



# Module 1.1

## Conducting a Landscape Analysis

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### *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).

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*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.

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*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).

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### *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.

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**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”).*

# 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 &amp; 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*

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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
<b>One-sentence summary of the objective, combining the action, actor and timeline:</b>		

# 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.

