinton Health Access Initiative (CHAI)	CHAI provides technical assistance to some national malaria control program managers related to improving access to malaria prevention, treatment and diagnostics.	www.clintonfoundation.org/our-work/clinton-health-access-initiative
European Development Fund	The European Development Fund provides community development aid in the African, Caribbean and Pacific countries and the overseas countries and territories.	http://eur-lex.europa.eu/browse/summaries.html
Global Fund Country Coordinating Mechanisms (CCMs)	A partnership of stakeholders, both public and private, within a country that submits grant proposals to the Global Fund based on national priority needs. After grant approval, CCMs oversee progress.	http://www.theglobalfund.org/en/ccm
Global Fund New Funding Model	Enables strategic investment for maximum impact. It provides implementers with flexible timing, better alignment with national strategies and predictability on the level of funding available.	http://www.theglobalfund.org/en/fundingmodel/
Islamic Development Bank	Launched a program focusing on eliminating malaria in 10 countries including Burkina Faso, Chad, the Gambia, Guinea Bissau, Indonesia, Mauritania, Niger, Senegal and	www.isdb.org

	Sudan.	
Pledge Guarantee for Health	The Pledge Guarantee for Health (PGH) is an innovative financing partnership designed to increase the speed and efficacy of funding from international donors for health commodities. PGH provides guarantees to co-invested partners and local banks, which in turn extend low cost credit to recipients of donor funds, empowering countries to use funds in advance of disbursement, increasing buying power, and accelerating health impact.	www.pledgeguarantee.org
USA President's Malaria Initiative (PMI)	PMI aims to reduce suffering and death due to malaria in Africa. Website includes malaria case studies and success stories.	www.pmi.gov
RBM Harmonization Working Group (HWG) Gap Analysis: Gap Analysis Tools, Guidance Notes, and Gap Analysis Summary	Tools for conducting a programmatic and financing gap analysis of national malaria control programs' fully implemented strategic plans for malaria.	www.rollbackmalaria.org/microsites/gmap/hwg.html
RBM Harmonization Working Group (HWG)	An RBM mechanism that provides TA to countries for developing gap analyses, Global Fund concept notes and other needs related to achieving the GMAP targets. Designed to facilitate and harmonize timely support from RBM Partnership mechanisms.	www.rollbackmalaria.org/microsites/gmap/hwg.html
UK Department for International Development (DFID)	Committed to help halve malaria deaths in 10 of the worst affected countries by 2015.	www.gov.uk/government/organisations/department-for-international-development
World Bank's International Development Association (IDA)	IDA can provide credits and grants to support health, education, infrastructure, agriculture, economic and institutional development.	www.worldbank.org/ida

Evidence Based Resources for Building the Malaria Advocacy Case		
Source	**Description**	**Website**
Demographic and Health Surveys (DHS)	Nationally representative, population-based household surveys, designed to produce data that are comparable over time and across countries.	www.measuredhs.com
Malaria Consortium	Carries out a range of operational research studies and indicator surveys, and national external reviews of malaria control.	www.malariaconsortium.org
Malaria Elimination Initiative (MEI)	Provides intellectual and practical support to countries around the world that are pursuing a goal of malaria elimination, with particular attention to "shrinking the malaria map" through regional collaboration in Asia Pacific and southern Africa.	http://globalhealthsciences.ucsf.edu/global-health-group/malaria-elimination-initiative
Malaria Indicator Surveys (MIS)	RBM partners have developed a standard MIS package for assessing the key household coverage indicators and morbidity indicators. The MIS surveys also produce a wide range of data for in-depth assessment of the malaria situation within countries.	www.malariasurveys.org
Multilateral Initiative on Malaria (MIM)	Conducts research that is required to develop and improve tools for malaria control.	www.mimalaria.org
Multiple Indicator Cluster Surveys (MICS)	Nationally representative, population-based household surveys developed by UNICEF to support countries in filling critical data gaps for monitoring the situation of children and women.	www.childinfo.org
The Partnership Maternal, Newborn and Child Health (PMNCH): *Investing in health for Africa: The case for strengthening systems for better health outcomes*	A study that demonstrates investing an additional US$21-36 per person in Sub-Saharan Africa could save states US$100 billion by 2015.	www.who.int/pmnch/topics/economics/20110414_investinginhealth_africa/en/
RBM Progress & Impact Series	A strategic effort to secure high levels of commitment to malaria control among donor countries, international health organizations and governments of endemic and epidemic countries by benchmarking progress. Includes country case	www.rollbackmalaria.org

	studies, private sector case studies and other evidence to support advocacy messages and strategies.	
Scorecard for Accountability and Action (African Leaders Malaria Alliance)	Scorecard consists of a semi-automated database that tracks progress across key indicators covering malaria policy, financing, intervention coverage, impact, and includes tracer maternal and child health metrics.	www.alma2015.org/content/alma-scorecard-accountability-and-action
WHO Global Malaria Program (GMP)	GMP is responsible for the coordination of WHO's global efforts to control and eliminate malaria. The GMP sets evidence-based norms, standards, policies and guidelines to support malaria-affected countries around the world.	www.who.int/malaria/about_us/en/
World Malaria Report and other WHO publications on malaria	Summarizes information from malaria-endemic countries, highlights progress, and describes current challenges for global malaria control and elimination.	www.who.int/malaria/publications/en/

Advocacy Resources, Tools and Key Messages		
Source	**Description**	**Website**
Asia Pacific Leaders Malaria Alliance (APLMA)	The Asia Pacific Leaders' Malaria Alliance is an affiliation of Asian and Pacific heads of government formed to accelerate progress against malaria and to eliminate the disease in the region by 2030.	www.aplma.org
Asia Pacific Malaria Elimination Network (APMEN)	APMEN is composed of 16 Asia Pacific countries, as well key multilateral and academic agencies, that are pursuing malaria elimination. It addresses the unique challenges of malaria elimination in the region through leadership, advocacy, capacity building, knowledge exchange, and building the evidence base.	www.apmen.org
Discussion Paper: The Role of Human Rights in Responses to HIV, Tuberculosis and Malaria	Elaborates on the crucial role that human rights play in improving the effectiveness, efficiency and sustainability of responses to HIV,	www.undp.org/content/undp/en/home/librarypage/hiv-aids/the-role-of-human-rights-in-responses-

	tuberculosis, and malaria.	to-hiv--tuberculosis-and-m.html
Elimination 8 (E8)	Sub-regional Southern African initiative to strengthen cross-border collaboration, jointly mobilize financial and technical resources to eliminate malaria, build health systems capacity in the region, and coordinate multi-sectoral efforts among all partners working on malaria activities.	http://globalhealthsciences.ucsf.edu/global-health-group/malaria-elimination-initiative/southern-africa/regional-coordination
Friends Africa	Mobilizes financial and political support from African goveernments, the private sector, and civil societies in the fight against AIDS, Tuberculosis and Malaria in Africa.	www.friends-africa.org
Global Advocacy Framework to Roll Back Malaria 2006-2015	Designed to elicit transparency of both resources and results from all Roll Back Malaria Partners and other malaria stakeholders so advocates have the information they need to persuade policymakers and donors of the moral imperative to roll back malaria.	www.rollbackmalaria.org
Towards a Malaria-Free World: A Global Case for Investment and Action 2016-2030	Will build upon the current GMAP 2008-2015. "Towards a Malaria-Free World" will be a practical, multisectoral, action-oriented document designed to accelerate progress in malaria at global, regional and country levels.	www.gmap2.org
Invest in the Future, Defeat Malaria – Key Messages	Key messaging that can be tailored for country-specific advocacy – please note that Key Messages will be updated regularly. Please check the RBM website for updates.	www.rollbackmalaria.org
Making Malaria History	An initiative of the Malaria Control and Elimination Partnership in Africa (MACEPA).	www.makingmalariahistory.org
Malaria Consortium	Works in partnership with communities, health systems, government and non-government agencies to secure access to groups most at risk, to prevention, care the treatment of malaria and other communicable diseases.	www.malariaconsortium.org
Malaria No More	Non-profit group that raises funds and supports malaria advocacy.	www.malarianomore.org
The Millennium Development	The eight MDGs—which include	www.un.org/millenniumgo

Goals (MDGs)	halting the spread of malaria and reversing its incidence, all by the target date of 2015— form a blueprint agreed to by all the world's countries and all the world's leading development institutions.	als/
The Net Mapping project	Project and tools to help determine the status of LLINs in Sub-Saharan Africa and around the world on a quarterly basis: How many LLINs are in place globally by country and when were they delivered.	www.allianceformalariaprevention.com/working-groups-view.php?id=19
NetMap Toolbox: Influence Mapping of Social Networks	Tools that countries can use to map and link malaria stakeholders in country for advocacy purposes.	www.netmap.wordpress.com
Office of the UN Secretary General's Special Envoy for Financing the Health Millennium Development Goals and for Malaria	Advocates for achieving the health MDGs by 2015. Website includes news, resources and a countdown of days remaining.	www.mdghealthenvoy.org/
PATH Malaria Control and Elimination Partnership in Africa (MACEPA)	MACEPA's goal is the elimination of local malaria transmission at national or subnational levels in four countries—Ethiopia, Kenya, Senegal, and Zambia—by 2020.	www.makingmalariahistory.org/about/about-macepa-malaria-control-and-evaluation-partnership-in-africa/
Photoshare	A picture can tell a thousand words. Use photos to tell a story and liven your advocacy messages with a human element.	www.photoshare.org
RBM Malaria Advocacy Working Group (MAWG)	Works to align partner advocacy initiatives to meet the Partnership strategic priorities by identifying strategic opportunities and approaches facilitates the production and dissemination of advocacy tools and accurate information, and advocates for increased resources against malaria.	www.rollbackmalaria.org
RBM Multisectoral Action Framework	A new guide for policy-makers and practitioners makes a clear case for re-structuring the way countries address malaria. Makes the case for engaging a broad spectrum of actors in national efforts to fight malaria.	www.rbm.who.int
RBM Partnership Publications	High-quality publications that can be used for advocacy and partnership building.	www.rollbackmalaria.org
Voices for a Malaria Free Future project	The project mobilized governments and the private sector to support	www.malariafreefuture.org

	malaria prevention and control in Africa. It produced a series of cases studies on implementing Malaria Safe—a malaria prevention and control initiative within the private sector in Africa.	
World Vision	Christian humanitarian organization dedicated to communities worldwide, focusing on child and maternal health. Distributed 4.2 million LLINs in five African countries.	www.worldvision.org

Partnerships and Private Sector Resources		
Source	**Description**	**Website**
Health Communication Capacity Collaborative: The "P for Partnership" guide	While this guide was developed to increase demand for RMNCH commodities, it is also an excellent reference and capacity-building tool for developing partnership for various health areas more generally.	www.healthcommcapacity.org
GBCHealth, Corporate Alliance on Malaria in Africa (CAMA)	A coalition of companies from various industries with the aim of improving the impact of malaria control efforts in Sub-Saharan Africa. Website includes case studies and a Company Management Guide for implementing malaria control, along with other resources.	www.businessfightsaids.org/our-work/collective-actions/cama/
Malaria Safe Playbook	The "Malaria Safe" Playbook provides information for the private sector in efforts to start or scale up workplace and community programs. The Playbook suggests four pillars of action that lead to a future free of malaria: advocacy, protection, education and visibility.	www.malariafreefuture.org/content/malaria-safe-playbook
RBM P&I Series: Business Investing in Malaria Control: Economic Returns and a Healthy Workforce for Africa	Examines how private sector investment in malaria control has improved cost effectiveness at companies operating in malaria endemic regions in Africa. Includes case studies.	www.rollbackmalaria.org
United Against Malaria (UAM)	An alliance of football (soccer) teams, celebrities, health and advocacy organizations, governments and corporations who have united against malaria.	www.unitedagainstmalaria.org

Appendix A. ARM STRATEGY TEMPLATES

TOOL 1. Additional Data Sources for Advocacy

Tool	Description	Frequency of data collection	Surveys conducted	Coverage

TOOL 2. Accountability Mapping

Agreement or commitment	Institution accountable	What was committed?	When should results be delivered?	What has been delivered so far?

TOOL 3a. Country-Specific Malaria Stakeholders

Malaria Stakeholder Category	Description	Examples	Who plays or will play the key role in your country?
Key Country-level Decision-makers	Decides on how much money should be allocated for malaria control interventions.	Heads of State; Ministers of Finance; Ministers of Health; Parliamentarians	
Private Sector	Decides on how much to invest in malaria interventions, contributing financially or in-kind (e.g., services)	Extraction industry, finance/banking, media, telecom, food/beverage industry, agro industry, tourism (airlines, hotels), parastatals (e.g., membership organizations)	
Donors	Decides how much donor funding a country receives for malaria interventions	Global Fund/CCMs, USAID/PMI, DFID, World Bank, regional Development Banks, other donors, private sector	
Implementers/Civil Society	Takes concrete steps in implementing the change and making it sustainable.	NMCPs; implementing partners; civil society; faith-based organizations; NGOs	
Champions	Have access to and/or influence of key decision-makers, are well-known and respected	Private sector leaders; celebrities, First Ladies, Ambassadors, politicians, Religious Leaders, Chiefs, etc.	
Experts	Can produce evidence that the issue is relevant for the decision makers.	Research institutions, universities, etc.	
Key Affected Populations	Have the right to live a life free of malaria	Families, communities, migrant workers, etc.	
Other			

TOOL 3b. Malaria Stakeholder Influence

Individual Stakeholder	Level of Influence in Resource Mobilization for Malaria

TOOL 4. Malaria Advocacy Assessment

Malaria Burden	
How many national malaria cases per year? What is the economic burden on national health systems?	
Malaria mortality rate in the country per year? What is the rate for women and children?	
By how much has malaria decreased (or increased) in the country in the past five years?	
What is the economic impact of malaria in your country (if available)? (Review data to determine if an economic analysis has been done in your country.)	
How does malaria affect other sectors (e.g., agriculture, education, trade, tourism) in your country? Do any studies on malaria's impact on these areas exist in your country (e.g., sources could include World Bank, local universities, implementing partners or global health organizations)?	
Is your malaria epidemiology data up to date and accurate? If not, what challenges exist in ensuring data is up-to-date and accurate?	
If your country's data on the impacts of malaria on the country is non-existent or outdated, what are the steps needed to get this information?	
How can international organizations, research institutions and universities support this effort?	

Domestic Allocation to Malaria	
What percentage of your country's budget is spent on health?	
How much funding does the government contribute to malaria? By how much has this increased (or decreased) in the past 5 years?	
What innovative financing mechanisms might be feasible for your country to adopt (e.g., pledge guarantee, discretionary taxes) to increase funding for malaria?	
How have Members of Parliament (MPs) championed malaria control, if at all? What are they doing related to malaria control?	
Is there a malaria caucus or committee in Parliament? Are they advocating for increased funding? (Why or why not?)	
What are the primary challenges your country faces in allocating sufficient funding for malaria?	

Traditional Donors	
Who are the main donors, and what are their contributions?	
Has funding increased/decreased in the past five years? Why?	
What opportunities exist to increase funding from current donors or to add new donors (e.g., strengthened malaria advocacy in Global Fund CCMs, multisectoral approaches	

to reach donors, or government ministries that do not normally fund malaria)?	
How many Global Fund CCM members represent malaria? What other challenges exist in CCMs that might affect adequate funds for malaria?	
Development Bank Financing (World Bank, African Development Bank, etc.)	
Which development banks, if any, provide funding for malaria control efforts (e.g., financial, in-kind, technical assistance)?	
What opportunities in your country exist to incorporate malaria control into funding applications (e.g., agricultural development applications)?	
What challenges exist in your country that impact donor funding?	

Private Sector Partners	
Which companies contribute to malaria control in your country? What do they contribute? How much do they contribute?	
When and how often do they contribute (e.g., World Malaria Day, throughout the year)? In which areas of the country?	
Which are the most powerful/wealthiest companies in your country and what causes interest them?	

What types of expertise or in-kind support would you like to leverage from companies in your country (e.g. financial management, delivery services, media)?	
How feasible is it to engage the private sector in the national malaria strategic plan? Which stakeholders would need to be involved?	
Do any private sector coalitions exist in your country? How do they contribute to malaria control?	
What are the challenges you have faced in trying to engage the private sector to contribute to malaria? What did you ask them to do?	
What data exists on how malaria affects private sector companies in your country (e.g., returns on investment)?	
How can companies, universities, civil society, research organizations, and others, support the program to collect data?	

Multisectoral Approaches	
Which non-health sectors impact on malaria epidemiology in your country? What multisectoral approaches for malaria control and elimination exist in your country? What opportunities exist for increasing multisectoral approaches (e.g., agriculture, housing, education, environmental management, etc.)?	
What other committees or coalitions exist	

in-country, regionally or globally that can aid your country in mobilizing resources for malaria?	

Malaria Gaps and Resource Mobilization Efforts	
What are your current and projected funding gaps for malaria in the next 3 years? What is it per malaria commodity (LLINs, ACTs, etc.)?	
What have been your primary funding challenges over the past five years?	
What actions have you and other malaria stakeholders, such as civil society, taken in your country to mobilize resources for malaria?	
What are the primary challenges you face in mobilizing resources for malaria?	
What assets does your country have that strengthen advocacy for resource mobilization (e.g., active civil society, champions)?	
What types of outside support do you need for your resource mobilization efforts?	

TOOL 5. Partnership Asset Mapping

Asset	High	Moderate	Low
Well-known, respected, financially sound, visible			
Provides value-added reach and scale			
Leaders with political influence			
Has current commitment to the issue of resource mobilization or potential to commit future funding			
Stated openness to deploy their proprietary assets, relationships and products for the cause of malaria control			
Shared focus on priority decision makers and targets			

TOOL 6. Advocacy Messages for Target Audiences

	Decisions that these audiences affect/make	Asks	Supporting messages
Decision maker: Minister of Finance			
Decision maker: Minister of Health			
Decision maker: MPs			
Decision maker and Influencer: Private sector			
Decision maker: CCM members			
Decision maker and Influencer: Donors			
Influencer: Champion			
Community			
Other			

TOOL 7. M&E Indicators for Advocacy

Advocacy Goal:		
Activities	**Outputs**	**Short-term Outcomes**
Objective 1. :		
Objective 2:		

TOOL 8. Outcomes Journal Template

Outcomes Journal for:	*Which decision-makers does this refer to?*
Progress from/to:	*Timeframe of recorded change*
Contributors to monitoring update:	*i.e. who recorded the outcomes journal*
What changes we do expect in target	
1. 2. 3.	
Progress on changes against outputs	you might also wish to note external reasons for changes to help consolidate your understanding on how change happens
1. 2. 3.	
Sources of evidence:	
Lessons / Required changes to approach & tactics/ Reactions:	

Appendix B. Economic Impact of Malaria

The Overall Economic Impact of Malaria

Malaria traps countries in poverty. There is compelling evidence that malaria is a determinant of economic growth in the long term. The yearly growth rate of GDP per capita in endemic countries is 0.25-1.3 percent lower than in countries without malaria. Over a period of 25 years, these differential growth rates can account for almost half of the GDP per capita of low-income countries.[42] [43]

Impact on National Economies

Annual economic growth in countries with high malaria transmission has historically been lower than in countries without malaria. Leading economists have estimated that malaria is responsible for an "economic growth penalty" of up to 1.3% per year in malaria endemic African countries.[44] Malaria can strain national economies, impacting some nations' gross domestic product by as much as an estimated 5–6%. [45] Some studies suggest that malaria discourages domestic and foreign investment and tourism; affects land use patterns and crop selection resulting in sub-optimal agricultural production; reduces labor productivity through lost work days and reduced on-the job performance; and affects learning and scholastic achievement causing frequent absenteeism and, in children who suffer severe or frequent infections, permanent neurological damage and cognitive impairment.

Impact on Health Services

The crushing number of malaria cases (estimated at nearly 207 million per year) presents a crisis for health systems; even "best" performing systems will not be able to cope if the huge burden of malaria cases is not drastically reduced. In some countries the disease may account for as much as 40% of public sector health expenditure, over 50% of outpatient visits and over 30-50% of hospital admissions. [46] If reductions in malaria cases dropped any of these to 5 percent, significant monies could be spent on other health issues, health care workers could spend additional time treating and controlling other diseases, and worker productivity in all sectors could increased. Reducing the malaria case volume is indeed possible when critical coverage thresholds are met (e.g. 80% ITN coverage), but to achieve this, greater investments and efficiencies in vector control scale-up are critical.

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[42] McCarthy 2000
[43] Gallup and Sachs 2001
[44] Sachs and Malaney 2002. The economic and social burden of malaria. *Nature.* 415(6872): 680-5.
[45] World Economic Forum, Global Health Initiative, in partnership with the Harvard School of Public Health, 2006. Business and Malaria: A Neglected Threat? WEF, Davos, Switzerland.
[46] Roll Back Malaria WHO partnership. "Economic costs of malaria" (PDF). WHO. http://www.rollbackmalaria.org/cmc_upload/0/000/015/363/RBMInfosheet_10.pdf

Impact on Households

Malaria traps households in poverty: poor children and women living in rural areas are at the greatest risk of death or severe debility from malaria, and the disease drains the resources of families, keeping the poor in poverty. Poverty may prevent some households from spending on preventive commodities or an effective cure, leaving families vulnerable and malaria illness untreated, risking complications, and thus over time impacting a household's ability to cope with other contingencies.[47] Studies on health care expenditures have consistently shown that the majority of the money spent on malaria prevention and treatment comes out of the pockets of individuals and households.[48] Malaria accounts for health-related absenteeism from school, and links between poverty and education are well established. For example, it is estimated that in endemic areas such as Uganda, malaria may impair as much as 60% of the schoolchildren's learning ability.[49] An examination of the effects of malaria on female educational attainment in found that every 10% decrease in malaria incidence leads to 0.1 years of additional schooling, and increases the chance of being literate by 1–2% points.[50]

Impact on the Private Sector

A report found that in Sub-Saharan Africa, 72% of companies reported a negative impact from malaria, with 39% perceiving these impacts to be serious to the "bottom line" and to worker health.[51] Malaria is bad for business: the disease is responsible for decreased productivity, employee absenteeism, duplication of the workforce, increased health care spending. Malaria also can negatively impact a company's reputation. Malaria parasitemia among a company's employees also increases the potential for transmission to the greater community, indirectly impacting the local economy through the deterioration of human capital, losses in savings, obstruction of otherwise available local resources, and investments and tax revenues.

[47] Chuma, J. M., Thiede, M. and Molyneux, C.S. (2006). Rethinking the economic costs of malaria at the household level: Evidence from applying a new analytical framework in rural Kenya. *Malaria Journal.* 5:76. doi:10.1186/1475-2875-5-76.

[48] Ministry of Health. 2001. The burden of malaria in Uganda: why all should join hands in the fight against malaria MOH-MLA-12.

[49] Ibid.

[50] Malaria Eradication and Educational Attainment: Evidence from Paraguay and Sri Lanka. Lucas AM, Am Econ J Appl Econ. 2010 Apr; 2(2):46-71

[51] Roll Back Malaria. 2011. Progress and Impact Series, Number 6, Business Investing in Malaria Control: Economic Returns and a Healthy Workforce for Africa, WHO, Geneva.

Appendix C. Sample Press Release

12TH SEPTEMBER 2013
PRESS STATEMENT

MINISTER OF FINANCE ANNOUNCES
NEW MULTI-SECTORAL MALARIA TASKFORCE:

Kampala. Speaking today at a *United Against Malaria Business Symposium* in the Sheraton Kampala, **Minister of Finance, Planning and Economic Development, Hon. Maria Kiwanuka**, announced the call for a multisectoral malaria taskforce, saying that the burden of malaria needs to be dealt with as a coordinated public-private sector partnership in order for Uganda's socio-economic transformation to be fully realized.

According to Kiwanuka, Uganda is expected to spend approximately $23.4 million on the 13 million malaria cases seen in public health facilities annually, which is a strain on the national economy. Overall, households in Africa currently lose up to 25% of income to the disease—spending approximately $104 million on value of lost time and premature deaths. She explained how malaria control is increasingly recognized as an important element of economic development for malaria-endemic countries such as Uganda due to its social and economic impacts. Malaria not only decreases worker productivity, learning and household income and savings, but also leads to a loss of investment opportunities.

Hon. Maria Kiwanuka was speaking at a Business Symposium held by United Against Malaria (UAM)—an alliance of African football, health and advocacy organizations, governments and private sector partners. Since 2009, UAM has been involved in a campaign towards eradicating malaria from Uganda—since 2010, UAM recruited 30 companies in Uganda to begin working on becoming *Malaria Safe* companies, taking steps to invest in malaria control.

The purpose of the symposium was to encourage greater public-private sector partnerships to ensure investments in malaria for competitive gains to be realized.

For more information, please contact [name] on [number].

Appendix D. Sample Op-Ed

THE WALL STREET JOURNAL – OPINION PIECE

Free Trade and the Fight Against Malaria

Tariffs block medicines and bed nets at African ports. That's crazy.

By YOWERI MUSEVENI AND JAKAYA MRISHO KIKWETE
Updated July 26, 2010 12:01 a.m. ET

This month Uganda has the honor of hosting the annual meeting of the African Union, which brings together more than 40 heads of state to discuss issues of critical importance to our continent. One of them is malaria.

Malaria causes illness and productivity loss for close to 200 million people in Africa annually. It claims the lives of more than 800,000 Africans each year, most of whom are babies and mothers.

Over the past decade, an unprecedented effort has been launched to defeat malaria, supported by funding from the Global Fund to Fight AIDS, Tuberculosis, and Malaria. The World Bank and others have contributed too. Thanks to this funding, a huge volume of rapid diagnostic tests, life-saving medicines, and nearly 350 million mosquito nets will be delivered to Africa by the end of 2010. Other efforts, such as spraying households with insecticides, are being scaled up as part of a comprehensive attack on the disease.

African governments are also stepping up the fight. The African Leaders Malaria Alliance (ALMA), representing 28 heads of state, recently established a regional effort to facilitate cost-effective bulk procurement of mosquito nets, working together and with UNICEF.

We must now commit to overcoming barriers to malaria control and treatment, and a key area here is tax and tariff removal. Most antimalaria commodities are currently produced outside of Africa, and when the ships that transport nets, medicines and other essential health products arrive in African ports, their cargoes are often subjected to taxes and tariffs that absorb precious funds, reducing the volume of health goods that can be purchased and creating delays in distribution. Imposing taxes and tariffs on malaria drugs and commodities burdens Africa's already fragile health system and makes malaria prevention and treatment less available to the poor.

Evidence from our countries—Uganda and Tanzania—strongly suggests that removing taxes and tariffs strengthens the fight against malaria and benefits the poor the most.

Several years ago, when we removed taxes and tariffs on all antimalaria commodities, the cost of mosquito nets sold in local markets declined, local demand for nets increased, and more small businesses entered the market to produce and supply these essential commodities. Since then, our countries have become significant manufacturers of insecticide-treated nets that are exported to other African countries. Tax and tariff removal can be good for Africa's people and good for African entrepreneurs.

Careful attention must be paid, however, to the way in which taxes and tariffs are removed. Some countries have opted to grant waivers or exemptions for donated goods, but the reality is that obtaining these waivers can be time-consuming and expensive. And in some countries, legislation requires that exemptions be renewed every year. This process can cause months of delay. Removing taxes and tariffs altogether is by far the most equitable and effective solution.

Along with tax and tariff removal, malaria-endemic countries must pay attention to improving customs procedures so that public-health commodities are correctly identified when they arrive at ports. This is important not only to ease the flow of goods into countries, but also to maintain important quality standards as we battle the global problem of counterfeiting and substandard products that can lead to drug resistance.

If African countries are to achieve universal access to critical health-care commodities and meet the goal of reducing malaria-related deaths to near zero by 2015, we need to take definitive steps now. Tax and tariff removal is one of those steps.

The global fight against malaria over the past few years has redefined the standards and expectations that we apply to development assistance. We have set measurable targets that we are working hard to achieve, and we are seeing great reductions in malaria thanks to strategic applications of funding and greater accountability for donor spending. Just as international donors have increased their commitments, it is time for African leaders to intensify theirs by removing costly and counterproductive obstacles to effective malaria control.

Mr. Kikwete is the president of the United Republic of Tanzania and the current convener of ALMA. Mr. Museveni is the president of the Republic of Uganda and a member of ALMA.

Appendix E. Guidance on Advocacy Coalition Building

Introduction

The Advocacy for Resource Mobilization (ARM) for Malaria Guide was developed to assist countries with large funding gaps, including those identified through the RBM Harmonization Working Group (HWG) or other gap analysis processes, to develop and support in-country advocates to mobilize resources for malaria, based on country level relationships, engagement, and evidence.

Based on evidence and recommendations from successful RBM Malaria Advocacy Working Group (MAWG) pilot workshops (Anglophone and Francophone), guidance was developed for National Malaria Control Programmes and partners to engage a broad group of stakeholders in formation of a Malaria Advocacy Coalition, the development and implementation of a robust advocacy strategy that is linked to the National Strategic Plan, and the contribution towards a Malaria Resource Mobilization Plan that can be used to advocate for additional malaria resources at the international, regional and country levels. To support the formation of a robust Malaria Advocacy Coalition, the guidance below also includes an example Terms of Reference (TOR) that can be adapted for the Coalition. The TOR proposes a coalition structure and operational processes based on best-case practices. Countries can implement the recommendations best suited to their country context in order to form the most appropriate coalition structure.

What is a Coalition?

A coalition is a group or organizations or individuals that "commit to a common purpose and share decision making to influence an external target."[52] Forming an advocacy coalition is an important step, or interim outcome, in seeking change. However, creating a coalition cannot accomplish the advocacy objective alone. The coalition must implement a focused advocacy strategy to influence policy and/or funding.

[52] (http://www.mcf.org/system/article_resources/0000/1297/What_Makes_an_Effective_Coalition.pdf)

Why are Coalitions Critical for Advocacy?

Advocacy and coalition building are essential aspects of improving the policy and funding environment for successful and sustainable long-term health programs. Advocacy can raise awareness of important, yet neglected, issues and can encourage greater political commitment for necessary programs that leads to increased resources. While this guidance focuses on creating a Malaria Advocacy Coalition (Coalition), it may make sense in some settings to engage with currently established coalitions to take up a malaria agenda, rather than create a separate coalition to influence policy or funding.

Compelling advocacy is crucial to persuade national decision-makers to make efficient and effective use of the resources available and to secure new funding from domestic sources, traditional donors (particularly the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM)), and non-traditional sources, such as bilateral aid of new economic powers, global and regional development banks (World Bank, African Development Bank, etc.), innovative financing mechanisms and the private sector. Advocacy can also promote synergistic funding for malaria outcomes from investment in key non-health sectors (e.g. agricultural development, climate change adaptation, tourism, etc.).

Advantages and Disadvantages of Forming an Advocacy Coalition

Advantages

- Increases your base of support so you can achieve more together than alone
- Pools organizational financial and human resources
- Enhances credibility and legitimacy
- Facilitates coordination, information sharing, and collaboration
- Develops new leadership and technical skills among members
- Creates collaboration and relationships with new organizations and key actors
- Builds support, encouragement, and motivation

Disadvantages

- Agreeing on common objectives can be difficult
- One organization or person may dominate
- Often requires compromise
- Action can be slow because of additional processes and consensus
- Collective work may be under-resourced
- Recognition may go to the coalition rather than an individual or organization
- Seeking consensus or "common ground" with a unified voice may overlook the asks of individual organizations
- Power dynamics within the coalition often reflect those of the society at large, therefore additional efforts are needed to ensure meaningful participation and leadership of partners representing typically more marginalized groups

*Adapted from the International HIV/AIDS Alliance's Training Package for Advocacy Strategy Development

Guidance on Forming an Advocacy Coalition: Structure and Membership

As noted, advocacy requires a broad range of partners to be engaged in order to be effective. Coalition members should have an understanding, interest or experience in malaria control and elimination, and subscribe to the following:

Capacities of Effective Coalition Members[53]

- Skills/knowledge to work collaboratively
- Commitment to the coalition in action, as well as name
- Ability to articulate what you bring to the table (e.g., time, resources, access, relationships, reputation, expertise, etc.)
- Ability to articulate what you want from the coalition

[53] Excerpted from TCC Group's "What makes an Effective Coalition: Evidence Based Indicators of Success" http://www.mcf.org/system/article_resources/0000/1297/What_Makes_an_Effective_Coalition.pdf

- Ability to weigh the value of coalition membership against scarce resource expenditure
- Willingness to share resources
- Willingness to openly identify conflicts between the individual organization and the coalition
- Willingness to share power/credit
- Willingness to speak as one
- Willingness to explore alternative ideas and approaches
- Willingness to dedicate staffing at a high enough level to make decisions
- Willingness to dedicate staffing to implement assigned tasks
- Strategic use of coalitions to fill critical gaps and leverage resources toward achieving your advocacy goals
- Willingness to commit to the coalition for an extended (relevant) period of time
- Understanding of how your issue fits into a broader network of issues

In the best case, the capacities listed above will be coupled with knowledge and experience in policy development and advocacy, government relations, and communications. Ideally, Coalition members will hold a decision-making role within their organization. It is also important to note the difference between a possible advocacy partner and an advocacy target. It can often be helpful to have strategic conversations among advocacy partners without the presence of the people/organizations you seek to target (e.g.: donors). You will have to decide whether to include the targets in your coalition in order to gain their buy-in or whether it is better to engage them during concrete advocacy activities.

With the above skills in mind, the following stakeholders could be engaged in the formation of a Coalition:

- Ministry of Health and National Malaria Control Programme
- Ministry of Finance - Health Officer
- Actors outside of the Health Sector as relevant in the country context
    - Agriculture
    - Education
    - Environment
    - Finance
    - Housing
    - Infrastructure
    - Labor
    - Migration
    - Tourism

    - Water
- Affected populations
- Civil Society
- Donors, including UN Agencies
- Faith Based Organizations
- GFATM Country Coordinating Mechanism members
- Non-Governmental Organizations
- Parliamentarians (Health Committee President or member)
- Private Sector and related industries that are affected by malaria (e.g.: rubber plantations, fisherman, mining)
- Research/Academia

The size of the coalition also matters. Based on your advocacy objective, you will have to decide how many people you want to include in the Coalition. Small coalitions can work quickly and are more easily focused on the advocacy objective; however, they also may have a limited perspective, fewer skills to share, or fewer networks in the policy and funding arena. On the other hand, large coalitions have larger skills sets and wider expertise to draw from; however, they can be slow to mobilize for advocacy actions and it may be difficult to moderate between coalition members who may have different interests.

Drafting Terms of Reference

In forming a coalition, it is critical that the coalition members commit to the responsibilities as members, achieve consensus on the objective of the coalition, and commit to the processes needed to make the coalition a successful platform for partnership. To this end, Terms of Reference are helpful in formalizing the partnership and sharing the expected involvement among its members.

The Terms of Reference should consist of the following parts:

1. Introduction
2. Background
3. Assumptions
4. Overarching Objectives
5. Coalition Steering Committee Membership
6. Coalition Steering Committee Election Process
7. Meeting Schedule
8. Documentation and Data Requirements

9. Preparatory Work
10. Activities
11. Measuring Impact

The following example can be adapted to the specific country context.

Malaria Advocacy Coalition Terms of Reference

Introduction

Investment in malaria control has proven its worth and is considered one of the best buys and returns on investment in Public Health programming[54]. Addressing the malaria burden in a way that is effective, scalable and sustainable can only be achieved with adequate international and domestic funding streams. However, while global funding for malaria has increased from $200 million in 2004 to $2.7 billion in 2013[55], donor funding for long-term malaria control and elimination will be insufficient for achievement of National Strategic Plan goals and targets, costed by the Global Malaria Action Plan at $5.1 billion annually to 2015 and expected to increase to $6.5 billion annually through 2020[56]. It is therefore essential that endemic countries seek new sources of funding, particularly from domestic sources, as well as to utilize new and existing donor funding more efficiently to maximize impact.

Background

Given the need for intensified advocacy for national level malaria resource mobilization, a group of key stakeholders met on [date]. The organizations, Ministries, and other partners shared information and identified opportunities for evidence gathering and advocacy needed for the next two years. In order to minimize duplication of activities and influencing of decision-makers, the partners agreed to form a coalition for malaria advocacy. The following document lays out the Terms of Reference for this Malaria Advocacy Coalition (Coalition).

Assumptions

The success of the malaria advocacy coalition and its viability in mobilizing resources rests on some key assumptions:

- Members agree on a foundation of joint trust and commitment to malaria efforts at the country level.
- Collaboration draws on the expertise, skills and comparative advantages of its partners.
- Members recognize the strength of sharing organizational priorities and perspectives on malaria control and/or elimination.
- Members—both individuals and organizations—support their participation in the coalition through their own funds, unless funds are raised for the Coalition's efforts.

[54] http://www.makingmalariahistory.org/malaria-a-best-buy-in-global-health/
[55] WHO World Malaria Report 2014
[56] WHO Draft Global Technical Strategy for Malaria 2016-2030

- Members commit to energetically participating in the discussions and activities of the Coalition.
- Members come to meetings fully briefed and prepared, are able to speak for their organizations on agenda topics, and can commit to short- and immediate-term activities undertaken by the Coalition as a whole or one or more Coalition organizations.
- On a regular basis, and initially after the first year, Coalition members will conduct or commission a critical review to assess the value of the Coalition. Based on this assessment, the Coalition will decide whether to continue and if adjustments in scope and/or operations are necessary.

Overarching Objectives

- Maintain or increase malaria resources as a key component within the political agenda and country budgeting process.
- Raise awareness of malaria successes and gaps to all country stakeholders.
- Advocate for and track accountability of political commitments regarding malaria policy and financing.

Coalition Steering Committee Membership

While membership will not be limited to a specific number, one member will be identified from each of the stakeholders to form the Malaria Advocacy Coalition Steering Committee. All members will be allowed to vote on the composition of the Coalition Steering Committee for their specific constituency. Elected Steering Committee members will represent the constituency from which they are chosen and not their individual organizations. If a Coalition has fewer partners, they may opt to have a rotating leadership rather than a Steering Committee.

The Steering Committee will be responsible for developing the work plan and budget for each calendar year, in addition to measuring the impact of the interventions and activities. The Coalition will either seek funding to accommodate the budget or the work plan will consist of current activities undertaken by the members. Steering Committee members will meet in person or by conference call on a monthly basis or on a schedule determined by its membership.

A rapporteur will be identified at the beginning of each meeting and meeting notes will be disseminated to Steering Committee members within two weeks after each meeting. If applicable, a treasurer will be elected from within the Steering Committee to track budgetary allocations and spending. The elected treasurer will have experience with managing budgets.

Coalition Steering Committee Election Process

The Steering Committee members will elect a Chair and Co-chair through an open and transparent election process every two years. Ideally, a focal point within the Ministry of Health will be appointed to ensure that there is consistent information flow and correct content for all outreach, messaging, and activities.

Meeting Schedule

All members of the Coalition will meet on a quarterly basis to ensure that the work plan is being met and to inform on activities being taken individually or collectively. A rapporteur will be identified at the beginning of each meeting and meeting notes should be disseminated to all members within two weeks after each meeting.

Documentation and Data Requirements

Through close collaboration with the Ministries of Health and Finance, the following is required:

- Costed National Strategic Plan, including malaria burden
- Gap Analysis developed during the concept note process, in partnership with country and regional partners, such as the RBM HWG
- Identification of current and future funding streams for malaria (domestic and donor)

Preparatory Work

Ideally, Coalition members will have undertaken an RBM facilitated ARM workshop processes prior to any advocacy activities being launched in order to develop the following material and action plans:

- Development of global and country specific messaging, which is linked to specific influencers and includes specific asks or requests from the decision maker or organization that can influence policy and resource requirements;
- Identification and mapping of malaria stakeholders including government officials, donors and key sectors, including their level of influence;
- Identification and mapping of current and potential champions, including their level of influence;
- Mapping malaria funding flows within the country from all sources, as well as additional funding that can be leveraged for malaria outcomes;
- Development of challenges, goals and objectives for resource mobilization;
- Development of an advocacy brand or campaign specific to the country; and
- Development of a Malaria Business Plan.

Activities

Upon the formalization of the Coalition and all documentary and preparatory requirements having been met, engagement of the key decision makers should be undertaken through a work planning process. Examples of activities are listed below.

- Identification of opportunities for outreach or events where decision makers can be targeted, such as strategic planning meetings, Country Coordinating Mechanism meetings, World Malaria Day, World Health Day, etc.
- Identification of partners to undertake specific actions with the required levels of funding.
- Engagement of champions, members of parliament and corporate executives through malaria themed symposiums or networking lunches.
- Development of targeted media opportunities or op-eds led by champions to highlight success and gaps.
- Identification of opportunities for corporate engagement and the development of proposals that define how corporations can contribute to malaria programming.

Measuring Impact

Monitoring and measuring the impact of advocacy is important to ensure the accountability of commitments and any revisions needed in the work plan. Measuring impact should follow SMART criteria: Specific, Measurable, Attainable, Relevant and Time-bound, and detailed in Stage 4 of the Advocacy for Resource Mobilization for Malaria Guide and as identified in the facilitated workshop.