



Advocacy for Resource Mobilization (ARM) for Malaria Guide

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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
AusAID	Australian Agency for International Development
BCC	Behavior change communication
CARN	Central Africa Roll Back Malaria Network
CAS	Country Assistance Strategy
CCM	Country Coordinating Mechanism
CEO	Chief Executive Officer
CHAI	Clinton Health Alliance Initiative
CSO	Civil society organization
DFID	Department for International Development (United Kingdom)
DHS	Demographic and Health Surveys
EARN	East Africa Roll Back Malaria Network
GMMAN	Ghana Media Malaria Advocacy Network
GoZ	Government of Zambia
GRA	Ghana Revenue Authority
HWG	RBM Partnerships' Harmonization Working Group
IBRD	International Bank for Reconstruction and Development
ICT	Internet Communication Technology
IDA	International Development Association
ILO	International Labour Organization
IRS	Indoor Residual Spray
IsDB	Islamic Development Bank
ITN	Insecticide-treated net
JHU-CCP	Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs
LLIN	Long Lasting Insecticide Treated Net
MAWG	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
NGO	Nongovernmental organization
NMCP	National Malaria Control Program
NORAD	Norwegian Agency for Development Cooperation
OIC	Organization of the Islamic Conference
PGH	Pledge Guarantee for Health
PMI	President's Malaria Initiative
PNLP	Programme National de la Lutte contre le Paludisme (National Malaria Control Program)
PR	Public relations
PSA	Public service announcement
RALG	Regional and Local Government Authority
RBM	Roll Back Malaria
RDT	Rapid Diagnostic Tests
RMC	Regional member countries
SARN	Southern Africa Regional Network
SIDA	Swedish International Development Cooperation Agency
SRN	RBM Sub Regional Network
SSB	Said Salim Bakhresa & Co Ltd
TAPAMA	Tanzania Parliamentarians Against Malaria
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
VRA	Volta River Authority
WARN	West Africa Roll Back Malaria Network
WB	World Bank
WCARO	West and Central Africa Office
WHO	World Health Organization
WHOPES	World Health Organization 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 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 who recognize the need for additional resources and more effective use of them to scale up malaria efforts at the national and local level.

How to Use This Guide

This guide should be used in tandem with 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* 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 through suggested actions for resource mobilization advocacy 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

Substantial reductions in the malaria burden have occurred within the past decade (between 2000 and 2012) 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 2013 World Health Organization (WHO) World Malaria Report revealed that malaria control efforts had saved 3.3 million lives worldwide since 2000, and that malaria mortality rates had been reduced by approximately 42% globally and 49% in the WHO African Region. During this same period, malaria incidence rates declined by 25% worldwide and by 31% in the African Region.

Even so, malaria still killed 627,000 people in 2013, mainly children in Sub-Saharan Africa and Southeast Asia. Malaria remains a leading cause of death for children under five in Sub-Saharan Africa, killing a child every 60 seconds and posing a deadly threat to pregnant women. It also poses a great risk to progressing diseases such as HIV/AIDS, and is an underlying cause of malnutrition, anemia and other health risks.

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 distributed and more accessible for vulnerable populations by, for example, subsidizing production costs, making drugs more affordable or by reducing or abolishing taxes and tariffs on anti-malarial commodities.

Yet the WHO also pointed to a continuing shortage of funding and a lack of access to these tools. Artemisinin monotherapies and resistance to all World Health Organization Pesticide Evaluation Scheme (WHOPES) recommended classes of insecticides are also threatening devastating resurgences throughout malaria endemic countries. Importantly, in areas where effective malaria control decreases malaria transmission, community members will start to lose their immunity to the disease. The return of malaria would be devastating in these areas.

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 \$1.8 billion in 2010¹, donor funding for long-term malaria control and elimination will be increasingly insufficient for achievement of National Strategic Plan goals and targets. For example, as of March 2014, there was a projected \$3.4 billion funding gap for essential malaria commodities alone from 2014 to 2016.² Endemic countries should seek new sources of funding, particularly domestic sources, and use existing donor funding more efficiently.

Investment in malaria control has proven its worth. Compelling advocacy is crucial to persuade national decision-makers to make efficient and effective use of the resources available to them and to secure new funding from domestic, donor (particularly the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund)), and other sources, such as innovative financing mechanisms and the private sector. Without continued investment, the gains in malaria could be lost, and the situation will grow worse.

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 child mortality. The link between malaria and development is reflected in MDG 6C, which focuses on the global commitment to halt and reverse the incidence of malaria and other major diseases.

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

¹ Resource Mobilization Strategy for the 2012-2015 Phase of Implementation of the Global Malaria Action Plan

² This does not include the "new" Global Fund funding; by frontloading the "new funding" the gap would be reduced to 1.7 billion for essential commodities.

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.³ 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 spent⁴. 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.⁵
- Malaria is responsible for an “economic growth penalty” of up to an estimated 1.3% per year in malaria endemic African countries.⁶
- Malaria can strain national economies, impacting some nations' gross domestic product by as much as an estimated 5–6%.⁷
- 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.⁸
- Health care expenditures studies have consistently shown that most of the money spent on malaria prevention and treatment is from individuals and households.⁹
- 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 learning ability.¹⁰ 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.¹¹
- 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.¹²

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

³ General Assembly Resolution, ‘The Future We Want’, 11 September 2012, A/RES/66/288, para 138, p. 27.

⁴ Jamison DT, Jha P, Bloom D, 2008. Disease Control, Copenhagen Consensus Challenge Paper, April 2008. Copenhagen Consensus Center.

⁵ Sachs, J., Macroeconomics and Health: Investing in Health for Economic Development, WHO Commission on Macroeconomic and Health, Geneva, 2001

⁶ Sachs and Malaney 2002. The economic and social burden of malaria. *Nature*. 415(6872): 680-5.

⁷ 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.

⁸ Roll Back Malaria WHO partnership. “[Economic costs of malaria](http://www.rollbackmalaria.org/)” (PDF). WHO. www.rollbackmalaria.org/

⁹ Ministry of Health. 2001. The burden of malaria in Uganda: why all should join hands in the fight against malaria MOH-MLA-12.

¹⁰ Ibid.

¹¹ Malaria Eradication and Educational Attainment: Evidence from Paraguay and Sri Lanka. Lucas AM, Am Econ J Appl Econ. 2010 Apr; 2(2):46-71

¹² 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.

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, signed by 140 states globally.¹³

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) of the three diseases 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 reinforced that the main, “affected population” for malaria interventions is still those people living in endemic areas. This has been the focus for the last decade and as noted earlier huge gains have been made with the use of the main malaria interventions of universal LLIN coverage, indoor residual spraying, rapid diagnostic tests, treatment, and malaria in pregnancy. 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.

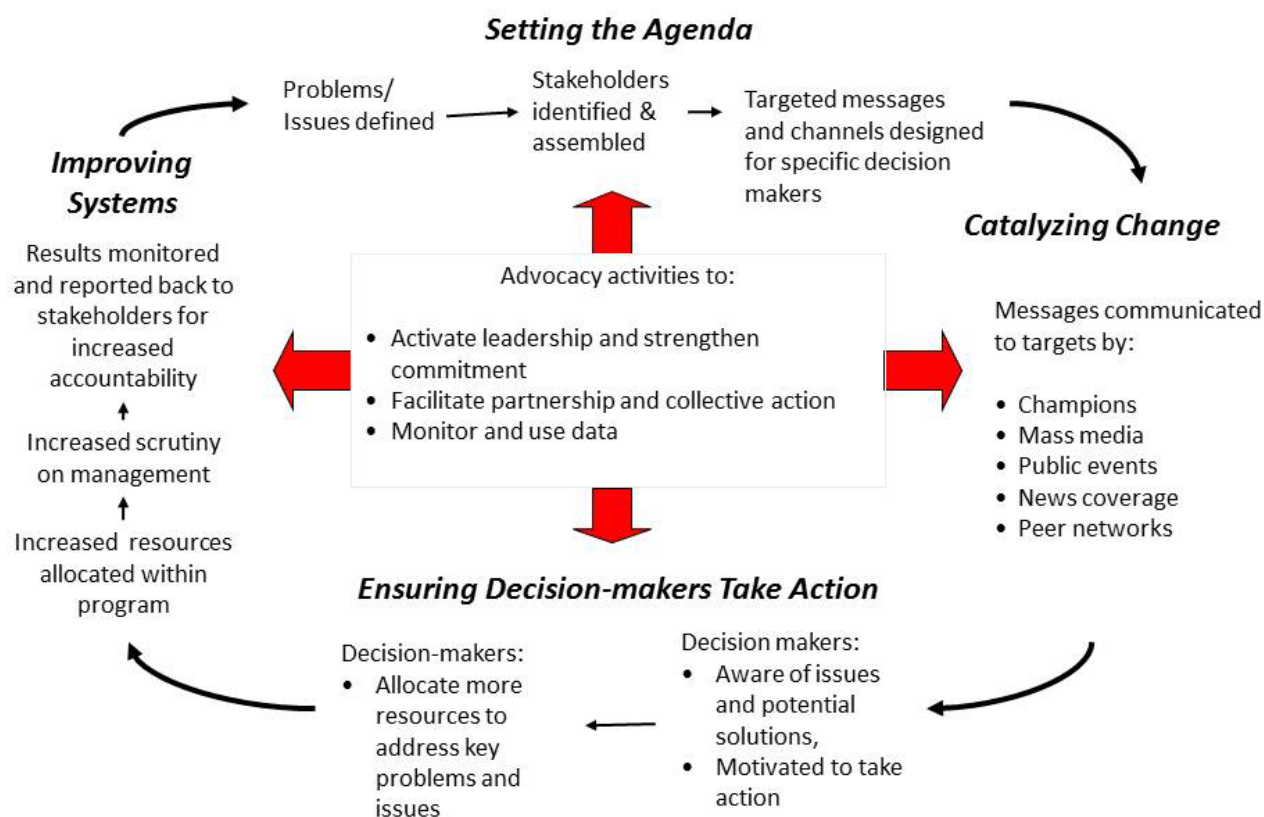
¹³ CRC webpage
ARM GUIDE

D. Malaria Advocacy Model

Advocacy processes operate to mobilize political 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. Creating a visible advocacy campaign is also important because it contributes to shifting beliefs and “norms”—in the case of malaria, the norm of fighting this disease among stakeholders 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



© Center for Communication Programs, JHBSPPH 2008

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. At this stage, advocates should also gain an understanding of financing mechanisms that can assist governments in funding their malaria control 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 understand the difference between resources needed and the resources allocated to malaria control. With this knowledge, programs can target advocacy efforts toward motivating key decision-makers to consider additional funding sources (*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 NMCP managers to identify programmatic and funding gaps. According to a summary of country gap analyses, between 2014 and 2016, the full programmatic and commodities gap for malaria in Africa is US\$5.6 billion; US\$3.4 billion for essential malaria commodities alone.¹⁴ Country-specific gap analysis information is needed to complete the situational analysis (see TOOL 3 at the end of this chapter).

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.

¹⁴ This does not include the “new” Global Fund funding; by frontloading the “new funding” the gap would be reduced to 1.7 billion for essential commodities.

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, and cover 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 when decision-makers are highly involved with the message topic, supporting evidence and argument quality are central to produce change¹⁵. 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 partners in academia, research institutions and global health organizations such as RBM and its Sub-Regional Networks to seek assistance (see the *Working with Regional and National Partners* section in this guide). In the *Step 3. Making the Case* section, we show how to use this data to build targeted messages to decision makers in your country. Additional resources are included in the Table of Resources located in the back of this guide.

¹⁵ 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	Includes comprehensive	Annually		Endemic

	data on country progress, as well as country-based burden estimates.			Countries
Scholarly journals such as <i>The Lancet</i>	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 as proof points to the advocacy campaign and organizing them in graphs, charts, infographics or other meaningful representations, as well as presenting this information in a coherent fashion can influence the success of an advocacy initiative. Tips to use evidence and data in advocacy campaigns¹⁶:

- 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.

¹⁶ 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 ARM 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 tree¹⁷:

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*)

¹⁷ Adapted from: United Nations Children's Fund (UNICEF). (2010). *Advocacy Toolkit. A Guide to Influencing Decisions that Improve Children's Lives*. New York.

Figure 2: Illustrative Problem Tree

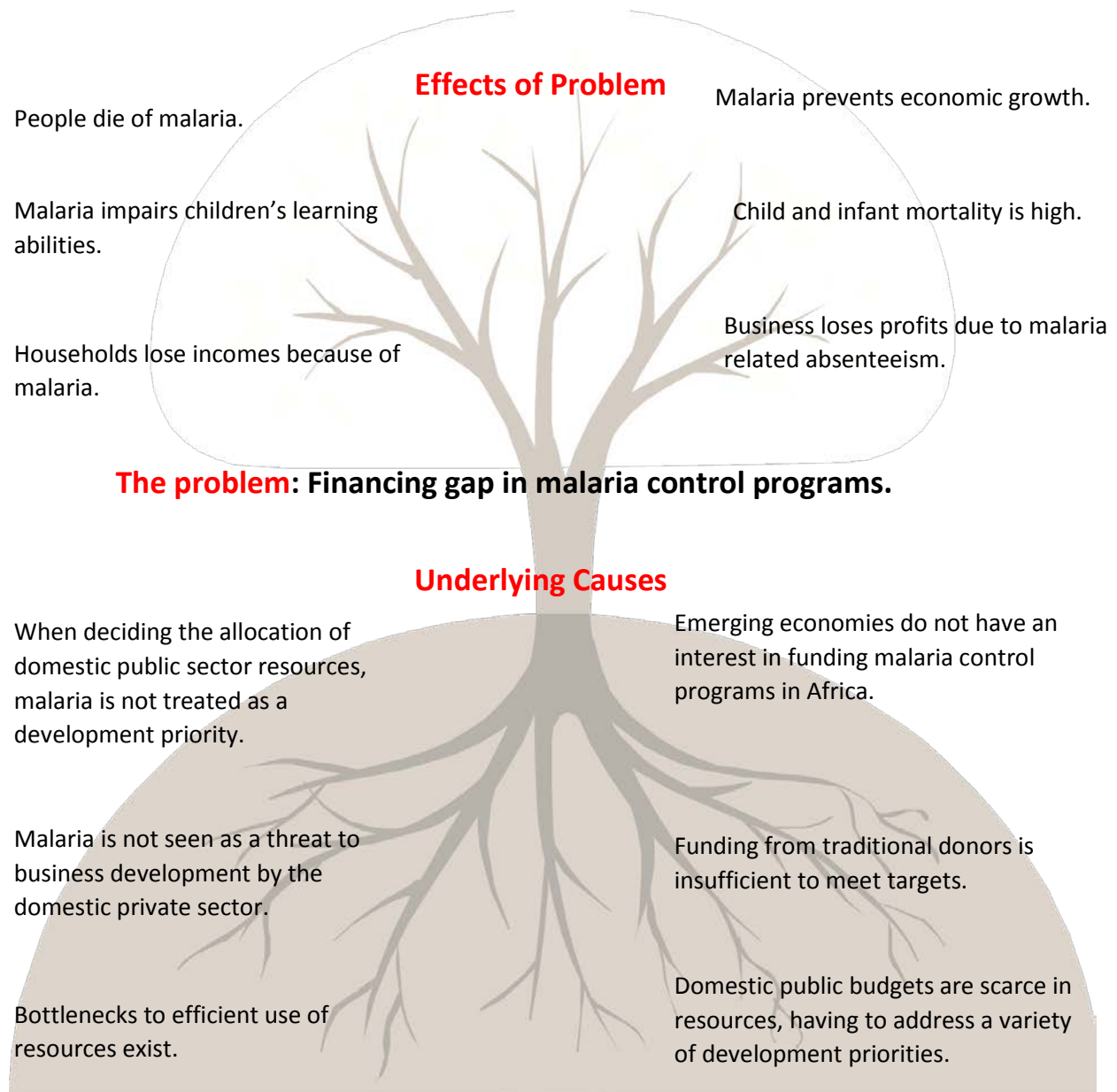
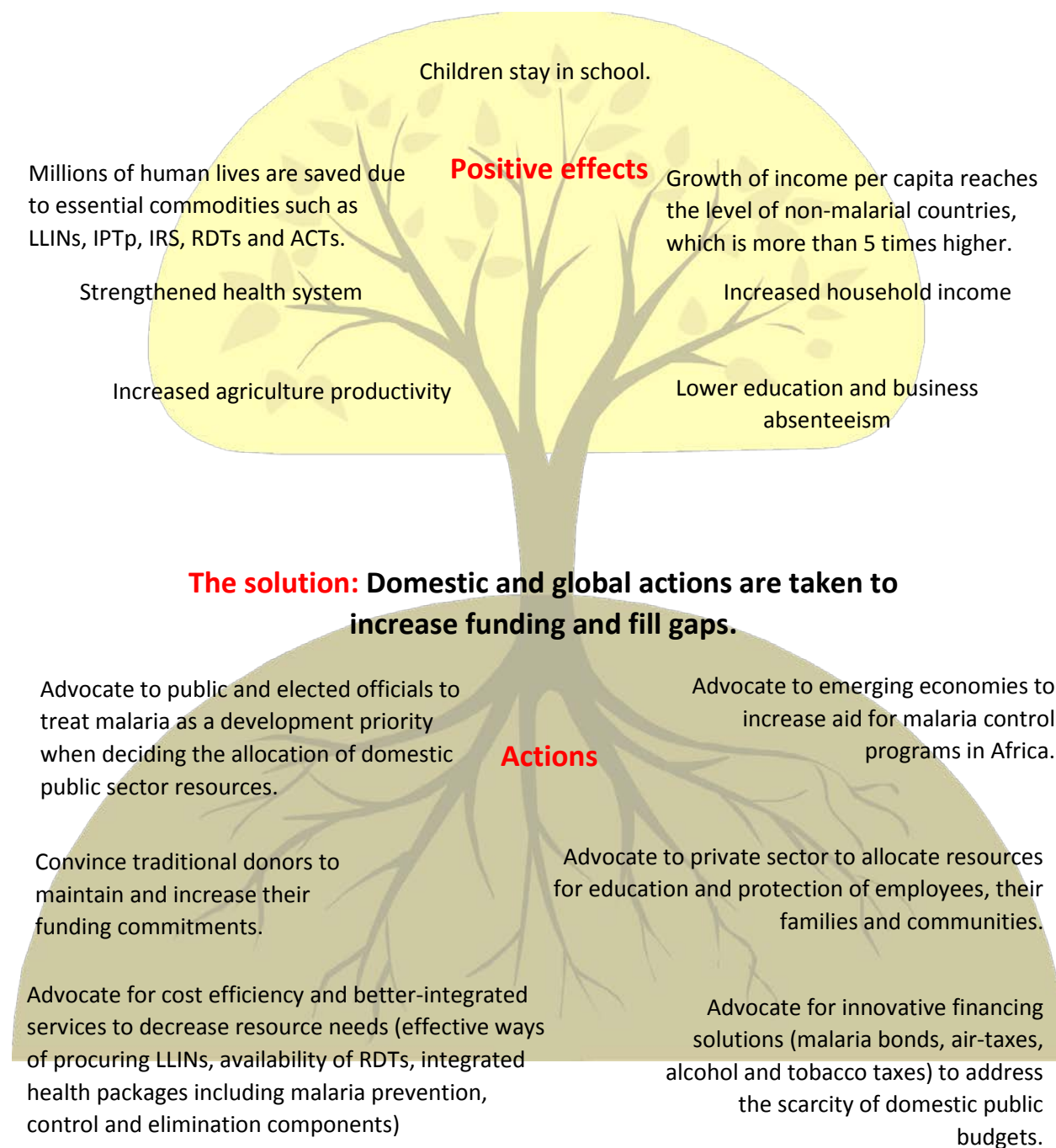


Figure 3. Illustrative Solution Tree



D. Mapping Stakeholders and Targets

Mobilizing resources for malaria is a complex exercise, requiring many people and institutions to get involved in areas from awareness raising to sustainable change. 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. 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 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 to outline the commitments made, by whom, for what timeframe, and the extent to which the commitment has been fulfilled. Tool 2 below provides some examples.

TOOL 2. Accountability Mapping¹⁸. See APPENDIX A for a blank tool.

Agreement or commitment	Institution accountable	What was committed?	When should results be delivered?	What has been delivered so far?
Sample				
Abuja declaration, 2001, 2006, 2013	Head of State	Increase government funding for health to at least 15%		
Luanda Commitment/ Libreville Declaration	Ministry of Health (MOH)	Accelerating MDGs 4, 5, 6 and 7		
Tunis Declaration on Value for Money, Sustainability and Accountability in the Health Sector	Ministry of Finance (MOF), MOH	Coordination, increased and sustained financing for health.		

¹⁸ Adapted from: United Nations Children's Fund (UNICEF). (2010). Advocacy Toolkit. A Guide to Influencing Decisions that Improve Children's Lives. New York.

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. Feel free to copy, paste and modify some of the information below in your own template, in Appendix A.

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. See APPENDIX A for a blank tool.

	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)	
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	
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 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 tool.

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

Next, you will use the completed TOOLS 2a and 2b to help you create a stakeholders network map¹⁹. 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

¹⁹ 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>

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 more knowledgeable about the systems in your country to answer 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 3, 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 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

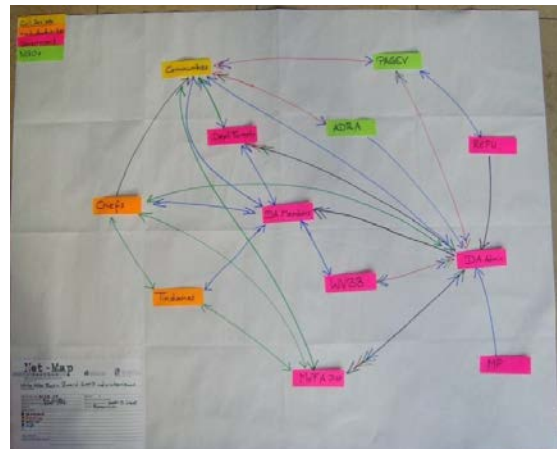
STEP 1

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).

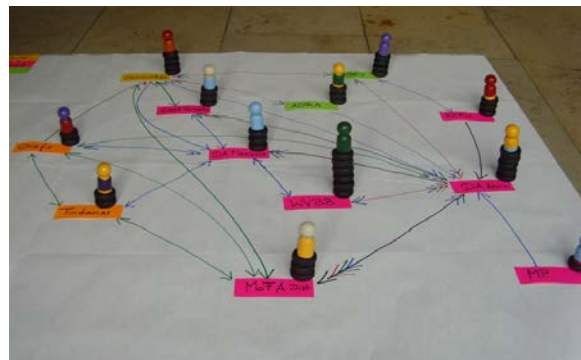
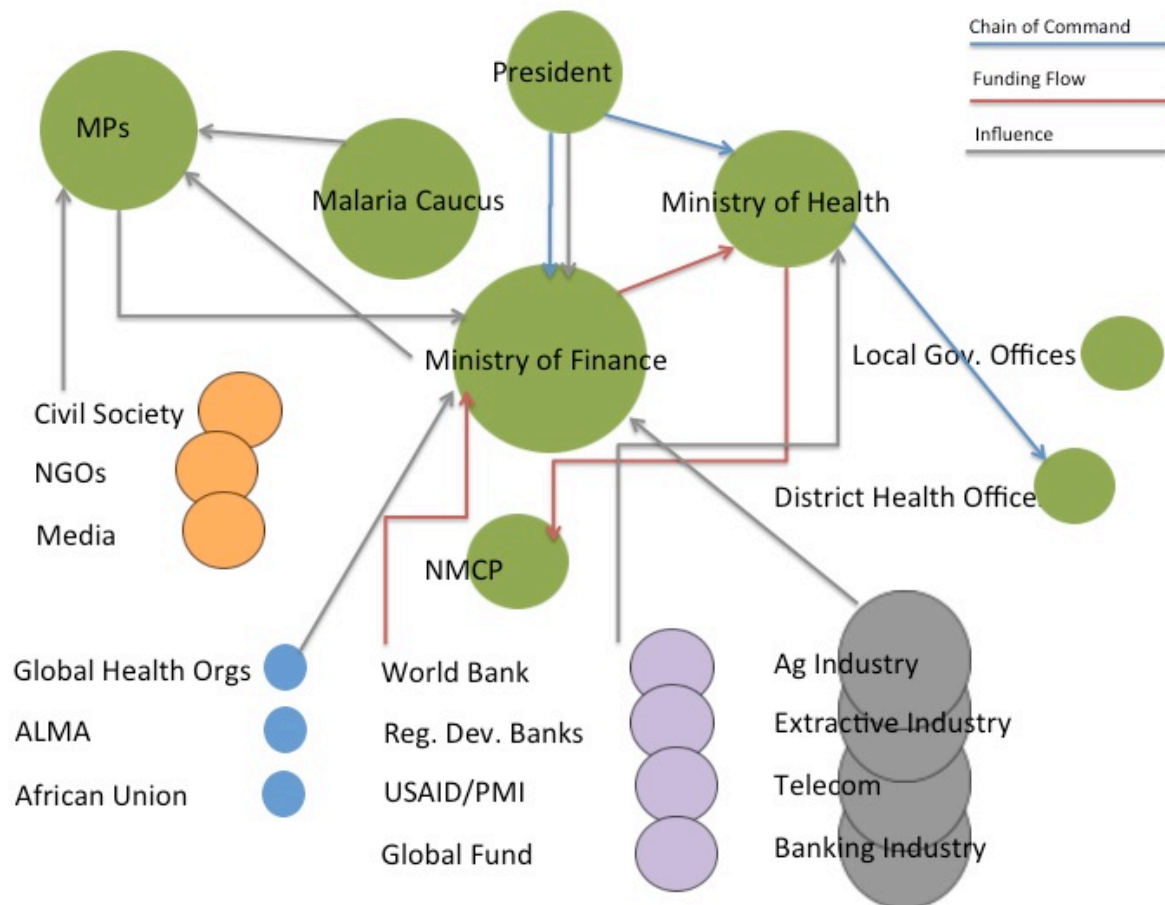


Figure 4. Illustrative Stakeholder Map



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 that only could contribute to malaria but could reach out to leaders about reducing the burden of malaria. One UAM private sector champion 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, inefficiencies in funding allocations, 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 30 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 the 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

As noted earlier, global donor funding levels are projected to start declining, making it all the more important for countries to plan for alternative sources of funding. This is crucial if they are to achieve the objectives of their National Strategic Plans and prevent a reversal of gains made in lives saved by scaling up proven malaria interventions. This section provides a snapshot of financing mechanisms that advocates should be aware of at the 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 have started to make inroads in increasing their domestic spending on health and malaria in particular, such as Rwanda, although the majority 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. 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.

Cost Efficiencies Through Multisectoral Approaches

Coupled with increased domestic spending, endemic countries can 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 Spray (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 control and elimination investments since the social and physical determinants of health related to the disease could be addressed, such as poverty, education and housing. Multisectoral approaches can include the private sector, and the agricultural, trade, housing, environment and education sectors. 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, described in the following table.

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 given Retroactive Financing was not an option. 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 bond is a pay-for-performance product that aims to improve aid effectiveness, including implementation quality and delivery of successful results. It is also 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. For more information about the malaria bond, go to the RBM website: www.rollbackmalaria.org.

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 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 and other parastatals 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 (<i>marketing health</i>)	Better health outcomes, better coverage with health	Increased sales	Bulk purchase, subsidy

<i>products to specific audiences)</i>	products		
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.

Further, development bank financing is granted at the request of Ministers of Finance, so advocates should 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 and impact assessment of development operations to reduce risks of increased

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. 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.

Asian Development Bank (ADB)

To bring political commitment, long-term financing and a new approach to the fight against malaria in the Asia Pacific, during the 2013 East Asia Summit in Brunei Darussalam, 18 leaders endorsed the creation of an Asia Pacific Leaders Malaria Alliance (APLMA), which is partnering with the ADB and WHO. The alliance, will seek to contain the spread of drug resistant forms of the parasite by going beyond medical solutions and taking the fight into the areas of regional trade, transportation, migration and industry. For more information about 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 the Islamic Conference 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 characteristics²⁰ 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

²⁰ 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.

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 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

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 from primarily 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.

Niger's CCM Actively 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 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.

Liberia Develops Strategy for Malaria Elimination

Liberia is heavily reliant on external aid to finance the health sector, leaving the country vulnerable to changes in global aid flows. Current malaria funding falls short of anticipated needs of its NMCP, with shortages in prevention, treatment and diagnosis. Currently, with support from the Clinton Health Alliance Initiative (CHAI), Liberia's NMCP will focus on a menu of financing interventions:

- Engage with private healthcare providers to bring down ACT prices
- Implement a corporate engagement strategy to strengthen public-private partnerships and a policy engagement strategy to reallocate some of the country's alcohol and tobacco taxes, and implement an air ticket levy

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 tool.

Malaria Burden

1. How many national malaria cases per year? What is the economic burden on national health systems?
2. Malaria mortality rate in the country per year? What is the rate for women and children?
3. By how much has malaria reduced (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 face 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, in 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 partnerships²¹:

- **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.
- **Multi-sectorial.** 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.

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 this section, partnership building begins from

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.

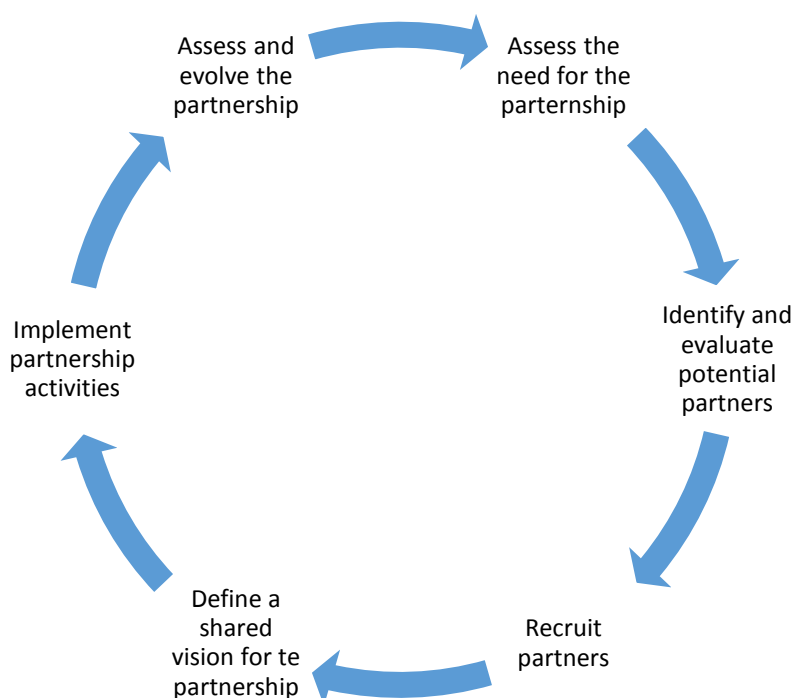
Adapted from:

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

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

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 Cycle²²



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.

²² 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 makers²³:

- **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 persuasiveness²⁴:

- **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.** Being able to speak regularly or 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?

²³ People's Advocacy. (2009). *Advocacy for People's Power and Participation*.

²⁴ Stiff, J. B. (1994). *Persuasive Communication*. New York London: The Guilford Press.

Partnership Spotlights

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 la 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 PNL P then began a restructuring program aimed at significantly improving the effectiveness of its interventions. Under MOH leadership, the PNL P began a capacity building process and hired more qualified personnel. In 2005, the PNL P 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 PNL P plan. Thanks to the restructuring and 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 PNL P 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 (US\$44,188,148) in 2012. The PNL P, 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 poverty reduction and discretionary spending among existing and potential customers. As such, 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, D. Financing Mechanisms* for more information).

The challenge for advocates is to engage the private sector to do more in malaria control against the argument that malaria is a problem for the government and not corporations to solve. As such, 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.²⁵ Malaria-related spending at some companies has decreased by 75%, with a remarkable annualized rate of return of 548%.²⁶

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?

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

²⁵ 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.

²⁶ 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 could assist with/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. A sample MOU is included in *Appendix E. Sample Memorandum of Understanding*.

Establish Working Groups or Networks

Large enough partnerships form working groups to focus on and coordinate specific areas of private sector partnerships. These working groups meet by telephone and/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 disincentivize private sector participation. There are moments when leadership is distracted or destabilized from participating in the partnership – in 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 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 (and they get high-level leaders to participate in your events).

Parastatal Companies Lead the Way in Malaria Control

Two major parastatal companies, the Volta River Authority (VRA) and the Ghana Revenue Authority (GRA), through a series of meetings, workshops and workplace training programs were led to develop, launch and implement their own company-specific malaria control strategies and action plans. The implementation of its “Malaria-Safe” action plan led to the VRA improving 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, in 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, who distributed 3,000 LLINs to its workers located in remote rural settings throughout the country. These two companies are working 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 Partnerships²⁷

Benefits	Challenges
<p>Merges resources:</p> <ul style="list-style-type: none"> - Partnership members can pool human, material and financial resources and achieve much greater impact. 	<p>Causes tensions related to their redistribution:</p> <ul style="list-style-type: none"> - 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.
<p>Amplifies voice:</p> <ul style="list-style-type: none"> - A message coming from many organizations is more likely to be heard. - Partnership branding increases likelihood that the partnership will be recognized across organizations. 	<p>Dilutes individual recognition:</p> <ul style="list-style-type: none"> - Each organization's individual visibility on this issue may suffer. - Smaller organizations may fear the loss of their identity.
<p>Opportunities for sharing knowledge and expertise:</p> <ul style="list-style-type: none"> - Working together on an issue provides lessons in democratic culture. 	<p>Difficulty achieving consensus</p> <ul style="list-style-type: none"> - 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.

²⁷ 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 6 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 Mapping²⁸. See APPENDIX A for a blank tool.

Asset	High	Moderate	Low
Well-known, respected, financially sound, visible			
Provide value-added reach and scale			
Leaders with political influence			
Have 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			

²⁸ 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). The SRNs coordinate partner support on technical and operational issues for going to scale with effective malaria control interventions and can assist partners in building influence and support for advocacy needs.

Table 3. RBM Sub-Regional Networks

Network	Countries	Contacts
The Central Africa Roll Back Malaria Network (CARN)	Angola, Cameroon, Chad, Congo, Gabon, Equatorial Guinea, Central African Republic, DR Congo, Sao Tomé-et-Principe.	Dr. José Nkuni RBM Partnership Focal Point for Central Africa Hosted by IFRC Cell: +237 79 51 60 97 Tel: +237 22 21 91 05
West Africa Roll Back Malaria Network (WARN)	Benin, Burkina Faso, Cape Vert, Cote d'Ivoire, The Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Togo	Claude Emile Rwagacondo RBM Focal Point for West 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
Southern Africa Regional Network (SARN)	Botswana, Madagascar, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia, Zimbabwe	Col. (Dr.) Kaka Mudambo RBM Focal Point for Southern Africa Hosted by IFRC PO Box 485 Gaborone, Botswana Tel: +267 3712714 Cell: +267 74248399
The East Africa Roll Back Malaria Network (EARN)	Burundi, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Sudan, Tanzania, Uganda, URT-Zanzibar, Yemen	Dr. Joaquim Da Silva RBM Focal Point for East Africa Hosted by UNICEF Eastern and Southern Africa Regional Office P.O. Box 44145-00100 Nairobi, Kenya Tel: Office +254 20 762 2975 Fax: Office: +254 20 762 2045 Mobile: +254 721 330 855

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, and their involvement can also differ depending on what concerns them. The Malaria Advocacy Working Group (MAWG) has developed a list of malaria messages, which are updated regularly:

http://rbm.who.int/worldmaliaday/_docs/wmd2014-Key-messages.pdf.

Consider our target audiences and what motivates them to work on malaria control. Understanding their motivations 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*²⁹ is 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 you if you perform an action or not—for example, elected officials and celebrities need to be concerned with public opinion if they are to continue working. In these cases, public recognition for taking certain actions is a good way to appeal to those 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 messages³⁰:

- Convey evidence-based arguments with clear “asks” and potential outcomes.
- Avoid a rhetorical, opinionated mode of communication; be reasoned to open people up to evidence and asks.

²⁹ Adapted from J. Stiff, *Persuasive communications*, The Guilford Press, New York, London, 1994

³⁰ Ibid.

- 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 that have to be remembered.

B. Using Your Messages

Advocates need to speak easily and comfortably about a topic, which means equipping them with talking points and training in how 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 benefits that can be accrued by helping to solve 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 that the decision-maker can related to personally—if the child died because her community health center did not have appropriate drugs, then this needs to be said (the story must be true and credible). Pictures also can be useful, though 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 (but a combination of the two may do equally well).

The final key message should present a win-win opportunity for audiences. 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. The benefits should be as specific as possible, realistic and important to the decision makers. A Minister of Finance, for example, who is interested in agricultural development might be open to messages that articulate how malaria reduction efforts can lead to less absenteeism

and turnover in this sector, and how malaria affects development overall. Messages to parliamentarians might emphasize the burden of malaria on families, communities and health systems, and stories from victims of malaria in their communities. Private sector leaders are concerned about how their profits are affected by malaria, but they have many competing priorities. The quality of evidence is extremely important and needs to be tailored to their core values, which is to do well in 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 pretested 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 might 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 engender confidence and make it easier to agree to move forward.

In TOOL 5, list your target audiences and identify what decisions these audiences make or effect, and the messages that need to be targeted to them. It will help to become familiar with the content from RBM by visiting its website: www.rollbackmalaria.org, reading RBM publications, key messages and information sheets, and following them on Facebook and Twitter. Countries can reach out to RBM for data, international experts, speakers, and other assistance.

TOOL 6. Sample Asks and Messages. See APPENDIX A for a blank tool.

Audience	Decisions that these audiences effect/make	Ask(s)	Supporting messages
Minister of Finance	<i>Example:</i> Propose finance law to parliament	<i>Example:</i> Include malaria in your budget speech to Parliament Lead efforts to build a resource mobilization strategy for malaria Reach out to	<i>Example:</i> 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

		<p>development banks to seek credits, grants or loans for malaria</p> <p>Increase domestic budget allocation for health</p>	<p>productivity and household income, and leads to a loss of investment opportunities.</p>
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	<p>Example: Form a Malaria Caucus or Committee to end malaria deaths</p> <p>Be a malaria champion for the nation; advocate for increased funding for malaria</p>	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	Example: Companies receive returns on investments in terms of reduced worker absenteeism, increased productivity, improved company image, etc.

		through funding, services or other in-kind contributions)	
CCM members	<i>Example:</i> Defines the disease split of GF funding	<i>Example:</i> Equitable financing for malaria within the disease split	<i>Example:</i> 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 will be devastating.
Donors	<i>Example:</i> Funds/finances malaria programs	<i>Example:</i> Support aggressive malaria control and elimination efforts	<i>Example:</i> 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 will be devastating.
Champion	<i>Example:</i> Advocates for malaria reduction	<i>Example:</i> Reach out to decision-makers and call on them to increase funding/support for malaria program	<i>Example:</i> 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	<i>Example:</i> Effected by malaria/benefits from robust malaria programs	<i>Example:</i> Reach out to politicians and the media and call on them to do more to reduce malaria	<i>Example:</i> 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 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?”	

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 showing Ugandan victims of malaria in the Ugandan Parliament lobby. The photo exhibit helped to 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 consist of high-level decision-makers who are the recipients of your messages and influencers, 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 2 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 effects 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 ³¹
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

³¹ 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

An effective way to get a message through the 'noise' is the association of the media with civil society groups and the public in creating necessary 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.³² 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. For instance, Africa is young: 70% of Africa is 30 years or younger - what does this mean for how you create 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?¹ Today, information and communications technology (ICT) offers groups opportunities to collect signatures on petitions to government. This interesting dynamic can be used to help malaria control efforts. Elected officials are in an excellent position to prompt government to do more for voting constituencies. Note that elections are often a good time to raise issues about malaria's burden on households, communities or districts.

³² 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—for example, high-level ministers and celebrity spokespeople can usually fill a room. 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—but with 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 or refreshments, especially for high-level leaders and executives (this is where developing partnerships with hotels may help – they 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

Politicians who shape public policy are regularly pressured by others with their own agendas, opinions and recommendations in the same way journalists, who shape public opinion are swayed by editors, media advisories and other press coverage. Malaria advocates must think creatively about how to use media and other tactics to reach policymakers.

As such, partnering with media is an important way to move your advocacy forward, as they can bring needed attention to your advocacy cause. Media can set the public agenda, which in turn can set the policymaker agenda.

What interests media outlets, most journalists would tell you, is 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.

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 sites where programs or events are being held 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 in the press 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 NMCP and produce positive, engaging 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 for adoption.

Advocates in Ghana also developed *Action Alerts* newsletters, which were a regular publication on all things malaria and 16 different issues were circulated widely to policy makers and thought leaders from many different sectors. Over 7 years of the project,

leaders relied on these policy updates.

Another innovation was the campaign, ‘Use your power!’ Advocates conducted visible activities using this campaign—TV and radio spots, billboards, posters, events—where leaders were encouraged to use the power they wield for malaria control. These calls for action were accompanied by specific actions—(invest in supply chain management, support the ACT subsidy) over the life of the seven-year campaign.

The Power of Media: Global Eradication of Polio

Prior to 1995, there had been little or no media coverage of Global Polio Eradication Initiative within donor or potential donor countries. A survey of leading U.S. newspapers including *The New York Times*, *Washington Post*, and *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 strategy of media outreach to influence government leaders in donor countries and their constituencies. Once it began to engage the media, polio eradication enjoyed more frequent worldwide coverage. This helped create an enabling environment and momentum that contributed to securing additional funding. Prior to 1995, there had been little or no media coverage of Global Polio Eradication Initiative within donor or potential donor countries.

Press Releases

The press release is a fundamental tool to conduct media outreach. It typically announces a range of news items, including events, awards, new products, or 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 onto 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.** Give a quote from a key person(s), clarifying your position and framing 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

Opinion-editorial pieces are written to grab the attention of various groups, including elected officials, business and community leaders and the general public. Newspaper editors select pieces for publication based on interest to readers, originality of thought, timeliness, freshness of viewpoint, strength of the argument and the writer’s 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 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.

In addition, try to share real-life stories of ordinary people, or 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 to 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 in need of 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 issues³³.

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" wrote an article about how malaria affected Drogba and other players in the Premier League, most notably Lomana LuaLua, Ayegbeni Yakubu and Kolo Touré. In the story, we learned that 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.

³³ Adapted from: Framing Public Issues. Frame Works Institute.

STAGE 4. MONITORING AND EVALUATION

One of the most difficult aspects of rolling out an advocacy strategy or campaign might be 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 DfID's guidance on logical framework development.

- **Outcomes** are observable changes in relation to your advocacy objectives to which your advocacy activities may have contributed towards achieving during the lifetime of your advocacy initiative. Outcomes cannot be entirely attributable to you because they are somewhat beyond the scope of your intervention.
- **Outputs** are the direct results of your work achieved on completion of your 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 achieved. These must relate to the aims and objectives of your advocacy work.
- **Impact indicators** are needed to assess what impact your advocacy work is having or has had on the audiences you seek to influence. Impact indicators measure the 'outcomes' of your advocacy.
- **Process indicators** indicate what progress has been made in implementing your activities and measure outputs generated as part of your advocacy work. For instance, number of meetings held, attendance levels and circulation figures for key research reports.

B. Guidelines

Good planning, monitoring, evaluation and impact assessment are essential for accountability and ensuring lessons are learned to improve any future advocacy initiatives. Constant impact monitoring is particularly important in advocacy as it enables you to look for evidence of change as you go, assess progress in bringing about change and test whether your assumptions about how change happens in your context are correct. 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 you are advocating on is essential.

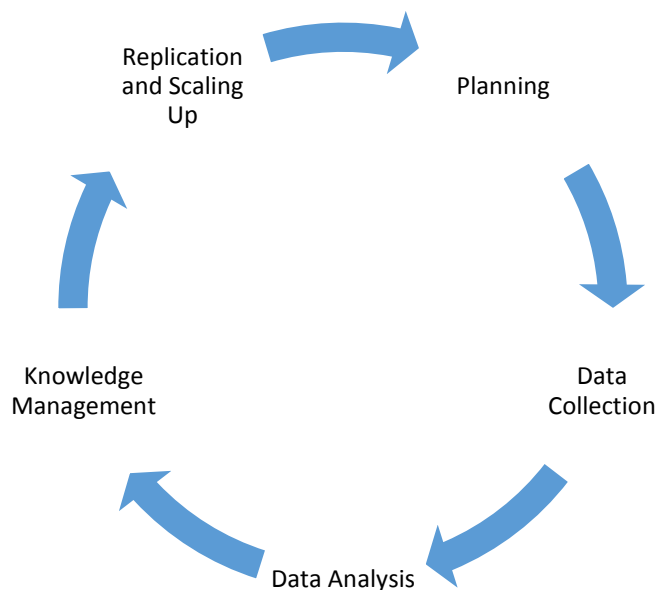
It is important for you to assess both the process and impact of your advocacy. Process monitoring will allow you to judge whether you are on track delivering planned activities and whether these activities (events, producing research reports, publications, one to one meetings, conferences etc.) are 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 is useful to know whether you are making progress towards the change objectives you have set for your advocacy. It can be useful to monitor whether you are likely to meet your milestones within the given timeframe, what unintended impacts – positive or negative – have occurred; and whether commitments to specific changes made by your targets have been followed through (e.g. whether pledges of additional funding been followed up with 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:** Ideally you should decide during the planning stage what you intend to capture and 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 to mobilize more resources for malaria control?

M&E Highlight

Malaria Control Effort Index Assessment

The Voices for a Malaria Free Future project of JHU-CCP developed a Malaria Control Effort Index (MCEI) assessment 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—and 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 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

As part of developing your advocacy strategic plan it is advisable to think about what indicators will capture the data you require to demonstrate progress toward meeting your change objectives. At this stage, it is important to agree on your objectives, output and outcomes for each of your advocacy objectives. These should be appropriate and realistic within the context of your advocacy work.

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

Advocacy Goal: <i>Example:</i> 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: <ul style="list-style-type: none"> 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- 	Example: <ul style="list-style-type: none"> 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 Companies who has signed MOUs that show how they will support malaria control Dollar amounts invested in malaria education, protection and UAM 	Example: <ul style="list-style-type: none"> 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 implementing malaria activities Savings reported as a result of investments

company	visibility <ul style="list-style-type: none"> • Number of private sector partners who participate in the PPP committee 	in malaria <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Recruit and provide champions with advocacy advice and materials to inform conversations with peers and political leaders • Support champions in the development of advocacy activities and events • Promote malaria in the national media 	Example: <ul style="list-style-type: none"> • Number of advocacy materials distributed to members • Number of national leaders attending advocacy events • Number of Advocacy Pledges signed • Number of references to malaria in budget speeches • Number of MPs in a Parliamentary Committee on malaria 	Example: <ul style="list-style-type: none"> • Positive contacts made or discussions held between private and public sector to advocate for improving malaria control in country • Agreement on the part of public sector decision makers to increase resources to improve malaria control

TOOL 8: Outcomes Journal Template. See APPENDIX A for a blank tool.

The outcomes journal focuses on monitoring changes in the behavior and attitudes of key decision makers you are targeting, as identified in your stakeholder analysis. The journal can be completed at regular intervals or used to note particular developments concerning individual targets 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 in group meetings to aggregate shared perceptions of change in your targets.

Outcome Journal for:	<i>Which decision-makers does this refer to?</i>
Progress from/to:	<i>Timeframe of recorded change</i>
Contributors to monitoring update:	<i>i.e. who recorded the</i>

	<i>outcomes journal</i>
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 – a name, a tagline and a visual representation of who they are and what they do. If in the past brands were created primarily for business entities, now everything is branded: from advocacy organizations to coalitions, and even particular events and initiatives.

This is because all these entities have something to sell: ideas. A brand is like a shortcut for the mind. A strong brand name is associated 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 the guide we dealt with the need to get the attention of your audiences and the media, or to get 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. Figure

Branding strategists suggest considering the following when picking a name³⁴:

- 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, or tagline, should send the message about domestic funding of malaria control. To be successful in raising 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 the human rights based approach applied to the advocacy interventions to mobilize domestic resources, it is also best not to use words that suggest charitable approaches or a donor driven agenda.

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

Effective advocates consider their names carefully, and they also have strong, recognizable logos. Most people would recognize the logos of World Health Organization, UNICEF or The

³⁴ Adapted from: Jack Trout, Steven Rivkin (1996). *The New Positioning*. New York: The McGraw Hill companies. 1996

Global Fund. These development agencies have been successful at making you remember who they are and what they do.

Logos are also important instruments in alliances and coalitions: displaying the logos of partners on materials help you credit your partners for their inputs towards a common goal. It is very important to use them 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 resource mobilization for malaria control, advocates have a lot to offer, providing lessons to learn and share. Case studies are an excellent way to learn from the real experience of other projects and are a good platform to share 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 resource mobilization for malaria control and elimination, as countries need not only the money, but also local ownership and leadership.

A meaningful dialogue on important topics among implementing advocacy practitioners who have relevant experience with malaria control advocacy is a key part of knowledge management. That is because knowledge management is not just about improving efficiency. It fosters societal learning: a change that traverses from the individual to the wider society³⁵. For example, a particular private company implementing malaria protection and education activities by might start as a CEO's personal commitment and ultimately turn into a new business norm, producing significant social change in a community.

³⁵ Adapted from: Reed et al. 2010

Key Components that form the conceptual framework of social learning are³⁶:

- 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 they can help development of their country has a similar high value.

³⁶ 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
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.	www.ec.europa.eu/europeaid/how/finance/edf_en.htm
Global Fund Country Coordinating Mechanisms (CCMs)	Description of the Global Fund CCMs and their role in the New Funding Model and participatory decision-making.	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.	www.theglobalfund.org/en/about/grantmanagement/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 Sudan.	www.isdb.org
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	www.pledgeguarantee.org

	health commodities. Through a 5 year guarantee from the USAID and Swedish Sida, PGH is able to leverage \$100M from 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.	
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.rbm.who.int/mechanisms/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/mechanisms/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 Indicator Surveys	RBM partners have developed a	www.malariasurveys.org

(MIS)	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.	
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): <i>Investing in health for Africa: The case for strengthening systems for better health outcomes</i>	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 studies, private sector case studies and other evidence to support advocacy messages and strategies.	www.rollbackmalaria.org/ProgressImpactSeries/
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/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 Program 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
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, tuberculosis, and malaria.	www.undp.org/content/dam/undp/library/hiv aids/English/TheRoleofHRinResponsestoHIVTBMalaria-UNDP-DP-web.pdf
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.rbm.who.int/toolbox/tool_AGlobalAdvocacyFramework.html
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. Please check the RBM website for updates.	www.rbm.who.int/worldmalaria day/_docs/wmd2013-Key-messages.pdf
Office of the UN Secretary General’s Special Envoy for Financing the Health Millennium Development Goals for Malaria	Advocates for achieving the health MDGs by 2015. Website includes news, resources and a count-down of days remaining.	www.mdghealthenvoy.org/
The Millennium Development Goals (MDGs)	The eight MDGs – which include 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.	www.un.org/millenniumgoals/ www.un.org/millenniumgoals/beyond2015-overview.shtml
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.allianceformalaria prevention.com/working-groups-view.php?id=19
NetMap Toolbox: Influence Mapping of Social Networks	Tools countries can use to map and link malaria stakeholders in country for advocacy purposes.	www.netmap.wordpress.com
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	Works to align partner advocacy	www.rollbackmalaria.org/

Working Group (MAWG)	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.	mechanisms/mawg.html
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.rollbackmalaria.org/malaria-Multisectoral-Action-Framework-for-Malaria.html
RBM Partnership Publications	High-quality publications that can be used for advocacy and partnership building.	www.rollbackmalaria.org/multimedia/partnershippublications.html www.rollbackmalaria.org/multimedia/progress-and-impact-series.html
Voices for a Malaria Free Future project	The project mobilized governments, the private sector to support for malaria prevention and control in Africa. It produced a series of cases studies on implementing Malaria Safe – a malaria prevention and control initiative - with the private sector in Africa.	www.malariafreefuture.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, a	www.gbchealth.org/our-work/collective-actions/cama/

	Company Management Guide for implementing malaria control and other resources.	
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/ProgressImpactSeries/report6.html

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 reduced (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, in 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	
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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. Advocacy Messages for Target Audiences

	Decisions that these audiences effect/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 6. Partnership Asset Mapping

Asset	High	Moderate	Low
Well-known, respected, financially sound, visible			
Provide value-added reach and scale			
Leaders with political influence			
Have 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 7. M&E Indicators for Advocacy

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

TOOL 8. Outcomes Journal Template

Outcome Journal for:	<i>Which decision-makers does this refer to?</i>
Progress from/to:	<i>Timeframe of recorded change</i>
Contributors to monitoring update:	<i>i.e. who recorded the outcomes journal</i>
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

The Commission on Macroeconomics and Health estimated in 2001 that malaria-related illnesses and mortality cost the African economy US\$12 billion per year.³⁷ The Commission's calculations were based on costs of health care, absenteeism due to sickness, days lost in education, decreased productivity due to brain damage from cerebral malaria and loss of investment and tourism.³⁸ While as of this writing malaria experts agree that this \$12 billion figure needs to be revised, costs in these categories continue.

Impact on National Economies

Malaria traps countries in poverty. 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.³⁹ Malaria can strain national economies, impacting some nations' gross domestic product by as much as an estimated 5–6%.⁴⁰ 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.⁴¹ 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

³⁷ Sachs, J., *Macroeconomics and Health: Investing in Health for Economic Development*, WHO Commission on Macroeconomic and Health, Geneva, 2001

³⁸ Greenwood BM, Bojang K, Whitty CJ, Targett GA (2005). "Malaria". *Lancet* **365** (9469): 1487–1498.

³⁹ Sachs and Malaney 2002. The economic and social burden of malaria. *Nature*. 415(6872): 680-5.

⁴⁰ 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.

⁴¹ Roll Back Malaria WHO partnership. "Economic costs of malaria" (PDF). [WHO. http://www.rollbackmalaria.org/cmc_upload/0/000/015/363/RBMInfosheet_10.pdf](http://www.rollbackmalaria.org/cmc_upload/0/000/015/363/RBMInfosheet_10.pdf)

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.

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.⁴² 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.⁴³ 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.⁴⁴ 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.⁴⁵

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.⁴⁶ 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.

⁴² 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.

⁴³ Ministry of Health. 2001. The burden of malaria in Uganda: why all should join hands in the fight against malaria MOH-MLA-12.

⁴⁴ Ibid.

⁴⁵ Malaria Eradication and Educational Attainment: Evidence from Paraguay and Sri Lanka. Lucas AM, *Am Econ J Appl Econ*. 2010 Apr; 2(2):46-71

⁴⁶ 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: Sample Memorandum of Understanding (MOU)

MEMORANDUM OF UNDERSTANDING

The Ministry of Health and Hygiene of Zindia,
on behalf of its
National Reproductive and Child Health Department
And
The Cellcell Mobile Telephone Company

This Memorandum of Understanding (“MOU”), effective on May 1, 2010 (“Effective Date”), is entered into by and between The Ministry of Health and Hygiene of Zindia, on behalf of its National Reproductive and Child Health Department (“NRCHD”), having an address at 61 W. Elephant Street, Kimpasa, Zindia, and the Cellcell Mobile Phone Company (“CMC”), having its principal address at 690 Orame Miyo Road, Kimpasa, Zindia.

RECITALS

WHEREAS, NRCHD is implementing a project in Zindia entitled “Safe Mothers and Children” (the “Project”). Under the Project, NRCHD works to expand national health services to increase use of life saving commodities to save lives of women and children;

WHEREAS, CMC seeks to collaborate with NRCHD in providing support to the Project;

WHEREAS, NRCHD wishes to work with CMC to conduct education, training, and outreach which are of mutual interest and benefit to NRCHD and CMC and the Project;

WHEREAS, the activities of the partnership will further the goals of the Project and save lives in Zindia;

NOW, THEREFORE, in consideration of the following mutual promises, covenants, and conditions and any sums to be contributed, the parties hereto agree as follows:

Article 1: Purpose and Objectives

This MOU is entered into to expand access to information and motivation for women and children to use life saving commodities. The NRCHD will assist CMC to create and integrate reproductive and child health and other health-related messages into their marketing platforms for customers, employees, and communities and will look for additional creative outlets to disseminate those messages. Initially these messages shall address reproductive and child health, but may, in the future, address other health areas such as family planning, HIV/AIDS, etc.

Article 2: Duration

This MOU describes the general scope of project activities where the parties, contingent upon availability of funds, shall collaborate for a _3_ year period from the Effective Date.

Article 3: NRCHD Activities

The following activities shall be completed in collaboration with CMC but shall ultimately be led by NRCHD. Subject to the availability of funds, NRCHD shall provide technical assistance to CMC in order to create educational materials and messaging to increase awareness of health issues using behavior change communication. The intention is for educational material and messages to be deployed via CMC's platforms (i.e. billboards, scratch cards, television ads, and SMS) in a number of ways including, but not limited to:

- Education and awareness through messaging using physical structures present in the urban areas of Zindia, such as building walls, clinic signboards;
- Educational information via print materials for customers at point of sales outlets;
- Education and awareness via participation in radio and TV public service announcements, and/or other mass media engagements such as radio or TV talk show appearances to talk about the Safe Mothers and Children Project;
- Education and awareness via press conferences.

Article 4: CMC Activities

The following activities shall be completed in collaboration with NRCHD but shall ultimately be led by CMC.

Subject to the availability of funds, CMC shall:

- Education and awareness through messaging using physical structures present in the urban areas of Zindia, such as building walls, billboards, electronic signboards and monuments;
- Educational information via print materials for customers at point of sales outlets;
- Education and awareness via participation in radio and TV public service announcements, and/or other mass media engagements such as radio or TV talk show appearances to talk about the Safe Mothers and Children Project;
- Education and awareness via press conferences.
- Advocate, on behalf of the Project, to government leaders, such as parliamentarians, Ministers of trade and finance, and other thought leaders, for increased high quality reproductive and child health services in Zindia.
- Advocate for greater private sector involvement in high quality reproductive and child health services in Zindia by participating in Project partner forums and other advocacy events
- Offer protection of employees and their families and customers via CMC on-site clinics.
- Provide support and leadership for community awareness events such as sponsoring/running children's playhouses.
- Select spokesperson(s) every year to participate in public service announcements, posters, educational materials.

Article 5: NRCHD Contact

The NRCHD Director shall be the principal programmatic contact for NRCHD.

Article 6: CMC Contact

The Sustainability Director of CMC shall be the principal programmatic contact for CMC.

Article 7: Funding

NRCHD and CMC agree that this MOU does not commit them to any specific project activities, to make specific levels of financial or personnel support, or to provide specific office space for programs, except as provided herein. A party shall conduct the work and provide support based on the availability of resources and in accordance with its own rules and policies and those of its sponsor (if applicable). Notwithstanding the foregoing, the parties agree to use reasonable efforts to obtain and/or direct funds and other resources to support the Project.

Article 8: Future Work

Neither party shall incur any expenses or make any financial commitments until funding is confirmed in writing by an authorized representative of each party.

Article 9: Communications

The parties shall communicate and consult with one another on the progress of the Project, and prepare semi-annual reports summarizing their activities for distribution.

Article 10: Confidentiality

The parties may engage in discussions and strategic planning during the term of this MOU and may share confidential or proprietary information ("Confidential Information"). "Confidential Information" means all non-public information including software, data, survey results, algorithms, diagrams, drawings, processes, research, product or strategic plans, financial information. The parties covenant and agree that neither shall disclose such information to any person other than its employees, counsel, auditors and consultants who, in each case, have a need to know and are bound by obligations of confidentiality. The recipient shall use the same care to avoid disclosure, publication or dissemination of such information as it uses with its own similar confidential information, provided that the recipient shall use at least reasonable care.

Article 11: Publication, Publicity and Use of Name

11.1 Each party shall have the right to publish and disseminate information derived from the performance of work under this MOU. Qualification for authorship shall be in keeping with generally accepted criteria. The order of authorship shall be a joint decision of the coauthors in any coauthored publication. Each author shall have participated sufficiently in the work to take public responsibility for the content.

11.2 Neither party shall use directly or by implication the names of the other party, nor any of the other party's affiliates or contractors, nor any abbreviations thereof, or of any staff member, or employee of the other party in connection with any products, publicity, promotion, financing, advertising, or other public disclosure without the prior written permission of the other party.

Article 12: Intellectual Property

With respect to any invention, discovery, copyrightable work, software or other intellectual property ("Intellectual Property") that is created or conceived of under any this MOU or any supplemental agreement the parties execute, unless otherwise agreed to, all rights, title to and interests in any Intellectual Property that is created under this MOU shall be owned by NRCHD. However, NRCHD agrees to grant CMC a non-exclusive, royalty-free license to use, copy, distribute, display, perform or such Intellectual Property for non-commercial purposes. Such license shall not include use of any Confidential Information.

Article 13: Termination

13.1 Either party may terminate this MOU at any time a minimum of sixty (60) days prior written notice. Unless otherwise agreed to by the parties, any supplemental agreement that is in progress and not scheduled to end until after the effective date of termination shall be completed according to the terms of the supplemental agreement.

13.2 In the event that NRCHD does not obtain the expected resources for its projects in Zindia, NRCHD has the right to immediately terminate this MOU.

Article 14: Notices

Notices that are required to be given under this MOU shall be addressed to the following individuals and sent by first-class mail, postage prepaid; in person, or by email with delivery confirmation. Notices shall become effective on receipt.

For NRCHD: Dr. Layli Seye
Director
National Reproductive and Child Health Department
Zindia Health Services
Ministry of Health and Hygiene
61 W. Elephant Street,
Kimpasa,
Zindia
TEL: +777 45 78 908/FAX: +777 45 78 990
www.ministryhealth.Zindia.org

For CMC: Raymond Johnson
Cellcell Sustainability Director
690 Orame Miyo Road,
Kimpasa,
Zindia
TEL: +777 75 264 181 / FAX: +777 22 26 185
www.cellcellmobile.com/sustainability

Article 15: Liability

It is understood and agreed that neither party to this MOU shall be liable for any negligent or wrongful acts, either of commission or omission, chargeable to the other unless such liability is imposed by law, and that this MOU shall not be construed as seeking to either enlarge or diminish any obligation or duty owed by one party against the other or against third parties.

Article 16: General

16.1 Until such time that the parties agree to permanent public relations protocols, they agree to issue joint announcements regarding this MOU and specific projects.

16.2 Each party agrees to subscribe to the principle of equal opportunity and shall not discriminate on the basis of race, sex, age, ethnicity, religion, or national origin in the administration of this MOU and the selection of persons who participate in exchanges.

16.3 In the event that a dispute arises under this MOU, the parties agree to make a good faith effort to resolve any differences amicably.

16.4 In the event any provision of this MOU is determined to be invalid or unenforceable under any controlling law, the invalidity or unenforceability of that provision shall not in any way affect the validity or enforceability of the remaining provisions of this MOU.

16.5 The parties are and shall remain independent contractors and nothing herein shall be construed to create a partnership, agency, joint venture, or teaming agreement between the two organizations.

16.6 This MOU shall not be assignable by either party, in whole or in part, without the prior written consent of the other party.

16.7 This MOU contains the entire agreement between the parties and no statements, promises or inducements made by either party or agent of either party that are not contained in this written MOU shall be valid or binding; and this MOU may not be enlarged, modified or altered except in writing, signed by the parties.

16.8 On the event that a dispute arises under this MOU, the parties agree to make a good faith effort to resolve any differences amicably. Failure to reach resolution, any dispute shall be settled by binding arbitration under the Rules of Conciliation and Arbitration of the International Chamber of Commerce by one or more arbitrators appointed in accordance with said Rules using English law. Any and all hearings shall be conducted in the English language to be held in Johannesburg, South Africa. Judgment upon the award rendered may be entered into any court having jurisdiction.

Article 17: Translations

In the event that a translation of this MOU is prepared and signed by the Parties, the English language version shall be the official version and shall govern in the event of a conflict. All disputes under this MOU shall be conducted and resolved in English.

IN WITNESS WHEREOF the respective parties hereto have executed this MOU by their duly authorized officers on the date appearing below their signatures.

Ministry of Health and Hygiene, Zindia

Cellcell Mobile Phone Company

BY: _____

BY: _____

Date

Date