



Budget Advocacy Toolkit for Epidemic Preparedness





About Us

The [Global Health Advocacy Incubator](#) (GHA) supports civil society organizations advocating for public health policies that reduce death and disease. We take a proven, systematic approach, customized by local partners, to deliver health policy wins in countries around the world, in diverse political systems.

Our [Prevent Epidemics program](#) builds support for government investments in epidemic preparedness. GHA is a core partner of [Resolve to Save Lives](#)' Prevent Epidemics partnership, which works to make the world safer from epidemics.

For more information or to discuss how we can work with you, contact the Prevent Epidemics Program at info@advocacyincubator.org.

Contributors

Emmanuel Alhassan, PhD, Nigeria Coordinator, *GHA*

Stephen Atasige, Ghana Coordinator, *GHA*

Christy Arevalo, Program Assistant, *GHA*

Kyra Berasi, Legal Advisor, *GHA*

Ann Danelski, Associate Director, *GHA*

Aaron Emmel, Director of Strategic Outreach, *GHA*

Madeline Goosman, Program Assistant, *GHA*

Abdullahi Hamza Hassan, Kano State (Nigeria) Coordinator, *GHA*

Jennifer Patterson, Communications Director, *GHA*

Laura Rodriguez, Digital Strategist, *Global Wave Digital*

Verónica Schoj, MD, Vice President, Food and Nutrition Policy, *GHA*

Special thanks to **Resolve to Save Lives**, **BudGIT**, **the Legislative Initiative for Sustainable Development (LISDEL)**, **Nigeria Health Watch (NHW)**, **ONG-3D**, **SEND-Ghana** and all the participants of the toolkit validation workshop held in Abuja, Nigeria in June 2022.

This toolkit was developed with the generous support of [Resolve to Save Lives](#).

Copyright © 2022 Global Health Advocacy Incubator (GHA), an Initiative of the Campaign for Tobacco-Free Kids. This material is for reference only. Please contact GHA for permission to adapt, publish or disseminate.



Contents

1 Campaign Planning

2 Campaign Implementation

3 Budget Accountability

4 Budget Sustainability



About this Toolkit

The Budget Advocacy Toolkit for Epidemic Preparedness is a training resource based on the [*Budget Advocacy Framework for Increased and Sustained Epidemic Preparedness Investment*](#), developed by the [Global Health Advocacy Incubator](#) (GHA) [Prevent Epidemics program](#) with support from Resolve to Save Lives. The *Budget Advocacy Framework* was designed to support advocacy for increased and sustained domestic investments in epidemic preparedness.

This Budget Advocacy Toolkit shows how to implement each step of the Framework and provides instructive questions, worksheets and country examples to guide the planning and implementation of an advocacy campaign for epidemic preparedness financing.

Cycle for Budget Advocacy and Funding Sustainability



1 Campaign Planning: Conduct a political and legal landscape analysis and impact assessment to build the case for increased investments in epidemic preparedness, and plan the political strategy.

2 Campaign Implementation: Build civil society and academic sector coalitions, engage policymakers and generate media coverage and support for increased funding.

3 Budget Accountability: Track budget allocations and spending of increased resources, identify bottlenecks to spending, assess and build capacity to increase accountability and promote transparent disbursement and effective spending.

4 Budget Sustainability: Conduct program impact evaluation, assess budget needs for the next budget cycle, promote different sources of funding and build demand to sustain and increase the investment to improve health indicators in the medium and long-term.

The activities outlined in each step of the Toolkit are not always linear and sometimes occur simultaneously, depending on the local environment and needs.



Campaign Planning

During this campaign step you will assess the impact of past epidemics and conduct a political and legal landscape analysis to build the case for increased investment in epidemic preparedness and plan the political strategy.

An advocacy campaign begins with a landscape analysis. The analysis forms the foundation for understanding the socio-political context of the country and identifies key decision-makers, potential allies and legal considerations to inform the policy change needed to achieve the policy goal. This goal will be supported by targeted policy objectives and a strategic plan.

The following modules will help to guide the campaign planning process.

Module 1.1 **Conducting a Landscape Analysis**

Module 1.2 **Defining Policy Objectives**

Module 1.3 **Constructing a Strategic Plan**



Module 1.1

Conducting a Landscape Analysis

What is a landscape analysis?

A landscape analysis assesses the country-specific context to understand the policy changes needed and advocacy strategy to achieve the policy goal. The analysis takes into consideration a country's epidemic history, epidemic preparedness and response capacities and includes a mapping of key stakeholders, the political environment, legal frameworks, civil society advocacy capacity and media presence. The assessment should capture public attitudes, identify key decision-makers and assess the socio-political environment.

The landscape analysis should start with a desk review of existing information to learn more about the country's prioritization of epidemic preparedness and opportunities for change by taking into consideration relevant resources, including, but not limited to:

- [Joint External Evaluation \(JEE\) assessment](#) score and identified implementation priorities
- [National Action Plan for Health Security \(NAPHS\)](#) implementation status
- [World Health Organization \(WHO\) databases](#) and reports on country epidemic outbreak history and health status
- Health and economic impact analyses developed by the [World Bank](#) and others

The desk review is important to: 1) avoid duplication of existing work; 2) promote the consolidation of existing research and 3) identify knowledge gaps that may be relevant to ensure the necessary level of detail is included in the landscape analysis. This information can be obtained through in-depth interviews, focus groups, political and economic analysis and other means. The resulting analysis will provide a clear situation diagnosis to apply when defining the government action and advocacy strategy to achieve the policy goal.

The desk review and other identified research needed should cover five key components of the country's characteristics: Country Context; Political Mapping; Budget Process; Legal Analysis; and Stakeholder Mapping which identifies government decision-makers, non-governmental stakeholders, and media contacts.



A landscape analysis includes the following key components:

A. COUNTRY CONTEXT

The [Country Context worksheet](#) supports the development of this part of the landscape analysis.

Each country has distinct circumstances that inform the policy objective and campaign approach. The country's context helps to build the case for funding epidemic preparedness based on the impact of past epidemics and informs the campaign's policy change request and priorities, campaign strategies and specific messages that will resonate with the public and policymakers.

Understanding the country context will help identify funding needs to inform the campaign's Policy Objectives (Module 1.2) and identify country-specific details that can be used when developing the Communications Plan (Module 2.3).

Questions to consider when researching country context:

Prevalence and Burden: The History and Impact of Epidemics

- What is the [disease burden](#) of the [country](#) (health problems with the greatest impact in terms of mortality, morbidity or other indicators)?
- What is the history and impact of [previous and current](#) outbreaks that might help support the public health and political case for epidemic preparedness? Consider the impact of disease outbreaks on trade, travel and the overall economy—and consider other context-specific factors—to illustrate the broad societal cost.
- What are the relevant [demographic characteristics](#) that relate to the country's health, economic and cultural dynamics—including [health status](#), average income, cultural diversity, population density and access to the health system?
- How much of the [annual budget is dedicated to health](#)? Does the country meet the Abuja Declaration target to spend at least 15 percent of the national budget to improve the health sector? How much is spent on health per capita?



International Health Regulations (IHR 2005) Implementation Status

- Does the country have a [national focal point](#) (NFP) for IHR implementation?
- Has the country participated in a [JEE assessment](#)? (For more information, see Bell, Elizabeth et al., “[Joint External Evaluation-Development and Scale-Up of Global Multisectoral Health Capacity Evaluation Process.](#)”)
- Has the country developed a [NAPHS](#) based on the JEE?
- Has the NAPHS been developed using the [WHO benchmarks](#) for IHR capacities?
- What are the specific NAPHS implementation goals and targets?
- Are there identified human resource capacity gaps that hinder NAPHS implementation at the national and subnational levels and would help make the case for a budget increase?

Costing, Budgeting and Funding

- If a national IHR focal point has been designated, is the department, agency or office adequately funded?
- If the country has participated in a JEE assessment, what findings might inform the policy objective and prioritize funding needs?
- If there is funding for NAPHS implementation, is that funding provided through a budget line or other method?
- What is the estimated cost to implement the NAPHS?
- What are the domestic and international funding sources for NAPHS implementation?
- Is health security funding allocated to IHR focal ministries, departments and agencies (MDAs)?
- Is the release of funds timely?
- Are there bureaucratic bottlenecks which hamper the release of funds?
- Are there a processes and policies to “fast-track” funding for health emergencies?
- Did the country conduct a [WHO resource mapping](#) (REMAP) [assessment](#)?
- What is the funding gap for NAPHS implementation?
- What is the current and projected state of the economy?
- What are the major drivers of the economy?
- What is the economic philosophy of the ruling party?



B. POLITICAL MAPPING

The [Political Mapping worksheet](#) supports the development of this part of the landscape analysis.

The government structure and political environment determine the access points and levers for policy change. Understanding how a government makes decisions and who holds the decision-making power is essential to developing an effective advocacy campaign.

Identifying the government agencies responsible for each step of the budget process will form the basis for government decision-maker mapping and mapping of the budget process.

Political mapping is guided by the following questions:

Roles and Responsibilities

- What steps do government agencies and the legislature take to develop laws, regulations, or other relevant measures to establish and quantify budget allocations in the budget process?
- Which parts of the government are responsible for developing, approving and disbursing budget allocations? What roles do they play at different points in the budget process?
- What is the budget timeline from initial steps to shape the budget to when the budget is passed and signed into law? For example: 1) Budget framework developed in February; 2) Draft budget estimates submitted in April; 3) Budget estimates approved in May; 4) Minister of Finance presents approved budget in June.

Factors influencing the budget

- What is the role of local government in determining national priorities?
- Are there policy frameworks or national plans that drive funding priorities?
- When are the national elections? How might the election cycle affect the advocacy campaign?
- How do the interests and priorities of international development partners influence the budget for health security?

Policy levers

- What are the access points and opportunities for inputs to shape funding priorities?



- Who are the influential political leaders, committees or agencies that drive or approve policy change?
- What are potential opportunities to raise epidemic preparedness as a political priority during an election cycle or budget year?
- Are there policy frameworks in development, such as medium-term national development plans, that can be vehicles to establish or affirm epidemic preparedness as a national funding priority?

Health agenda

- Is health or health security on the national agenda and in line with IHR provisions?
- Is there expressed political support for health programs? If so, is support matched with adequate financing commitments?

C. BUDGET PROCESS

The [Mapping the Budget Process worksheet](#) supports the development of this part of the landscape analysis.

The budget process and timeline determine the type and timing of advocacy activities. Creating an outline of each phase of the budget process will illustrate which agencies or officials should be engaged and when in the budget process. The timeline will inform steps to achieve the Policy Objectives (Module 1.2) as well as the best access points to address bureaucratic delays or other challenges while Planning for Sustainability (Module 4).

Considerations when assessing the budget process:

- What budgetary allocations or decisions are relevant to the funding of epidemic preparedness?
- What steps are required to establish and determine budget allocations, and what steps are needed for government bodies to access the funds?
- What is the timeline for the budget from early development through passage by legislative bodies and the executive branch of government?
- Are there national or health department budget frameworks that prioritize spending during and beyond the next budget cycle?
- What are the current and potential funding pathways, such as a budget line, to support health security financing?
- What are the sources and types of non-governmental funding for epidemic preparedness, such as foreign donor grants and loans (the World Bank [REDISSE Program](#), etc.), or the private sector?
- Are the funding sources sustainable?



D. LEGAL ANALYSIS

The [Legal Analysis worksheet](#) supports the development of this part of the landscape analysis.

A preliminary legal analysis is an in-depth assessment of current and pending laws, regulations, and other measures that are relevant to the policy goal. Ideally, this analysis is conducted by a lawyer who is familiar with the local legal system and issues related to the policy objective – such as epidemic preparedness and budget processes.

The legal analysis provides an overview of relevant legislative and regulatory measures, including their strengths and weaknesses, related to the policy objective. For instance, the analysis might identify that there is a government fund for disease outbreak *response*, but no provision for funding epidemic *preparedness*. The analysis also summarizes which government bodies—such as ministries and agencies—are relevant for the policy objective, including their mandates and the scope of their authority. This information clarifies whether appropriate government bodies exist and have the necessary authority for the policy objective.

The information gathered in the legal analysis will help determine the policy objectives (Module 1.2) and map potential pathways for achieving the policy objective. If there are multiple options, then political and other considerations can be layered onto the analysis to inform the decision of which pathway to pursue.

Key components of a legal analysis include an assessment that covers the following considerations:

1. Legal Framework:

What current and pending laws, regulations and other measures affect and could enhance epidemic preparedness and funding for NAPHS implementation? Include government strategies or plans of action and policy frameworks. Do separate laws addressing similar issues need to be amended, streamlined or aligned? Consider which ministries, agencies and departments have relevant responsibilities for implementation, monitoring and evaluation, and whether they have adequate and appropriate authority to achieve the policy goal. To the extent possible, assess whether current measures are being adequately implemented and funded. If they are, assess what is working well that could potentially be built upon. If not, try to identify what types of issues exist, such as resource constraints, lack of trained personnel, or lack of political will.

2. Legislative/Regulatory Process:

What procedures and timelines are followed to introduce and enact legislation and issue regulations, or other relevant measures such as guidelines? Include in the assessment both formal and informal steps. Determine key points for advocacy efforts, such as public comment periods. Identify which committees and ministries, departments and agencies have authority or oversight responsibilities for the policies.



3. Legal Gaps:

What gaps exist in the country's legal framework that present barriers to implementing IHR capacities? Assess health emergency legislation, regulations and other measures to support epidemic preparedness and funding streams. Elements of a legal framework can be found in the Resolve to Save Lives guide "12 Characteristics of an Effective Public Health Emergency Law."

4. Legislative Solutions:

What are the potential legislative, regulatory or other pathways to achieve the policy goal? Assess and describe identified opportunities.

5. Implementation of Legal Frameworks:

Does the legislature ensure that existing legal frameworks are implemented by the executive branch, through hearings and other oversight mechanisms?

For more information about conducting a legal analysis, see the Global Health Advocacy Incubator paper "[Legal Issues in the Design and Implementation of Public Health Measures](#)."

E. STAKEHOLDER MAPPING

The [Government Decision-maker Mapping](#), [Nongovernment Stakeholder Mapping](#) and [Media Mapping worksheets](#) support this part of the landscape analysis.

Understanding which stakeholders, decision-makers and policy influencers to target is vital to achieving the policy objectives. The mapping of government decision-makers, nongovernmental stakeholders and media will identify potential partners, allies, and policy champions to engage and routes to amplify messages. You will also need to know decision-makers' positions on the policy change and anticipate any opposition you may encounter.

1. Government Decision-makers

Government decisions-makers are individuals with the authority and influence to shape and approve policy and set budget allocations and disbursements. Your campaign will need to reach these decision-makers, as well as the people who can influence them, to achieve the policy objectives. Consider key officials as well as others who are relevant to the decision-making process within government ministries, departments or agencies and the legislature.



Government officials and staff can be effective allies in advocacy by generating support and interest among colleagues, facilitating meetings, enabling access to legislative or regulatory process and creating media opportunities to increase and build broad public and political awareness.

The decision-makers will be referenced to develop Policy Objectives (Module 1.2) and the Strategic Plan (Module 1.3).

Questions to consider when mapping government decisions-makers:

- Who are the decision-makers in government with authority over epidemic preparedness policy and funding?
- Do stakeholders in government advocate for epidemic preparedness as a national political priority? If so, who are they? What position do they hold? What is their primary policy objective?
- What strategies or activities have governmental stakeholders participated in to improve epidemic preparedness and prevent disease outbreaks?
- Are there intergovernmental steering committees or working groups focused on health security? If so, how are these bodies structured? What are the mandates, roles, and responsibilities of each governmental group?
- Who participates in the multi-sectoral steering committees and working groups related to epidemic preparedness? What are the roles and power relationships of the government stakeholders in these working groups?
- Which government stakeholders are potential allies or policy champions to enlist in the campaign?

2. Nongovernmental Stakeholders

Civil society, the private sector, international partners or donor agencies and other nongovernmental stakeholders may be impacted or otherwise interested in the epidemic preparedness budget and related policy issues. They may lend support to your agenda and be interested in joining the campaign; some may also have influence over or connections with the government decision-makers.

These stakeholders will be referenced in Module 1.2, “Building a Coalition of Advocates.”



Questions to consider when mapping nongovernment stakeholders:

- Who are the leading nongovernmental stakeholders—e.g. civil society organizations (CSOs), academic institutions, and private sector representatives—working on national or subnational epidemic preparedness?
- What activities or campaigns have non-governmental stakeholders participated in related to epidemic preparedness and the impact of disease outbreaks? Is public demand for health security part of the national conversation at stakeholder sessions held by government or reported by the media? For example, CSOs engaging in ongoing advocacy for universal health care, health equity or improved government response to recurrent outbreaks such as cholera. What is the non-governmental landscape for advocacy related to achieving WHO's Sustainable Development Goals (SDGs)?
- Are there existing coalitions that focus on health, health security or budget advocacy?
- Do nongovernmental organizations (NGOs) participate in government multi-sectoral steering committees and working groups related to epidemic preparedness? If so, what is their role and primary policy goal?
- Which NGOs should inform the development of the advocacy strategy for your campaign?
- What budget advocacy training and capacity-strengthening is needed for coalition members to advocate for epidemic preparedness and budget increases?

For more information about nongovernmental stakeholders and coalition-building, see the Global Health Advocacy Incubator, "[Advocacy Action Guide: A Toolkit for Strategic Policy Advocacy Campaigns](#)," section 3 ("Strong Partnership Coordination").

3. Media

The media helps shape public perceptions. Mapping the most influential outlets and platforms can help you develop a communications strategy to build public and political support for epidemic preparedness financing throughout the advocacy campaign.

This information will contribute to the Strategic Plan (Module 1.3) and the Communications Plan (Module 2.3).



Questions to consider when mapping the media landscape:

- What media platforms (online, print, television, radio) most effectively reach government leaders and the public?
- What are the most influential and popular media outlets? Consider print or digital newspapers, and television and radio stations.
- Which social media platforms are most popular? Who are the influencers and thought leaders on those platforms?
- Are disease outbreaks and epidemic preparedness a topic in media coverage and social media conversations? If so, are there common themes to these stories?



Module 1.2

Defining Policy Objectives

The [Developing Policy Objectives worksheet](#) supports the identification of policy objectives.

Every advocacy campaign has a goal, such as “increased funding for epidemic preparedness and response.” The campaign’s policy objectives describe the policy changes necessary to achieve that goal.

How to define the policy objective, the action by government to increase funding for epidemic preparedness:

A successful campaign starts with clear objectives that are Specific, Measurable, Achievable, Relevant and Time-bound (SMART). Make sure your objectives are linked to policy change and existing evidence and informed by the landscape analysis. Ideally, your policy objective will address a gap in funding or the existing policy environment and provide an evidence-based solution. These objectives will be informed by the information you gathered in the landscape analysis worksheets.

The policy objectives should always contain three key components:

- **Policy “actor” or decision-maker.** The person(s) or decision-making body with the power to make the policy change a reality.



Examples: Member of Parliament, minister, a relevant parliamentary committee, sub-national legislature or ministerial office.

The relevant actors for each stage of the budget process can be identified through the Government Decision-Maker Mapping worksheet.

- **Policy “action.”** The decision that you want the actor to take and the regulatory pathway or process to follow for the action to be taken. The assessment of existing laws, regulations and processes identifies how to achieve the policy action, by what actor(s) or process, and the target date for the action.

Examples: enact, amend or repeal a policy, establish a new budget line, allocate funds or issue a mandate to effect change.

Beneficial policy actions can be identified through the Country Context worksheet (particularly the “Funding Gaps” question) and the Legal Analysis worksheet (particularly the “Legislative Solutions” section).

- **Timeline for change.** The date by which you seek the action.

The following is a generic policy objective example for budget advocacy with a clear actor, action and timeline:

By December 2023, Parliament will approve a ten percent increase in the national health budget.



1

Module 1.3

Constructing a Strategic Plan

The [Strategic Plan worksheet](#) supports the development of the strategic plan.

What is a strategic plan?

The strategic plan lays out advocacy strategies based on information learned through the landscape analysis. The strategic plan includes policy objectives, and the action needed for each step of the campaign, with timelines and indicators of success that can be tracked and evaluated. The strategic plan is a living document that is referenced and updated along the life span of the campaign to guide the campaign and account for changes as the landscape continues to evolve.

Strategic Plan Outline:

1. Policy Objective

State the policy objectives using the SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) criteria to clearly identify the policy actor, policy action and timeline for the action to take place. The policy objectives will have been defined through the *Developing Policy Objectives* worksheet.

2. Indicator of Success

Describe how you will know when the objective has been achieved.

Examples:

- *The President proposed a budget increase.*
- *The legislature's budget committee proposed a budget increase.*
- *The legislature passes a budget increase.*
- *The country's economic development plan includes epidemic preparedness priorities*

3. Strategies

Strategies are the broad approaches the campaign will take to achieve the policy objective. Common strategies include policymaker engagement, coalition building, boosting media coverage and raising awareness through information dissemination. Strategies may be based on the “Opportunities” column of the *Government Decisionmaker Mapping* worksheet, which should suggest specific ways to motivate or support individual decision-makers.



4. Activities

Each strategy is supported by activities, which are the actions the campaign will take to achieve the policy goal. Examples of activities include: curating information; developing and disseminating policy papers; building advocacy capacity among coalition members; engaging government policymakers, such as by hosting policy forums; and identifying the types and timing of media engagements. Be as specific as possible and consider the budget cycle in planning. The questions below can help to determine specific activities that will be most effective for each particular campaign.

Each strategy and activity will be informed by these considerations:

- **Political Environment:** Consider a) the political context; b) whether there is political will to support the policy goal; c) active legislative activities related to the policy goal (which will allow framing of activities within the current context); and d) potential policy champions in government. Relevant decision-makers and influential policymakers will have been identified in the *Developing Policy Objectives and the Government Decision-maker Mapping worksheets*.
- **Relevant Policies/Plans:** Provide a summary of existing policies or work plans that are relevant to the policy objective being pursued. Include whether there is an IHR focal agency, the JEE score and NAPHS implementation status. This information will have been identified in the *Country Context worksheet*.
- **Target Audiences:** Determine primary target audiences (individuals who can directly effect change, including government decision-makers) and secondary target audiences (those who influence the process, including nongovernmental stakeholders) to achieve the policy objective. What is the best way to reach them? This information can be found in the *Government Decision-maker Mapping and Nongovernmental Stakeholder Mapping worksheets*. The [Power Mapping worksheet](#) can help prioritize audiences by representing visually the stakeholders with the most interest and influence.
- **Media Advocacy:** Consider what media strategies will be necessary to keep your objective visible and framed as a critical public health issue, expose policymakers and the public to evidence, promote solutions to policy challenges, and inspire policymakers to act and the public to demonstrate their support. These approaches may incorporate owned media (e.g., a blog or website), earned media (coverage in a third-party media outlet), paid media (advertising) and social media to create an environment favorable to policy change. These strategies will be supported by the *Communications Plan*, discussed in the next module.

5. Person(s) Responsible

- Which organizations and individuals in the advocacy campaign will be responsible for carrying out each activity? Consider each advocate's skills, contacts and other assets. These questions will be considered in more detail in Module 2, through the *Building a Coalition of Advocates worksheet*.



6. Information and Resource Needs

- **Prevalence, Burden and International Health Regulations (IHR 2005) Capacities:** What background information is relevant to make the case for epidemic preparedness? Describe relevant disease burden information, including endemic and recurring disease outbreaks that support the policy objective and NAPHS implementation status. This information can be found in the *Country Context* worksheet.
- **Policy-Related Research and Plans:** Describe what research is available within the context of your policy objective and how the research could be used to support advocacy. For example, what research or data is available on the impact of past epidemics, the cost benefit of preparedness compared to the loss of life and livelihood? If there is insufficient research, what opportunities are there for new research to support the policy goal, and who might be able to conduct the research? If new policy-oriented research is planned, does that timeline fit the advocacy timeline?
- **Allies and Partners:** Who are key stakeholders and stakeholder organizations already involved in relevant advocacy or policy work (consider CSOs, academic institutions, government officials and government bodies)? You may wish to refer to the *Nongovernmental Stakeholder Mapping* worksheet. Who are potential new stakeholders and organizations to involve in the campaign? What strategies will most effectively bring all stakeholders together to advance your policy goal?
- **Resources Needed:** What resources are needed to carry out each activity? This may include funds or other material resources, evidence, networks and paid media.

Potential Obstacles

What are some of the reasons the policy objective might not be achieved (e.g., a lack of awareness and political will or other, competing priorities). Advocates and government leaders may not be aware of the health security capacity targets and funding gaps. The campaign's strategies must address and be able to overcome these obstacles.

For more information about developing a strategic plan, please see "[Advocacy Action Guide: A Toolkit for Strategic Policy Advocacy Campaigns](#)," section 5 ("*Strategic Planning*").



Step 1 Worksheets

[Country Context \(Module 1.1.A\)](#)

[Political Mapping \(Module 1.1.B\)](#)

[Mapping the Budget Process \(Module 1.1.C\)](#)

[Legal Analysis \(Module 1.1.D\)](#)

[Government Decision-maker Mapping \(Module 1.1.E.1\)](#)

[Nongovernmental Stakeholder Mapping \(Module 1.1.E.2\)](#)

[Media Mapping \(Module 1.1.E.3\)](#)

[Developing Policy Objectives \(Module 1.2\)](#)

[Strategic Plan \(Module 1.3\)](#)

[Power Mapping \(Module 1.3.4\)](#)

Country Examples

In **Nigeria and Senegal**, landscape analyses led to a clear policy objective and informed the advocacy approaches and engagement with civil society partners.

Nigeria

At the national level, the landscape assessment identified an opportunity to build momentum for line-item funding for the Nigeria Center for Disease Control (NCDC) and passage of the NCDC Act in 2018. With line-item funding, NCDC's budget more than doubled between FY 2019 and FY 2022.

At the state level, in Kano and Lagos, landscape assessments and discussions with relevant government departments and agencies, as well as CSOs, suggested that a new budget line for epidemic preparedness was the best target for the advocacy campaigns. Each campaign successfully achieved a new budget line for epidemic preparedness in the first year of advocacy.



Senegal

The landscape assessment and civil society partner discussions indicated that a feasibility study would help to make the case and generate support for increased investments in epidemic preparedness. The study, titled “Project for Support of Health Emergency Crisis Management” (Projet d’Appui à la Prise en Charge des Crises et Urgences Sanitaires au Sénégal), or PAPCCUSS, included a persuasive cost-benefit analysis. The study generated political will for funding across sectors, leading to inclusion of the proposal in the Ministry of Health Public Investment Program for 2021-2023.

For more information, see the case studies [Epidemic Preparedness in Nigeria: Making the Case for Increased Federal, State and Local Investments](#) and [Epidemic Preparedness in Senegal](#)



Resources

African Summit on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, “Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases” (2001).
<https://au.int/sites/default/files/pages/32894-file-2001-abuja-declaration.pdf>

Bell E, Tappero JW, Ijaz K, et al. “Joint External Evaluation-Development and Scale-Up of Global Multisectoral Health Capacity Evaluation Process” (2017).
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5711324/>

Blake P, Wadhwa D, “2020 Year in Review: The Impact of COVID-19 in 12 Charts,”
<https://blogs.worldbank.org/voices/2020-year-review-impact-covid-19-12-charts>

Global Health Advocacy Incubator, *Advocacy Action Guide*,
<https://advocacyincubator.org/wp-content/uploads/2019/01/Final-Advocacy-Action-Guide.pdf>

Global Health Advocacy Incubator, “Advocacy Tools,”
<https://advocacyincubator.org/ghai-advocacy-tools/>

Global Health Advocacy Incubator, *Budget Advocacy Framework*,
<https://advocacyincubator.org/budget-advocacy-framework/>

Global Health Advocacy Incubator, *Epidemic Preparedness in Nigeria: Making the Case for Increased Federal, State and Local Investments*,
<https://advocacyincubator.org/wp-content/uploads/2021/09/GHAI-PE-Nigeria-Case-Study-Sept-2021.pdf>

Global Health Advocacy Incubator, *Epidemic Preparedness in Senegal*,
https://advocacyincubator.org/wp-content/uploads/2021/04/Case_Study_Epidemic_Preparedness_Senegal.pdf

Global Health Advocacy Incubator, “Legal Issues in the Design and Implementation of Public Health Measures,”
https://advocacyincubator.org/wp-content/uploads/2021/11/Legal_issues_public_health_measures.pdf

Global Health Advocacy Incubator, “Prevent Epidemics,”
<https://advocacyincubator.org/preventing-epidemics/>

Resolve to Save Lives, “12 Characteristics of an Effective Public Health Emergency Law,”
<https://preventepidemics.org/covid19/resources/12-characteristics-of-an-effective-public-health-emergency-law/>

United Nations, “Sustainable Development Goals,”
https://sdgs.un.org/#goal_section

The World Bank, “Current Health Expenditure per Capita,”
<https://data.worldbank.org/indicator/SH.XPD.CHEX.PC.CD>

The World Bank, “Epidemic Preparedness and Response,”
<https://www.worldbank.org/en/results/2020/10/12/epidemic-preparedness-and-response>

World Bank, “From Panic and Neglect to Investing in Health Security: Financing Pandemic Preparedness at a National Level, December” (2017),
<https://www.worldbank.org/en/topic/pandemics/publication/from-panic-neglect-to-investing-in-health-security-financing-pandemic-preparedness-at-a-national-level>

The World Bank, “Health,”
<https://data.worldbank.org/topic/8>

The World Bank, “Total Population,”
<https://data.worldbank.org/indicator/SP.POP.TOTL>

World Health Organization, “Advancing the Right to Health: The Vital Role of Law” (2017),
<https://apps.who.int/iris/handle/10665/252815>

World Health Organization, “Budget Matters for Health: Key Formulation and Classification Issues,” 2018,
<https://www.who.int/publications/i/item/WHO-HIS-HGF-PolicyBrief-18.4>



World Health Organization, “Disease Outbreak News,”
<https://www.who.int/emergencies/disease-outbreak-news>

World Health Organization, “Global Health Observatory,”
<https://www.who.int/data/gho/data/countries>

World Health Organization, “Joint External Evaluation,”
<https://www.who.int/emergencies/operations/international-health-regulations-monitoring-evaluation-framework/joint-external-evaluations>

World Health Organization, “Mapping the Risk and Distribution of Epidemics in the WHO African Region: A Technical Report,” [2016],
<https://apps.who.int/iris/handle/10665/206560>

World Health Organization, “National Focal Points,”
<https://www.who.int/teams/ihr/national-focal-points>

World Health Organization, “NAPHS for all: A Country Implementation Guide for National Action Plan for Health Security (NAPHS),” [2019],
<https://apps.who.int/iris/bitstream/handle/10665/312220/WHO-WHE-CPI-19.5-eng.pdf?sequence=1>

World Health Organization, “Resource mapping – REMAP”
<https://extranet.who.int/sph/resource-mapping>

World Health Organization, “Resource mapping and impact analysis on health security investment (REMAP): strategic partnership for IHR (2005) and health security (SPH).” World Health Organization, [2019],
<https://apps.who.int/iris/handle/10665/329385>

World Health, Organization, “SCORE Country Profiles,”
<https://www.who.int/data/data-collection-tools/score/country-profiles>

World Health Organization, “WHO Benchmarks for International Health Regulations (IHR) Capacities,” <https://apps.who.int/iris/handle/10665/311158>



Campaign Implementation

During this campaign step you will build coalitions, engage policymakers, generate media coverage and mobilize support for increased funding.

Once the landscape is understood, the policy objective is defined, and the country strategy is developed, it is time to implement the advocacy campaign. This includes three key components, each of which will be covered in a separate module:

Module 2.1 **Building a coalition of advocates**

Module 2.2 **Engaging policymakers and fostering an enabling environment**

Module 2.3 **Designing a media advocacy campaign**



Module 2.1

Building a coalition of advocates

The [Building a Coalition worksheet](#) supports the activities in this module.

How coalition-building supports policy change:

Working in a coalition or partnership with others is the best way to demonstrate support for your policy goal. The nature of engagement may vary depending on the policy objective.

Coalitions can be more or less structured and can continue indefinitely or end after a specific milestone has been achieved.

Coalitions made up of civil society organizations (CSOs) and other nongovernmental organizations (NGOs) will help to keep epidemic preparedness at the forefront of public and political discourse by:

- Generating social momentum.
- Ensuring media coverage of the topic through press releases and op-eds, invitations to journalists to attend campaign events, and other activities.
- Leveraging coalition members' convening ability through their networks which contribute to robust attendance at policy forums and other events.
- Bolstering stakeholder outreach and amplifying epidemic preparedness messaging.
- Coordinating stakeholder input to pending legislation and public health development plans.
- Providing technical assistance and talking points to policymakers.

How to build a civil society coalition:

- Map CSOs to make a comprehensive list of those involved in health policy and budget advocacy by referencing the *Nongovernmental Stakeholders Mapping* worksheet.
- Through research and meetings, profile potential coalition members in terms of interest, expertise, experience and value-add to advocacy efforts. Considerations include:
 - What specific topical issues do they address (e.g., a particular health topic; a focus on health financing, governance, legislative reform; etc.)?
 - Do they focus on advocacy at the national level and/or subnational level?
 - What are the organization's core strengths (e.g., communications, traditional or social media, direct engagement of policymakers, grassroots organizing, etc.)?



- In what other campaigns have they engaged?
- If targeting legislators, what current demands are they making? Is there an overlap or potential competition with our policy objective?
- What role could the organization potentially play in the campaign?
 - › Basic level: Purely information sharing and communication
 - › Mid-level: Some coordination and occasional joint activities
 - › High-level: Close collaboration and co-organizing a significant proportion of all activities going forward
- Outline a vision and objectives (or terms of reference) for the proposed coalition, identify and recruit potential members.
- To form the coalition, identify leadership roles, the frequency of meetings and modes of communication.
- Coordinate advocacy activities to amplify campaign messaging through roundtable discussions, meetings with policymakers and earned and social media.

How to support a civil society coalition:

Support a strong civil society coalition through regular meetings, calls, emails or group messages to align policy objectives, make plans, share and update information and define roles, responsibilities and timelines.

Actions to support a coalition:

- Develop and share talking points, background materials and fact sheets for advocacy.
- Share resources and legislative updates to support the development and revision of campaign messages.
- Organize stakeholder sessions, roundtable discussions and policy forums that bring together coalition members, policymakers in government and the media to drive action towards the policy objective. Ensure participation of relevant stakeholders.
- Invite policy makers to champion activities for ownership.
- Draft joint letters, press releases and op-eds to keep epidemic preparedness at the top of the public and political agenda.
- Designate policy champions and subject matter experts to participate in press conferences, interviews, site visits and social media activities.
- Plan awards ceremonies and press events to recognize NGOs, media and government stakeholders engaged in advocacy.



Module 2.2

Engaging policymakers and fostering an enabling environment

The [Engaging Decision-makers worksheet](#) supports the activities in this module.

Regular engagement with political leaders increases discourse, builds trust and strengthens political will for government action to achieve the policy objective.

Ways to engage political decision-makers:

- Secure firm commitments from policymakers to support epidemic preparedness funding at events and publicize their public statements.
- Identify and invite government leaders to be policy champions for epidemic preparedness.
- Share educational materials, reports, fact sheets and position papers that contain relevant data and talking points to help political leaders advocate for epidemic preparedness.
- Organize educational forums, panel discussions, conferences and political roundtables for government, nongovernmental entities and other stakeholders to promote action, elevate discussion and increase discourse.
- Testify before legislative committees and other political forums and coordinate NGO participation in government-led sessions.
- Request NGO participation in intersectoral expert committees to advise on policy development and promote an inclusive government process.
- Provide expert advice and technical assistance in policy drafting.

Crafting your message:

Preparation is key when speaking with decision-makers. Advocates should make sure their messages answer these four questions:

- What is the problem?
- Why does it matter?
- What is the action that needs to be taken?
- When does this action need to be taken by?



The worksheets from Step 1 can help to craft these messages.

- From information gathered in the *Country Context* worksheet: Consider the “key messages” that can be used to persuade policymakers and the public about the importance of investments for epidemic preparedness.
- From the *Political Mapping* worksheet: Consider the documents and evidence that can support your messages.
- From the *Government Decision-Maker Mapping* worksheet: Consider the decision-makers’ values and interests and the question “What’s in it for me?” from their perspective.
- From the *Media Mapping* worksheet: Consider communications channels that might reach the decision-makers.

For more information about engaging with policymakers, see the Global Health Advocacy Incubator’s [Advocacy Action Guide](#), part 7: “Talking with Policy-Makers.”



Module 2.3

Designing a media advocacy campaign

The [Developing a Communications Plan worksheet](#) supports the activities in this module.

Media advocacy to support campaign objectives:

Media advocacy is essential to building public and political demand, as well as cultivating champions who publicly associate themselves with the health security agenda. A well-designed media campaign will promote epidemic preparedness as a public and political priority and support the campaign's policy objectives. The strategies include earned (e.g., traditional), owned (e.g., blogs), social (e.g., Facebook and Twitter) and paid (e.g., advertisements) media. Effective outreach and promotion on traditional and social media are essential to building support for a campaign's policy objectives.

Successful media strategies target key policymakers and the public with evidence-based messaging that makes the case for the epidemic preparedness funding and provides policy solutions for government intervention. Media advocacy amplifies public statements and magnifies the impact of effective campaign voices to mobilize government action and sustain public support.

Media advocacy activities to consider:

Earned Media:

- Share campaign messages and materials with journalists and media outlets about the critical need for coverage of health security. Messaging may include the return on investment for funds spent on preparedness and the high cost of past and present outbreaks on society, including increased death and disease and social harms, the lasting economic impact and more. (For more information on the return on investment for epidemic preparedness, see Resolve to Save Lives, [“Why Epidemic Preparedness is a Smart Investment”](#) and [“Epidemics That Didn’t Happen.”](#))
- Cultivate relationships with journalists through journalism workshops and webinars. Engaged journalists will, in turn, report on health security as a funding priority, drawing attention to the topic.
- Plan and stage media events, such as press conferences, site visits and public forums featuring health security policy experts and policymakers in government to generate coverage and provide opportunities for press interviews and engagements.
- Frame epidemic preparedness as a national priority through letters to the editor, opinion articles, and coverage in media outlets.



- Compile persuasive quotes, vignettes and video testimonials to share with policymakers and the media to maintain ongoing attention and coverage.
- Sponsor journalism fellowship programs to promote quality coverage of the need for epidemic preparedness funding, the human and economic cost of budget shortfalls, and potential policy solutions.
- Establish journalism awards to recognize and inspire quality media coverage around the topic of epidemic preparedness.

Owned Media:

- Consider how digital advocacy will advance each phase of campaign.
- Create and manage active campaign websites and appropriate social media channels.
- Provide updates—through events, webinars, workshops or newsletters—about campaign milestones, budget needs and ideas for interviews with people and businesses impacted by outbreaks.
- Develop short-term campaign activities that support policy goals at grassroots and grass tops levels.
- Conduct an email action campaign to send emails to targeted policymakers.

Social Media:

- Create a campaign-specific hashtag, such as *#PreventEpidemicsNaija* or *#FundEpidemicPreparednessGh*, for use across social media in posts by campaign partners and other stakeholders.
- Provide template social media toolkits—with pre-made content, images, the campaign hashtag, and a call to action—for partners to draw from and share content. One example is SEND GHANA's toolkit for the *#FundEpidemicPreparednessGH* social media campaign (attached).
- Hold interactive events—such as Twitter Chats, Twitter Spaces, Facebook Live, and Instagram Live—with issue experts to raise awareness about the urgent need to support epidemic preparedness. These events should include public health officials, community advocates, and health experts, among others.
- Encourage opinion leaders to speak up about epidemic preparedness through social media and during press interviews.
- Share clear campaign messages for social influencers' use on their own social media channels.



Paid Media:

- Advocacy campaigns do not need to engage in paid media to succeed. However, if funding is available, consider these activities:
 - Develop television and print advertising and support sponsored media; the call to action for all media should be for more funding for epidemic preparedness.
 - Boost Facebook posts and purchase sponsored tweets to increase visibility.

Media Impact Measurement:

- Evaluate traditional and social media performance and impact of the campaign. This can be measured in number of articles placed, the overall tone of the articles, use of the campaign hashtag and number of accounts reached.
- Track engagements and reactions from targets online (i.e., likes, comments, shares, re-posts).

For more information on developing a media advocacy strategy, see the Global Health Advocacy Incubator's [Public Health Media Advocacy Action Guide: Elements of a Media Advocacy Campaign](#).

Cultivating Social Media Influencers

Influencers tend to sway opinions on social media platforms like Facebook, Instagram, Twitter and YouTube. An influencer's credibility comes from their online persona, their content and their perceived authenticity. Influencers may include:

- Individuals with large grassroots followings online who can build awareness and engagement.
- Individuals who have compelling personal stories strategic to your issue.
- Individuals who are considered to have expertise on a particular topic and create compelling content around their expertise.

When evaluating the potential impact of social media influencers, communicators often consider these factors:

- **Reach:** The size of the influencer's social media following.
- **Commitment:** The influencer's anticipated level of participation in campaign activities.
- **Strategic value:** How much the influencer's support strategically furthers the campaign objectives.

These questions should be considered for each influencer the campaign seeks to engage:

- Which target audience can they influence?
- How will they be recruited?
- What is the action "ask"?
- How will success be measured?



Step 2 Worksheets

[*Building a Coalition \(Module 2.1\)*](#)

[*Engaging Decision-makers \(Module 2.2\)*](#)

[*Developing a Communications Plan \(Module 2.3\)*](#)



Country Examples

In Nigeria and Senegal, budget advocacy campaigns leveraged civil society coalitions, engagements with key policymakers, and media advocacy to advance the policy objective.

Building a coalition of advocates

Nigeria

In Kano, the Prevent Epidemics program and GHAI partner the Legislative Initiative for Sustainable Development (LISDEL) built a coalition to advance budget advocacy for epidemic preparedness. GHAI and LISDEL conducted mapping to identify stakeholders and policymakers engaged in public health policy advocacy to form the Kano State Health Security Advocacy Team (KHESAT). With GHAI and LISDEL, KHESAT activities included information sessions on health security policy and financing and workshops to discuss the development of a Health Security Accountability Framework to track epidemic preparedness budget allocations and funding gaps. LISDEL also engaged the media at policy discussions and other advocacy meetings and events. (Photo and media parley held by LISDEL and KHESAT meetings with Hamza.)

Senegal

The nongovernmental organization, ONG-3D, created a civil society coalition to work with Senegal's Emergency Operations Center (COUS) for increased epidemic preparedness funding. The coalition, the Société Civile pour la Prévention des Épidémies et la Gestion des Catastrophes (COSPEC), included leaders in budget transparency, women's rights, youth, disability, training and education, and the environment. GHAI and ONG-3D helped COSPEC organize educational workshops on epidemic preparedness and meetings to coordinate advocacy efforts. COSPEC helped lay the groundwork for the development of a feasibility study, "Projet d'Appui à la Prise en Charge des Crises et Urgences Sanitaires au Sénégal" (PAPCCUSS). The PAPCCUSS proposal coalesced coalition and political support around epidemic preparedness priorities.



Engaging policymakers

Nigeria

At the national level, GHAI and civil society partners worked closely with well-established coalitions, including the Health Sector Reform Coalition (HSRC) and the Legislative Network for Universal Health Coverage (LNU). GHAI and partners coordinated meetings with government policymakers and their staff to highlight the importance of epidemic preparedness funding in Nigeria. Activities such as site visits, roundtable discussions, and coordinated participation in government-led stakeholder sessions highlighted epidemic preparedness as a national priority, engaged high-level policymakers, and generated supportive media coverage. (Photo of airport visit to Lagos relates to this paragraph, also a photo from a roundtable discussion and media parley)

Senegal

COSPEC members worked closely with Senegal's Health Emergency Operation Center (EOC) to support government engagement in budget advocacy. ONG-3D invited political decision makers from the Ministry of Health, Ministry of Finance, the Directorate General of Health, the Directorate of Research, Planning and Statistics, the Ministry of Tourism, the Ministry of Commerce, and the Ministry of Defense to strategic planning sessions and roundtable discussions with the EOC to share educational materials and information to plan an effective and coordinated political strategy.



Designing a media campaign

Nigeria

GHAI's partner leading media engagement, Nigeria Health Watch (NHW), held workshops for journalists to highlight the importance of reporting on epidemic preparedness, lessons learned from the COVID-19 pandemic, and the role media can play in pushing for epidemic preparedness. NHW invited journalists to events and used social media to share photos, videos, public statements and quotes made by policymakers. NHW created the #PreventEpidemicsNaija hashtag to amplify campaign messaging on social media and track online dialogue about epidemic preparedness. The hashtag was part of all social media postings and used as the name of the annual #PreventEpidemicsNaija Journalism Award, sponsored by GHAI and NHW to generate and amplify quality earned media on the importance of epidemic preparedness. These activities incentivize new and continued press coverage about disease outbreaks and the need for increased and sustained epidemic preparedness financing to protect public health. (Photos from the journalism award apply here.)

Senegal

ONG-3D engaged the media throughout the campaign. Activities ranged from holding journalism webinars and press conferences to producing a series of video reports aired on the popular television program, "Focus." The videos featured statements by the Ministry of Health's Director of Medical Prevention and the chairs of the National Assembly's Health and Finance committees, among others. The broadcasts reached approximately 5 million viewers, broadly increasing public and political awareness of epidemic preparedness funding needs. GHAI and ONG-3D also hosted information sessions on epidemic preparedness for journalists, developed story ideas and discussed ways to embed epidemic preparedness messages into health reporting.

For more information, see the case studies [Epidemic Preparedness in Nigeria: Making the Case for Increased Federal, State and Local Investments](#) and [Epidemic Preparedness in Senegal](#).



Resources

Global Health Advocacy Incubator, “Advocacy Action Guide,”
<https://advocacyincubator.org/advocacy-action-guide/>

Global Health Advocacy Incubator, “Epidemic Preparedness in Nigeria: Making the Case for Increased Federal, State and Local Investments,” [h
https://advocacyincubator.org/wp-content/uploads/2021/09/GHAI-PE-Nigeria-Case-Study-Sept-2021.pdf](https://advocacyincubator.org/wp-content/uploads/2021/09/GHAI-PE-Nigeria-Case-Study-Sept-2021.pdf)

Global Health Advocacy Incubator, “Epidemic Preparedness in Senegal,”
https://advocacyincubator.org/wp-content/uploads/2021/04/Case_Study_Epidemic_Preparedness_Senegal.pdf

Global Health Advocacy Incubator, “Public Health Media Advocacy Action Guide: Elements of a Media Advocacy Campaign,”
<https://advocacyincubator.org/media-advocacy-toolkit>

Resolve to Save Lives, “Epidemics That Didn’t Happen,”
<https://preventepidemics.org/epidemics-that-didnt-happen>

Resolve to Save Lives, “Why Epidemic Preparedness is a Smart Investment,”
<https://resolvetosavelives.org/assets/Resources/ROI-Why-Preparedness-is-a-Smart-Investment.pdf>

SEND GHANA, “SEND GHANA’s Social Media Toolkit” ([attached](#))



Budget Accountability

This step of the campaign supports budget accountability by tracking budget allocations and disbursement of the increased resources, identifying bottlenecks to disbursement, and assessing and building capacity to increase budget accountability and promote efficient disbursement.

Governments must allocate and disburse resources to improve programs. Advocates should track both existing and new funding and press their government for the efficient release of resources to ensure funding is timely, disbursed in full and reaches the intended recipients. Tracking budget allocations will help to identify bottlenecks and barriers and inform policy options to improve the budget process. Tracking will also inform advocacy in the next budget cycle, help to identify where technical assistance for capacity building is needed and support funding sustainability.



Module 3

Budget Accountability

The [Budget Tracking worksheet](#) supports the activities in this module.

How to support budget accountability:

Once budget increases are achieved, budget allocations must be tracked to ensure that appropriated resources are efficiently disbursed and that there is accountability in the budget process. This means a process that is transparent, has timely reporting and is without cumbersome processes which delay or prevent the release of allocated funds. Inefficient disbursement of allocated funds is a common barrier to program improvement. Civil society can promote budget accountability by working with the government to identify and remove barriers to disbursement, and, by working collaboratively, agree on funding targets and goals in the next budget cycle.

Strategies for supporting budget accountability:

- **At the level of the Civil Society Organizations:** Involve CSOs throughout all the stages of the budget process from the formulation/conception to the reporting stage.
- **At the level of the Legislature:** Encourage the legislature to strengthen accountability for health security budget utilization through their oversight role.
- **At the level of the Executive:** Promote fiscal transparency, including through reports on budget releases across all the relevant MDAs and the disaggregation of budget expenditures for health security (e.g., distinguish between preparedness and response budget expenditures).

The Health Security Accountability Framework

In Nigeria, GHAI partners designed a Health Security Accountability Framework, in collaboration with government and civil society stakeholders, to track budget allocations and funding targets for epidemic preparedness. The Health Security Accountability Framework is a tool to increase accountability in budgeting and promote evidence-based decisions related to health security financing. Collaboration between civil society and government helps to develop a framework designed to fit the local context and current funding priorities based on an agreed set of indicators and targets. For more information, see LISDEL's "Brief on the Utilization of the Health Security Accountability Framework" (attached).



To evaluate budget allocations and disbursements, it is important to track indicators; the targets committed to by the published government budgets and policies; and the actual disbursement as well as the data sources for reference.

- 1. Indicators:** The indicators are usually based on the advocacy campaign's policy objectives. Most of the indicators are likely to be related to budget allocations and disbursements. Annual budget allocations are usually publicly accessible. Disbursements can be more challenging to access and track. However, indicators may also focus on policies that influence the budget, as well as the outcomes that the budgets and policies seek to shape.

Here are some examples of outputs for each of those categories:

- **Policies:**

- Legislation, laws, regulations, administrative requirements, policies or other government instruments in place for implementation of the National Action Plan for Health Security (NAPHS)
- Availability of national framework/guidelines detailing how funds should be utilized/expended

- **Allocation and Disbursement:**

- Percentage of costed NAPHS presented as a health security budget line in the budget
- Total health security budget
- Total health security expenditure
- Donor contributions to pandemic/epidemic intervention fund
- Private sector contributions to pandemic/epidemic intervention fund

- **Outcomes:**

- Pandemic/epidemic case detection rate as measured by Resolve to Save Lives' [7-1-7 metric for epidemic response](#) or other measures
- Percentage increase in WHO Joint External Evaluation score

- 2. Target Disbursements:** This is the total amount of funds (in expenditure totals, percentages, etc.) the government has committed to disbursing, through its budget and other policies.

- 3. Actual Disbursements:** This is how much has been disbursed, the timeliness of disbursements, and whether the funds went to the appropriate entities for the intended activities. If the government has met its targets, this information can be used to justify sustained or increased budgets in future budget cycles. If it has not, further advocacy may be needed to identify and remove barriers.



- 4. Data Sources:** This is the list of places where the information about “actual” expenditures can be found: for example, reports from ministries, departments and agencies; WHO resource mapping; documents from coalition partners; reporting from CSOs and communities about actual implementation and visible improvements; and articles in the media. In many cases, this information is not readily available, and more advocacy may be needed to obtain the data and ensure that it is reported.
-

What budget allocation challenges/barriers may be revealed by tracking funds for epidemic preparedness?

- 1. Government Bureaucracy:** Bureaucratic delays are a common challenge for budget disbursement which, if unresolved, leave budget allocations unspent by the end of the fiscal year, undermining the goal of program improvement through budget increases. These delays can be caused by:
- Lack of accountability and transparency in the budget process
 - An inefficient and cumbersome disbursement system, which requires multiple levels of government bureaucracy
 - Insufficient authority of relevant government departments over the disbursement of allocated funds
 - Inadequate funding and staffing of the agencies responsible for disbursement.

Approach: The landscape analysis can help identify the potential for bureaucratic delays (Modules 1.1.B and 1.1.C), which can be addressed through relevant policy objectives (Module 1.2).

Example: The Nigeria Centre for Disease Control (NCDC) did not have line-item funding in the national budget. In 2018, government assent for line-item funding to the agency became a primary priority of the advocacy campaign. Agreement on line-item eligibility for the agency enabled passage of the NCDC Act and first-time direct appropriations in fiscal year 2019.

- 2. Undefined Recipients:** Another challenge to accountability in budgeting may relate to lack of clarity about which ministry, department, or agency the funds are intended to be disbursed. This can be due to:
- Legislation that does not clearly define the epidemic preparedness activities, where funding should be allocated, and for what purposes.
 - Legislation that does not allow for adaptable disbursement of funding based on current public health priorities.

Approach: This challenge can normally be identified through the Legal Analysis and should be addressed through relevant policy objectives (Module 1.2). Example: In Senegal, the role of epidemic preparedness funding was not clearly defined. GHAI commissioned a study, “Project to



Support the Management of Health Crises and Emergencies in Senegal,” which made an investment case for epidemic preparedness and funding was incorporated into the Ministry of Health’s Public Investment Program for 2021-2023.

- 3. Lack of Accountability:** The lack of accountability within and between levels of government is another common bottleneck to the disbursement and efficient use of funds. Such communication barriers hinder:
- Coordination between government levels, agencies, and sectors;
 - Identification of systemic and capacity barriers to budget allocation disbursement; and
 - Efforts by civil society, the public, media, and government agencies to hold key government offices accountable.

Approach: The challenge of lack of accountability in budgeting can often be identified during Political Mapping and Stakeholder Mapping, and if unaddressed, it will usually become evident during the Planning for Budget Sustainability assessment. Addressing this challenge can be a policy objective in the Developing Policy Objectives worksheet and, if accountability challenges are recognized by partners, accountability in budgeting could be a shared objective of the civil society coalition. This issue will be addressed in more depth in future updates to Module 4: Budget Sustainability.

Example: In Nigeria, NCDC could not have a line-item budget because it had no legal mandate. In addition to advocating for NCDC to have budget authority, GHA and its partners coordinated budget submissions from IHR focal ministries, departments and agencies (MDAs). As a result Nigeria’s fiscal year 2022 budget allocated USD\$3.9 million to the focal MDAs—of which USD\$3.5 million was new funding.

- 4. Unclear Disaggregation:** Health security activities may not be disaggregated in the budget line and therefore may not align with the advocacy campaign’s budget indicators.

Approach: Convene agency and budget office officials to consider aligning their budget template codes to NAPHS functions.

Example: In Nigeria, fund releases are reported based on budget codes rather than on specific EPR activities. NCDC officials have flagged this as an issue to address with the Federal Ministry of Finance, Budget & National Planning.



Worksheet for Step 3

[Budget Tracking \(Module 3\)](#)



Country Examples

Nigeria

The Legislative Initiative for Sustainable Development (LISDEL) created a Health Security Accountability Framework to track epidemic preparedness budget allocation and disbursement against agreed-upon targets and goals. LISDEL, other CSOs and budget officers at the federal and state levels collaborated to develop the framework's indicators and identify barriers to tracking epidemic preparedness allocations in federal and state data systems. (For more information about the development of a health security accountability framework in Nigeria, see LISDEL's brief: "Raising the Accountability Bar for Health Security Financing in Nigeria.")

After achieving budget increases in Kano, GHAI and advocacy partners identified bureaucratic barriers to disbursing allocated funds. GHAI worked closely with the Kano State Epidemiologist to identify and understand the layers of bureaucratic procedures and approvals which delayed or prevented the disbursement of funds from the new Epidemic Preparedness and Response (EPR) budget line. Understanding the process helped to inform advocacy for budget accountability and address inefficient procedures which delayed or prevented disbursement.

At the national level, BudGIT, a civil society organization with expertise in budget accountability, found the absence of disbursement reporting and lack of disaggregated data a systemic challenge to budget tracking. With BudGIT, LISDEL held roundtable discussions to bring together policymakers at the federal level, and from Kano and Lagos, to discuss these barriers. Although challenging to identify quick solutions, the conversations were key to increasing awareness and support for improved accountability among policymakers.

For more information, see the case studies [Epidemic Preparedness in Nigeria: Making the Case for Increased Federal, State and Local Investments](#) and [Epidemic Preparedness in Senegal](#).



Resources

Global Health Advocacy Incubator, *Epidemic Preparedness in Nigeria: Making the Case for Increased Federal, State and Local Investments*,
<https://advocacyincubator.org/wp-content/uploads/2021/09/GHAI-PE-Nigeria-Case-Study-Sept-2021.pdf>

Global Health Advocacy Incubator, *Epidemic Preparedness in Senegal*,
https://advocacyincubator.org/wp-content/uploads/2021/04/Case_Study_Epidemic_Preparedness_Senegal.pdf

LISDEL, “Brief on the Utilization of the Health Security Accountability Framework (attached)

Resolve to Save Lives, “7-1-7: A Global Goal for Early Detection & Response,”
<https://preventepidemics.org/preparedness/7-1-7/>

World Health Organization, “Resource Mapping – REMAP,”
<https://extranet.who.int/sph/resource-mapping>



Budget Sustainability

During this campaign step, you will assess program impact, budget needs for the next budget cycle, potential new sources of funding, and build demand for epidemic preparedness financing sustainability.

Inefficient disbursement of resources is a frequent challenge to budget sustainability. To support budget sustainability, advocacy must be continuous along the four steps of the framework and extend beyond one budget cycle to ensure program funding is efficiently utilized and sustained in the medium and long terms. If new funding is not disbursed and effectively used, the goal of epidemic preparedness will not be achieved, and the funding stream will likely not be sustained. Increased budget allocations are a vital, but only an initial step toward sustainable financing for epidemic preparedness.

An evaluation of program improvement supported by concrete metrics—such as a higher Joint External Evaluation (JEE) ReadyScore, increases in [7-1-7 response](#) timeliness and/or return-on-investment assessments—will inform advocacy in the next budget cycle and make the case for increasing and sustaining allocated resources in subsequent budget cycles.



Module 4

Budget Sustainability

The [Planning for Budget Sustainability worksheet](#) supports the activities in this module.

Step 4 completes the GHAI Cycle for Budget Advocacy and Funding Sustainability with an assessment of campaign successes and challenges. When budget allocations and disbursements are on track, this information can be used to justify sustained and increased budgets for future years. When targets are off-track, advocacy in the next budget cycle should address the barriers and bottlenecks to ensure the sustainability of funding. Policy objectives can be revised, or new objectives can be developed.

The Budget Sustainability Plan identifies additional actions that might need to be taken during different phases of the budget cycle.

How to support budget sustainability:

Considerations for budget sustainability:

- Reassess epidemic preparedness resource needs to define the budget request for the next budget cycle.
- Analyze the annual budget and releases to demonstrate program value and identify barriers to the disbursement of resources.
- Evaluate program impact and cost-effectiveness to support budget sustainability for future budget cycles. Measures may include increases in the JEE ReadyScore or the World Health Organization Benchmarks for International Health Regulations Capacities, and examples of effective outbreak prevention, detection and response, such as Resolve to Save Live's 7-1-7 metric. Develop a risk mitigation strategy to include the possible risks that could affect sustainability and ways to curb them, with consideration for the roles, responsibilities and activities of key actors.
- Develop an activity implementation framework based on the National Action Plan for Health Security (NAPHS), including priority subnational actions to be developed by each state based on their health priorities.
- Deploy a bottom-up approach to foster the inclusion of implementing stakeholders.
- Adopt an interministerial approach to avoid duplication of efforts and wasted resources.
- Develop case studies of the effective use of funds by the government to document value for the resources spent and to build and retain a supportive constituency for the funding.



Budget Sustainability



- Identify timelines for updating long- and medium-term policy planning frameworks, such as medium-term national development policy frameworks and investment budget planning, to influence planning and ensure prioritization of sustainable financing for epidemic preparedness beyond the current budget cycle.
- Identify systemic bottlenecks in resource disbursement that undermine the budget increases and threaten funding sustainability.
- Collaborate with the government to identify pathways to increase funding for health security and provide technical assistance to minimize bureaucracy in resource releases.
- Identify additional revenue sources to maintain or increase funding for epidemic preparedness. Are there other funding sources, such as health funds, taxes on unhealthy products, levies, or private sector mechanisms to consider?
- Maintain advocacy efforts to keep epidemic preparedness in the public eye and a top political priority. Civil society advocacy is needed to promote epidemic preparedness as part of the public and political agenda in the medium- and long-term. The strategy must counter complacency by holding political leaders accountable for their commitments.
- Scan earned media and social content to measure press coverage and conversations to assess the impact of the media campaign, efforts to raise preparedness as a public and political health priority and identify messaging that resonated throughout the campaign.

Examples of budget sustainability plan objectives:

- Objectives for the Executive
 - By [date], the Ministry of Health will incorporate an accountability framework for health security financing into the health sector strategic plan
 - By [date], the Ministry of Health will integrate the accountability framework into its digital dashboard or other public-facing reporting portal
- Objectives for the Legislature
 - By [date], the parliamentary appropriations committee will request a briefing from the Ministry of Health to report on the complete disbursement and utilization of funds
 - By [date], Parliament will pass a new law to authorize or support implementation of the International Health Regulations



Budget Sustainability



Examples of budget sustainability plan strategies:

- Engage with relevant ministries, departments and agencies to ensure that their budget proposal processes align with the annual budget cycle
- Advocate for increased allocations for epidemic preparedness
- Advocate for timely and complete release of epidemic preparedness funds
- Engage with relevant agencies to access disbursement data to increase budget accountability
- Identify new sources of funding for epidemic preparedness
- Persuade media outlets to report data on epidemic preparedness budgets and how funds are used
- Present information to the media from the health security accountability framework for reports on the progress of health security and funding needs

4



Worksheet for Step 4

[Planning for Budget Sustainability \(Module 4\)](#)



Country Examples

Nigeria

The Nigeria Centre for Disease Control (NCDC), the coordinating agency responsible for the prevention, detection, and response to infectious diseases, documented how new funding received through the federal government's Basic Health Care Provision Fund (BHCPF) was used to improve the country's health security. Advocates used the report to support retaining and increasing funding through annual budget allocations and the BHCPF. GHAI worked closely with lawmakers, key gatekeepers in the government, media and civil society (particularly the Health Sector Reform Coalition) to support the advocacy and ensure continued funding for NCDC through the BHCPF.

At the national level and in Kano, GHAI and its partners assessed the campaign's experience and lessons learned from the previous budget cycle to inform advocacy into the next budget cycle. Drawing on relationships with the government and civil society, the campaign identified new policy approaches to finance health security beyond increasing and sustaining current budget allocations. For example, GHAI and its partners, Nigeria Health Watch, LISDEL and BudGIT, supported NCDC's convening of National Action Plan for Health Security (NAPHS) focal ministries, departments, and agencies (MDAs) to coordinate budget submissions to the Ministry of Finance. The budget submissions resulted in N 1.61 billion (US\$3.9 million) in funding for NAPHS focal point MDAs in fiscal year 2022, of which N 1.46 billion (US\$3.5 million) was new funding, close to a 90 percent increase for health security functions in one year.

In Kano, GHAI identified a potential new source of funding for health security through the Kano State Health Trust Fund (KHETFUND) - a funding stream separate from the epidemic preparedness and response budget. In addition, a proposed Kano State Health Security Fund with multiple revenue sources will contribute to the sustainability of funding dedicated to epidemic preparedness and response at the state level.

For more information, see the case studies [Epidemic Preparedness in Nigeria: Making the Case for Increased Federal, State and Local Investments](#) and [Epidemic Preparedness in Senegal](#).



Resources

Global Health Advocacy Incubator, “Epidemic Preparedness in Nigeria: Making the Case for Increased Federal, State and Local Investments,”

<https://advocacyincubator.org/wp-content/uploads/2021/09/GHAI-PE-Nigeria-Case-Study-Sept-2021.pdf>

Global Health Advocacy Incubator, “Epidemic Preparedness in Senegal,”

https://advocacyincubator.org/wp-content/uploads/2021/04/Case_Study_Epidemic_Preparedness_Senegal.pdf

Resolve to Save Lives, “Epidemics That Did Not Happen,”

<https://preventepidemics.org/epidemics-that-didnt-happen/>

Resolve to Save Lives, “7-1-7: A Global Goal for Early Detection & Response,”

<https://preventepidemics.org/preparedness/7-1-7>

Resolve To Save Lives, “What is the ReadyScore?”

<https://preventepidemics.org/resources/behind-the-data/what-is-the-ready-score>

World Health Organization, “Benchmarks for International Health Regulations (IHR) Capacities,”

<https://apps.who.int/iris/handle/10665/311158>

World Health Organization, “International Health Regulations,”

https://www.who.int/health-topics/international-health-regulations#tab=tab_1

World Health Organization, “NAPHS for All: A Country Implementation Guide for National Action Plan for Health Security (NAPHS),[2019],”

<https://apps.who.int/iris/bitstream/handle/10665/312220/WHO-WHE-CPI-19.5-eng.pdf?sequence=1>



Worksheets

1

Step 1 Worksheets

[Country Context \(Module 1.1.A\)](#)

[Political Mapping \(Module 1.1.B\)](#)

[Mapping the Budget Process \(Module 1.1.C\)](#)

[Legal Analysis \(Module 1.1.D\)](#)

[Government Decision-maker Mapping \(Module 1.1.E.1\)](#)

[Nongovernmental Stakeholder Mapping \(Module 1.1.E.2\)](#)

[Media Mapping \(Module 1.1.E.3\)](#)

[Developing Policy Objectives \(Module 1.2\)](#)

[Strategic Plan \(Module 1.3\)](#)

[Power Mapping \(Module 1.3.4\)](#)

2

Step 2 Worksheets

[Building a Coalition \(Module 2.1\)](#)

[Engaging Decision-makers \(Module 2.2\)](#)

[Developing a Communications Plan \(Module 2.3\)](#)

3

Step 3 Worksheet

[Budget Tracking \(Module 3\)](#)

4

Step 4 Worksheet

[Planning for Budget Sustainability \(Module 4\)](#)

Country Context

Budget Advocacy Toolkit Step 1, Module 1.1.A

Each country's specific context helps to shape the campaign's policy change priorities and strategies. This analysis will help to identify some of the most important conditions your Strategic Plan should take into account.



A. Prevalence and Burden

Disease burden and impact of epidemics: Discuss the country's biggest health problems. What were the health and societal impacts of past and recurring disease outbreaks?

The case for preparedness: Based on the response to the previous question, how do past and current disease outbreaks support the case for investment in epidemic preparedness? What information would be useful for government decision-makers to know?

B. International Health Regulations (IHR)

Status: What is the country's IHR implementation status? For example, has the country designated an IHR focal point, participated in a Joint External Evaluation assessment (JEE) and developed a National Action Plan for Health Security (NAPHS)?

Priorities and Recommendations: What areas has the JEE identified to improve health security? What is the implementation status of the National Action Plan for Health Security, if one exists? Has this work been prioritized by the government? Is there political support for the IHR process or known barriers to implementation progress?

C. Costing, Budgeting and Funding

Existing resources: What is the cost estimate to implement and fund the NAPHS? What are the domestic and international sources of funding? Is health prioritized in the national budget, and how much of the budget is spent on health?

Gaps: What is the gap between current funding and estimated funding needed for IHR implementation? This information will help to build the case for increased funding as well as define policy objectives discussed in *Module 1.2*.

Political Mapping

Budget Advocacy Toolkit Step 1, Module 1.1.B

In this step, you will identify the government bodies involved in creating the annual budget. They may be executive, ministerial or legislative bodies, or some combination thereof.

List the relevant government bodies as well as the specific departments or committees that will have a formal role in approving the budget.



Identify Government Bodies and Departments

Government Body	Departments and Committees

Outline Rules and Procedures

Each government body will have its own set of rules – both formal and informal – for approving, rejecting or amending any policy matter it considers. While there’s no need for you to know every detail of policy-making procedure, a basic understanding will help you determine where and how your campaign can provide input into the process.

For each government body previously identified, answer the guiding questions below. Remember to include specific roles and responsibilities of departments or committees.

Government Body

How is the policy proposal introduced?	
What documentation must accompany the proposal?	
Is there a public comment period before decisions are taken?	
How does the proposal get approved?	
What are the options if the proposal does not get approved?	
What happens after the proposal is approved?	

Outline the Government Calendar

Mapping the annual government calendar can provide helpful clues for timing advocacy activities. It can also prepare you for times when events are likely to move quickly and when they might stall.

Calendar items to consider include the beginning and end of government sessions, timing of the annual budgetary cycle, elections, holidays and recesses. Enter those here.

January	February	March
April	May	June
July	August	September
October	November	December

3. Budget Analysis and Approval

Date	Action	Key Actor

4. Post-Budget Implementation

Date	Action	Key Actor

Legal Analysis

Budget Advocacy Toolkit Step 1, Module 1.1.D

This worksheet outlines laws and policies that may need to be changed to support epidemic preparedness funding.



Legal Framework: What laws, regulations or other measures, such as policy frameworks, affect and could enhance epidemic preparedness and funding for NAPHS implementation? Include government strategies or plans of action. *Consider which ministries, agencies and departments have relevant responsibilities, and whether they have adequate and appropriate authority to achieve the policy goal.*

Legislative/Regulatory Process: What procedures and timelines are followed to introduce and enact legislation and issue regulations, or other relevant measures such as guidelines? You may wish to refer to the *Budget Mapping* worksheet. *Include in the assessment both formal and informal steps. Identify which committees and ministries, departments and agencies have authority or oversight responsibilities for the policies.*

Legal Gaps: What gaps exist in the country’s legal framework that present barriers to implementing epidemic preparedness and response capacities? What opportunities exist to strengthen and fund these capacities? Consider health emergency legislation, regulations and other measures to support epidemic preparedness and funding streams.

Legislative Solutions: List laws, regulations or other policies or processes to achieve the policy goal of increased funding for epidemic preparedness.

Government Decision-Maker Mapping

Budget Advocacy Toolkit Step 1, Module 1.1.E.1

This worksheet can be used to list key decision-makers in government bodies who have responsibility for stages of the budget process. Advocates will engage with these individuals during the advocacy campaign.

For each decision-maker, consider the question “What’s in it for me?” In other words, how will supporting investments in epidemic preparedness align with their values, interests or political goals?



Phase	Government bodies <i>(Refer to the Mapping the Budget Process worksheet)</i>	Decision-makers	Role in the Budget Process	Position on the issues <i>(Champion, potential champion, neutral or opposed?)</i>	Values and Interests	Opportunities for engagement <i>(Types of activities & engagement*)</i>
Pre-Budget Phase (Agencies Identify Priorities)						
During Budget Preparation						
After Executive Budget is Submitted to the Legislature						
After Budget is Passed						

*Consider who influences the decision-makers and how to create opportunities for engagement. The Nongovernmental Stakeholder Mapping and Media Mapping worksheets will provide additional input for this column.

Nongovernmental Stakeholder Mapping

Budget Advocacy Toolkit Step 1, Module 1.1.E.2

Nongovernmental stakeholders may be impacted or otherwise interested in the epidemic preparedness budget and related policy issues. They may also have influence over, or connections with, the government decision-makers identified in the *Government Decision-maker Mapping* worksheet.



List any individuals or organizations that may influence or be affected by the goals of your campaign.

Questions to consider for Stakeholders:

- Who already supports epidemic preparedness advocacy? Who is not engaged but should be?
- Who might pose an obstacle to the campaign, and why?
- Who could lend credibility to the campaign?
- Who has a story to tell?

Questions to consider for Stakeholder Priorities:

- What are the stakeholders' current known priorities?
- Which of those overlap with your campaign objectives?

Question to consider for Influence:

- What influence or connections do the stakeholders have with the decision-makers identified in the *Government Decision-maker Mapping* worksheet? Update that worksheet accordingly.

Media Mapping

Budget Advocacy Toolkit Step 1, Module 1.1.E.3

This worksheet will help you to develop your Communications Plan.



1. Media Platforms

Popular media platforms

What types of media (online, print, television, radio) most effectively reach government leaders and the public?

Influential outlets

What specific media outlets are the most influential and popular?

Social media

Which social media platforms are most popular locally? Who are the influencers and thought leaders on those platforms?

Platform	Influencers and thought leaders	Handles

Content

Are disease outbreaks and epidemic preparedness a topic in the media coverage and social media conversations? If so, are there common themes to these stories, or anything else they have in common?

2. Target Audience

Which political decision-makers and nongovernmental stakeholders is the campaign trying to influence?

The target audience names and organizations can be drawn from the Government Decision-maker Mapping and Nongovernmental Stakeholder Mapping worksheets. The media platforms and influencers identified in this chart can be used to update the “Opportunities for engagement” column of the *Government Decision-maker Mapping* worksheet.

Name and title	Agency or organization	Role in budget process or advocacy campaign	Individual's social media platforms <i>(Including URL and activity level)</i>	Media most likely to reach this individual <i>(Traditional and/or social)</i>

The information in the last column can be added to “Opportunities for engagement” column of the *Decisionmaker Mapping* worksheet, and will also be used for the *Developing a Communications Plan* worksheet.

Developing Policy Objectives

Budget Advocacy Toolkit Step 1, Module 1.2

This worksheet will be used to define the campaign's policy objectives: actions the government should take to increase funding for epidemic preparedness.



Actor

The decision-making body with the power to make the desired policy change a reality as indicated in the completed *Political Mapping*, *Mapping the Budget Process* and *Legal Analysis* worksheets.

- Examples: Member of Parliament, minister, a relevant parliamentary committee, sub-national legislature or ministerial office.

Action

The decision you want the actor should take and the regulatory pathway or process to follow for the action to be taken. (e.g., enact, amend or repeal a policy, allocate funds, establish a new budget line, or mandate budget allocations).

- Examples: enact, amend or repeal a policy, allocate funds, or issue a mandate to effect change.

Timeline for change

The date by which you seek the action.

- Examples: the day, month, quarter or year.

Actor	Action	Timeline
One-sentence summary of the objective, combining the action, actor and timeline:		

Strategic Plan

Budget Advocacy Toolkit, Module 1.3

The Strategic Plan lists the strategies and specific activities the campaign will take in support of each objective, along with the people responsible for carrying them out, the resources needed, the timeframe, and indicators of success. This is a living document you will refer to throughout the campaign.



Questions for consideration:

I. Strategies: These are the steps you will take to achieve the objective. Each strategy should be focused on influencing some aspect of the budget policy or process, by engaging with or influencing the relevant decision-makers. You may have multiple strategies in support of each objective. For example:

Strategy 1: Build a strong base of support among key stakeholders to advocate for robust policies and sustainable investments in epidemic preparedness

Strategy 2: Build public demand for epidemic preparedness funding through media advocacy

Strategy 3: Track and advocate for budget utilization

- Who is the Actor necessary to achieve the objective, as identified in the Developing Policy Objectives worksheet?
- What are some ways to motivate or support the individual decision-makers? You may wish to refer to the “Opportunities” column of the Government Decision-maker Mapping worksheet.

II. Activities:

What are the concrete actions you will need to take to carry out the strategy? Be as specific as possible. The number of activities may vary by strategy. For example:

- Map key decision-makers and track the budget-making process
- Capacitate, mobilize and coordinate civil society and policy leaders for budget advocacy
- Track budget allocations, disbursement, and utilization

III. Person(s) Responsible:

Which organizations and individuals in the advocacy campaign will be responsible for carrying out each activity? Consider each advocate’s skills, contacts and other assets.

IV. Resources Needed:

What specific resources will be necessary to carry out each activity? This may include funds or other material resources, evidence, or networks and contacts. You may wish to refer to the *Nongovernmental Stakeholder Mapping* worksheet to consider other stakeholders with capabilities that can contribute to the strategy.

V. Timeframe:

How long will it take to complete each activity?

Repeat for each objective:

Policy Objective (Identified in the *Developing Policy Objectives* worksheet):

Indicator of Success (How you will know when the objective has been achieved):

Potential Obstacles to Overcome:

Strategies	Activities	Person(s) Responsible	Resources Needed	Timeframe

Power Mapping

Budget Advocacy Toolkit, Module 1.3.4

Power mapping is a collaborative exercise that pools a coalition's collective knowledge to represent visually the most influential audiences and stakeholders.

During this exercise, the campaign creates a graphic representing the power dynamic of the most important Government Decision-makers and Nongovernmental Stakeholders identified in *Module 1.1*.



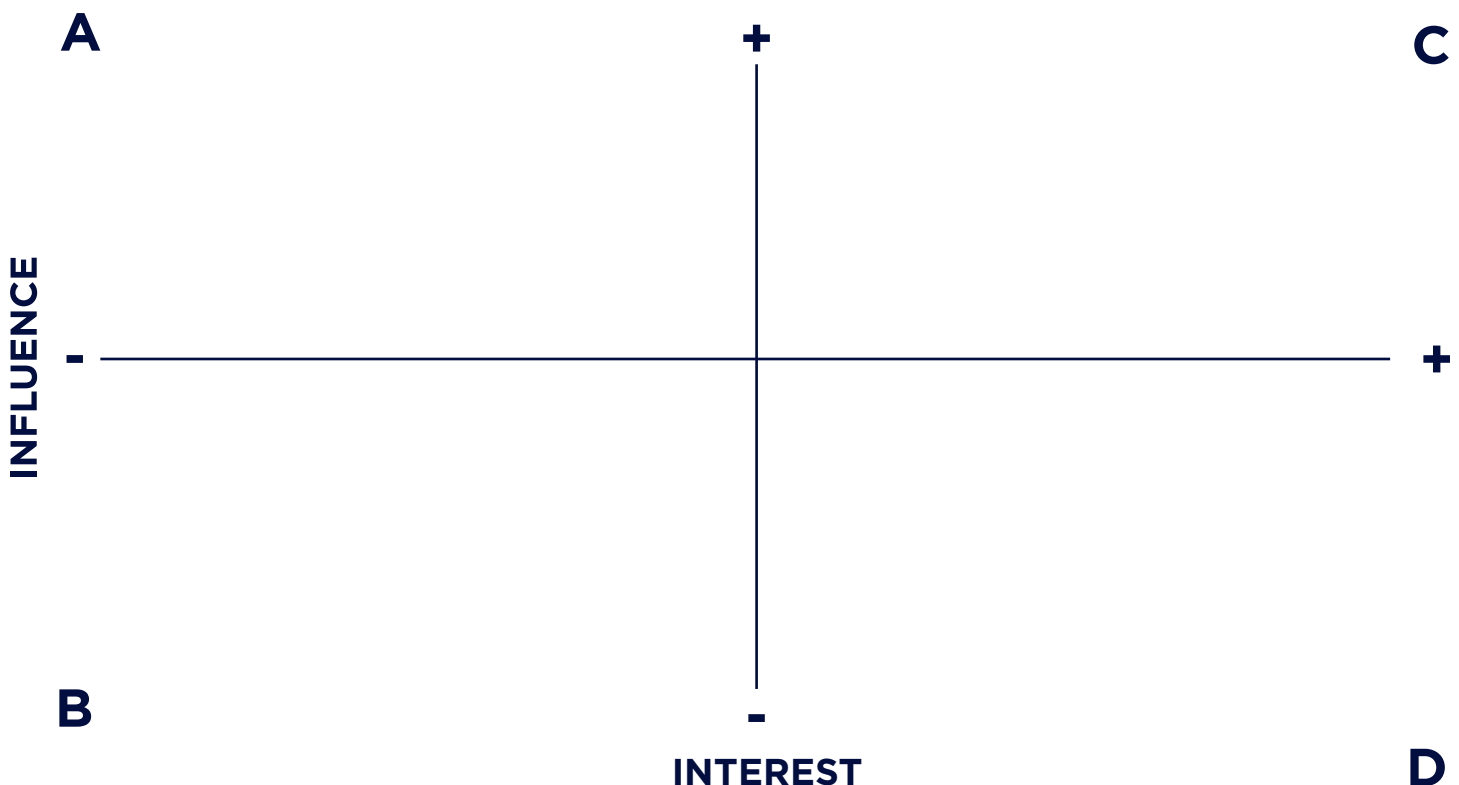
Each stakeholder name will be added to the table below after answering two questions:

1. How much influence does the stakeholder have over the budget process? The more influence, the higher the stakeholder's name should be placed along the "Influence" axis.
2. How much interest does the stakeholder have in the issue? The more interest the stakeholder has relative to other stakeholders, the farther to the right along the "Interest" axis the name will be placed.

How to use the Power Map

The Power Map illustrates the most critical audiences to reach. The stakeholders in quadrant C have a high level of interest in the budget process and the ability to influence it, so they should receive priority attention from the coalition. The groups in quadrant B have little interest in the process or ability to influence it, so they do not need to be the focus of advocacy resources.

Please print this page to fill out the power map grid.



Building a Coalition of Advocates

Budget Advocacy Toolkit Step 2, Module 2.1

This worksheet will help you identify potential coalition partners and ways to reach them.

You may wish to refer to the *Nongovernmental Stakeholder Mapping* worksheet for a list of organizations with connection to the issue.



1. Assessing Potential Coalition Partners

Needed in a coalition	What do we have?	What do we need?	Potential partners
Relevant constituencies/ voices			
Advocacy capacities			
Key relationships (government)			
Key relationships (media, CSO, NGO, academic, etc.)			
Policy expertise			

2. Stakeholder Outreach

Considerations:

- Why hasn't the stakeholder supported the policy already?
- What would help them support the policy change?
- Is each step SMART (Specific, Measurable, Achievable, Relevant and Time-Bound)?

Stakeholder	Additional Considerations	Outreach Steps

Engaging Decision-makers

Budget Advocacy Toolkit Step 2, Module 2.2

This worksheet will help you identify the key messages to share with each decision-maker based on the policy objective and the decision-maker's values and interests.



Decision-maker:

Policy Objective:

Engagement: What is the best way to engage with the decision-maker? Who is the best messenger?

Values and interests: From the decision-maker's perspective, what messages will resonate to gain support for the policy?

Message 1: What is the problem you're addressing?

Message 2: What is the solution? This solution should include the policy objective.

Message 3: What is the action that needs to be taken by the decision-maker? By when does this action need to be taken?

Developing a Communications Plan

Budget Advocacy Toolkit Step 2, Module 2.3

The communications plan will complement and reinforce your Strategic Action Plan by helping to build public and political support.



Policy Objective

This communications plan will support the policy objectives identified in the *Developing Policy Objectives* worksheet. List your policy objectives below to frame what is needed for the communications plan.

Target Audience

Identify and list the groups and individuals who need to act to achieve your policy objective. Your target audience may include key representatives from government officials who may assist in the adoption of policies or the drafting of guidelines. *Refer to the Government Decision-maker Mapping and Nongovernmental Stakeholder Mapping worksheets for this section.*

Messages

Consider what messages can you convey to the target audience through the media and other channels that are most likely to inspire action? Strong messages speak to shared public values, describe the problem and why it matters and the actions to be taken. *You may wish to consider what motivates the Decision-makers (“Values and interests” from the Government Decision-maker Mapping worksheet) as well as information about the burden of disease from the Country Context worksheet.*

Messengers

Who is the best person or organization to deliver the message to the target audience? The messenger must be credible and able to influence the target audience when the message is delivered via the media or other channels. If you want the messenger to communicate in person with the audience, the messenger must have access to the audience. *Some individuals may have been identified as potential messengers in the Nongovernmental Stakeholder Mapping worksheet.*

Communication Channels

Channels are the medium the message will be delivered to the audience. Channels can include print (newspapers), broadcast (TV or radio) or social (Twitter or Facebook) media; paid advertising (newspaper ads or billboards); meetings or round tables; public events; petitions; email campaigns; and much more. *You should consider which channels have the best chance of reaching the target audience. You may wish to refer to the Media Mapping worksheet for this section.*

Key Milestones and Timeline:

What will be considered a sign of success? When do these milestones need to take place to have the desired impact?

Milestones	Deadlines

Earned Media Opportunities

Earned media is coverage gained without a fee paid to the media outlet. To generate earned media, consider how to frame a story as compelling or newsworthy. Can the story be related to another issue in the news or a well-known event, making it appear timely? Organizations that cultivate relationships with reporters and become known as trusted and credible sources of information will have greater success pitching story ideas to news outlets and their journalists.

Outcomes

What evidence is there of health security improvements due to epidemic preparedness planning and funding? Are there new capacities, such as laboratories and human resources, that can be used to make the case for sustained or increased investment?

Planning for Budget Sustainability

Budget Advocacy Toolkit, Module 4

This worksheet will address the targets that were found to be off track in Module 3, or at other points during the campaign, and opportunities for advocacy. This information can be used to update the Strategic Plan for the next budget cycle.



Indicators for the charts below may be identified in the *Budget Accountability* worksheet.

1. Opportunities and bottlenecks at each phase of the budget process

In the first column, list the indicators identified in Worksheet 3 as being off target, as well as indicators for policies or funding streams for which there might be new opportunities. In the second column, identify the barriers or bottlenecks and potential opportunities to address the problem.

Pre-Budget Phase Example: Ministries, Departments and Agencies identify their priorities

Indicator	Opportunity or bottleneck

Budget Formulation Example: The Ministry of Health prepares its budget and submits the budget to the Executive (Budget Office/Ministry of Finance)

Indicator	Opportunity or bottleneck

Budget Analysis and Approval Examples: The Executive submits the budget to the Legislature; the Legislature passes the budget, and the President signs the budget

Indicator	Opportunity or bottleneck

Post-Budget Implementation The budget allocations are disbursed

Indicator	Opportunity or bottleneck

2. New objectives and strategies required

In the first column, identify new policy objectives that would address the bottlenecks listed above. In the second column, identify potential strategies to support these objectives.

Pre-Budget Phase (Example: Agencies identify their priorities)

Objectives for the Executive		Potential strategies	
Objectives for the Legislature		Potential strategies	



Attachments

2

[SEND GHANA: “SEND GHANA’s Social Media Toolkit”](#)

3

[LISDEL: “Brief on the Utilization of the Health Security Accountability Framework”](#)



SEND GHANA

A subsidiary of SEND West Africa
www.sendwestafrica.org

#FundEpidemicPreparednessGH

SEND GHANA'S SOCIAL MEDIA TOOL KIT

Please follow these social media channels:



[Twitter.com/SEND_GHANA](https://twitter.com/SEND_GHANA)



[Facebook.com/SENDGhanaofficial](https://facebook.com/SENDGhanaofficial)

Please use these hashtags:

- #FundEpidemicPreparednessGH
- #PreventEpidemics
- #HealthForAll

Please consider tagging the following accounts:

Twitter Accounts:

- [@nakufoaddo](https://twitter.com/nakufoaddo): President of Ghana, Nana Addo Dankwa Afuko-Addo
- [@MBawumia](https://twitter.com/MBawumia): Dr. Mahamudu Bawumia, Vice President of Ghana
- [@GHSofficial](https://twitter.com/GHSofficial): Ghana Health Service Official
- [@MOHGhana](https://twitter.com/MOHGhana): Ministry of Health
- [@MoF_Ghana](https://twitter.com/MoF_Ghana): Ministry of Finance, Ghana

Facebook Accounts:

- [Nana Addo Dankwa Afuko-Addo: President of Ghana](https://facebook.com/nanaddo)
- [Dr. Mahamudu Bawumia: Vice President of Ghana](https://facebook.com/mahamudubawumia)
- [Ghana Health Service](https://facebook.com/ghanahealthservice)
- [Ministry of Finance, Ghana](https://facebook.com/ministryoffinanceghana)

INTRODUCTION

Ghana regularly experiences outbreaks of diseases, such as cholera, influenza, yellow fever, and meningitis. However, the outbreak of the coronavirus (COVID-19) pandemic and its devastating impacts underscore the urgent need to invest in systems to help prevent, detect and respond to future disease outbreaks. The World Health Organization notes that 90% of countries are still reporting one or more disruptions to essential health services over one year into the COVID-19 pandemic. The virus continues to wreak havoc on human lives, especially vulnerable populations, and exert enormous pressure on the already overstretched Ghana's health system. Since future outbreaks of epidemics are inevitable, it is important to prepare, including putting effective measures and rapid response strategies to mitigate their impact when they strike. While a strong political commitment coupled with adequate financial resources will be key to achieving this, our collective role to advocate and add our voices to make this a reality cannot be overemphasized. To support the campaign for #FundEpidemicPreparednessGH please share the below social media messages and graphics on your social media channels



@sendghanaofficial



@SEND_GHANA



SEND GHANA



SEND GHANA

*Vision: A Ghana where people's rights and well being are guaranteed.
The mission of SEND is to promote good governance and the equality of women and men in Ghana*



SEND GHANA

A subsidiary of SEND West Africa
www.sendwestafrica.org

HOW TO USE THE TOOLKIT

This social media toolkit contains messages and graphics for sharing on your respective social media platforms (Facebook, Instagram, Twitter, Whatsapp). Let's remind our duty bearers about the importance of investing in epidemic preparedness. Please add your voice to the campaign – You can get going by using the hashtags #Fundepidemicpreparednessgh. Please remember to tag our health decision

Use the links below to download graphics:

Twitter <https://drive.google.com/file/d/1npmi-1voClw7GQ-qcArkbB7Dx4Roau86/view?usp=sharing>

Facebook https://drive.google.com/drive/folders/1y3SILLlyQ_pXOqBT86uxhSBjjW1_ufRr?usp=sharing

NB: The set of downloadable infographics contained in this toolkit will be updated continuously.

Below are the messages you may find helpful when engaging political decision-makers. Please feel free to post them on social media using the hashtag referenced above.

Suggested Facebook posts:

- Epidemic outbreaks are inevitable. The surest way to secure the future of the population is to build resilient and robust health systems. The time to fully fund and implement the National Action Plan for Health Security is NOW! #FundEpidemicPreparednessGH
- Funding epidemic preparedness and response could reduce the impact of unforeseen disease outbreaks. Now is the time to make epidemic preparedness a national agenda. Every second counts in the response to infectious disease outbreaks. It is time for the government to #FundEpidemicPreparednessGH to protect citizens from deadly disease outbreaks
- Vulnerable populations are harder hit during pandemics. Follow along our campaign for increased epidemic financing to ensure that every Ghanaian is safe from the threats of disease outbreaks. #FundEpidemicPreparednessGH
- Ghana has developed a well-costed National Action Plan for Health Security. However, implementation has long been a challenge due to limited or no dedicated funding. Dear Mr. President (Tag [Nana Addo Dankwa Afuko-Addo: President of Ghana](#)), for the sake of the Ghanaian people #FundEpidemicPreparednessGH NOW
- Frequent outbreaks of epidemics could reverse decades of progress in attaining the Sustainable Development Goal 3 (Good Health and Wellbeing). Financing epidemic preparedness can propel Ghana's effort in meeting the global goals. It's time to act now!
- Can you imagine a yellow fever-free Ghana? Parliament has the power to make this happen by appropriating specific funds to epidemic preparedness. #FundEpidemicPreparednessGH

Suggested Twitter posts:


- Tens of millions have fallen into extreme poverty during the COVID19 pandemic. The next pandemic could be more catastrophic without greater financial commitments to preparedness.#FundEpidemicPreparednessGH
- Healthcare must remain a top priority in the national budget if we want to prepare for all future outbreaks of disease. The government must set aside a dedicated budget line for epidemic preparedness NOW! #FundEpidemicPreparednessGH
- Every second counts in the response to infectious disease outbreaks. It is time for the government to #FundEpidemicPreparednessGH to protect citizens from deadly disease outbreaks.





SEND GHANA

A subsidiary of SEND West Africa
www.sendwestafrica.org

- It costs a country less to prepare for health emergencies than to deal with their impacts. Dear Mr. President [@nakufoado](#);, now is the time to expedite action on establishing the Ghana Centre for Disease Control. #FundEpidemicPreparednessGH
- Funding epidemic preparedness and response could reduce the impact of unforeseen disease outbreaks. Now is the time to make epidemic preparedness a national agenda. #FundEpidemicPreparednessGH
- Every second counts in the response to infectious disease outbreaks. It is time for the government to #FundEpidemicPreparednessGH to protect citizens from deadly disease outbreaks
- 90% of countries are still reporting one or more disruptions to essential services due to COVID19. We must #FundepidemicpreapardenessGH to improve access and equity in health delivery.
- Financing epidemic preparedness can propel Ghana's effort in meeting the #globalgoals. It's time to act now! #SDGs #FundEpidemicPreparednessGH
- Ghana must strengthen its disease surveillance system for early detection and response to disease outbreaks. The recent outbreak of #yellowfever in some parts of the country exemplifies this call. #FundEpidemicPreparednessGH
- Investing in epidemic preparedness not only helps save lives but it also unlocks the social and economic potential of the population.
- In less than a month, yellow fever had claimed the lives of over 25 people in the Savannah and Upper West regions. Dear Mr. President, for the sake of our loved ones, #FundEpidemicPreparednessGH
End yellow fever and other epidemic prone diseases across Ghana by calling on the Government to increase funding allocation to epidemic preparedness. A healthy nation is wealthy. #FundEpidemicPreparednessGH

 @sendghanaofficial

 @SEND_GHANA

 SEND GHANA

 SEND GHANA

*Vision: A Ghana where people's rights and well being are guaranteed.
The mission of SEND is to promote good governance and the equality of women and men in Ghana*

BRIEF: THE DESIGN, UTILIZATION AND IMPLEMENTATION RESULTS OF THE HEALTH SECURITY ACCOUNTABILITY FRAMEWORK

Background

Mobilizing adequate resources is an important step towards strengthening the health security system at the international, national, and sub-national levels. The Nigeria health security financing landscape has witnessed substantial improvement as allocation and release of funds for the National Centre for Disease Control (NCDC) has improved significantly. Some states have created budget lines for health security and have made resources available towards strengthening their health security architecture. The COVID-19 pandemic has also spurred the private sector to invest towards ending the pandemic and stakeholders are working to translate the private sector funding momentum catalyzed by COVID-19 to a more enduring private sector coalition for improved health security financing.

While the improved funding for health security from both public and private sources is impressive, efforts to mobilize resources for epidemic preparedness and response may not yield the desired results unless deliberate measures towards enshrining the *value for money / cost benefit* of the investment are put in place. To raise the accountability bar for resource mobilization and utilization of health security, LISDEL and BudgIT designed a health security financing accountability framework in collaboration with Health Sector Reform Coalition (HSRC).

The Health Security Accountability Framework

The Health Security Accountability Framework was based on the HSRC's Health

Financing Accountability Framework. The LISDEL team created the national-level Health Security Accountability Framework with BudgIT, another GHAI Prevent Epidemics partner, and other civil society organizations (CSOs), the Budget Office of the Federation, and development partners at a workshop organized in Abuja in August 2020. The Health Security Accountability Framework was subsequently adapted to the state level in Kano and Lagos, focus states for the PE program, in collaboration with CSO and media partners as well as representatives of relevant government agencies.

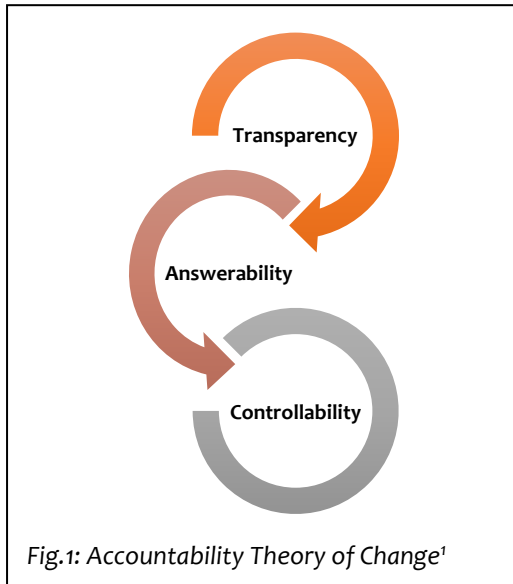
The purpose of the Health Security Accountability Framework is to track health security budget allocation, disbursement and utilization, as well as the outputs and outcomes of the investments. The framework is intended to generate evidence that will help to chart a course of action towards improved accountability for epidemic preparedness and response (EPR) financing at the national level and in supported states.

The Accountability Theory of Change

The framework is based on an established accountability theory of change predicated on the continuum of transparency, answerability, and controllability (Fig. 1). In other words, the framework relies on the generation of information about health security budget allocation and execution, the use of such information to engage relevant stakeholders to ask questions, seek relevant clarification and obtain needed answers, and achieve the needed changes through persuasion, as well as the application of

Prevent Epidemics Project

appropriate incentives or sanctions. Based on this theory of change, the health security accountability framework includes indicators



to be tracked to promote transparency and actions that will be taken by identified stakeholders to promote answerability and controllability.

Uses of the Accountability Framework

The accountability framework is designed to be used by the national and state-level stakeholders (i.e., the executive arm of government, the legislature, CSOs and the media) to ensure that there is accountability for health security budgets. Using their appropriation, legislation and oversight functions, the legislature is expected to formulate laws that are sufficient for the implementation of the International Health Regulations (IHR) 2005, sufficient funds for health security and oversee budget implementation. The executive will ensure that available funds are channelled towards the National Action Plan for Health Security (NAPHS) to achieve the desired results articulated in the plan.

CSOs at the national level and the supported states will use the data from the framework to advocate for the allocation, disbursement and utilization of health security funds.

The media will use their platforms to report the information presented in the accountability framework and enlighten policy makers and the populace about health security resource utilization and system performance.

Results of the implementation of the Health Security Accountability Framework at the National and State Level

The implementation of the accountability framework has led to the identification of funding gaps which informed the direction of advocacy actions at the national level and in supported states. This is illustrated in Figure 2.

National Level

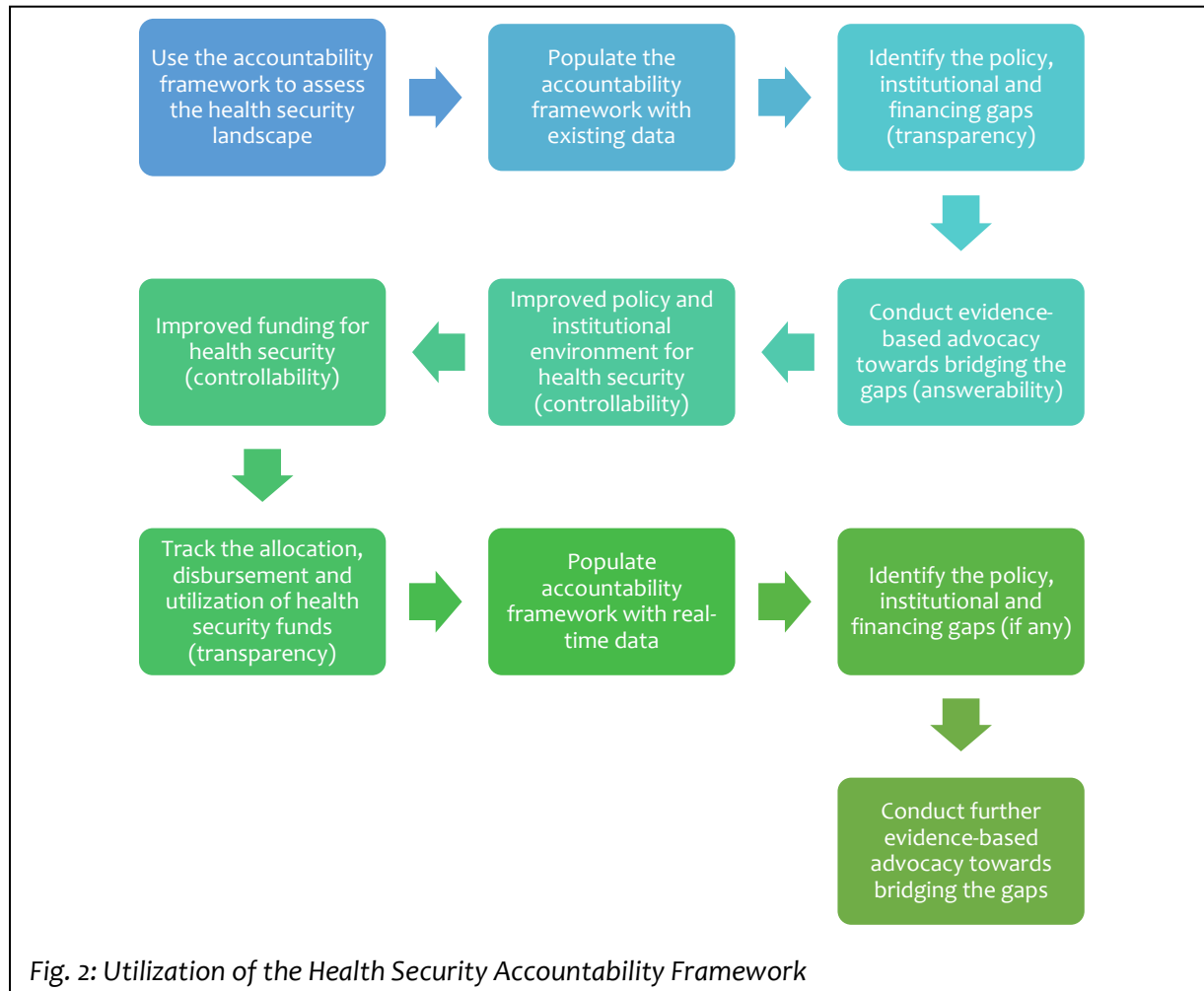
NCDC financing

At the national level, a review of the funding for NCDC revealed that they received inadequate budgetary allocation. Furthermore, the 2.5% of the Basic Health Care Provision Fund (BHCPF) initially allocated to NCDC was removed as indicated in the revised BHCPF guidelines. Key stakeholders ramped up advocacy aimed at increasing budgetary allocation to the NCDC and having them benefit again from the NBHCPF. A number of advocacy engagements were held with the lawmakers, Federal Ministry of Health, Budget Office of the Federation, CSOs, and the media to advocate for increased funding for NCDC to facilitate the complete implementation of the NAPHS. This led to a 75% increase in

Prevent Epidemics Project

NCDC's allocation in the 2021 budget and a further 31% increase in the 2022 budget.

interim, the BHCPF guideline has now been reviewed to accommodate an allocation of 1.25% of the fund to NCDC.



Furthermore, LISDEL and the HSRC conducted a series of advocacy activities (including engagements with the Minister of Health and the National Assembly) aimed at having the NCDC reinstated as a beneficiary of the BHCPF. GHAI/LISDEL also facilitated a multi-stakeholder consultative meeting involving relevant government agencies, civil society organizations, development partners and the private sector to identify key areas for prioritization in the National Health Act 2014. Sustainable funding for health security was one of the identified priorities. In the

Funding of other NAPHS-implementing Ministries, Departments & Agencies (MDAs)

An analysis of the 2021 health security budget revealed poor/zero allocations to the MDAs implementing the NAPHS, especially the non-health MDAs. This informed the advocacy for increased allocation to the NAPHS MDAs, which started with outreach to the leadership of the MDAs to sensitize them on the need to include NAPHS-related activities in their budgets. This was done in collaboration with Nigeria Health Watch and NCDC. Thereafter, a workshop was held with

Prevent Epidemics Project

the MDAs' focal persons to develop their 2022 NAPHS budgets with the support of the representatives of the Federal Ministry of Finance, Budget and National Planning (FMFBNP).

The team then followed up with the focal persons to ensure that the budgets were included in their MDAs' budgets. Subsequently, the Budget Office and the Legislature were engaged to ensure that the budgets were approved. Consequently, a cumulative additional ₦1.46 billion was allocated to health security budget items in some of the NAPHS-implementing MDAs.

Kano State

A landscape analysis revealed that there was no legal framework for health security in Kano state - the NAPHS was yet to be domesticated in the state - and there was no distinct budget line for epidemic preparedness and response (EPR). Also, the Local Government Areas (LGAs) were not contributing actively to EPR financing in their respective domains.

State-level advocacy

LISDEL facilitated the formation of a coalition of civil society and media organizations to support advocacy towards addressing the identified gaps in the state. Also, workshops and media advocacy activities were held to sensitize the key stakeholders on the need to have a distinct budget line for EPR, domesticate the NAPHS and develop a legal framework for health security to achieve sustainable domestic EPR funding. This led to the creation of a budget line for EPR with an allocation of ₦300 million in the 2021 budget. The LISDEL team has also supported the state to conduct the Joint External

Evaluation towards domesticating the NAPHS and a draft Kano State Action Plan for Health Security has been developed. Also, a draft Health Security Bill has been developed in the state.

Advocacy efforts by led to the release of ₦30 million out of the ₦300 million appropriated for EPR in 2021, the utilization of which was tracked by the CSO coalition partners. Further advocacy to the Ministry of Health, Ministry of Finance and State House of Assembly also led to an increase in the EPR budget to ₦400 million in FY 2022.

Local Government level advocacy

A series of advocacy engagements with the Ministry of Local Government (including a roundtable discussion with the Chairmen of the 44 LGAs in Kano state) was conducted in 2020 to sensitize them on the need to finance some EPR activities in their LGAs. As a result, the LGAs allocated some funds for EPR in their 2021 budgets, albeit without a distinct budget line for EPR. Because there was no distinct budget line for EPR at the LGA level, it was difficult to track the disbursement of the funds allocated to EPR. Thus, LGA Chairmen were further engaged at a workshop in 2021, which led to the creation of a budget line for EPR with an allocation of ₦3 million in each of the 44 LGAs in the 2022 budget.

Lagos State

An analysis of the Lagos state budget revealed that the existing budget line for health security was not sufficient for epidemic preparedness and the NAPHS was yet to be domesticated in the state. This led to advocacy for the creation of a dedicated budget line for epidemic preparedness,

Prevent Epidemics Project

which resulted in the creation of a new budget line for Public Health Emergencies, to which about ₦5.1 billion was allocated.

Current advocacy actions

Advocacy efforts are geared towards ensuring that the allocated funds are disbursed and utilized appropriately; and towards gaining access to real-time disbursement data to be used to populate the health security accountability framework from the respective MDAs, Budget Office of the Federation and the Open Treasury Platform (at the national level) as well as Ministry of Health and the central budget ministries and agencies (at the state level).

At the national level, the National Assembly is being supported to amend the National Health Act and establish a legal framework that is sufficient for the implementation of the IHR 2005.

In Lagos State, the relevant stakeholders are being engaged to support the state to conduct the Joint External Evaluation towards domesticating the NAPHS. The state is also being supported to establish a legal framework for Biosecurity. In Kano State, the Ministry of Health is being supported to finalize the Kano State Action Plan for Health Security and present the draft Health Security Bill at the House of Assembly.

Challenges encountered while deploying the Health Security Accountability Framework

Some challenges were encountered while deploying the accountability framework for health security financing. One of the major challenges was the difficulty in accessing real-time data needed to populate the framework.

To resolve this, the national and state-level stakeholders from the health MDAs, some other NAPHS-implementing MDAs, central budget agencies, legislature and the civil society were engaged to (a) review and streamline the framework's indicators to ensure that only very relevant indicators with a good prospect of obtaining needed data are maintained on the framework.; (b) identify best approaches for accessing needed data to overcome the challenges associated with data mining; and (c) discuss approaches for sourcing the needed data set through an approved and transparent route to be able to defend the evidence generated from the data set.

Conclusion

Mobilization of additional resources will require raising the accountability bar for health security by holding the government accountable for providing legal, institutional and policy frameworks for health security, spending efficiently and fulfilling their policy and spending commitments. This framework has been a useful tool for tracking performance and providing evidence to engage the government.



**Global Health
Advocacy Incubator**

Changing Policies to Save Lives