What Is Advocacy?

What is Activism?

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Global Health Advocacy and Activism
Department of Global Health,
George Washington University
HIV/AIDS advocacy has achieved major successes in mobilizing resources – momentum must be maintained to ensure results

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<th>Year</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2008</td>
<td>U.S. election</td>
<td>2010</td>
<td>Universal access (AIDS) goal ('10)</td>
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<td></td>
<td></td>
<td></td>
<td>PEPFAR II renewal up</td>
<td></td>
<td>$25B additional aid commitment goal ('10)</td>
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<td></td>
<td></td>
<td></td>
<td>2x7x10 est. target achieved</td>
<td></td>
<td># of AIDS orphans expected to reach 20 million ('10)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>3x5 est. target achieved</td>
<td></td>
<td>MDG target dates ('15)</td>
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Key successes in mobilizing $ and creating innovative partnerships
- Strong momentum
- Success breeds excitement but also sentiment that we’ve already ‘won’ (risk of complacency and fatigue)

Critical opportunities and goals committed – can AIDS advocacy sustain the momentum or will it fall victim to success?
- Target dates for aid and impact goals arrive; no targets are on track and many thought leaders not committed
- PEPFAR II, U.S. election are critical to sustain momentum
- The epidemic continues, unabated, to destroy lives and is on track to create 20M orphans
- “This is a critical moment that won’t come again” Thought leader interview
Solidarity

unity (as of a group or class) that produces or is based on community of interests, objectives, and standards
What Is Advocacy?

active support; especially the act of pleading or arguing for something
What Is Activism?

a policy of taking direct action to achieve a political or social goal
What Is Your “Theory of Change”? 

A Theory of Change defines all building blocks required to bring about a given long-term goal. This set of connected building blocks—interchangeably referred to as outcomes, results, accomplishments, or preconditions—is depicted on a map known as a pathway of change/change framework, which is a graphic representation of the change process.
What is a Theory of Change*?

By mapping a process of change from beginning to end, a theory of change establishes an agenda for the work ahead and defines desired outcomes. It offers organizations:

- An innovative tool to design and evaluate social change initiatives
- A blueprint of the building blocks required to achieve a social change initiative’s long-term goal, such as improving a neighborhood’s literacy levels or academic achievement.
- A clear roadmap to achieve results identifying the assumptions, conditions and interventions necessary for an initiative’s success

What does it help us answer?

Answers the following questions:

- What are we doing or what initiatives / activities are we engaged in?
- What are the desired short-term, intermediate and long-term outcomes of the work we’re doing?
- What are our goals?
- What should be evaluated, when and how?
- How do we measure success and keep ourselves accountable?

* Source: all information from this page comes from www.grantcraft.org and www.theoryofchange.org
What are the key components of a Theory of Change?

**Goal**
The goal of our organization is to...

**Outcomes**
(long, intermediate, short-term)
The outcomes we’re looking to achieve are...

**Outputs**
To measure our attributed impact, the outputs of our work are...

**Activities**
To achieve our goal and desired outcomes, our activities are...

**Definitions and explanations**

Goals indicate what you’re ultimately trying to achieve.
- It answers the questions – why does your organization exist and what would be achieved for you to close shop?

Outcomes are the targets to achieve your goal and track how much progress you’re making as a community of advocates.
- For example, you might track mortality reduction as an outcome or an MDG target as an outcome.

Outputs measure attributed impact.
- To measure progress in public mobilization, you might have an output around # of people in grassroots databases and # of people attending certain events.
- Usually outputs are measured in #s, systems in place (e.g. to measure accountability), quality measurements as derived from internal and external sources

Activities indicate what you do on a daily basis to achieve your goal.
- They could be roles or initiatives or campaigns that you’re invested in that will lead to discrete outputs.
### GAA’s Theory of Change: *What we are trying to accomplish?*

<table>
<thead>
<tr>
<th>Goal</th>
<th>Halt and mitigate AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategic Objectives</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Achieve Universal access to AIDS prevention, treatment and care by 2010</strong></td>
<td><strong>Advance Children’s Well-being by 2010</strong></td>
</tr>
<tr>
<td><strong>Intermediate Outcomes</strong></td>
<td></td>
</tr>
<tr>
<td>For each strategic objective / long-term outcome, specific:</td>
<td></td>
</tr>
<tr>
<td>- Sustained and significant financial resources mobilized for most pressing needs</td>
<td></td>
</tr>
<tr>
<td>- Evidence-based and paradigm-busting policies</td>
<td></td>
</tr>
<tr>
<td>- Effective financing/implementation mechanisms that are participatory, results-driven and provide for local ownership</td>
<td></td>
</tr>
<tr>
<td><strong>Outputs</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Formation</strong></td>
<td><strong>Advocacy</strong></td>
</tr>
<tr>
<td>- Critical issues and policy solutions identified</td>
<td>- Strategic media coverage achieved</td>
</tr>
<tr>
<td>- Agenda/policy frame set for action</td>
<td>- Decision-maker champions mobilized</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td><strong>Advocacy</strong></td>
</tr>
<tr>
<td><strong>Formation</strong></td>
<td>- Conduct policy analysis</td>
</tr>
<tr>
<td>- Develop policy frames and costing estimates</td>
<td>- Hold media calls and produce press releases</td>
</tr>
<tr>
<td><strong>Advocacy</strong></td>
<td>- Lobby and meet with decision-makers</td>
</tr>
<tr>
<td>- Conduct targeted grassroots mobilization</td>
<td>- Conduct targeted grassroots mobilization</td>
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Note: GAA’s advocacy approach was formed through the Annie E. Casey “A guide to measuring advocacy and policy,” conversations with interviewees, Dalberg and Paul Zeitz analysis.
Formation

Formation entails developing an advocacy roadmap on a particular issue or intervention. This includes 1) identifying an issue that must be addressed, 2) conducting policy analysis to determine the specific reforms and resource allocations required, e.g. policy asks and 3) setting an agenda that may include crafting a frame for the community to address the issue / intervention.
We’ve built a new GAA Advocacy Roles Approach

Formation

Agenda setting

Policy analysis

Issue identification

Target accountability

Accountability

Mobilize public

Pressure decision-makers

Generate media

Build advocacy partnerships

Advocacy

Note: GAA’s advocacy approach was formed through the Annie E. Casey “A guide to measuring advocacy and policy,” conversations with interviewees, Dalberg and Paul Zeitz analysis
Advocacy

Once the roadmap is defined, advocacy begins in which advocates 1) generate media coverage about a necessary intervention or target, 2) mobilize the public to take action, often through grassroots work, 3) form advocacy partnerships to champion a policy or need and 4) pressure decision makers directly.
We’ve built a new GAA Advocacy Roles Approach\(^1\)

Note: GAA’s advocacy approach was formed through the Annie E. Casey “A guide to measuring advocacy and policy,” conversations with interviewees, Dalberg and Paul Zeitz analysis
Accountability

Accountability role entails 1) holding targets accountable for promises they made, 2) holding the advocacy community accountable to keep the pressure on targets for promises they made and 3) ensuring that advocacy at the donor level translates into results on the ground.
Advocacy Approach

Step 1
1. Define the policy frame and long term outcomes sought

Step 2
2. Estimate resource needs

Step 3
3. Identify priority policy issues

Step 4
4. Hold donors and implementers accountable for results
### Strategic Objective 1
Universal Access: Frame and priority interventions for policies*

<table>
<thead>
<tr>
<th><strong>Universal Access</strong></th>
<th><strong>Health Systems Strengthening</strong></th>
<th><strong>Equitable Access</strong></th>
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<tbody>
<tr>
<td><strong>Prevention, treatment, and care</strong></td>
<td><strong>Human resource development and management</strong></td>
<td><strong>Targeted outreach to vulnerable, most at-risk populations</strong></td>
</tr>
<tr>
<td>Preventing sexual transmission through evidence and rights-based strategies</td>
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</tr>
<tr>
<td>Preventing mother-to-child transmission (PMTCT)</td>
<td><strong>Prevention and management of opportunistic infections and co-morbidities including TB</strong></td>
<td><strong>Rights and access of people living with HIV/AIDS</strong></td>
</tr>
<tr>
<td>Equitable access to affordable ARVs for all, including pediatric formulations and 2nd line drugs</td>
<td><strong>Procurement and supply management</strong></td>
<td><strong>Affordability of services including related support services</strong></td>
</tr>
<tr>
<td>Voluntary counseling and testing</td>
<td><strong>Comprehensive, integrated services (HIV, STI, SRH, TB, primary care, community based care)</strong></td>
<td><strong>AIDS-related stigma</strong></td>
</tr>
<tr>
<td>Preventing blood-borne transmission • Syringe &amp; replacement programs for IDUs • Blood supply safety • Prevention in health care settings</td>
<td><strong>Laboratory services and infrastructure</strong></td>
<td><strong>Gender-based violence (in S.O. 3)</strong></td>
</tr>
<tr>
<td>Research and new technologies for HIV prevention</td>
<td></td>
<td><strong>Violence and exploitation of children (in S.O. 2)</strong></td>
</tr>
</tbody>
</table>

“World Health Organization, UNAIDS, UNICEF”
**Note: contents added to 2005 frame

= GAA’s potential priority interventions for policies; confirmation / alteration done in January 2008
Estimated total annual resources available for AIDS 1996 – 2005

Data includes:
• International donors,
• Domestic spending (including public spending and out of pocket expenditures) Since 2001
• International Foundations and GF included from 2003 onwards, PEPFAR included from 2004 onwards
Universal Access Resources: UNAIDS estimated resources needs and gaps

Funding gap between resource needs and resource availability
2005-2007

Key results from Universal Access advocacy

**Increased U.S. fair share**
- Previous to 2001, U.S.’s fair share of contribution to AIDS resources was widely considered 20%
- GAA, along with other advocates, pressured to change U.S. fair share of contribution to 1/3 of global resources, which is now widely accepted

**Built comprehensive costing**
- In initial 2001 estimates, costing for Universal Access was strictly prevention, treatment and care
- Today, costing estimates include violence against women, OVC and health systems as a result of advocacy to include drivers and consequences of AIDS in costing estimates

**Bolstered commitment to maximum volume of resources**
- GAA, and other advocates, have consistently advocated for higher costing estimates than UNAIDS presents; several successes have emerged as a result of pushing for higher costing estimates in recent years:
  - UNAIDS relented to have ‘Universal Access by 2010’ scenario in reports despite their initial resistance that those estimates are too high / not feasible at this point
  - Recently several Presidential candidates signed pledge to allocate U.S. $50B from 2009 to 2013 as a result of advocates’ pressure

**Evolved towards in-country estimates and implementation**
- Advances in costing methodology have resulted in estimates coming directly from nationally costed plans in high burden countries. Previous gaps between global advocacy and implementation are closing rapidly.
- In the future, costing should be coming directly from all high-burdened countries
Advocacy Approach example: Universal Access costing

**Milestones**

- **2000**

- **2002**
  - June, 2001: UN Special Session on HIV / AIDS regarding costing estimates; Science Magazine produces article on need for $9B annually

- **2004**
  - GAA lobbies for estimates to include OVC and health systems

- **2006**
  - 2005 UNAIDS estimates for ’06-’08 include OVC programming and health systems estimates
  - GAA lobbies for estimates to include violence against women and expanded health systems
  - GAA lobbies for UNAIDS to continue showing a Universal Access 2010 scenario

- **2008**
  - 2007 UNAIDS estimates for ’09-’10 include violence against women and expanded health systems. UNAIDS also shows a 2010 Universal Access scenario in cost estimates

- **2010**
  - GAA lobbies for Women’s Equality and Children’s Well-being estimates

**Key:**
- *Italics* = GAA activities
- Regular font = UNAIDS activities

**Costing methodology**

- **2001:** Costing by global modeling
- **2005:** Costing by some in-country validation
- **2007:** Costing using actual data from 63 high-burden countries; costed within national plans

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Universal Access targets (’10)