



THE ADVOCACY FOR RESOURCE MOBILIZATION (ARM) FOR MALARIA WORKSHOP: INTRODUCTION TO THE TOOLKIT

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OBJECTIVE

- Introduce the ARM process and Resource Mobilization Technical Assistance Package to Country Programs.
- The Advocacy for Resource Mobilization (ARM) for malaria Guide was developed based on country specific needs and requests in a time of declining health financing and increasing gaps

ARM GUIDE



**Advocacy for Resource
Mobilization (ARM)
for Malaria Guide**
February 2015

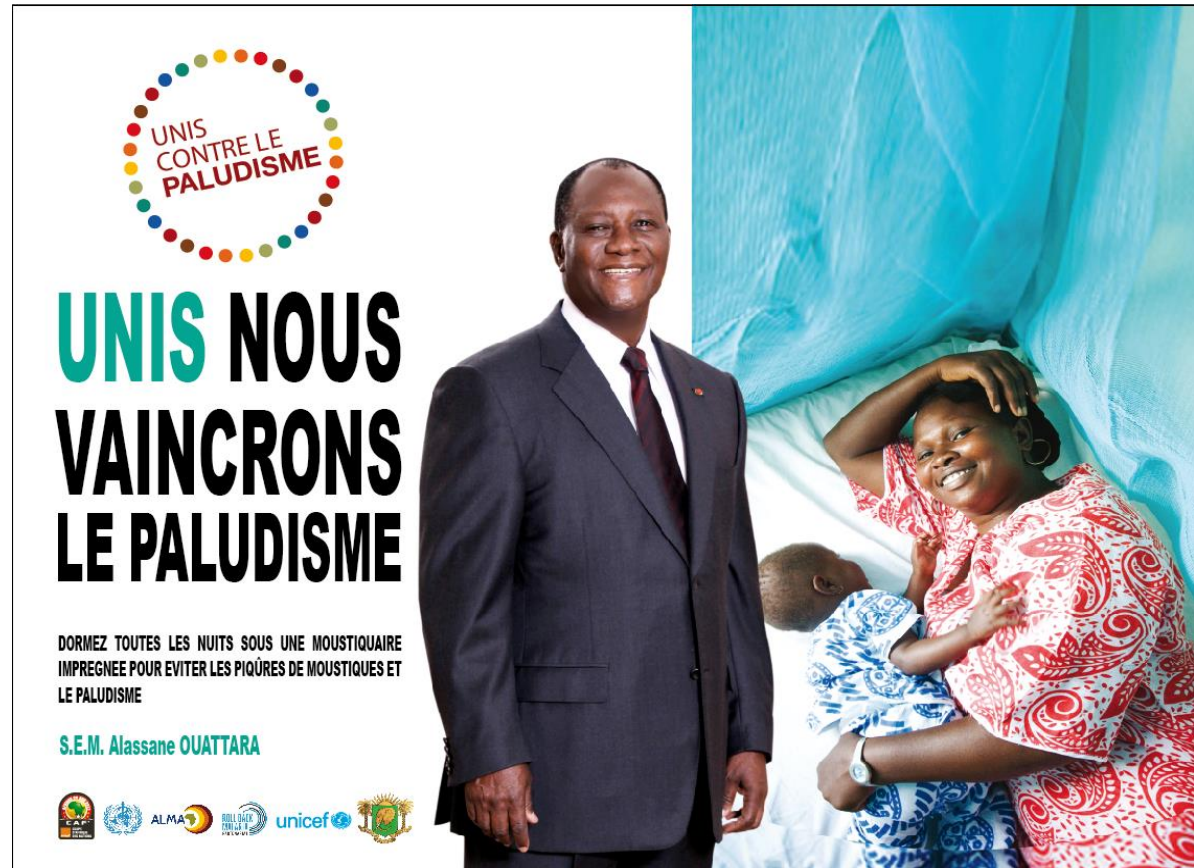


- ▶ **Goal:** to provide countries with advocacy tools to mobilize resources for a specific intervention.
 - ✓ A step-by-step technical implementation guide
 - ✓ Traditional and innovative financing streams
 - ✓ Case studies/examples
 - ✓ Key messages to mobilize domestic resources
 - ✓ Templates

- ▶ **Can be adapted to any context !**

WHAT IS ADVOCACY?

A strategic process of communication targeted to **decision-makers** designed to change the way they **choose to allocate resources** in order to **increase program impact** through improved policies and processes.



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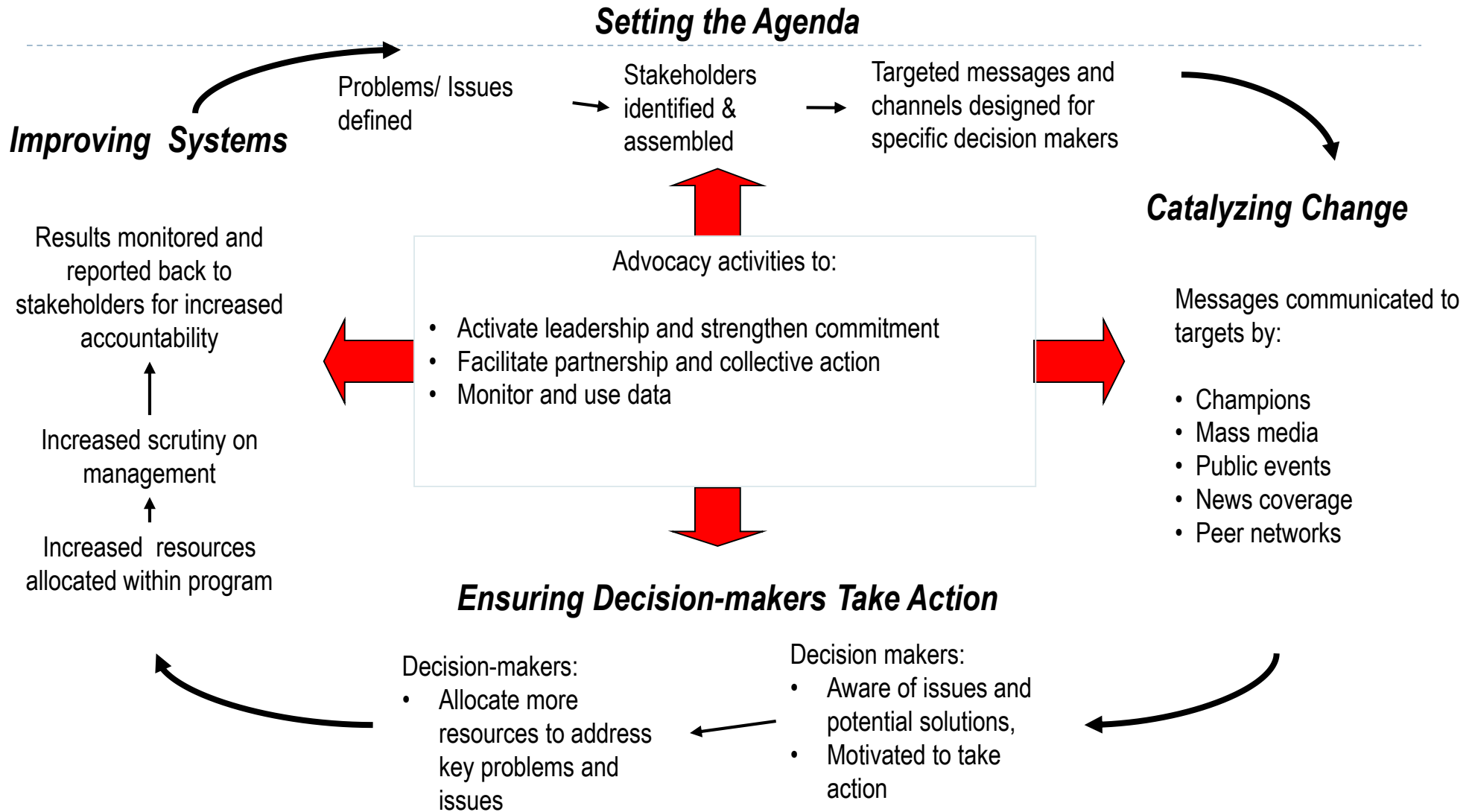
DORMEZ TOUTES LES NUITS SOUS UNE MOUSTIQUAIRE
IMPREGNEE POUR EVITER LES PIQURES DE MOUSTIQUES ET
LE PALUDISME

S.E.M. Alassane OUATTARA

CAF ALMA BILL & MELINDA GATES FOUNDATION UNICEF

	Advocacy	IEC/BCC	Community Mobilization	Networking and partnerships	Advocacy for Resource Mobilization	Overcoming Stigma and discrimination
What can it change?	Policies, implementation of policies, laws and practices	Awareness and behavior	Capacity of communities to identify and address their problems	Isolation and duplication	Level of resources available for malaria programs	More applicable in HIV/AIDS, but can include migrant populations, seasonal workers, IDPs
Target group	Decision-makers, policy makers, people in positions of influence	Particular age group, gender, residents in malaria endemic areas	Members of a community and CHWs	Individuals or groups who have a similar agenda	Communities, local councils, government and donors	People living with disease, such as malaria
Does it mainly target people who have influence over others?	Yes	No	No	No	Yes – linked to advocacy – especially for Resource Mobilization	No
Typical indicators of success?	Policies, implementation, laws or practices which enable malaria programming	Percentage of populations using prevention, diagnostics, and treatment tools for malaria	A community problem is solved	Members of the network or partnership achieve more than they could if they worked alone	Private sector contributes to Advocacy Coalition, donors provide additional funding	Migrant populations, seasonal workers, IDPs receive prevention, diagnostics, and treatment services

STRATEGIC ADVOCACY CYCLE



Funding usually comes from a wide range of sources

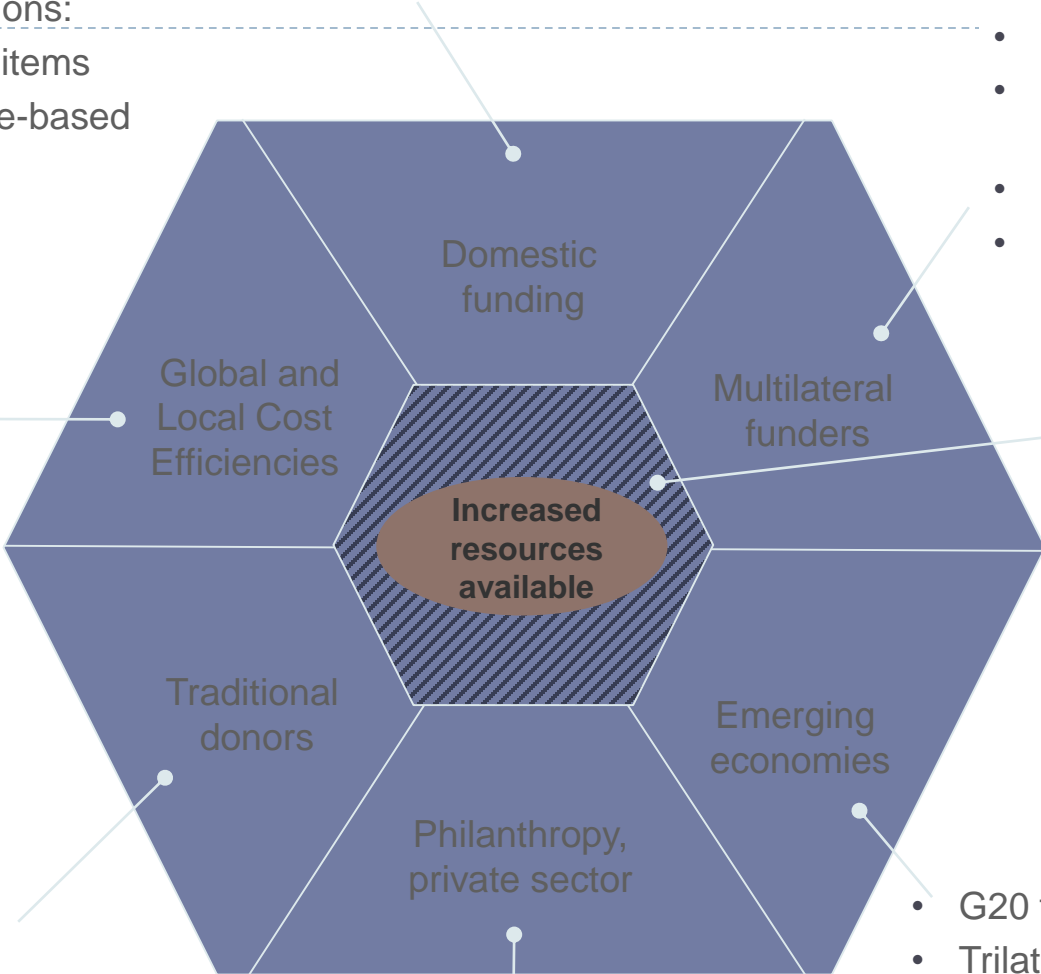
ILLUSTRATIVE

- Increased domestic spend , including through additional fiscal allocations:

- Taxes on discretionary items
- Insurance schemes/ fee-based initiatives
- Solidarity/endowment funds/remittances

- More effective LLIN procurement
- Integrated approach to case management
- Voluntary pooled procurement across countries
- Improved IRS/RDT delivery

- G7 Leadership
- OECD / DAC
- European Commission



- World Bank IDA & IBRD
- Regional banks' loans/grants & concessional loans
- Reprogramming
- Matching mechanisms

Innovative Financing (cross cutting)

- Bond mechanisms; investment funds
- Backstopping guarantees
- Domestic innovative financing
- Challenge grants; AMC; cash transfers; P4P; credit enhancements

- G20 financing
- Trilateral cooperation
- Emerging economy aid
- National endowments

- Private sector in Africa
- Matching grants with major partner foundations





MAPPING STAKEHOLDERS

Mapping stakeholders/identifying linkages will guide decision-making about your advocacy strategy, particularly related to all aspects of targeting primary and secondary audiences, influencers and forming partnership bonds

WHO CAN INFLUENCE HOW RESOURCES ARE MOBILIZED IN YOUR COUNTRY?

- ▶ Typically, the primary target audiences of advocacy interventions are the people and institutions who have the greatest power to make the change.
 - ▶ Also consider who influences these decision-makers. E.g., some private sector leaders move in the same circles as high-level politicians, and have a tremendous influence on these decision makers.
 - ▶ Consider also targeting your advocacy toward primary influencers as they may be in a better position to call the key decision makers—the politicians—to action.
 - ▶ For instance, the Minister of Finance, Parliamentarians, and Global Fund Country Coordinating Mechanisms (CCMs) might be rated higher than the other stakeholders.
 - ▶ **What are their goals?** What are the primary goals of the key stakeholders? It is important to understand their goals and how closely or remotely they relate to ARM goals
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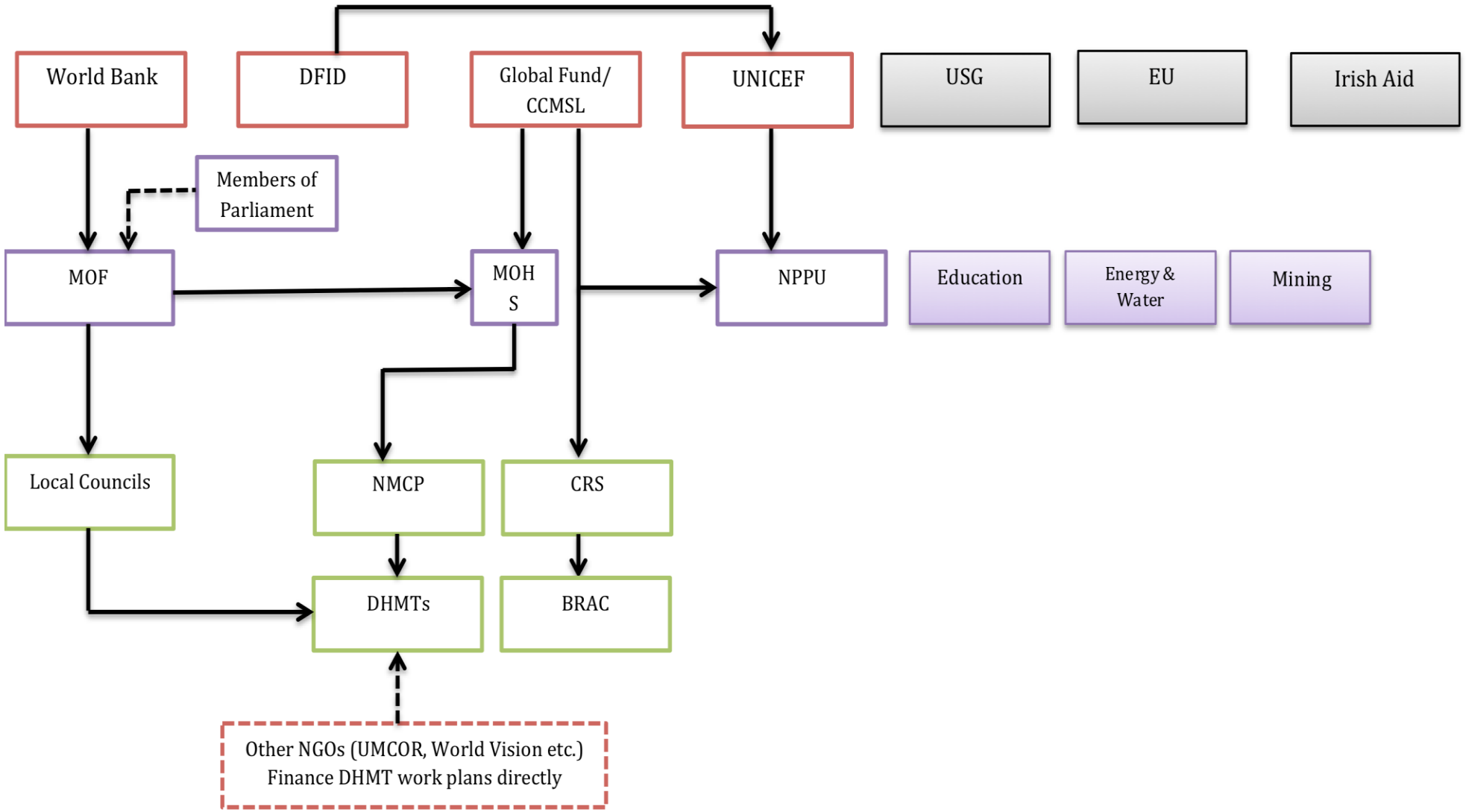
IDENTIFYING STAKEHOLDERS

	Description	Examples
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
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.
Affected Populations	Right to a malaria-free life	Families, communities, etc.



FUNDING FLOWS

MALARIA FUNDING FLOW IN SIERRA LEONE



MESSAGING

What messages do I want to pass to whom and to what effect ?
How can I influence financing flows?

USE EVIDENCE

- ▶ Advocates use data to understand trends and tell a powerful story to persuade decision-makers to act
- ▶ Important data sets for building an advocacy case include:
 - ▶ National surveys (DHS, MICS, MIS, etc.)
 - ▶ Project-specific studies conducted by research institutions, academia, global health and finance organizations, and implementing partners
- ▶ Cover a range of topics from the **burden of disease on people's lives** to the **socio-economic burden (economic impact)** as well as the impact of disease on other sectors.
- ▶ Possible sources of data: In-country partners, academia, research institutions and global health organizations

DEVELOPING ADVOCACY MESSAGES

- ▶ Tailor advocacy messages to each target audience
 - ▶ Different audiences need to carry out different actions. E.g: *Outcome-related*: corporations; *value-related*: global health organizations and *Impression-related*: public opinion.
- ▶ Use numbers wisely.
 - ▶ Choose credible and current data from reputable sources.
- ▶ Use numbers strategically.
 - ▶ Not simply to establish the size of the problem, but convey the cost of ignoring it.
- ▶ Use numbers and narratives conjointly.
 - ▶ Numbers alone often fail to elicit a response. Narratives and context are necessary to link data to people's daily lives and interests.

CLEAR ASKS

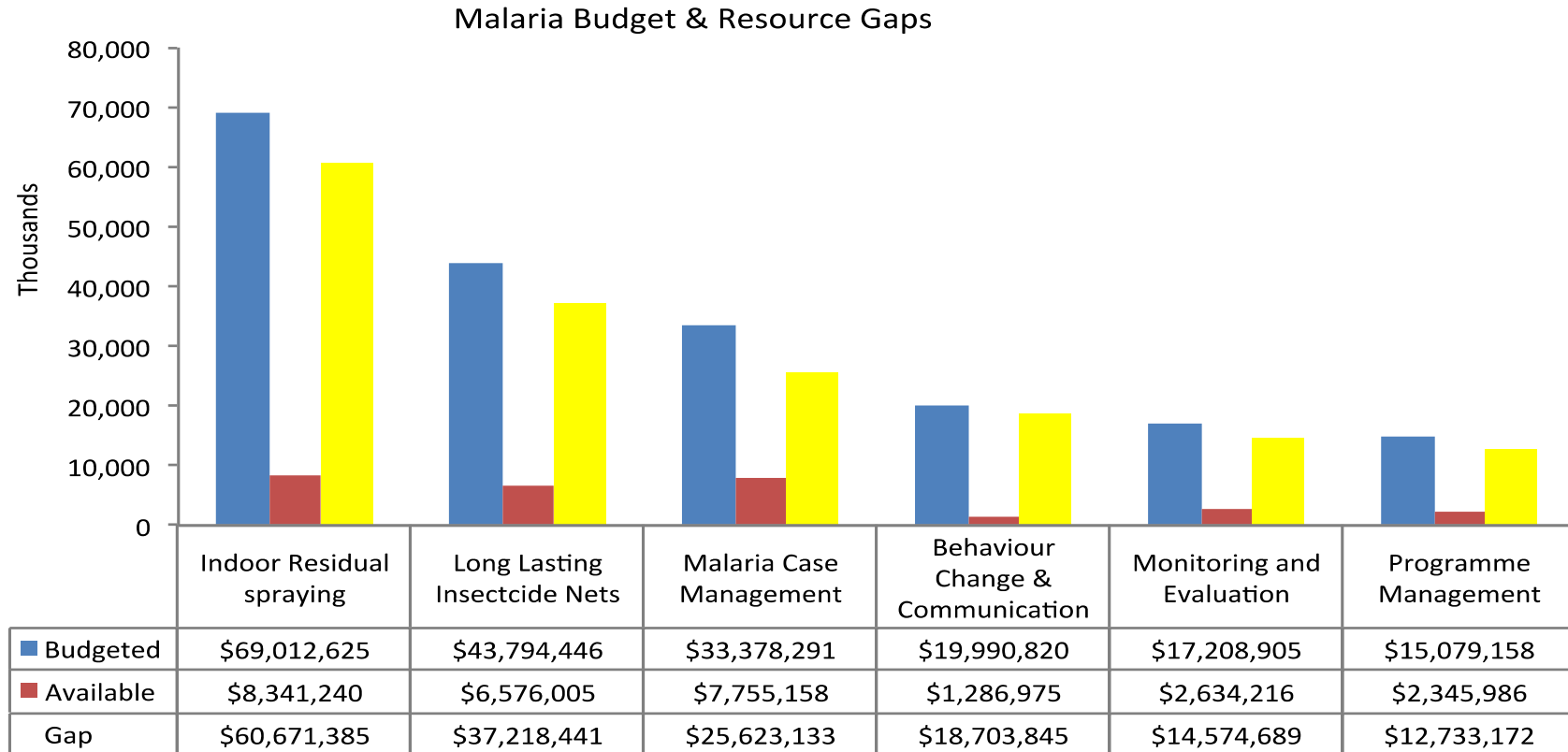
- ▶ **Present a win-win for the decision-maker.**
 - ▶ For example, by increasing resources for malaria and ensuring communities have access to malaria prevention and treatment options, lives will be saved, health systems will be less burdened by malaria, and there will be effects on household and national economies.
- ▶ **Benefits should be specific, realistic and important to the decision makers.**
 - ▶ E.g. A Minister of Finance who is interested in agricultural development that relies on many women might respond more to messages that include how the program can lead to less absenteeism and turnover in this sector, as it emphasizes pregnant women and children, and how malaria affects agricultural development overall.
 - ▶ Parliamentarians, on the other hand, might be more open to messages that emphasize the burden of malaria on families, communities and health systems, and that present stories from victims of malaria.
 - ▶ “We would like your company to advise on the design of malaria prevention messages and materials, and to produce two or more radio public service announcements and include them in your monthly broadcast plans.”

MESSAGING 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 pretested?	
Do the messages resonate with people who are similar to the decision-maker(s)?	
Have the champions and other intermediaries been provided with and adequately briefed on the key messages and “ask?”	



BUDGET SUMMARY AND RESOURCE GAP PER INTERVENTION 2015 - 2017



SOURCE: DOMESTIC FUNDING

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

- ▶ According to the Abuja Declaration, African Union countries pledged to increase government funding for health to at least **15% of their national budgets.**
 - ▶ This was recommitted in 2013.
 - ▶ A few countries have started to make inroads, such as Rwanda and Zambia, although the majority are still far from reaching the 15% target.
- ▶ Domestic funding may also be increased through innovative financing measures
 - ▶ E.g. taxes on discretionary items, including tobacco and alcohol, insurance schemes and fee-based initiatives, and solidarity and endowment funds.



ENGAGING GRASSROOTS AND CIVIL SOCIETY

Grassroots campaigns have long succeeded in increasing political support for fighting diseases such as breast cancer, HIV/AIDS and preventable childhood illnesses.

ENGAGING CIVIL SOCIETY

- ▶ Expand civil society representation and form civil society networks
- ▶ Provide technical assistance to civil society organizations to build their capacity in the iCCM disease needs and advocacy
- ▶ Depending on the country security level, elections can be a good time for civil society to raise issues (using data) about the burden of the iCCM diseases on households, communities or districts
- ▶ Information and communications technology (ICT) offers CSOs opportunities to amplify advocacy, depending on the environment



SOURCE: DEVELOPMENT BANKS

Development Bank financing is granted at the request of Ministers of Finance, so it is important that advocates engage Finance Ministry influencers and decision makers.

AFRICAN DEVELOPMENT BANK (AfDB)

- ▶ From 2002 to 2012, most AfDB-financed health projects were aimed at strengthening health infrastructure: \$46 million went to malaria related prevention and control activities within the health sector.
- ▶ AfDB supports interventions that “raise awareness about malaria prevention and early treatment and impact assessment of development operations to reduce risks of increased malaria transmission.”
- ▶ The AfDB increasingly includes malaria related components in its agricultural, water and sanitation, infrastructure and education sector projects, with approximately \$30 million toward malaria control efforts in these sectors.
- ▶ For more information about the African Development Bank, go to www.afdb.org.



ISLAMIC DEVELOPMENT BANK (ISDB)

- ▶ One of the key strategies of the IsDB is to promote health and address “the most severe and debilitating threats to health in the Muslim world.”
- ▶ These are **child mortality, maternal health, diseases including HIV/AIDS and malaria and environmental sustainability** (IsDB 2006).
- ▶ Within health, the emphasis is on primary health care, specifically delivery of health services to the rural poor.
- ▶ **Quick Win program:** launched in 2007, focusing on eliminating malaria in 10 countries including Burkina Faso, Chad, the Gambia, Guinea Bissau, Indonesia, Mauritania, Niger, Senegal and Sudan.
- ▶ **RBM MOU for TA:** IsDB is providing grants to six Organization of the Islamic Conference (OIC) countries (Chad, Mali, Mozambique, Niger, Nigeria and Yemen) to develop concept notes for the Global Fund NFM. The funds total US\$400,000 from 2014-2016.
- ▶ For more information about the Islamic Development Bank, go to www.isdb.org.



WORLD BANK – IDA FUNDING

- ▶ IDA program provides **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 focuses on providing strategic funding for HSS and multisectoral approaches to enable countries to make effective use of aid from other sources, and funds critical areas of health programs not covered by other donors.

Advocates need to raise awareness about the value for money that malaria interventions have on the country's development in the early stages.

For more information about IDA, go to <http://www.worldbank.org/ida/>.

EXAMPLE: BENIN'S IDA FOR MALARIA

- ▶ In 2011, the government of Benin approached the World Bank to request an additional US\$31m IDA grant 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.

WORLD BANK

GLOBAL FINANCING FACILITY (GFF)

- ▶ Announced during UN General Assembly on September 24, 2014.
- ▶ \$4 billion facility funded by Norway, World Bank, USG and others to focus on MDG 4 & 5.
- ▶ Expected to formally launch following consensus in mid-2015.
 - ▶ Pilot countries: DRC, Ethiopia, Kenya, and Tanzania
- ▶ Ministries of Finance will still seemingly have to request funding as it is largely IDA based.
- ▶ Country advocates will be required to engage!



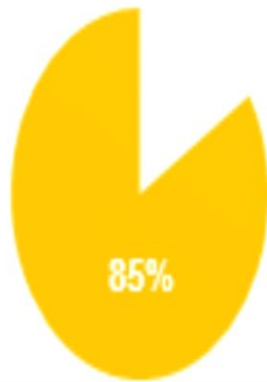


THE GLOBAL FUND

GLOBAL FUND NFM

Allocation

85% of Allocation



15% conditional on
"Willingness-to-pay"



Total Allocation



Prerequisites

1

Eligibility Requirements
(Since 2012)

- ✓ Minimum threshold
- ✓ Increasing over time
- ✓ Reliable data

2

Conditions to access 15%
of allocation
(New with NFM)

- ✓ Additional commitments in disease programs and/or related HSS

All counterpart financing prerequisites to access total allocation

- ✓ Minimum threshold
- ✓ Increasing over time
- ✓ Reliable data
- ✓ Additional investment in disease programs and/or related HSS

GF WILLINGNESS-TO-PAY

- ▶ 15% of a country's allocation is contingent on whether the country provides additional commitments.
- ▶ Commitments **beyond** the current level of government spending in accordance with ability to pay
- ▶ Commitments must be **over minimum counterpart threshold**
- ▶ In addition to domestic public resources, **debt relief proceeds from Debt2Health** count as commitments for WTP
- ▶ Commitments should be in **strategic areas** of disease programs and related health sector programs.
- ▶ Countries are rewarded for any increased investments. It is **not “all or nothing.”**
- ▶ Investments must be **verifiable** through budgets or official documentation on an annual basis.

ENGAGING THE PRIVATE SECTOR

Malaria is bad for business: the disease is responsible for decreased productivity, employee absenteeism, duplication of the workforce, increased health care spending.

PRIVATE SECTOR

- ▶ Partnerships with the private sector can take many forms.
 - ▶ 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 management.
- ▶ Take stock of the major companies in their country, and consider reaching out to them and private sector membership organizations such as Rotary Clubs and other parastatals to engage them in malaria campaigns.
- ▶ Messages to the private sector need to focus on the **returns on investment** to them specifically as businesses in a malaria endemic country.
 - ▶ 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.**
- ▶ Think about how you would answer: “malaria is a problem for the government and not corporations to solve”



PRIVATE SECTOR – EXAMPLES OF PRIVATE SECTOR ENGAGEMENT IN HEALTH

- ▶ Sponsorship (financial or in-kind)
 - ▶ Workplace and community malaria protection and treatment
 - ▶ Private sector health care delivery (service promotion)
 - ▶ Social marketing (*marketing health products to specific audiences*)
 - ▶ Media collaboration
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EXAMPLE: *MALARIA SAFE* TANZANIA

- ▶ In Tanzania, the Prime Minister (PM) championed the institutionalization of a *Malaria Safe* workplace program by developing a *Malaria Safe* Steering Committee
 - ▶ *Malaria Safe* was later institutionalized in NMCP national strategic plan.
 - ▶ *Malaria Safe* launch with the Prime Minister of Tanzania, the Minister of Health, and business leaders;
 - ▶ Prime Minister wrote more than 30 letters to business leaders and parastatals to join *Malaria Safe*;
 - ▶ For more information on private sector engagement in malaria with case studies, see:
 - ▶ The *Malaria Safe* Playbook at www.malariafreefuture.org
 - ▶ RBM website at www.rbm.org
 - ▶ GBCHealth website at www.gbchealth.org
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Take away messages: Breakdown the problem into feasible solutions

- ▶ Assess your core problem (e.g. health worker shortages, weak supply chain, etc) – ***lack of financing is never a core problem (improperly prioritized financing is)***
- ▶ Build your evidence case
 - ▶ E.g. Epidemiology - Stratifying the country according to transmission risk, and targeting the implementation of vector control interventions accordingly can help to ensure priority areas are addressed first “shrink the map
- ▶ Assess the landscape for partnership investment opportunities & think about alternative resources to cover financing gaps for malaria prevention and control interventions. (WHAT PARTNERSHIPS ALREADY EXIST IN YOUR COUNTRY?)
- ▶ Involve stakeholders: Forge business partnerships with the private sector, engage civil society and ensure all stakeholders are adequately and equally briefed
- ▶ Develop a roadmap: a national joint partnership work plan shows cohesion and coordination. Ensure there is a communication plan around the roadmap.
- ▶ Ensure you have an M&E plan with clear SMART indicators to show progress – success begets success.



Where to find the toolkit ?

Advocacy for Resource Mobilization (ARM) for Malaria Guide

http://www.rollbackmalaria.org/files/files/partnership/wg/wg_management/docs/ARMGuide_Final_May_2015.pdf

