THE RAPID SYPHILIS TEST TOOLKIT

PLANNING 1

Advocacy and
Communications Strategy

Advocacy and Communications Strategy

Contents

Hyperlinks

Please note that hyperlinks within this document are indicated by **text underlined** and **emboldening.**

Introduction

Advocacy is essentially focused on influencing people in power and policy, and securing funding to facilitate the implementation of policy.

The aim of this section is to guide strategic planning for advocacy and communications. It should help you achieve your programme aims and objectives: securing funding, influencing policy, improving delivery and increasing take-up of rapid syphilis tests.

Planning 2 – Advocacy & Communications Activities focuses on how you can implement your advocacy and communication strategies. These may include: research; evidence sourcing; policy analysis; face to face meetings; events; letters and petitions; and working with the media.

Strong use of communications is crucial to delivering against all of your objectives. It will enable you to support advocacy efforts as well as improve delivery and take-up of tests and treatment. Both require you to be thorough and focused about your objectives; scoping, segmenting and targeting your stakeholders with effective messages and activities.

The **Advocacy sections** cover:
- Identifying the problems, causes and solutions.
- Setting advocacy objectives drawn out of wider programme objectives.
- Analysing the external context.
- Identifying key advocacy targets and insights.
- Mapping opportunities to influence those targets.
- Developing key messaging for your targets.
- Planning tactics and activities.
- Working with champions and partners.

The **Communications sections** cover:
- Setting communications objectives drawn from wider programme objectives.
- Identifying key audiences and relevant insights.
- Developing key messages and appropriate entry points.
- Planning channels and activities.
- Drawing in champions and partners to help delivery.

Some areas are common to both advocacy and communications. Both require a comprehensive mapping of stakeholders: you can find the tools for this in the Advocacy sections, and there is some reference to them in the Communications sections.

The other areas of major overlap are:
- Identifying potential risks, dependencies and contingencies.
- Allocating resources - staff and budget.
- Monitoring, evaluation and learning.

These are covered at the end of this chapter.

1. Advocacy Strategy and Planning

Advocacy is an important tool for anyone who is interested in health reform, as it provides a strategic approach to building and maintaining support for implementing health reforms.

Definition: Advocacy is all about getting the voices heard and needs met of particular individuals and generating pressure for change in their lives. It is aimed at influencing public policy and resource allocation decisions within political, economic, and social systems and institutions. In this toolkit, it is about influencing health funding and policy making, specifically around syphilis testing and treatment.

Why bother advocating?

A rapid syphilis testing programme was started in Brazil in 2008. At that time, national policy on the use of syphilis tests in pre-natal care was that they should be performed twice during pregnancy. However, syphilis and HIV screening of indigenous pregnant women was not performed on a regular basis. As a result of the Brazilian team's advocacy, rapid tests for HIV and syphilis are now available to all indigenous pregnant women throughout Brazil. So how did they do it?

In addition to a baseline study, their research and policy relied on anthropologists' studies on sexual behaviour (use of condoms) and infant mortality levels. They shaped clear policy recommendations and identified the key stakeholders and targets that had the power to bring about a change in practice. These were:

■ Secretariat of Indigenous Health (the implementers who determined sites and allowed access)
■ National Department of Sexually Transmitted Diseases (STD)

The team in Brazil found that decision-makers were most convinced by messaging around the clear relationship between increase in rapid syphilis testing and decrease in disease burden, and the importance of health system integration and strengthening. The programme focused on using a combination of lobby meetings and advocacy events targeting the right people at the right time, involving them from the beginning. Crucially, these people included UNAIDS/Brazil. The team's ability to demonstrate that the project in Amazonia could be rolled out on a national level proved a winner.

The three-year project created evidence of the feasibility and costs of implementing rapid tests for population screening in remote, difficult-to-reach, vulnerable populations. Results include:

1) Establishment of baseline data on the prevalence of syphilis and HIV among indigenous populations in the region.
2) Raised awareness among decision-makers regarding the existence of syphilis in indigenous communities.
3) Empowerment of health care workers with appropriate tools to manage syphilis and HIV among vulnerable populations.
4) Introduction of a robust quality control methodology for rapid tests using dried tube specimens, the first quality control approach for rapid tests in the country.

Anticipated impacts of the project include reduction in child mortality rates and lower prevalence rates of syphilis.

To jumpstart the implementation process, the project's main investigators had meetings with federal ministries and state agencies to gather buy-in and determine implementation details of the project. Meetings took place with: the Ministry of Health's (MOH) National Sexually Transmitted Infection, AIDS and Viral Hepatitis Department; the head office of Fundação Nacional de Saúde (FUNASA); and the Fundação Nacional de Saúde state agencies in Amazonas and Roraima. (At that time, Fundação Nacional de Saúde was responsible for indigenous health and was a partner in executing the project in the field: the implementation of its functions in this area later became the responsibility of the new Secretaria Especial de Saúde Indigena (SESAI).)

These stakeholder engagements resulted in the definition of responsibilities for involved organizations:

The Ministry of Health agreed to provide all the HIV rapid tests to be used in the project as well as providing continuous technical support.

Fundação Nacional de Saúde was responsible for performing HIV and syphilis rapid tests in indigenous communities, gathering and communicating test results to Fundação Alfredo da Matta (FUAM), providing penicillin for syphilis treatments, incurring transportation costs for the training of health professionals, as well as implementing the quality assurance guidelines of the project.

Fundação Alfredo da Matta was responsible for designing the project; provision of rapid syphilis test kits; training of health care workers; execution of quality assurance and monitoring and evaluation; technical support for Fundação Nacional de Saúde's districts and staff; and coordination of supply chain logistics.

There were several other important results of these initial meetings. Fundação Nacional de Saúde district coordinators defined the criteria for health units where it was feasible to implement the project. They selected 160 health units covering 83,000 sexually active indigenous people and 195 different ethnicities. The sexually active population for screening was defined to be indigenous people above the age of 10. The indigenous leadership of every participating district signed a letter of agreement stating its support for the project's remit.

These stakeholder engagements continued throughout the project, keeping interested parties informed about the project's results and challenges.

Extracted from policy brief titled Rapid Syphilis Tests: Expanding the Diagnosis for Indigenous Populations in the Amazon region (currently in press July 2011).

In order to ensure sustainable success and the most effective channelling of advocacy efforts towards meeting the programme or project objectives, it is important to research and plan your advocacy strategy and activity carefully. Your advocacy is likely to have more impact if you have a systematic strategy. This involves properly researching the issues; analysing the political and policy context; devising policy recommendations; and identifying stakeholders and desired outcomes. (Stakeholders include targets, constituents, opponents and allies). Advocacy must also be clear about the key messages it wishes to get across, the changes it is seeking and the activities that will help fulfil them. This is often referred to as an advocacy planning cycle.

Figure 1. Advocacy Planning Cycle
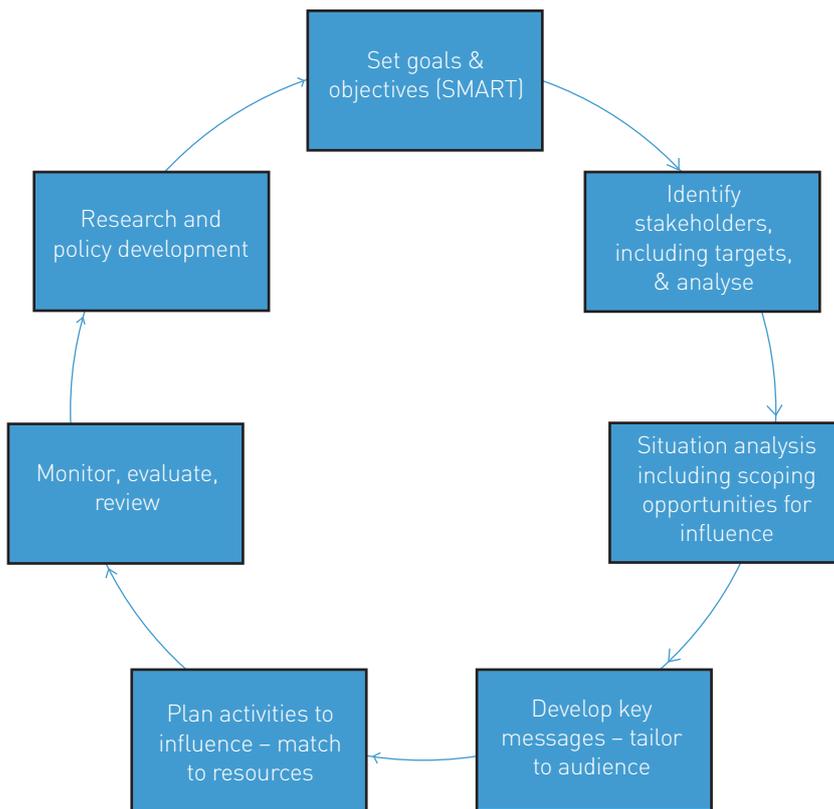
There is a template for summary of advocacy strategy in **Appendix 1** of this chapter.

Advocacy plans must remain flexible to respond to an ever-changing political environment, new learning, and new political opportunities or threats. Your strategy should never be set in stone! Different steps will need to be revisited at different times.

2. Performing a Situational Analysis and Finding a Solution

Your problem might be lack of access to rapid tests. First, think about this problem and its context: next, perform a situational analysis before developing your strategy or advocacy intervention.

By undertaking a situational analysis that identifies and analyses the context, you will be able to see which interventions or advocacy strategies will be most appropriate to tackle it. The situational analysis can be divided into two parts.

First, ask some general contextual questions:

- What is the specific challenge you face in your country with regards to rapid tests?
- What has caused it?
- Which social, economic, political and other factors influence it?
- How serious is it?

The first approach utilises readily available information. Some possible answers are identified in the Financial and Policy Challenges sections below, although these will need to be adapted to your specific context.

Situational analysis should also include epidemiological data to understand the disease burden and incidence. A sample questionnaire for capturing epidemiological data for a situational analysis is given in **Table 1**. Other country experiences and case studies can be used to understand programme requirements. **Management 1 (Tools 1 and 2)** provides an example checklist that can be used as part of a situational analysis to understand the Prevention of Mother To Child Transmission (PMTCT) landscape for integrating rapid syphilis testing into an existing Prevention of Mother To Child Transmission or Maternal and Child Health (MCH) programme.

> **Information is readily available** from sources such as research databases or Demographic and Health Surveys conducted by the Ministry of Health or local district health office.

Table 1. Sample questionnaire for analysis of services for syphilis screening

	Syphilis Testing & Treatment In the past _____ (specify period):
1	How many (estimate) pregnant women live in the area of interest?
2	How many health facilities provide antenatal care clinics in the area of interest?
3	How many pregnant women attended antenatal care for the first time before 16 weeks gestation?
4	How many pregnant women attended antenatal care for the first time after 16 weeks gestation?
5	How many antenatal care clinics have the facilities to perform syphilis screening for pregnant women?
6	Which tests are currently used in antenatal care (Rapid Plasma Reagin (RPR), Venereal Diseases Research Laboratory (VDRL), *Treponema Pallidum* Particle Agglutination Test (TPPA), *Treponema Pallidum* Haemagglutination Technique (TPHA))?
7	How many pregnant women attending antenatal care are tested for syphilis?
8	How many pregnant women test positive for syphilis?
9	How many syphilis-positive women were treated with the first dose of benzathine penicillin on the SAME day as their test?
10	How many syphilis-positive women received their first dose of treatment before 16 weeks gestation?
11	How many partners of syphilis positive pregnant women are treated with at least one dose of benzathine penicillin?

Next, you can go into more detail. Once you have identified the general context to the lack of access and your opportunity to address it, a baseline survey needs to be carried out. A sample baseline questionnaire is provided in **Implementation 4**.

To answer the questions in the baseline survey and collect information from the target population, you can visit the district health office, the district maternal and child health or reproductive health coordinator, and the health facilities themselves. You could either collect data retrospectively from patient registers or collect patient data prospectively using questionnaires. It may not be necessary to visit all health facilities: you could make a selection of facilities representing large and small, easy to access and more remote. For more information on performing a baseline survey, refer to **Implementation 4**.

As you develop your advocacy strategy you will also undertake a stakeholder analysis, which will include establishing who is affected by the problem.

Second, do some research and analysis.

After your initial situational analysis, further research will be needed to:

■ Provide **credible evidence** for your arguments. Policymakers are unlikely to be convinced by your analysis of the problem and its solutions unless you have well-researched evidence to support your analysis.

■ Justify **a particular course of action** to your organization and partners.

■ **Find facts and stories to illustrate your issue.** These are important to explain and persuade both policymakers and your potential supporters of your case.

> **Part of this analysis could include a SWOT** (Strengths, Weaknesses, Opportunities, Threats) analysis or PEST diagram (Political, Economic, Socio-Cultural and Technological environment you are operating in) to identify:
> ■ Internal strengths and weaknesses
> ■ External opportunities and threats including the financial, legal, regulatory and health system issues.

3. Objectives

3.1 Programme Objectives

These are the goals and objectives that you want your programme as a whole to meet. Advocacy and communication goals and objectives should contribute to their fulfilment.

Objectives should ideally be **SMART**:	
Specific	Objectives should be precise and well defined.
Measurable	You should be able to measure whether you are meeting and have met the objectives or not.
Achievable	Objectives should be achievable and attainable.
Realistic	Objectives should be realistic given the resources you have and the context you are operating in.
Timebound	Objectives should have a timeframe set within which they are to be delivered.

Here is an example of some Programme Objectives that would shape and inform your communications strategy, planning and activities. You will need to revise or replace these with your own.

Goal:
To reduce the burden of sexually transmitted infections and their complications in [country] by [date]

Objectives:
- ▪ **To increase access to syphilis screening in pregnant women and those at high risk of acquiring and transmitting the infection.**
- ▪ **To ensure the quality of the rapid syphilis tests and of the testing in resource-limited settings.**

3.2 Advocacy Objectives

Your headline advocacy objectives, drawn from your problem analysis and programme objectives, might be to engage and influence key targets in-country in order to:

a) **Ensure effective policy around the roll-out of rapid syphilis testing, for example by introducing rapid syphilis testing into the national health plan**
b) **Increase funding available for rapid syphilis testing from x to y**

In order to refine your objectives you often need to do some more research. So if you are developing funding-related advocacy objectives you could ask:
- ▪ How much funding is needed?
- ▪ Which budget lines should it come from?
- ▪ What conditions should it have and not have?
- ▪ How is this more cost-effective than other interventions?

Definition: Advocacy objectives describe the specific changes you need to achieve in order to reach your ultimate aim. They will be drawn from your broader programme objectives.

Refer to **Implementation 1 – The Costing Guidelines for Syphilis Screening Strategies.** You may wish to include a table to exemplify the breakdown of costs.

Preventing congenital syphilis by screening and treating pregnant women is one of the most cost-effective health interventions available.[1] The outcomes of maternal syphilis infection are so serious that the cost of treating congenital syphilis babies makes antenatal screening more cost-effective than prevention of mother-to-child transmission of HIV.[2] Table 2 outlines the cost per disability-adjusted life year (DALY) of health interventions.

Table 2. Cost-effectiveness of child-hood health interventions

Health Intervention	Cost per DALY saved (US$)
Expansion of Childhood Immunisations	US$2-20
Oral rehydration therapy	US$ 7-28
Antenatal syphilis screening (8% prevalence)	US$ 4-18
Prevention of Mother To Child Transmission of HIV (15% prevalence)	US$ 50-200

[1] World Development Report 1993

[2] Peeling R.W., "Avoiding HIV and Dying of Syphilis", in The Lancet, vol. 364 (2004), pp. 1561-3

You may need to set short to medium term objectives in order to build towards fulfilling your long term objectives. These will need to be set out at the beginning of the programme so that they can be built into timelines and their progress can be monitored.

Examples of short and medium goals include:

- Increasing syphilis awareness among influential groups and the public
- Engaging and mobilising key stakeholders within the sexually transmitted infection community to support the implementation of a national plan for rapid syphilis testing and same day treatment
- Maintaining the involvement of decision makers and the public profile of syphilis control by disseminating information on progress to date and future challenges

You will need to review and revise these according to your specific context and make them Specific, Measurable, Achievable, Realistic and Time-bound.

4. Analysing the External Context

In order to realise your goals and objectives, you will need to analyse the external context.

- What are the main policy and financial challenges of rolling out rapid syphilis testing?
- Which institutions, organizations and individuals will you need to influence to bring about the change you are seeking?
- What is the political context that you are operating in and how will this influence the approach you take to your advocacy?
- What are the upcoming opportunities that you should take into account?

4.1 Primary Financial Challenges

Any project to increase access faces a major challenge in the capacity of the health care system to utilise new tools when it can scarcely maintain services to meet the most basic of health needs of the community or region. Despite political commitment and/or existence of policy, there may be considerable financial and human resource constraints.

The primary funding challenges around the introduction and implementation of rapid syphilis testing are likely to be country-specific, but some generic ones include:

- Competing priorities
- Syphilis is an invisible disease
- Perception that because there's a historic lack of testing, there's no need to implement it now
- Donor preferences

Many countries have multiple donor support or partnership with developed countries to build up programmes to achieve the health-related Millennium Development Goals. Often, these are vertical programmes. By developing a framework and package for "re-tooling", and piloting integrated service models, the aim is to enable countries to initiate integration of testing services (initially for sexually transmitted infection, HIV and pre-natal services) whilst serving as the foundation for integration of other diseases in the future.

4.2 Primary Policy Challenges

Policy challenges will vary depending on your context. You may wish to look out for and seek to address some of the following challenges that have arisen in previous rapid syphilis testing roll-out programmes:

- Securing high level and service delivery recognition of 'the problem' and support for 'the solution'.
- Quality assurance of tests, testing procedures and treatments – particularly in remote settings.
- Training of the health care workers who will deliver testing and treatment.
- Integration of sexually transmitted infection, HIV and prenatal services.
- Ascertaining whether your proposed intervention is financially and culturally acceptable.
- The regulatory framework.
- Problems with the current state of play and what is needed to improve it.
- Switching from current method (Rapid Plasma Reagin/ *Treponema Pallidum* Particle Agglutination assay/ *Treponema Pallidum* Haemagglutination assay/ Fluorescent Treponemal Antibody Absorption (FTS-ABS)).
- Ensuring adequate supply of benzathine penicillin for same day testing and treatment.
- Ensuring quality diagnosis – the diagnostic test is now being carried out at a different level of staff (compared to those operating Rapid Plasma Reagin, *Treponema Pallidum* Particle Agglutination assay and Enzyme Immuno Assay (EIA) and training on quality systems will have to be considered.

There may also be linked implementation challenges such as:

- Attitudes of laboratory staff who feel that an essential part of their job is now lost as a result of point-of-care testing for syphilis, HIV and malaria.
- Ensuring that there are also complementary messages about safe sex practices, condom use, sexually transmitted infection risk reduction throughout introduction process.

> **Antenatal screening to prevent congenital syphilis is national** policy in the majority of countries around the world. Despite this, and despite the substantial evidence that antenatal screening is cost-effective, implementation of syphilis testing and treatment programmes has been unacceptably low in most countries. This is due to the lack of screening tools that can be used in primary health care settings. These tools and tests are now available and affordable – and we need to develop policy that will ensure effective testing and treatment.

<u>**Planning 2 – Communications & Advocacy Activities – Planning checklist**</u>
includes a checklist to help you determine whether all the necessary planning
steps have been covered before starting on your advocacy and communication
activities. It includes some questions that will clarify whether the policy or
financial challenges have been identified.

4.3 Stakeholders

Conducting a thorough stakeholder analysis is crucial to focusing your advocacy
and communications efforts and activities effectively. The stakeholder mapping
and analysis process should include the following steps:

1. Identify all possible stakeholders	→	**2.** Agree stakeholder characteristics to be audited (e.g. position, knowledge, interest, support, alliances, resources)	→	**3.** Collect and record information
6. Recommend strategies for various stakeholders on basis of analysis	←	**5.** Prioritise	←	**4.** Analyse stakeholder audit, including power and influence analysis
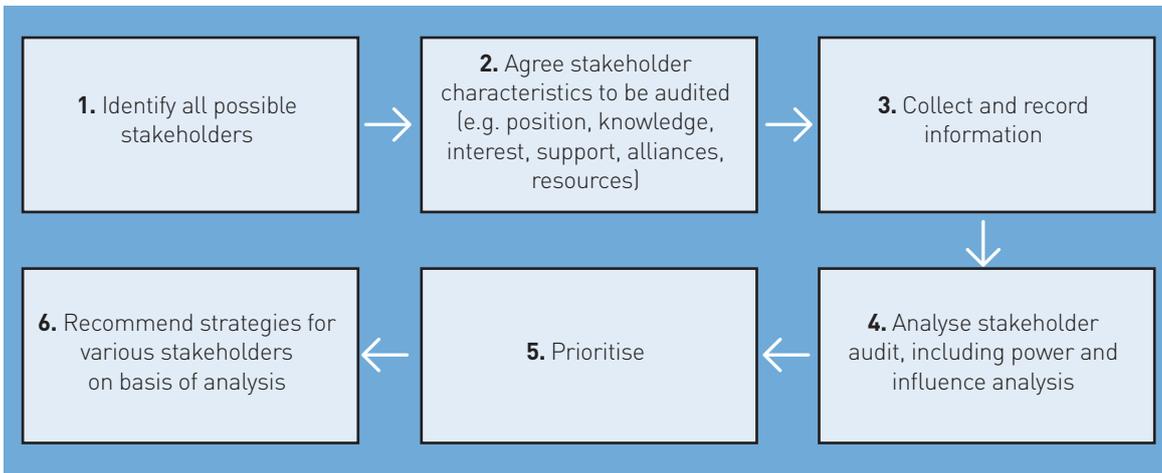
Whilst a stakeholder analysis will help you identify a broad set of stakeholders
– not just the targets but also potential beneficiaries, allies and opponents - the
power mapping (see details in section below) will help you identify primary and
secondary targets for your advocacy. Identifying communications stakeholders is
addressed in the Communications Strategy section: some overlap with advocacy
stakeholders can be expected.

Advocacy stakeholders can usually be divided into the
following categories:

Targets: These are decision makers, people who have the power
to make the desired changes, or people with influence over
decision-makers. Some decision makers can turn out to be
allies, so don't automatically think of them as opponents.

Constituents: These are the people you work with and for, who
are directly affected by the situation and can be expected to benefit
from your advocacy.

**Remember that your analysis of an institution needs to
be subdivided as there may be allies, opponents or targets
within one institution.**

Definition: Stakeholders are
people with an interest in
the aims and objectives of a
project or programme. They
usually include a wide range
of interests and concerns,
from ultimate beneficiaries, to
people with the power to effect
the changes the programme
is aiming for. A stakeholder
analysis will help you identify
'who' you should be speaking
to and who you need to work
with to achieve the change
you've identified.

Allies: These are people who share your aims and can help to influence or put pressure on the decision-makers, including your 'champions' (see Communications Planning for more detail on champions). Some allies will be also partners. Allies/partners could be: civil society organizations (CSOs); women's groups; health professionals; local / regional / national maternal & child health, family planning and sexual health groups, organizations or campaigns; churches; media; non-governmental organizations (NGOs); businesses and so on. If you're lucky, they may even turn out to be decision-makers.

Opponents: These are people who are opposed to what you want to achieve and will try to block the changes you want to see.

When you come to identify which stakeholders are relevant to the introduction of rapid tests it's helpful to ask the following questions[3]:

■ **Which** are the relevant groups, professions or organizations?
■ **Who** is the relevant contact person within the organization?
■ **What** is their specific interest or stake in the issue?
■ **What** is their position with respect to the issue?

An easy way of capturing the key players involved or relevant to you is to use a Stakeholder Mapping Table (see Table 3 for an example). This will enable you to list not just the stakeholders but also:
■ Whether they are directly or indirectly affected by the issue;
■ Their stake or interest in the issue;
■ Their position in relation to it.

Remember, you will need to prioritize your stakeholders according to your resources and capacity to engage with them. The table might help you work out which stakeholders to spend most time on. In the column labelled "position", you can note whether they offer high support, medium support or no support. In the "power" column, you can note whether their power is high, medium or low. Any stakeholder with high power and no support needs to be prioritized.

Outreach programme in the indigenous communities of Amazonas, Brazil

[3] Practical Action for Advocacy, Tearfund 2002

Table 3. Identification of key stakeholders: analysis of roles and responsibilities/interests

Stakeholder	Sector	Responsibility/ Interest	Position	Power
International agencies (WHO/PAHO/World Bank)	Multilateral Organization	Reduce syphilis prevalence		
Government: 1. Ministry of Health 2. Ministry of Education	Political	Reduce disease burden, integrated HIV and syphilis testing and treatment at PMTCT, STI clinics Educate public about syphilis/ congenital syphilis and safe sex practice		
Ministry of Finance	Political	Obtain most cost-effective price for rapid syphilis testing Reduce disease burden on health service		
Regulatory Authorities	Political	Implement guidelines for clearance of rapid diagnostic tests for internal market		
Regional & Local Government	Political	Reduce disease burden		
Private sector (Biotechnology industry)	Commercial	Bulk procurement on World Health Organization (WHO) scheme for increased sales		
Nongovernmental (Religious groups and leaders, NGOs)	Social/ Commercial			
Health professional associations/unions	Social			
Media (newspaper articles, journals, broadcast coverage, public debate, posters, brochures)		Bulk procurement on World Health Organization (WHO) scheme for increased sales		
Academia (universities)				
Indigenous groups, High risk groups, Women's groups, Patients at ANC, Community leaders		Self-interest. Reduce syphilis prevalence. Risk-reduction for new partners		

5. Power Analysis and Targets

Once you have identified your stakeholders, you can move on to analysing their relative power. A power analysis is about capturing who has the most power to bring about the change you want to see and who in turn has influence over them. This will help you to identify where and at which institutions or individuals you should target your advocacy.

In seeking to identify who has the power, it can be helpful to use a tool like the one below. This tool might help you establish what type of power different stakeholders have and how to target your efforts accordingly. For example, within organizations, informal influence from a charismatic leader could be very important. For external stakeholders, possession of knowledge might refer to a supplier or subcontractor.

Definition: Advocacy targets are the people with the power to effect the change you want to see delivered – they are people you need to reach, engage and influence.

Figure 2. Sources and Indicators of Power[4]

SOURCES OF POWER	
Within organizations	**For external stakeholders**
■ Hierarchy formal	■ Control of strategic resources
■ Influence informal	■ Involvement in strategy implementation
■ Control of strategic resources	■ Possession of knowledge (skills)
■ Possession of knowledge & skills	■ Internal links
■ Control of the environment	
■ Involvement in strategy implementation	

INDICATORS OF POWER	
Within organizations	**For external stakeholders**
■ Status	■ Status
■ Claim on resources	■ Resource dependence
■ Representation	■ Negotiation arrangements

Producing a power map is an easy way to think through, identify and capture the targets for your advocacy:

Draw and label a box or circle in the middle of a flip chart sheet to represent the person or institution with the most power to bring about change in your area. Then work outwards, adding names so that the boxes/circles near the centre of the sheet represent those with the most power to change the policy and the circles/boxes on the edges of the sheet represent those with the least power. You can then draw arrows between the boxes/circles to indicate which individuals or institutions are linked or related in some way. The power map is best developed on a large piece of flip-chart paper as a participatory exercise in small groups.[5]

[4] 'Exploring Corporate Strategy' Seventh Edition, Pearson Education Limited 2005
[5] S Golding, S. et al, 'Tax Justice Advocacy: A Toolkit for Civil Society', in Christian Aid/SOMO January 2011

Tool 1. Targets can be broken down into:

■ Primary targets (those with the most direct influence).
■ Secondary targets (those with influence over the primary targets, or those with some influence on the issue but not as much as the primary targets). These secondary targets are sometimes referred to as 'influentials'. They can be found in a variety of places, not just among those who are officially part of a decision-maker's immediate circle. They include the media, members of parliament, donors, faith leaders other government departments and trade unionists.[6] Some of these are explored in more detail in the Communications Strategy section.

In relation to syphilis testing, your primary targets are likely to be the Ministry of Health, Ministry of Finance and Technical Advisory Committees, but you'll need to consider others who might also have considerable power or influence.

Understanding your targets' priorities, interests and concerns is key to effective advocacy. Knowing this enables you to ensure that your activity and messaging engages them effectively, in the right way and at the right times. You want your activities and messages to resonate with and appeal to them as much as possible: this will make them more likely to act.

Here is an example of how to capture your targets' interest and engagement in an issue. It includes:

■ **Awareness:** How aware **they** are of the issue.
■ **Understanding:** How much **they** know and understand about it.
■ **Importance:** How important **they** consider it.
■ **Framing:** Where the issue fits in **their** view of the world and their priorities.
■ **Aims & Objectives:** What **their** aims and objectives are that relate to the issue.
■ **Concerns & Interests:** What are **their** primary concerns and interests relating to the issue?
■ **Barriers:** What might be some of the primary barriers to **them** taking action on the issue?

It's all about getting into **their** shoes.

[6] Effective Advocacy training course materials, Ian Chandler, The Pressure Group, 2006

Table 4. A sample power analysis. List your targets across the top and then map your knowledge of them against the headings in the left hand column.

	Ministry of Health	Ministry of Finance	Technical Advisory Committee
Awareness	Medium	Low	Medium
Understanding	Medium	Low	Medium
Influence over issue (important indicator of their ability to deliver the change you want)	High	Medium	Medium
Importance of issue	Low	Low	Low-Medium
Framing i.e. what context do they see syphilis in?	STI control, MNCH, reproductive health, HIV	STI. Another demand on resources with no understanding of its cost-effectiveness or potential impact on MNCH	STI control, MNCH, reproductive health – everybody's business but no-one's call
Aims & Objectives	To implement policy – i.e. Screen every pregnant woman and treat where necessary. Current objectives per country unknown (i.e. treat 100% of positives, reduce transmission/ prevalence)	Desire for sectoral health funding not disease specific approach	To determine the most appropriate rapid syphilis test for the country with consideration of test characteristics, programme's goals and objectives, and importation restrictions
Concerns / Interests	Syphilis and Congenital Syphilis (CS) can get lost between the STI control programmes and reproductive/ maternal health	Other financial priorities	Quality assurance of tests, testing procedures and treatments
Barriers	Competition for budget and time	Competition for budget	Limited influence

5.1 Mapping Policy Context and Influencing Opportunities

In addition to analysing who has power over your issue and who has a stake in it, you will also need to analyse what policies and policy processes you need to influence in order to bring about the changes you are seeking. This will help establish when and how you might best engage with your targets around syphilis and may well influence your policy recommendations. National policymakers, for example, cannot operate in a vacuum. Even if you manage to persuade them of the need for change on a given issue, they can only bring about that change through established policy or legislative channels and processes. If you do not relate your proposals for change to specific political opportunities or policy processes available to policymakers in your country, you are likely to be ignored.

Key questions to address in your analysis of the policy context:

- What are the different policies which impact on the problem or situation you are trying to address?
- Which are the policies that have the most impact on the problem and could most help solve the problem if they were changed? (This will help you prioritize where to focus your advocacy work)
- What is the current status of the policy we will seek to change? Is it enshrined in law? Or is it simply the adopted policy or position of the current government?
- What are the mechanisms for bringing about a change in the policy? (These could be local, national, regional or international – or a combination thereof)
- Are there scheduled policy reviews?
- Are there reports or papers to be consulted on, through which you can influence policy on syphilis?
- Are there planned events at which you can raise questions and concerns around syphilis testing policy?
- Who are the key individuals in the team that influences and decides on policy change? Although it's important that senior members of the team understand your point of view, achieving buy-in from junior members can be just as important provided they have the ear of the more senior staff.
- How can civil society and the media have influence in this context?
- Are there any chance meetings coming up with someone of power/influence in your circle?
- How have changes to this policy been brought about in the past in your country?
- Are there opportunities for changing the policy in the near future (e.g. a parliamentary bill on the extractive sector; a general election; etc)
- How and where can you access further information about a policy?

Here is an example of a table capturing the opportunities and challenges for engaging stakeholders on tackling syphilis as a problem:

Table 5. Engaging stakeholders on tackling syphilis

Stakeholder	Opportunity	Challenge
International agencies (WHO/Pan-American Health Organization (PAHO)/ World Bank)	— WHO regional officials are actively engaged in the project in Zambia, Uganda, Tanzania, Brazil and Peru — Can encourage decision makers within country to recognise the need for national plan on controlling syphilis — CDC (Center for Disease Control) is also actively engaged in developing quality systems for rapid syphilis testing	
Government (Ministry of Health, Education), Regulatory authorities	— Government due to respond to parliamentary committee review of health policy	— Excessive reliance on treatment approaches (penicillin), disregarding prevention and early detection — Limitations in resources, inequalities and competing health problems (HIV) — Existing problems with Logistics/Supply chain
Ministry of Finance	Use of cost-effectiveness data important resource	— To communicate cost-effectiveness
Political parties/Social Movements, funders	— Parliamentary committee reviewing health policy	
Private sector (Biotechnology industry)	— Participation in WHO procurement scheme — International funding commitments for purchasing rapid syphilis tests	— Regulatory specifications to meet in countries — Licensing application
Health professionals, health professional associations/unions	— Clinicians and nurses have positive attitudes towards the ability of diagnosing and treating patients on the same day	— Cultural taboos and myths surrounding STIs — Poor knowledge and recognition of syphilis as a problem — Laboratory workers may be opposed to rapid tests in general as they are losing their power and status in diagnostics. — Clinicians and nurses are concerned with increased workload of doing rapid testing as well.
Media (newspaper articles, journals, broadcast coverage, public debate, posters, brochures)	— Advocating to the wider public the opportunity for testing and treatment and local clinics. Educating the masses	— If not correctly informed, media can communicate misleading information
Academia (universities) Indigenous groups, High risk groups, Women's groups, Patients at ANC, Community leaders	— May be encourage to participate in test evaluations — Educate and empower influential individuals (trained community leader, traditional healers) who can mobilize communities, reduce stigma and influence demand for change	— Cultural taboos and myths surrounding STIs, religious attitudes, stigma – avoidance of social rejection and isolation — Poor knowledge and recognition of syphilis as a problem

6. Key Messages

Once you have identified your goals and objectives, done your research, mapped the opportunities for change and prioritized your stakeholders, you need to think about how best to communicate with them. An important element of that communication is developing key messages. A message is a concise and persuasive statement about your advocacy that captures:

■ What you want to achieve, the change you want to see.
■ Why you want to achieve it – positive or negative consequences of no action.
■ How you propose to achieve it.
■ What action you want the audience/target to take.

Whilst your overall advocacy position does not change, you will need to review and revise your key messages in order to meet the needs of your specific target audiences, their interests and concerns, and most importantly, the actions you would like them to take as a result of your interaction. This is called 'tailoring your message to your audience'.

Rapid syphilis testing in a primary healthcare centre in Tanzania

Messaging: Funders and Policy-makers

When approaching funders in-country, you need to draw their attention to the potential impact of and opportunities arising from increased investment. With policy makers in-country, draw their attention to the potential impact of and opportunities arising from policy change. If the groups are less engaged in the issue, you may need to start by explaining the overarching problem presented by syphilis.

Impact

- Preventing and treating congenital syphilis could help save up to x lives in your country and prevent mothers being traumatically affected by complications resultant from congenital syphilis pre and post delivery.
- Treating syphilis will, in the medium term, reduce the burden of HIV, so improve health overall, reduce pressures on your time and resources and strengthen the health system.
- The integration of syphilis screening into antenatal care is known to increase attendance of both pregnant women and their partners.

Solution

- Screening and treating pregnant women for syphilis is simple and straighforward with the rapid syphilis test and a shot of penicillin.
- The rapid test is easy to use and you can treat immediately.
- You can do the test at the same time as HIV rapid testing and other antenatal care services and begin to create a full antenatal care package.
- You can encourage male partners to be tested and treated too. Partners are more likely to attend because they know syphilis is easily curable.

Call to Action

- Help create a generation of syphilis free children by ensuring every pregnant woman is screened and every one found to be syphilis positive is treated.
- Integrate screening in strategy, policy & practice, co-ordinate implementation and improve country reports.
- Advocate with Country Coordination Mechanism (CCM) and other relevant committees.
- Reduce HIV further by tackling syphilis.

7. Activity Planning

The next step is to plan your external advocacy activities.

In order to be strategic and successful you must always consider **how** the activities you plan to use will help achieve your objectives – you may have a great idea for an event but unless it is relevant to fulfilling your objectives, steer clear!

Activities need to be appropriate to the target audience: different points in the strategy may require different tactics and therefore different activities.

Depending on your objectives, targets and available resources, there are a range of activities you might use to effect change. The idea is to combine your activities in a winning mix. You can use different activities at different moments but ideally ensure that they are mutually reinforcing. These include:

Primary and secondary research or evidence sourcing:

- Policy analysis, including producing policy briefs & reports.
- Lobbying (face to face meetings).
- Advocacy events.
- Lobbying letters.
- Petitions.
- Communications & media activities (see Communications section for more on these).

What does advocacy success look like? When advocates in China started out there was no policy or national programme for syphilis and rapid syphilis tests. As a result of their efforts, and those of advocacy partners, rapid syphilis testing is now included in Chinese national guidelines, and it is integrated in the national programme as one of the testing strategies for screening for syphilis. In addition, development and application of simple, rapid and efficient diagnostics have been highlighted in the Ministry of Health Ten Year Plan for syphilis prevention and control.

Baseline surveys formed the foundations of advocates' ability to influence. These included validations of available rapid syphilis tests, an introduction study of rapid syphilis tests among target populations and settings, and existing documentation. The Sexually Transmitted Infections and Maternal and Child Health Departments were identified as important targets. Advocates worked to convince them of the importance of introducing rapid syphilis testing into syphilis control policies and strategies, with a particular focus on pregnant women and high-risk groups in order to increase coverage of syphilis case-finding and intervention and prevent mother-to-child transmission of syphilis.

The team in China used evidence from the project to brief a panel of policy makers, and they engaged with decision makers in meetings, as well as using petitions, the media and advocacy events to push their message home. In their experience the key messages that convinced policy makers to accept the rapid syphilis testing strategy were around the disease burden, good performance and cost effectiveness of the intervention and its acceptance by both health care workers and patients and the provision of solutions to current barriers.

Planning 2 – Advocacy & Communications Activities provides tips on various advocacy and communication activities, including some templates.

8. Communications Strategy and Planning

Effective communications can be crucial to achieving both your advocacy objectives and the wider programme objectives. Through communications you can engage with and influence the people who are able to deliver the change you seek; you can mobilise people to add to that pressure for change; and crucially, you can change behaviour in the target population (men and women at risk of contracting syphilis).

Communications covers the things that are said (the messages) and how they are transmitted to the intended audiences (the channels). Approaching communications strategically helps ensure that those messages and channels are the most relevant and engaging possible, and that they focus on helping deliver against the aims and objectives.

This section outlines key questions it will be useful to answer and some tools to help deliver the most effective and strategic communications. It offers examples and suggestions of messages, channels, activities and more: remember, these will need to be tested and developed to best meet the needs of your country and specific programme.

Briefing on rapid syphilis testing during healthcare worker meetings in Lima, Peru

Figure 3. Key steps for communications strategy & planning

1. What are the overall / big picture goal and objectives (ideally, make these SMART)?

→

2. What are your communications objectives?

→

3. Who are the people you need to reach and engage – your audiences?

↓

6. What **messages** might best engage your audiences? What might be the best entry points?

←

5. Who best **influences** those audiences?

←

4. What **insights** do you have about your audiences' understanding of CS, their concerns and interests?

↓

7. Which **channels** best reach and engage those audiences?

→

8. What **communications** activities and materials might best engage your audiences?

→

9. Which **champions** and partners might help you reach your audiences / deliver your activities?

↓

12. How will you **evaluate** how effective your activities were? What will you do with the learning?

←

11. What **resources** (budget & people) will you need to deliver these activities?

←

10. What are the key **risks** and dependencies associated with your activities and approaches? What contingencies could you put in place?

9. Objectives

9.1 Programme Goal and Objectives

Here are some Programme Objectives that might shape and inform your communications strategy, planning and activities. You will need to revise or replace these with your own.

Goal: To reduce the burden of sexually transmitted infections and their complications in [country] by [date].

Objectives:
- Increasing access to diagnostic testing for sexually transmitted infections in pregnant women and those at high risk of acquiring and transmitting sexually transmitted infections.
- Ensuring the quality of the STI tests and testing in resource-limited settings.

This section focuses primarily on syphilis, specifically the introduction and roll-out of rapid syphilis tests.

Definition: An overall Goal is the ultimate aim or purpose of your project or programme – the change you want to effect. Objectives are the specific things you need or want to achieve in order to reach your overall goal. Ideally, objectives should be SMART (for an explanation of SMART see Advocacy Objectives p.7).

9.2 Communications Objectives

Some of your initial high-level communications objectives might include: raising the profile of the problem (syphilis); explaining the solution (rapid syphilis testing); and communicating the impact of rapid syphilis testing. Achieving these objectives could enable you to:

- Support advocacy efforts to:
  – increase the funding available for rapid syphilis tests
  – influence policy-making around rapid syphilis tests
- Increase and improve delivery of rapid syphilis tests by health care workers.
- Increase uptake of rapid syphilis testing by pregnant women, their partners and high risk populations (to include female sex workers (FSW), men who have sex with men (MSM) and mobile men with money (MMM).[7]

Definition: Communications objectives are the specific things you need or want to achieve through your communications work in order to deliver your broader objectives and reach your overall goal.

You should select from these suggestions, revise them as appropriate and make them Specific, Measurable, Achievable, Realistic and Time-bound (SMART).

For details on stakeholders and how to map and analyse them, see the Advocacy Planning section above. This section deals mainly with communications stakeholders, more commonly referred to as 'audiences'.

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[7] 'Mobile Men with Money' is a term used to describe travelling business men or migrant workers who sleep with sex workers.

10. Communications Stakeholders

10.1 Primary Audiences

The following diagram outlines the global primary audiences relevant to the introduction of rapid syphilis testing – as you will see many of these are also your likely advocacy targets. Those in red are the ones most likely to be relevant to you.

Definition: Primary audiences are the people you want to reach and engage in order to achieve your objectives and reach your ultimate goal. There is often a range of different audiences crucial to any project or programme.

HEALTH CARE WORKERS AND ULTIMATE BENEFICIARIES (Low income/high burden countries)	POLICY MAKERS, INTERNATIONAL AGENCIES, RESEARCHERS & SOCIETIES (Global and in country)	NON – CORPORATE FUNDERS (High Income Countries)	CORPORATE (Global and in country)
Pregnant Women	Ministries of Health	UNICEF	Global corporations based outside high burden countries
Men	Technical Advisory	USAID/NIH	
MSM, FSW, clients (e.g. MMM)	Committees and CountryCo-ordinating Mechanisms	PEPFAR	Corporations with interests in high burden countries e.g. telecoms
Healthcare Professionals (public and private)	Health Research Community and Professional Societies	Grand Challenges Canada	
	NGOs and networks on the ground	DFID	Existing RST producers
	WHO	Clinton Foundation	
	UNICEF	Chinese Government	Prospective RST producers
		Global Fund	
		CIFF	
		Gates Foundation	
		World Bank	
		NGOs	
		G8 Bilateral	
		Governments	
		EU	

10.2 Primary Audience Insights

The table below outlines some insights about your potential audiences. Your understanding of your targets' interest and engagement in an issue is useful in thinking about how best to develop and deliver your messages to them. It is similar to Tool 1 in the Advocacy section, but different audiences are identified. List your targets across the top and then map your knowledge of them against the headings in the left hand column.

Reminder: Your knowledge includes:
- **Awareness:** How aware they are of the issue.
- **Understanding:** How much they know and understand about it.
- **Importance:** How important they consider it.
- **Framing:** Where the issue fits in their view of the world and their priorities.
- **Aims and Objectives:** Which of their aims and objectives relate to the issue?

Definition: Audience insights are things you know or suspect about your audiences' interests and concerns relating to syphilis. These are crucial to help clarify why you want to communicate with them and work out how best to engage them.

Table 6. Target audience profile

	Pregnant Women and Men	High Risk Populations	Health Workers	Policy Makers in country	NGOs and Networks
Awareness	Low	Low	Medium	Medium	Low
Understanding	Low	Low	Medium	Medium	Low
Importance	Low	Low	Medium	Low	Low
Framing	STI, HIV link, child health, personal health/cure	STI	STI, MNCH, reproductive health, HIV	STI, MNCH, reproductive health, HIV	STI, MNCH, reproductive health, HIV
Aims & Objectives	N/A	N/A	Antenatal access to screening and treatment for mothers and partners	Implement policy – i.e. Screen every pregnant woman and treat where necessary	
Concerns / Interests	Baby's health; Own health; Stigma and discrimination; Relationship status; Partners' sexual behaviour (male uptake)	Limited level of awareness Stigma and discrimination. Ill health	Professional priorities; Limited resources; Need for public education	Syphilis and congenital syphilis can get lost between the STI control programmes and reproductive/ maternal health	Cost-effective & evidence-based interventions; Strengthening health systems
Barriers	Costs	Trust, policy, definition, cost, approach			

10.3 Secondary Audiences

Below is a list of the secondary audiences who might be most useful to you in reaching your primary audiences. You will want to consider how best to use these people to help disseminate your messages and how to develop positive and productive working relationships with them.

Media: All of your primary audiences consume various media and so they are crucial as a means of sharing your message. Find more information on working with the media in the Advocacy and Communications Activities section.

Definition: Secondary audiences are the people that might have a role to play in helping deliver your messages to your primary audiences, and those who your audiences listen to and take into consideration when developing thoughts and feelings about things.

Global & local celebrities: Celebrities can have a huge influence over how the mass population think and feel about things. They are also very useful in securing coverage in the media.

Community / religious leaders and groups: Community / religious leaders and groups have significant influence at local and regional levels; this includes special interest groups such as pregnant women and sex workers.

Health professionals: Whilst health professionals are one of your primary audiences they are also an important route through which to deliver messages to the end users of rapid syphilis tests – pregnant women, men and high risk populations.

Peers in other countries: Your primary audiences in government might look to their peers in other countries to learn. They may also happen to meet with their peers to discuss projects. Often, they will pay a lot of attention to how their peers behave and look to learn from them or emulate them.

10.4 Champions and Partners
For communications purposes, your choice of champions and partners will largely depend on your activity and channel plan (there is an explanation of Channel Plans below).

Appropriate champions could include:
- Celebrities
- Community or religious leaders
- Health workers/prominent figures within the health industry
- Parents of children who are survivors of syphilis thanks to rapid syphilis tests
- You or one of your colleagues if you are charismatic and able to access the right audiences

Relevant partners might include:
- Any organization that is in the business of antenatal care provision
- Any organization that is in the business of the prevention of mother to child transmission of HIV
- Non-governmental organizations
- Other government departments
- Local corporations
- Unions

Definition: Champions are people who believe in your cause, want to help disseminate your message and have some ability to reach and speak to your audiences. Partners are organizations relevant to your cause with whom you can collaborate to work towards shared aims and objectives.

11. Key Messages and Entry Points

As with advocacy, you need to develop key messages, in this case tailored specifically to your communications audiences. You should also consider the most appropriate entry points.

11.1 Entry Points

Before you start to work out the messages you will convey to each audience, it can be helpful to understand the order in which you will make your points.

One way to segment your messages is to break them up into:

■ The Problem
■ The Solution
■ The Impact
■ The Opportunity
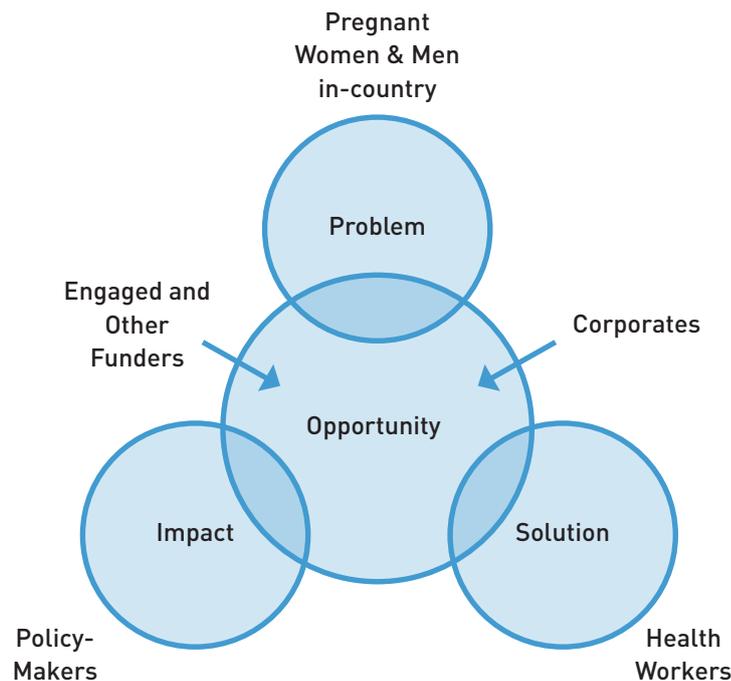
Definition: Key messages are the main points you need or want to communicate to your audiences. These should be as clear and brief as possible. Entry points are the most appropriate places to start the communication in a way that most engages your audiences – often related to their concerns and interests.

Pregnant Women & Men in-country

Problem

Engaged and Other Funders

Corporates

Opportunity

Impact

Solution

Policy-Makers

Health Workers

Although each audience might need to see the full picture, it can sometimes be effective to start your communication in different places for different audiences. Some might be most engaged and motivated by hearing about the severity of the problem, whilst others might become more engaged by learning about the solution or impact first. These different starting points are known as entry points and should be informed by the base understanding and key concerns of your audiences. Usually, the best exit point for all audiences is the Call to Action.

Consider these entry points for your primary audiences. Remember, each segment could be further broken down, depending on how engaged each audience already is with the issue, and this might influence where you begin the dialogue.

11.2 Key Messages

Below are examples of messages for some of your most important communication audiences.

Messaging: Pregnant women and partners

A pregnant woman most urgently needs to be made aware of the risk of syphilis to her and her unborn baby.

Problem

Problem
- If left untreated, syphilis can damage your heart, brain, eyes and bones and in some cases, can be fatal.
- Transmitting syphilis to your baby could threaten its life. It could be stillborn, born early, born with a low birth weight, or very unwell as a result.

Solution

Solution
- A simple test for you and your partner followed by a single shot of penicillin could treat syphilis and prevent your baby being affected.
- You get the test results there and then at the point of care within half an hour and if you are positive, you can be treated that day.
- Then you can use women's groups to spread the message and create social entrepreneurship.

Impact

Impact
- Preventing and treating congenital syphilis could help save the life of your baby.
- It can improve the health of you and your partner.

Call to Action

Call to Action
- Request the test.
- Look after your sexual health, your child's health and your partner's health.

Messaging: High risk populations

High risk populations most urgently need to be made aware of the risk of syphilis to themselves, their partners and their unborn babies.

Some high risk populations tend to operate outside of the law, so their uptake of testing, especially from a government programme, will probably be low. If testing can be set up as a social enterprise run by their peers, uptake of testing is likely to be higher.

Problem

Problem
- If left untreated, syphilis can damage your heart, brain, eyes and bones and in some cases, can be fatal.
- Transmitting syphilis to an unborn baby could threaten its life. It could be stillborn, born early, born with a low birth weight, or very unwell as a result.

Solution

Solution
- A simple test for you and your partner followed by a single shot of penicillin could treat syphilis and prevent your baby being affected.
- You get the test results there and then at the point of care within half an hour and if you are positive, you can be treated that day.

Impact

Impact
- It can improve the health of you and your partner.
- Preventing and treating congenital syphilis could help save the lives of you and your baby.

Call to Action

Call to Action
- Request the test.
- Look after your sexual health, your child's health and your partner's health.

A practising health care worker needs, most importantly, to be made aware of the solutions available to their patients and their ease of use. Please note: If they are not already engaged in the issue or have very little awareness, you may need to start them with the Problem, as above.

Solution

Solution

- Screening and treating pregnant women for syphilis is simple and straightforward with the rapid test and a shot of penicillin.
- The rapid test is easy to use and you can treat immediately. It is different to the RPR; there is no wait time. You can treat someone within half an hour.
- You can do the test at the same time as rapid HIV testing and other antenatal care services and begin to create a full antenatal care package.
- You can encourage male partners to be tested and treated too.
- Partners are more likely to attend because they know syphilis is easily curable.

Impact

Impact

- Preventing and treating congenital syphilis could help save up to [X] lives in your country and prevent mothers being traumatically affected by complications resultant from congenital syphilis pre and post delivery.
- Treating for syphilis will, in the medium term, reduce the burden of HIV, so improve health overall , reduce pressures on your time and resources and strengthen the health system.
- The integration of syphilis screening into antenatal care is known to increase attendance of both pregnant women and their partners.

Call to Action

Call to Action

- Help create a generation of syphilis free children by ensuring every pregnant woman is screened and every one found to be syphilis positive is treated.
- Champion STIs as a cause by pushing for the inclusion of syphilis testing in your national strategy and funding requests and asking your STI/reproductive health and HIV committees to include this matter in your national strategy and their funding applications.
- Inform all pregnant mothers of their right to a healthy pregnancy and a syphilis free child.
- Make sure you have male partner testing slips at your disposal.
- Use your voice to overcome barriers. e.g. let the supply chain know if you don't have supplies – both tests, treatment and gloves/other to make this a reality – tell them about the demand for these services.

Messaging: Policy-makers

Policy makers in-country need to have their immediate attention drawn to the potential impact of and opportunities arising from policy change. If they are less engaged in the issue, they may also need to start at the problem, as above.

Messaging: Elevator pitch

It can be really useful to write an 'elevator pitch'. This is the shortest and most impactful way of engaging someone new to your cause and ideally communicates the problem, solution, impact and opportunity. Imagine that you bump into your Prime Minister or President in an elevator unexpectedly. You have under one minute with them – what will you say?

It is useful to practise your 30 second pitch to yourself with a colleague or in the mirror before you go and meet someone. Do this exercise with other audiences, for example a pregnant woman who is at risk of syphilis.

> **An elevator pitch to a Prime Minister might look like this:**
> Around [insert number] babies are dying each year from an easily preventable disease. This is more than die from HIV. [Verify whether this is true in your country.] We can stop these deaths by screening pregnant women with a simple test followed by a shot of penicillin for the cost of less than £1.
>
> **If you have less time, say:**
> Preventing and treating congenital syphilis could help save up to [X] lives.

12. Channel Planning

Once you have determined your audiences and your messages, it is important to work out how you will present your messages. You will want to plan your channels carefully, taking into account:

- Which channels your primary audiences best engage with – this may require some audience research.
- What budget you have access to.
- What content you have and which channels it lends itself to.
- How specific or localised your messages and therefore the channels you choose need to be.
- The channel mix – how different channels complement one another.

All of the above may require some research to determine what works for whom.

Gender, levels of **literacy** and **poverty** can all have an impact on which channels are the most appropriate:

- If you want to reach a population with high illiteracy rates and high levels of poverty, local or community radio may be a better channel to use than newspapers or TV.

- As **mobile phones** proliferate, they are an increasingly popular way of communicating with members of the general public or your supporter base, keeping them updated on developments in your advocacy work and asking them to take action, join a campaign event or lobby their local representatives. But there is limited use in designing an **SMS** campaign that calls for women to participate if in your context it is usually men who have access to mobile phones or women's illiteracy rates are high.

> **Definition:** Channels are the different mediums through which you will deliver your messages to your audiences.

The utilization of mobile technology may increase service efficiency and avoid missed opportunities, resulting in a more sustainable programme. "Wawared" is a collaborative pilot project between the Inter-American Development Bank (IDB), Cayetano Heredia University of Peru (UPCH) and a local cell phone provider, Movistar. It is being launched in the Callao-Ventanilla region of Lima, Peru. "Wawared" will use text messaging via mobile telephones to enhance the health of mothers and infants, by enabling them to receive customized advice on nutrition and potential problems during pregnancy. Patient clinical history will be available through mobile technology.

- If you are designing **posters** or **leaflets** that you hope will influence the behaviour of pregnant women, it makes sense to consult with a sample group at the design stage to find out what has strong impact.

- Despite its limitations in reaching some segments of a population, **TV** is often the medium watched by **influential decision makers** and opinion leaders. Current affairs and news shows are likely to be a core source of information for them so may be worth using as channels for this purpose. It's also worth considering if there are particular **trade magazines, medical or business press or periodicals** that might appeal to key influential sections of the population.

- A **blog** is a type of website meaning a 'web log' or an online diary. Many blogs provide commentary or news on a particular subject and are an increasingly popular forum for social and political commentary. As such, blogs or blogging may provide some opportunities to engage with people and keep them informed of developments in your advocacy work. **Internet based social networking sites** are also increasingly used to spread the campaigning word, linking people and friends to get behind your issue and take action.

- There may be distinctions between channels used by **rural versus urban** populations. In many developing countries access to and usage of **the internet** is significantly higher in urban than rural areas.

- Many millions of people in the world still cannot easily access the internet or, when they do, have trouble downloading content or interacting due to limiting technology.

- In many rural areas **radio** is very popular and easily accessible.

- Some people will read **local and national papers**.

It's important to **bear all this in mind** when you're developing your communications strategy: otherwise your plan may not be adapted to a large part of your target audience.

A 2008 study by the BBC World Service Trust[8] provided new information about the state of the media in 17 sub-Saharan African countries. It found that the media is serving growing populations, primarily among young, rural and illiterate demographic groups, with radio dominating the mass media spectrum. **Community radio** in particular was seen to have a special role in advancing development objectives, giving a voice to communities, increasing their participation and opinion sharing, and developing their skills. The tendency of community radio stations to use local **languages** is a major advantage.

Local radio stations often have 'walk-ins' or 'phone-ins', which can be a good opportunity to share your issues. Drama and songs with a campaigning message can translate very well on to radio too, so be creative in trying to get coverage. If you can afford it, then radio 'jingles' are also a way to share information about your advocacy issue. A jingle is a memorable short tune with a lyric used in radio and television commercials, usually intended to convey an advertising slogan but which can be just as powerful for advertising your advocacy initiative.

Below is an example headline channel plan that might help you think about planning your own channel usage. You can create your own version of this table with audiences across the top and possible channels down the left hand column.

[8] Africa Media Development Initiative (AMDI), BBC World Service Trust 2008

Table 7. Example headline channel plan that might help you think about planning your own channel usage

	Pregnant Women, Men & High Risk Populations	Health Workers	Policy Makers	NGOs & Networks
Print posters	✓	x	x	x
Print manuals	x	x	x	
Print partner slips	x	x	x	x
Face to face (counselling)	✓	✓	x	x
Face to face (other mothers/fathers)	✓	x	x	x
Face to face (advocacy meetings)	x	x	✓	x
Face to face (training)	x	✓	✓	x
Print press	✓	✓	✓	✓
Radio	✓	✓	✓	✓
TV news, advertising, features	✓	✓	✓	✓
Digital communication	x	x	✓	✓
SMS/use of mobile phones for technical and marketing purposes	✓	✓	x	x
Internet	x	✓	✓	✓
Film	✓	✓	✓	✓
Events	x	x	✓	✓

13. Activities and Materials

Activity and material needs should be considered alongside your channel plan, helping you make the most of the channels which most effectively reach and engage your audiences. They could include:

- Media Events
- Community Events
- SMS Campaign
- Radio Advert
- Print leaflets
- Posters

Planning 2 – Advocacy & Communications Activities gives more detail on communication and advocacy activities, including some tips for effective implementation.

> **Definition:** Activities are the particular things you may do to generate content for your communications. Materials are the print or on-line piece of communication you will produce to disseminate your messages.

14. Advocacy and Communications – Shared Planning Challenges

14.1 Risks, Dependencies and Contingencies
Why are risks, dependencies and contingencies important?
- It is important to identify the risks to your project or activities at the outset so you can: a) do what you can to avoid them being realised; b) ensure you are in the best place to minimise the impact of them if they are unavoidable.
- It is useful to identify the dependencies for your project or activities so you can be clear with yourself and others about the critical foundations on which you need to build. This can help you prioritize.
- Planning contingencies – or having a Plan B – means that if risks impact your project or the things you were dependent on are not delivered, you can revise your plans and activities in order to ensure you don't lose all momentum or effort.

The kinds of risks you may need to consider will often relate to specific activities, but some general ones could include:

- Other related issues dominate the news/media agenda
- You are faced with political interference or are accused of being politically biased
- Your credibility is questioned
- You are refused access to key decision-makers
- Deadlines are not met by suppliers (e.g. printers)
- Resources are stretched and don't meet needs
- Partners or champions appear keen to collaborate and then withdraw support/cannot find time to support you

> **Definition:** Risks are the significant, often unknown, things that could impact negatively on your plans or activities. Dependencies are the things that you will need in order to make your plans or activities work. Contingencies are the plans you can put in place to help mitigate or minimise the impact of the risks being realised or dependencies not being delivered against.

The kinds of general dependencies you may have could include:

- Strong data and content on the problem, solution, impact and opportunity around syphilis and rapid syphilis testing
- Advocates and spokespeople who can communicate the issue effectively
- Adequate resources (see Resources section below)

15. Resources: Budget and People

Your needs for each of these will depend entirely on the extent of your plans and activities. You may be able to meet the resource needs of your advocacy and communications activities within existing budgets and staffing, or you may need to request or seek additional funding to meet the gap and / or you may need to appoint new staff or commission specialist agencies to help you deliver the work.

15.1 Communications and Advocacy Budget

Your budget will determine the scope and reach of the communications and advocacy that the project has. Potential costs include:

- Communications / Public Relations (PR)/ Media Agency
- Public Relations or Event Activities
- Travel – research visits, lobby meetings, conference attendance
- Event hosting – speakers, venues
- Policy reports
- Materials – design, print, distribution/fulfilment
- Web design, development, build and hosting
- SMS
- Above the Line (Television/Radio/Google)
- Below the Line (Direct marketing/Trade Fair)
- Media training
- Research
- Communications staff

> **Definition:** Resources are the things you will need in order to deliver your activities and primarily refer to budget and staff time.

When determining team resources for the project, attention should be paid to skills, experience and motivation for working on the project. It is better to have a team of five with strong traits in the above areas, than ten with relatively average traits. A checklist can be used to assess a person's suitability for inclusion on the project team:

- Roles and accountabilities are clearly defined.

- There is a clear reporting structure which acts as a framework for the project team, including the overall project manager.

- Outline which team member will have communications with which relevant key stakeholders that will influence the success of the project.

The kinds of skills and experience areas you may need include:

- Research and copy writing
- Research and policy analysis
- Commissioning and managing print, design and distribution
- Digital media design & development, including on-line and SMS
- Lobbying
- Media and PR
- Events management
- Celebrity management

16. Monitoring, Evaluation and Learning for Advocacy and Communications

In order to help you identify impactful tactics, activities and messages and to revise and improve your approaches, it is crucial to monitor and evaluate throughout the advocacy and communications process.

However it is often difficult to attribute positive or negative impacts of your programme activities to particular advocacy or communications activities, so monitoring and evaluating is really important to help you identify the successes and failures. It is crucial, for example, to keep an accurate calendar of the details of all communications and advocacy activity so you can map this against your impact data to try and assess which activities might have attributed to particular patterns or changes.

When monitoring and evaluating, you will want to collect quantitative and qualitative information. Quantitative information is numerical and statistical data. Qualitative information is more descriptive in the form of words, pictures or objects. For example you might want to monitor and evaluate:

- Your targets – e.g. policy statements, speeches, new commitments, legislation
- Your relationships with key stakeholders
- The media – e.g. coverage of your issue
- Your reputation
- Public opinion e.g. polling comparisons, evidence of behaviour change

Definition: Monitoring is how you keep track of the progress of your activities. Evaluation is how you measure and analyse the effectiveness of your activities against your original objectives. Learning is what you do with that analysis and should be focused on applying it to future projects or programmes.

One way of approaching an advocacy plan is to identify your inputs and outputs:

Inputs: The resources you will be using - often simply in terms of staff and production costs.

Outputs: The activities you will be undertaking.

To establish whether you're actually having an impact, and to build learning, reflection and flexibility into your plans, it is important to add two further columns.

Outcomes: The impact you expect to achieve from each of your outputs

Indicators: The evidence you will collect to show that the outcome, and ultimately the objectives, have been achieved.

The following table provides some suggestions of indicators and the kinds of questions you might want to ask yourself when monitoring progress against your advocacy indicators.

Table 8. Possible advocacy indicators and key questions[9]

Objective	Possible indicators (depending on stage of policy cycle)	Key monitoring questions
Specific policy change	■ Changes in rhetoric of key decision-makers ■ Changes in wording of policies or conventions ■ Ratification of conventions ■ Changes in legislation ■ Changes in budget allocations ■ Extent to which policies are implemented ■ Extent to which implemented policies achieve the desired effect ■ Environmental, fiscal and social impacts of implemented policies	What has changed and why: ■ What has changed (positive, negative and unexpected)? ■ Why do we think these changes have happened? ■ What have we achieved? (refer to indicators) How do we know? Are our strategies correct: ■ Are we targeting the right person/ organization or body? Is our timing right? ■ Is our political analysis robust?

Communications	■ Changes in behaviour of target audience
	■ Requests for further information
	■ Number of mentions in the media
	■ Quality of media mentions
	■ Requests for meetings/media quotes
		■ How are we trying to influence: do we need to change our tactics, approaches?
		■ Are we taking advantage of opportunities as they arise?
		■ Are we working with the right allies?
		■ Has the external environment changed? Are there new opportunities we can seize? Old ones disappeared?
		■ What have we learnt? Are our objectives still possible? Are they still the most appropriate objectives?
		■ What are the next steps:
		  – What should we continue to do?
		  – What should we change or do differently?

[9] Adapted from Monitoring Advocacy Work, World Wildlife Fund (WWF), Sept 2008

For further information on how to monitor and evaluate the success and challenges of the roll-out of the rapid syphilis testing programme and for guidance on the indicators you might use, please refer to **Implementation 4 – Monitoring and Evaluation Tool for RST programme.**

Learning

■ When evaluating your quantitative and qualitative information, it is important to be both reflective and forward thinking. Analysis is most useful when people can learn from and apply it to current and future projects and activities. It may lead to a change of strategy and tactics.

■ Make sure you review your evaluation and learning insights when you start to plan your next project or programme of activities.

■ Useful questions to help structure reflections for future use might include:
— What worked well and why? (Consider activities, channels, messages, spokespeople etc).
— What didn't work well and why? (As above).
— What could/would we do differently next time?

Rural health post in the Amazonas state, Brazil

Appendix 1. Advocacy Strategy Summary Table

Goal	Long term objectives	Short-medium term objectives	Success Indicators	Targets	Allies, partners, champions	Opportunities	Activities	Risks and assumptions	Timescale

Appendix 2. Communications Strategy Summary Table

Goal	Long term objectives	Short-medium term objectives	Success Indicators	Audiences	Allies, partners, champions	Messages	Channels	Risks and assumptions	Timescale