Malaria Budget Advocacy (MBA) Framework

A guide to strengthening domestic financing for malaria elimination

The Malaria Elimination Initiative

UCSF Institute for Global Health Sciences

The Malaria Elimination Initiative is an initiative of the UCSF Institute for Global Health Sciences.

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A framework for national malaria programs and their partners to identify, prioritize, and address political and financial challenges in implementing an effective and sustainable malaria response, and supports them to create an advocacy strategy and capacity-strengthening program that paves the way for elimination.

Cover photo by Eliza Love.

The Malaria Elimination Initiative (MEI) at the University of California San Francisco (UCSF) believes a malaria-free world is possible within a generation. As a forward-thinking partner to malaria-eliminating countries and regions, the MEI generates evidence, develops new tools and approaches, disseminates experiences, and builds consensus to shrink the malaria map. With support from MEI's highly-skilled team, countries around the world are actively working to eliminate malaria.

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Acknowledgements

Contents

Acronyms

CEGAA	Centre for Economic Governance and Accountability in Africa
CHAI	Clinton Health Access Initiative
CNM	National Center for Parasitology, Entomology, and Malaria Control (Cambodia)
CSO	Civil society organization
DVBD	Division of Vector-Borne Diseases (Thailand)
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
LAO	Local Administration Organization
LHSF	Local Health Security Fund
MBA	Malaria budget advocacy
M&E	Monitoring and evaluation
MEI	Malaria Elimination Initiative
METF	Malaria Elimination Task Force
MOH	Ministry of Health
NIMPE	National Institute of Malariology, Parasitology, and Entomology (Vietnam)
NMP	National malaria program
NGO	Non-governmental organization
NSP	National strategic plan
POR	Prevention of re-establishment
SMART	Specific, measurable, achievable, relevant, and time-bound
SWOT	Strengths, weaknesses, opportunities, and threats
TOC	Theory of change
TOT	Training of trainers
UCSF	University of California, San Francisco
UHC	Universal health coverage
ZFF	Zuellig Family Foundation

Key Concepts

Advocacy: A process or series of actions that aim to influence decisions within political, economic, and social institutions. 'Advocacy' is distinct from but sometimes mistaken with 'social behavioral change communication,' which is an activity aimed to reach and engage specific individuals or groups to change their behavior(s).

Budget advocacy: A strategic approach to influence governments' budget choices, aimed at achieving clear and specific outcomes (e.g., healthier people, less poverty, improved governance). Effective budget advocacy will build toward attaining these long-term objectives with smaller concrete steps, such as increased budget allocations and more oversight of spending.

Decentralization: Reorganization of financial, administrative, or service delivery systems in which authority is transferred from a central government to a subnational entity.

Domestic resource mobilization: A process through which country governments raise and spend public sector financing to provide services to citizens. It includes activities such as tax reform to increase overall government revenues and public financial management (defined below) to ensure that existing resources are allocated to the best value and reduce systemic inefficiencies that delay the expenditure of resources. Raising domestic public funds is essential for achieving universal health coverage (defined below).

Malaria elimination: Interruption of local transmission (reduction to zero incidence of indigenous cases) of a specified malaria parasite species in a defined geographical area as a result of deliberate activities. Continued measures to prevent the re-establishment of transmission are required. Note: The certification of malaria elimination by WHO in a country will require that local transmission is interrupted for all human malaria parasites for a period of three consecutive years.

Public financial management: The set of institutions, policies, systems, and processes used by sovereign nations (and subnational governments) to mobilize revenue, allocate public funds, undertake public spending, account for funds, and audit results. This includes budget monitoring and expenditure tracking functions. Public financial management systems are key enabling factors to support the appropriate formulation, execution, and accounting of government expenditure.

Sustainability: The ability of a country or country program to strategically implement public health activities at a level, in line with epidemiological context, that will provide for continuing control and prevention of public health challenges (including achieving and maintaining malaria elimination) over the long-term, even after donor funding ends.

Transition: The process by which a country or country program moves towards fully funding, managing, and implementing its health program(s) independent of donor financial support. A transition is successful when national health programs are able to maintain, and preferably improve, equitable coverage and uptake of services through resilient and sustainable systems for health, even after donor financial support has ended.

Universal health coverage (UHC): Ensuring that all people have access to needed health services (including prevention, promotion, treatment, rehabilitation, and palliation) of sufficient quality to be effective without exposing the user the financial hardship. UHC has become a major goal for health reform in many countries.

About the MEI Malaria Elimination Toolkit

The MEI Malaria Elimination Toolkit is a set of proven tools, frameworks, and guides to help malaria endemic countries accelerate progress toward malaria elimination. Developed by the Malaria Elimination Initiative (MEI) at the University of California, San Francisco (UCSF), the toolkit addresses the unique challenges faced by national malaria programs in heterogeneous transmission settings. These tools have been used successfully at the national and/or subnational levels, leading to important changes in malaria policy and practice.

The MEI Malaria Elimination Toolkit focuses on three primary areas: situation assessment, tailored responses, and program management and sustainability—with the ultimate goal of building capacity and optimizing a country or district's ability to advance toward elimination. These tools help malaria programs understand the drivers of transmission in a target area and the readiness of the health system for elimination; decide what actions to take and how to tailor the response; and ensure efforts are well-managed and sustainably funded.

The MEI offers direct technical assistance to support the adoption, tailoring, and implementation of its tools, frameworks, and guidelines. Please contact us to learn more at mei@ucsf.edu, or visit our website at shrinkingthemalariamap.org.

The MEI Malaria Elimination Toolkit

Situation assessment

What are the drivers of transmission? What is the readiness of the health system for elimination and what are the gaps?

Tailored response

What actions should the program take based on identified and characterized gaps?

Program management and sustainability

How does the program effectively manage and fund malaria elimination?

Introduction

Leaders in Africa, Asia Pacific, and the Americas are making bold, high-level commitments to eliminate malaria by 2030 or earlier, and increasing emphasis is being placed by countries and donors alike on the role of domestic financing in resourcing the malaria response. However, translating political will into tangible action and investment requires strategic advocacy by national malaria programs (NMPs), their subnational counterparts, and non-governmental allies to inform governmental policy and budget decision-making processes.

The amount of external donor and endemic country government funding for malaria control over the past 20 years has been historic and unprecedented.[1] Despite global economic challenges, multilateral partners, private sector, and civil societies remain committed to ending deadly diseases and preventing future pandemics. In 2022, the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) raised 15.7 million to support countries tackling the three diseases in 2024–2026. Despite this record-breaking outcome, there remains a 22% resource gap for countries to get back on track towards global targets in the next three years.[2,3] Donors such as the GFATM also expect low- and middle-income countries characterized by reduced malaria burden and/or economic growth to increase co-financing and gradually move towards fully funding and operating health programs.

Low-transmission and eliminating countries often face the 'out of sight, out of mind' paradox: as malaria becomes less of a public health threat, governments typically divert malaria funding towards other disease programs that are seen as greater problems requiring more financial support.[4] In fact,

as countries move towards zero transmission, sustaining or, in some cases, increasing funding for malaria is necessary to maintain gains, prevent resurgence, and reach elimination.[5] Yet, it is not always possible for eliminating countries to allocate more domestic resources for malaria due to economic hardship and limited fiscal space for health. Thus, spending existing malaria investments wisely and effectively through strengthened leadership and public financial management is essential, and high-level political will is necessary to usher the elimination agenda forward.

Domestic resource mobilization and program management are critical pathways for malaria program sustainability.[6,7,8] Efforts to bolster public financial management and advocacy within a malaria program can strengthen the malaria response at all levels. This is particularly important as country systems for governance and health decentralize, malaria transmission becomes more heterogeneous and focal, preparation for transition from external development assistance begins, and co-financing requirements for receiving donor support tighten.

Leveraging the knowledge accumulated from years of partnering with countries across Asia Pacific and southern Africa in domestic resource mobilization and budget advocacy for malaria, the MEI developed the Malaria Budget Advocacy (MBA) Framework to guide countries to identify, prioritize, and address

1   Rannan-Eliya RP (2022) Financing malaria. PLOS Glob Public Health 2(6): e0000609. https://doi.org/10.1371/journal.pgph.0000609.

2   The Global Fund. (n.d.). Seventh Replenishment - The Global Fund to Fight AIDS, Tuberculosis and Malaria. Retrieved November 7, 2023, from https://www.theglobalfund.org/en/seventh-replenishment/.

3   The Global Fund. (2022). Global Fund Partners Pledge Record Level of Support to End Deadly Diseases, Prevent Future Pandemics. https://www.theglobalfund.org/en/news/2022/2022-09-21-global-fund-partners-pledge-support-to-end-deadly-diseases-prevent-future-pandemics/.

4   Kumar K, Pigazzini A, Stenson B. Financing for malaria elimination. San Francisco, CA: Cambridge Economic Policy Associates & UCSF Global Health Group; 2013.

5   Policy brief: Financing malaria elimination: current trends and recommendations. Cambridge Economic Policy Associates & UCSF Global Health Group; 2013. https://globalhealth-sciences.ucsf.edu/sites/globalhealthsciences.ucsf.edu/files/pub/mei-financing-malaria-elimination-brief.pdf.

6   "Increasing domestic finances for health is essential to end the diseases as epidemics and is a pathway to sustainability." (Source: Global Fund, Focus on Sustainability, Transition, and Co-Financing, October 2017).

7   Gosling, J., Case, P., Tulloch, J., Chandramohan, D., Wegbreit, J., Newby, G., Gueye, C. S., Koita, K., & Gosling, R. (2015). Effective Program Management: A Cornerstone of Malaria Elimination. The American Journal of Tropical Medicine and Hygiene, 93(1), 135–138. https://doi.org/10.4269/ajtmh.14-0255.

8   Feachem, R. G. A., Chen, I., Akbari, O., Bertozzi-Villa, A., Bhatt, S., Binka, F., Boni, M. F., Buckee, C., Dieleman, J., Dondorp, A., Eapen, A., Sekhri Feachem, N., Filler, S., Gething, P., Gosling, R., Haakenstad, A., Harvard, K., Hatefi, A., Jamison, D., … Mpanju-Shumbusho, W. (2019). Malaria eradication within a generation: ambitious, achievable, and necessary. The Lancet, 394(10203), 1056–1112. https://doi.org/10.1016/S0140-6736(19)31139-0.

political and financial challenges in implementing an effective and sustainable malaria response, and supports them to create an enabling policy and financing environment that paves the way for elimination.

What is the Malaria Budget Advocacy (MBA) Framework?

The Malaria Budget Advocacy (MBA) Framework, developed by the MEI in close collaboration with global partners and national stakeholders, is a step-by-step guide for NMPs and their partners to address resource gaps and support countries' efforts to step up the fight against malaria and fund core activities in their national strategic plans for malaria control, elimination, and/or prevention of re-establishment (POR).

The MBA Framework is a five-module approach to building political support for increasing and sustaining domestic investments in malaria elimination (Figure 1). Specifically, the MBA Framework helps NMPs and their partners to understand financial and political challenges that affect the country's malaria response, identify and prioritize opportunities for domestic resource mobilization and policy advocacy, and develop and implement a budget advocacy strategy that is fit-for-purpose. This Framework also provides key actions and considerations for advocates to successfully strengthen MBA capacity, implement, monitor, and evaluate advocacy activities, and incorporate successful approaches into existing strategies and systems.

The MBA Framework offers a proven model of country-level MBA that bolsters advocacy skills to deliver domestic financing wins in malaria-endemic and eliminating countries by:

- helping identify and prioritize political and financial opportunities to implement an effective and sustainable malaria response, particularly at the subnational level.

- building a wider coalition of support for malaria and multisectoral collaboration.

- engaging political leaders and budgetary decision-makers at national and subnational levels as both targets of advocacy and as malaria advocates.

- directing the appropriate level of attention to malaria based on its potential impact on the country's health and economic development and relative priority to other health areas.

- strengthening management capacity of national and subnational leaders to mobilize and manage domestic financing.

- supporting countries in achieving and sustaining their malaria elimination goals by creating an enabling policy and financing environment for an optimized malaria response.

The MBA Framework was informed by lessons learned and best practices from years of practical experience implementing the model with NMPs, policy experts, technical and academic institutions, donor agencies, regional malaria elimination networks, and practicing advocates and civil society representatives in Cambodia, Namibia, Philippines, Sri Lanka, Thailand, and Vietnam from 2015 to 2023. As of 2021, the MEI and its partners in Philippines, Sri Lanka, and Thailand mobilized over USD 2.5 million in additional malaria funding and strengthened advocacy capabilities of hundreds of senior and mid-level government officials, primarily at the subnational level.

Figure 1: The five modules of the MBA Framework

1. Assess Situational Analysis	2. Strategize Advocacy Strategy Development	3. Strengthen Capacity Strengthening	4. Act Advocacy Implementation	5. Evaluate Monitoring and Evaluation
• Understand the epidemiological, program, political, and financial context • Identify opportunities for policy advocacy, improved budget process/management, and domestic resource mobilization • Identify key stakeholders to engage	• Convene key stakeholders in advocacy strategy development • Prioritize malaria policy/budget advocacy problem(s) • Develop and validate SMART advocacy objective(s) and Theory of Change • Develop advocacy strategy and action plan	• Engage capacity strengthening implementers • Strengthen capacity to implement the strategy and action plan	• Implement according to the strategy and action plan • Engage advocacy targets, influencers, and allies • Engage and influence processes • Integrate efforts within existing platforms and scale up	• Adjust the strategy and implementation to reflect new developments, priorities • Monitor the strategy and implementation, including capacity strengthening • Evaluate the MBA efforts for improvement, impact evidence and success sharing

Who should use the MBA Framework?

The MBA Framework is intended for use by NMPs and their subnational counterparts. Malaria staff are well positioned to be effective advocates for program sustainability, acting as a liaison between national, subnational, and community health levels as well as between administrative governing bodies and health programs. By strengthening the engagement of local leaders and budgetary authorities through budget advocacy, provincial and district-level malaria leaders can catalyze substantial domestic financing impact. At the national level, advocates can get involved in the planning process and help shape national spending priorities. At the local level, they can oversee expenditures, monitor what is spent by subnational governments, and use their findings to call for changes to budget allocations.

Advocates' success depends on the supportive action of other actors in the malaria, health, and policy ecosystems. As the national and/or subnational malaria programs lead MBA efforts from inception to conclusion, they will need to engage a broader set of stakeholders along the way. Depending on local context, key stakeholders may include any of the following: technical malaria partners, donor agencies, collaborating departments within the ministry of health (MOH) and ministry of finance, local non-governmental organizations (NGOs) and civil society organizations (CSOs), locally elected officials and government administrators, cross-border health counterparts, private sector companies, and community leaders. These stakeholders can be engaged as advocates, targets for advocacy, or both.

How is the MBA Framework used?

The MBA Framework is used to develop, manage, and evaluate an advocacy strategy for domestic malaria financing. The Framework may be used independently of other malaria program evaluation or problem-solving tools, or it can be used in conjunction with routine or periodic malaria program exercises such as annual reviews and work planning or multi-year strategic planning. It may be employed alongside or in sequence with other tools and frameworks in the MEI Toolkit, including SUSTAIN: A Sustainability and Transition Readiness Assessment Tool for Malaria and LEAD:Leadership & Engagement for Improved Accountability & Delivery of Services Framework,

which focus onmalaria donor transition preparedness and service delivery bottleneck resolution, respectively.

Technical assistance is available to support the adoption, tailoring, and implementation of the MBA Framework, as well as all MEI tools. Please visit our website, shrinkingthemalariamap.org, and contact us for more information: mei@ucsf.edu.

How do I navigate the MBA Framework?

The MBA Framework covers a broad range of topics, from reviewing key MBA concepts to identifying clear MBA objectives to evaluating the success of advocacy efforts. It provides practical guidance and recommendations on how to implement MBA, as well as specific examples and real-life case studies drawing on the MEI's experience to illustrate the application of each module. Additionally, the Framework builds upon and complements other existing advocacy planning tools and frameworks, listed in Annex 1.

The MBA Framework is designed to be adaptable to the needs and context of diverse malaria programs, and modules and exercises should be selected and modified as needed in response to country circumstances and strategic priorities. Depending on an NMP's needs and resources, the Framework can be utilized as a complete package or specific modules can be consulted individually (e.g., for theory of change development).

The modules and activities of the MBA Framework do not need to be implemented in linear sequence, but rather should be considered an iterative and adaptive process. Modules 1 and 2 are frequently conducted simultaneously in an initial 'scoping phase', while the activities in Modules 3–5 generally overlap during the subsequent 'implementing phase.' For example, national-level advocacy activities (Module 4) can start while subnational counterparts are being capacitated (Module 3). Monitoring and evaluation (Module 5) should happen throughout the implementation phase, and as the situation changes or more information is gained, advocates may need to revisit different stages of the MBA Framework and adapt actions from previous modules accordingly. Figure 2 shows a typical workflow for MBA Framework implementation.

Box 2: Modules comprising the MBA Framework

Module 1: Assess—Situational Analysis

- **Goal:** Conduct a political, legal, and financing landscape analysis at national and subnational levels; prioritize identification of budget advocacy opportunities to strengthen domestic financing.
- Includes methodology, tactics, key themes, and tools to gather evidence on a country's context, risks, and opportunities as inputs for strategy development.
- MBA Framework in Action (country case studies): Cambodia, Vietnam, and Thailand

Module 2: Strategize—Advocacy Strategy Development

- **Goal:** Mobilize and convene stakeholders to co-create a contextualized, evidence-based advocacy strategy with processes and methods to engage, inspire, and enable informed decision-making on malaria political commitment and budget allocation.
- Includes a step-by-step guide to developing and validating an advocacy strategy, including conducting a muti-stakeholder workshop, and tools and examples for strategy and action plan development.
- MBA Framework in Action (country case studies): Namibia, Thailand, and Sri Lanka

Module 3: Strengthen—Capacity Strengthening

- **Goal:** Engage and collaborate with partners to carry out capacity strengthening interventions that enable achievement of advocacy outcomes and objectives.

- Includes practical suggestions and examples on how to strengthen capacity for MBA implementation.
- MBA Framework in Action (country case studies): Philippines and Namibia

Module 4: Act—Advocacy Implementation

- **Goal:** Implement advocacy activities according to the strategy and action plan and embed solutions in existing institutions for sustainability.
- Includes recommendations and tools for launching the strategy, from engaging and influencing the 'people' and the 'processes' to sustaining the 'product' of changes.
- MBA Framework in Action (country case studies): Sri Lanka, Thailand, and Namibia

Module 5: Evaluate—Monitoring and Evaluation

- **Goal:** Periodically review and reflect on the progress and outcomes of MBA efforts to improve performance and adjust the strategy based on new priorities or opportunities, and document and communicate successes, lessons learned, and partners' contributions.
- Includes practical suggestions and tools to monitor and evaluate MBA efforts.
- MBA Framework in Action (country case studies): Sri Lanka and Thailand

Figure 2: MBA Framework workflow

Scoping phase

Assess → Strategize

Implementation phase

Strengthen ↔ Act
Strengthen ↕ Evaluate
Act ↕ Evaluate

Re-assess (next MBA cycle)

Timeline →
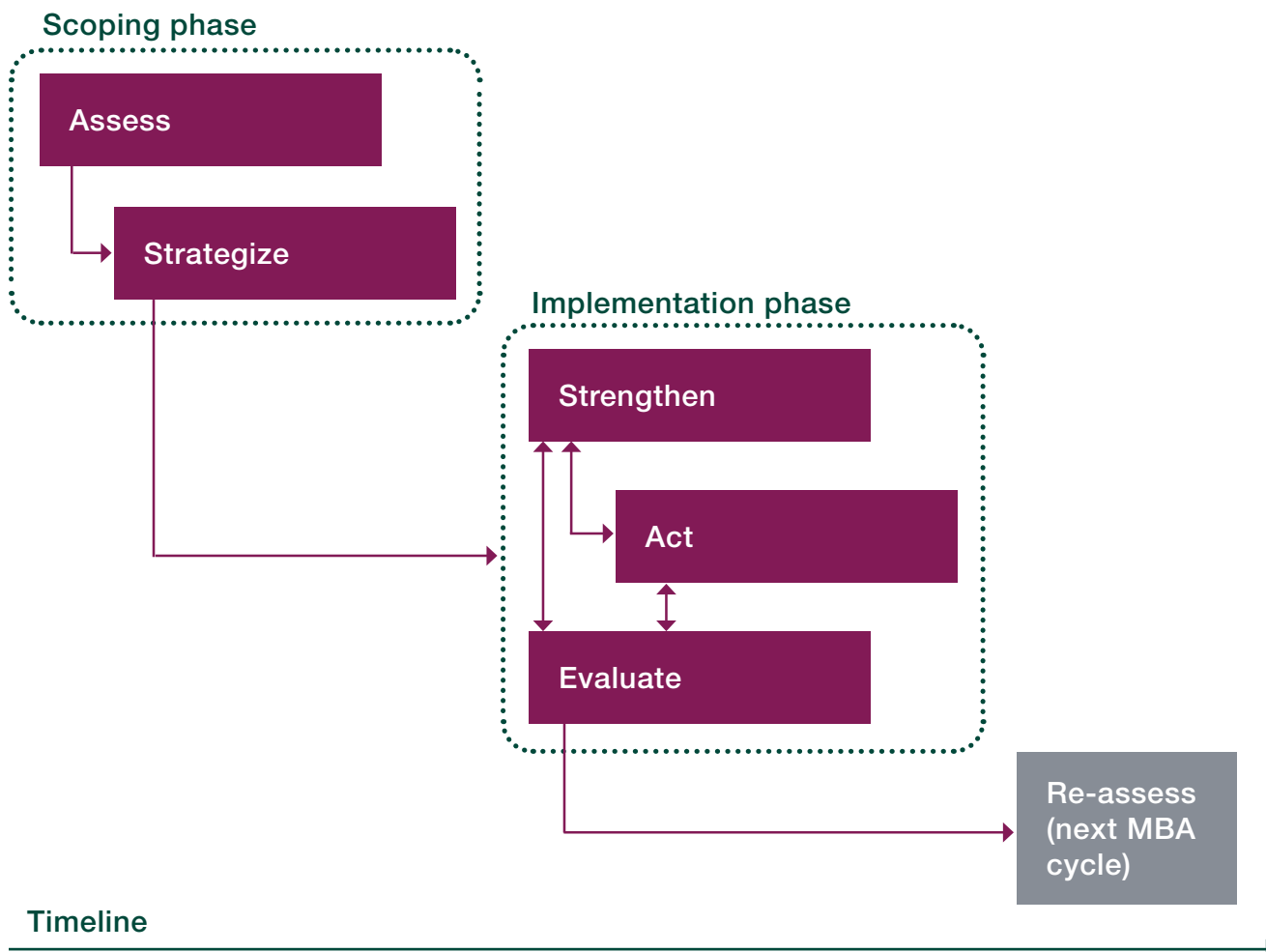
Key messages

1. Donors and countries alike are placing a growing emphasis on the role of domestic financing in resourcing the malaria response. Given many countries' near-term malaria elimination goals and diminishing donor support, the next few years are a critical acceleration period to strengthen domestic financing.

2. Early complacency and discontinuation of efforts and investment as countries get closer to elimination can lead to malaria resurgence. Even after successful elimination, countries will need to steward resilient, stable, and well-funded malaria responses to maintain POR.

3. Recent administrative and health system reforms in many countries such as decentralization and acceleration of universal health coverage create opportunities for domestic resource mobilization and/or policy advocacy that malaria programs can leverage.

4. Malaria program leaders and implementers at national and subnational levels are the key advocates in MBA who will drive efforts to secure adequate and sustainable domestic resource allocations. The MBA Framework is designed to guide the malaria programs and their partners to build political support to increase and sustain domestic investments for malaria.

5. The MBA Framework encompasses practical guidance, recommendations, ready-to-use tools, and real-life examples cultivated from the MEI's multi-year experience of supporting countries in domestic resource mobilization and budget advocacy for malaria.

6. The MBA Framework is an adaptable tool that can be used in a wide range of health system contexts, including different malaria settings and geographies and other health areas.

Module 1: Assess—Situational Analysis

Conduct a political, legal, and financing landscape analysis at national and subnational levels; identify and prioritize budget advocacy opportunities to strengthen domestic financing.

Before beginning MBA, it is important to assess the country's malaria epidemiological trends and its socio-political, policy-making, economic, financial, and legal environment. This situational analysis is a necessary first step to gain a clear understanding of (a) the need or problem that can be addressed through budget advocacy, (b) the baseline level of political engagement with the issue, (c) policies, processes, and opportunities that can be leveraged to strengthen domestic financing (e.g., locally best practices that can be replicated or adapted, local funding sources with potential to tap), (d) hurdles that will need to be overcome (e.g., funding gaps in key programmatic areas, declining local governments' attention to malaria), and (e) key political decision-makers and other stakeholders who will be important to engage in the advocacy effort. This research, conducted through a combination of desk research and key informant interviews, will create the foundation for developing robust, evidence-based MBA objectives and effective strategies to achieve them. The process of

conducting this exercise will also generate a network of potential partnerships for future advocacy strategy implementation and capacity strengthening.

Objective

To collect and analyze qualitative and quantitative data that will inform MBA objectives, strategies, targets, and partners.

Assumptions

Advocates undertaking research are experts in the field of public health or malaria and have access to resources and stakeholders who can provide the necessary information on which to build a MBA strategy.

Stakeholders to engage

In this module, a wide variety of technical experts, partners, and other stakeholders will be engaged as key informants for consultation.

Key tools

- Budget analysis template (Annex 2)
- Sample power/interest matrix and stakeholder map (Annex 3)
- Sample key informant interview guide (Annex 4)

Conduct a desk review

Situational analysis begins with a detailed scan of published and grey literature; policy, program, and regulatory documents; and data from the NMP, government, and other multilateral and partner organizations to gain a thorough understanding of the status quo of malaria financing and potential opportunities to change it. This includes gathering and analyzing information on the malaria situation and programmatic priorities, political and legal environment including national commitments and political will for malaria elimination goals, financing levels and trends for malaria and health (donor and domestic), and stakeholders at national and subnational levels.

To gain access to the necessary data sources, broad buy-in and active participation from stakeholders and partners at various levels, from national to local, will be required. Findings of the preliminary desk review can be validated or expanded upon through key informant interviews. Gaps in the desk review data can likewise be explored during subsequent phases of data collection.

Malaria epidemiological situation and programmatic priorities

The NMP should have a current multi-year national strategic plan (NSP) for malaria control, elimination, and/or POR. The NSP may offer details about priority interventions for prevention, diagnosis, and treatment that should be implemented in specific locations according to subnational stratification. Provincial and district health authorities or malaria program managers may have complementary malaria prevention and response plans at their respective levels.

Descriptive epidemiological data from the WHO World Malaria Report (national level only) or vital statistics from the MOH, NMP, or local health authorities (national and subnational levels) can help advocates understand historical trends, geographical distribution, and most affected populations in terms of malaria incidence and deaths, which may determine how malaria is currently prioritized by donors and domestic government and health leaders.

It is also important to place malaria in a broader health context to understand the importance of malaria as a public health problem relative to other health priorities, as well as how the malaria program is regulated within the broader health system.

Suggested topics and questions to assess malaria epidemiological situation and programmatic priorities

- **Elimination goal and strategies:** By when does the country aim to achieve elimination? What are the key milestones and strategies to achieve the goal?

- **Targeted/tailoring interventions:** How does the country stratify geographical areas according to malaria risk and transmission? What intervention packages are employed in different strata? How are priorities and interventions in higher-endemic zones different from lower-endemic zones?

- **Socioeconomic burden:** Who are the most affected populations and most affected subnational areas (e.g., provinces and districts)? What are the health, economic, and social costs of malaria for the individuals most affected, their families, and their communities?

- **Malaria priority relative to other health areas:** How significant of a problem is malaria nationally or subnationally, now compared to in the past, and compared to other health issues? Do common perceptions about malaria's severity in the country match the real situation?

- **Malaria program and health system structure:** What type of health service delivery system does the country have? How are malaria services paid for and delivered in the public and private sectors? Where does the malaria program sit within the MOH? Who else besides the vertical malaria program is responsible for malaria response (e.g., community health workers, military, CSOs)?

- **Decentralization:** To what extent is the local government, local health authorities or subnational malaria program authorized to plan, make decisions, or have influence over their own malaria priorities? To what extent can they decide their own malaria budget or mobilize resources for malaria?

Fiscal space for health, malaria financing and budget

A quantitative analysis of fiscal space for health, malaria financing and budget generates the evidence for financial needs and gaps that will help advocates make a convincing case for sustainable domestic malaria financing. This involves the collection of data on budget sources, processes, allocations, and spending for the malaria response at national and subnational levels. Key information needed to proceed with MBA strategy planning include an assessment of need and available financing for malaria, projections of future changes in financing (from domestic and donor sources), and a survey of domestic financing channels for health.

Quantitative budget information can be gleaned from different sources such as a national investment case or cost-benefit analysis for malaria elimination, multi-year costing exercises (e.g., a costed strategic/action plan for malaria program), gap analyses conducted for donor funding requests, independent malaria financing assessments, and/or from annual budgets and expenditure tracking systems. Information on the malaria budget process and financial flows for a rapid budget analysis may be readily accessible from existing operational guidance or may need to be translated into writing from interviews with key stakeholders (see page 14).

If recent economic evidence exists for the country, such as a national investment case for malaria elimination, it can serve as the basis for defining the problem and making the case for increased investment with decision-makers as appropriate. If such evidence does not already exist and time and resources allow, a comprehensive investment case for malaria elimination can be developed. However, an investment case is not a prerequisite for evidence-based MBA. Advocates should work with the most credible and relevant information available and should not be discouraged by a lack of data. In some cases, limited budget data collection and analysis in selected areas can generate powerful understanding and evidence for MBA at local levels.

See Annex 2 for a budget analysis template.

Suggested topics and questions to assess fiscal space for health, malaria financing and budget

- **Fiscal space:** What is the current national or subnational economic outlook? What is the total health expenditure per capita? What is the percentage of government expenditure on health per total government expenditure? What is the percentage of expenditure on malaria per expenditure on health? Has the trend in malaria financing mirrored general changes in health financing in the country? Does it have the potential to increase?

- **Financial needs for malaria:** What are the programmatic costs associated with the inputs or activities required for elimination and/or POR as relevant (e.g., need as defined by the NSP)?

- **Financial resources:** What are the current resources available to the malaria program at national and subnational levels? Where do they come from (e.g., donor vs. domestic, public vs. private, national vs. local sources)? How are resources allocated and used across activities under each source?

- **Financing trends:** How have the programmatic costs and funding contributions from different sources changed over time in the last three to five years? How are the projected available resources and anticipated future needs of the program projected over the next three to five years?

- **Financial gaps:** Is current total malaria financing sufficient to pay for all interventions required for elimination and POR? Which aspects of the malaria response or line items in the malaria NSP have a financing gap? What is the overall projected malaria financing gap, if any?

- **Opportunities for domestic resource mobilization:** Are there opportunities to mobilize additional resources at the national and subnational levels to complement existing malaria resources? Are there opportunities in the private and non-government sectors? For each potential source, what are the decision-making and financing mechanisms? What are the priorities or funding criteria? To what extent are these priorities overlapping or complementary to malaria elimination? Who can decide or influence such priorities?

Political, policy, and legal environment

Budget decisions are shaped by the specific social, economic, and political conditions and constraints in each country. NMPs must take these factors and conditions into account when designing a practical and effective MBA strategy.

The next step in scoping is to study the political and policy environment, focusing on relevant political cycles, the budget process (e.g., documents, time spans, key personnel involved), as well as identifying potential legislative and administrative pathways to increase investments in malaria elimination.

Suggested topics and questions to assess political, policy, and legal contexts

- **Political commitment:** What is the level of political commitment to malaria elimination in the country? Is the country involved in any regional initiatives or cross-border efforts to support malaria control, elimination, and POR?

- **Policy frameworks:** What laws, regulations, policies, and processes exist that regulate resource mobilization, allocation, and use for malaria at each level of the political system (national, subnational)? What are the implementing mechanisms?

- **Budget decision-making:** In what ways are current financing policy and priorities aligned with programmatic needs? What institutions within government (national, subnational) have the greatest impact on budget policy and planning, for health generally and for malaria specifically? When are they involved, and what roles do they play? What are the key milestones in budget decision-making processes? What budget information is required to support decision-making during the process and when is it required?

- **Changes in the political environment:** How do the recent and future changes in broader political context affect the malaria program's priorities, and/or its ability to mobilize resources? How might malaria and health budget processes and financing flows be expected to change due to ongoing and potential health system and/or financing reforms (e.g., decentralization, universal health coverage [UHC] implementation, donor transition)?

- **Opportunities for policy advocacy:** What are the formal and informal opportunities for malaria advocates to engage in or influence the budget process?

Map key stakeholders

A stakeholder is any person or group whose decision or involvement can influence malaria financing, or who has an interest in or may benefit from malaria elimination. Stakeholders exist at the local, national,regional, and international levels. They draw from all aspects of society, inside and outside government, including local communities, the MOH and other relevant governmental ministries and agencies, NGOs, CSOs, donors, regional and global networks, alliances, or governing bodies. They can be allies, champions, opinion leaders, gatekeepers, beneficiaries, or even opponents.

Systematically identifying and engaging all key stakeholders in malaria elimination is critical to achieving programmatic success and securing political and financial support for sustained investment. Stakeholder mapping can help advocates hone effective engagement strategies and allocate their time and energy appropriately, focusing more on stakeholders that have high levels of influence, power, and interest in malaria elimination.

The first step in stakeholder mapping is to brainstorm a list of all stakeholders. The second step is to categorize these stakeholders based on their degree of interest and the amount of power the individual or group possesses, as it relates to malaria elimination. Two examples of simple but effective methods of categorization are:

- A power/interest matrix, which visualizes or describes in writing each stakeholder against two dimensions: (1) level of influence on malaria resource allocation and policy-making, and (2) interest in getting involved in elimination efforts.

- A stakeholder map, which helps visualize how stakeholders are connected through funding or chains of command. This map may also identify possible partnerships or alliances that can be incorporated into the advocacy strategy.

A sample power/interest matrix and a sample stakeholder map are available in Annex 3.

Once specific advocacy objectives have been defined (Module 2), stakeholder mapping can be refined to reflect how different stakeholders can be influenced or engaged to advance each objective.

Key questions to identify and analyze stakeholders

- **Gauging power and interest:** At national and subnational levels, which stakeholders wield power/influence in the domestic health budget process? Which stakeholders may have interest in or benefit from maintaining a sustainable malaria response for elimination and POR? How do institutions and individuals relate to each other and with the malaria program, and how often do they communicate with each other? Who is accountable to whom in the decision-making process? How much do they know and care about malaria? What are their incentives?

- **Recognizing allies (and opponents):** Who are or might be advocates, allies, and amongst them, who are or might be advocacy champions for the malaria cause? Who might oppose it and why? What is the perceived level of support and opposition? Who else is working in this or similar budget advocacy/resource mobilization arena?

- **Multisectoral coordination:** What is the current or potential role of the following groups in malaria?
  - » Affected communities and civil society (and which CSOs specifically)
  - » The private sector (both corporations and private sector healthcare providers)
  - » International donors and technical and implementing partners
  - » Other multisectoral or 'non-traditional' stakeholders

What is the current level of multisectoral coordination in decision-making in the malaria program and domestic health financing? Which group should be more involved in the process?

Interview key informants

Because some information required to develop a robust MBA strategy will not be readily available through published materials, consultations with various stakeholders will serve to augment leads or fill in gaps from desk research. Key informant interviews can seek or validate answers to any of the key questions from desk review and stakeholder mapping to paint a full picture of the situation before heading into strategy development. Key informant interviews can also help generate initial buy-in among key stakeholders and identify or confirm

potential allies early in the advocacy process.

Scoping questions for key informants that are unlikely to be covered in published documents include:

- What are the barriers to addressing malaria sustainability and how can they be overcome?

- What resources will be required to address these barriers? Where and how can they be tapped?

- What is the history behind these barriers in the country and/or the community? What past efforts were made to address them? What were the results?

To the extent possible, a range of relevant communities and groups should be consulted, starting with but not limited to those identified through the stakeholder mapping exercise. The broader the range of views and knowledge captured in the scoping phase, the more comprehensive the resulting situational analysis will be. National and subnational perspectives should be equally valued, as MBA opportunities may exist beyond the national capital and central budget process. Affected groups, frontline health workers, and local malaria program managers can provide the most accurate information about the resource situation on the ground and what change is needed.

Box 3: Sample groups of stakeholders to engage as key informants

- NMP leaders and implementers
- Subnational malaria program managers and implementers
- Other MOH departments (e.g., Planning)
- Other line ministries (e.g., Finance, Defense, Interior)
- Donors
- Malaria technical and implementing partners
- Frontline health workers
- Affected communities

See Annex 4 for a sample key informant interview guide. During this phase, key informants should be offered the opportunity to participate in the advocacy strategy development workshop, strategy implementation, and/or capacity-strengthening efforts (Modules 2–4) based on their interests and ability.

Key questions to determine the contents and approach of key informant interviews

- **Contents:** What information requires further clarity or validation after desk review, and must be sought from key informant interviews? What policies or procedures require further insights? Which potential resource mobilization and/or MBA opportunities and challenges should be further examined? What perspectives or angles are helpful to gain a comprehensive understanding of the malaria policy-making and financing landscape?

- **Gathering method:** Who are potential key informants that may be able to provide the information needed? What type of interview (e.g., face-to-face vs. telephone, one-on-one vs. focus group) is effective, culturally appropriate, and convenient for both the interviewer and the interviewee? To what extent should the interview guide be tailored for different groups of key informants? What data clearance process should take place and what is the expected timeline for completion?

- **Information compiling:** What are the interviewees' viewpoints and values of the responses? How does the information gained from a key informant interview confirm, negate, or supplement findings from desk research and/or other key informant interviews? How can it be synthesized with previous findings to form a comprehensive situational analysis?

CASE STUDY

MBA Framework in Action: Cambodia, Vietnam and Thailand

Conducting situational analyses in Cambodia and Vietnam

The MEI partnered with the National Center for Parasitology, Entomology, and Malaria Control (CNM) in Cambodia and the National Institute of Malariology, Parasitology, and Entomology (NIMPE) in Vietnam to conduct two situational analyses to determine the context, risks, challenges, opportunities, and potential impact of enhancing the sustainability of the malaria response through MBA in the respective countries. The situational analysis was conducted using the approach described in Module 1, tailored to the Cambodian and Vietnamese contexts and stakeholder landscapes.

After initial kick-off workshops with NMP leaders in both countries to gain consensus on objectives and workplans, the team analyzed background documents, developed a list of stakeholders for key informant interviews, and tailored key informant interview guides for different sets of stakeholders. Key informant interviews were conducted in person and virtually.

In Cambodia, interviews were conducted with government officials from CNM and the Ministry of Interior, provincial health departments, and operating districts in Kampong Speu and Siem Reap provinces, representing medium and low transmission contexts. Other interviews were conducted with international implementing and technical partners, donors, and experts, including Abt Associates, Clinton Health Access Initiative (CHAI), Catholic Relief Services, Deutsche Gesellschaft für Internationale Zusammenarbeit, Malaria Consortium, U.S. President's Malaria Initiative, University Research Co., United Nations Office for Project Services, World Bank, and WHO.

In Vietnam, interviews were conducted with government officials from NIMPE, regional institutes of the malaria program, the Ministry of Defense, provincial departments of health, provincial centers for communicable disease control, and district health centers in Ben Tre and Phu Yen provinces, representing higher and lower transmission contexts. Additional interviews were conducted with

representatives from CHAI, PATH, Population Services International, and WHO.

Sustaining Cambodia's Malaria Response

An Assessment of Donor Transition Readiness and Budget Advocacy Opportunities

September 2021

Malaria Elimination Initiative

UCSF

Institute for Global Health Sciences
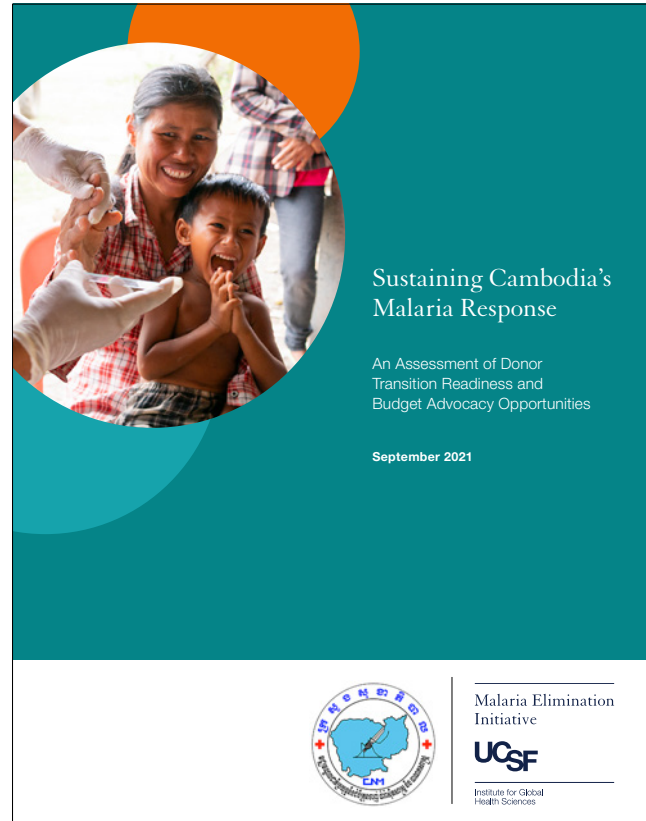
Cambodia's assessment of donor transition readiness and budget advocacy opportunities using MEI's SUSTAIN tool and MBA Framework

In both settings, data collected from the desk review and key informant interviews was synthesized in a detailed scoping report that documented specific risks, challenges, and goals, as well as a prioritized list of perceived opportunities for MBA in the country. Situational analysis in Cambodia and Vietnam took approximately four months, with an additional two months spent developing and validating advocacy strategies (Module 2) with the NMPs and other partners. These activities were carried out in conjunction with malaria donor transition readiness assessments using the MEI's SUSTAIN tool.

Identifying an opportunity and mechanism to mobilize local funding for malaria in Thailand

The MEI partnered with Thailand's Department of Vector-Borne Diseases (DVBD), Ministry of Public Health to carry out a full cycle of MBA support from 2017 to 2021, starting with situational analysis. The purpose of the situational analysis was to identify good models of local collaboration and management of malaria using locally mobilized resources for elimination. Prior to situational analysis, the DVBD was aware that in some areas of the country, funds for health promotion and disease prevention activities allocated from the National Health Security Office had been accessed to support local malaria response and perceived they were an important and viable funding source to leverage for malaria in other areas.

The team conducted field assessments in two sites in Chachoengsao and Yala provinces to better understand how these funds, called Local Health Security Funds (LHSFs), were accessed, mobilized, and used in support of subdistrict malaria responses. LHSF allocations were determined through an application process to a managing committee overseen by elected officials in Local Administration Organizations (LAOs). In both sites, success in accessing LHSFs for malaria elimination depended on local health officials acting as front-line advocates, clearly presenting the local malaria situation and required responses and articulating the responsibilities and monetary contributions needed from various stakeholders, especially LAOs. Resources from LHSFs were used for specific tasks such as procurement of chemicals and labor for vector control, procurement of rapid diagnostic tests for active case detection and malaria education for villagers.

The DVBD subsequently documented experiences and success factors in the two sites and shared the findings with other subdistricts to encourage widespread mobilization of LHSFs for local malaria elimination efforts.

Field visit in Thailand to gather evidence on utilization of Local Health Security Funds for malaria

Module 2: Strategize—Advocacy Strategy Development

Mobilize and convene stakeholders to co-create a contextualized, evidence-based advocacy strategy with processes and methods to engage, inspire, and enable informed decision-making on malaria political commitment and budget allocation.

Understanding the context for MBA engagement (Module 1) is the foundation for creating an effective advocacy strategy. With key evidence gathered during desk review, stakeholder mapping, and key informant interviews, the next step is to craft an advocacy strategy that outlines a 'route map' from the beginning point (current situation) to the desired finish line (advocacy objective) with necessary activities along the way. Strategy development is the core of successful advocacy, allowing the NMP to identify the problem that needs to be addressed through advocacy, solidify advocacy objectives, demystify the steps in working toward such objectives, as well as coordinate and utilize resources needed in each step. Advocacy is a group effort; getting early contributions from a network of stakeholders when designing an advocacy strategy and being transparent about the strategy as it develops will facilitate broader support and participation during the implementation phase. An effective advocacy strategy should be concrete enough to map out a medium- or long-term objective into more manageable steps and outcomes yet remain flexible and adaptable when new opportunities or major contextual changes arise (Module 5).

Objective

To develop an effective advocacy strategy by defining a concrete advocacy objective, outlining pathways of influence toward the objective in a Theory of Change (TOC), and establishing a detailed action plan to reach the objective.

Assumptions

The NMP and core advocates will review and validate findings from the situational analysis (Module 1) and discuss which areas of focus and approaches emerged as viable options ahead of convening a full-stakeholder strategy development session. The NMP will be able to convene and engage all necessary partners and stakeholders in strategy development. To ensure engagement is effective, the NMP will have: access to necessary information to define the challenge or status quo; knowledge of cultural norms and hierarchies of influence within governmental institutions and between government and civil society; knowledge of which stakeholders have influence on and/or interest in the desired change; and knowledge of which partners and allies are trusted and respected by the targets of advocacy.

Stakeholders to engage

The advocacy strategy development process should ideally be undertaken by a broad group of interested partners and stakeholders from government and civil society. This group of stakeholders may be overlapping but not necessarily identical to those involved in Module 1. Additional stakeholders to engage may be identified while those whose objectives and interests are not relevant could be omitted as a result of stakeholder mapping (page 13) and key informant interviews (page 14). Partners that are of high power/interest, supportive of NMP objectives, and those that will likely be allies in the areas of desired change should be considered for engagement.

Key tools

- Sample advocacy strategy development workshop agenda (Annex 5)
- Theory of Change template and sample (Annex 6)
- Sample advocacy action plan (Annex 7)

Engage stakeholders for strategy development

The first step is to determine who should be included in the advocacy strategy development process. Findings from the situational analysis, especially those from stakeholder mapping and potential MBA opportunities, will help the NMP identify potential allies and supporters in the areas of desired change. Allies are individuals or groups who will benefit from the desired change or have the capacity or resources and can be persuaded to help the program work towards the common goal. It is also important to include potential supporters who have insights on the decision-makers' motivation to act, the decision-making process, or have expertise in related fields. Involving thought partners throughout the strategy development process will heighten the chance that the advocacy strategy is pragmatic, based on shared understanding, and inclusive of all relevant perspectives. This is particularly true if there are knowledge gaps within NMPs, for instance, on the political landscape and budgeting processes.

The number of people participating in advocacy strategy development is an important consideration. While 20+ stakeholders will provide a wide knowledge base and diverse opinions, a smaller group of 10–15 people may be quicker in reaching a consensus and making a decision about the objectives and strategy to pursue. Participation can also be prioritized based on how much support or power the stakeholders are likely to bring to the group, or how diversified their viewpoints are (e.g., having a balanced number of non-governmental versus governmental stakeholders).

Once a decision has been reached on who to engage in the advocacy strategy development process, stakeholders should be convened for a strategy development workshop, during which participants will together identify and prioritize problems, define an advocacy goal and objective, and develop a TOC (pages 20 to 22). The workshop should be approximately one to two days in length to allow sufficient time to develop and validate the outputs. See Annex 5 for a sample advocacy strategy development workshop agenda.

Box 4: Example stakeholders to engage in the strategy development process

- NMP leaders
- Subnational malaria program leaders
- Line ministry members supportive of the malaria advocacy agenda
- Stakeholders involved in malaria elimination efforts
- Implementers of malaria services
- Community leaders
- NGOs
- Academia
- Stakeholders with knowledge of the political landscape, particularly in relation to health services
- Stakeholders with knowledge of different financing sources, budgeting processes and financing flows, particularly in relation to health services

Key questions to identify and engage stakeholders for strategy development

- Are there key stakeholders, such as donors or malaria implementing partners, that share common concerns or interests with the malaria program on maintaining sufficient resources for malaria response for elimination and beyond? How willing are they to cooperate and support?

- Are there key stakeholders, such as donors or malaria implementing partners, that have an influence on decision-makers?

- Are there stakeholders or organizations with valuable skill sets related to the advocacy objective (e.g., know the budgeting process, have access to financing data)?

- What capacity or resources are stakeholders expected to bring to discussions and strategy formation?

- What are stakeholders' incentives or motivations to join in developing the strategy? Are they likely to participate and cooperate with other stakeholders?

Identify and prioritize problems

Once stakeholders are convened for advocacy strategy development, the first half of the workshop should be dedicated to reviewing and discussing the key findings from Module 1 and using them to identify and prioritize the key advocacy problems. The discussion will likely highlight the salient financing and policy challenges faced by the NMP; for example, financing requirements and gaps for an effective malaria response and the role of domestic financing in sustaining malaria interventions.

Next, stakeholders should discuss the broader context in which the NMP operates, including the political environment and any health reforms currently underway or expected. Discussion topics can include the political position or 'standing' of the NMP within the MOH, ministry of finance, and other key ministries or high-level decision-makers to better understand the effectiveness of the NMP in enacting or catalyzing change that will address some of the budget and financing challenges. Broader government and health reforms such as decentralization of management, health system, and/or financing, integration of malaria services into the general health system, and expansion of health insurance coverage may impact the future of domestic financing for malaria and related advocacy engagement. This discussion will provide a detailed picture of the context and, in many cases, pave the way toward identification of opportunities to strengthen sustainability and financing for the malaria response within these themes. If this is the case, a list of opportunities should be generated to revisit during the development of advocacy objective and TOC.

Once there is a common understanding of the financing and policy challenges as well as the political and health reform context, stakeholders should rank the problems based on a few explicit criteria such as urgency, impact, and viability of solutions that are agreed upon among stakeholders. More suggestions on criteria and structured problem identification and prioritization techniques are illustrated in Module 2 of the MEI LEAD Framework.

By the end of this section of the workshop, there should be a clear understanding of the top three problems or challenges that the advocacy strategy can address, with a detailed problem statement generated for each.

Box 5: Example problem statements

- The malaria response in the five endemic provinces will have a funding gap of USD 1.2 million per year over the next three years due to fiscal reforms and restrictions at the central level.

- The malaria program does not have any budgeting and allocation flexibility within the domestic budget because line items do not match program priorities and current interventions for elimination (e.g., the budget line items were created during the control phase when recurring expenditures on insecticide procurement were high).

- Integrating malaria efforts with broader healthcare service provision is necessary for donor transition and sustainability. The country has made remarkable achievement in UHC but malaria has rarely been included.

Key questions to identify and prioritize the problem

- From the situational analysis (Module 1) and participants' perspectives, what are the biggest political and financial challenges to sustaining malaria responses in general and malaria financing in particular in the country/region over the next three to five years?

- What are the underlying causes of these challenges? What is the context in which they occur?

- What will be the impact or consequences if these problems are left unsolved (e.g., large financing gap, reliance on donor funding, threat to current malaria program achievements)?

- Why are these problems prioritized to address among others?

- What are the current efforts or opportunities that can be utilized to address these problems?

Define the advocacy goal and objective

The second half of the advocacy strategy development workshop should focus on defining an advocacy goal and objective and developing a TOC leading to achievement of the objective.

From the problem statement created in the previous section, the malaria program is well-positioned to identify the expected result or goal of the advocacy efforts. An advocacy goal is a broad statement defining the overall purpose of the advocacy work in a particular timeframe (e.g., three to five years). It can take the form of a change in policy or practice that is necessary to address or improve the problem, such as an increased budget allocation, more effective or efficient allocation of existing resources, or new budgetary channels created for malaria.

The advocacy goal should be translated into advocacy objective(s) (Figure 3). An advocacy objective is a statement that clearly defines the desired outcome in a way that is well-understood and agreed upon by advocates and allies. An advocacy objective must be 'SMART':

- Specific—target a specific area for improvement. The clearer the objective is about who is expected to do what and where, the easier it will be to define the path to achieve it;

- Measurable—quantify the outcome using an indicator(s) of progress;

- Achievable—be realistic about what is attainable within the scope of influence of the advocates, the resources available, and the proposed timeframe;

- Relevant—align the objective with the overall goal, or purpose of intervention; and

- Time-bound—specify when the objective should be accomplished.

The advocacy goal and objective must be backed by in-country context and evidence from Module 1, identified opportunities and problems, as well as compliant with existing national strategic plans and guidelines.

It is crucial to spend time and effort to achieve group consensus on the advocacy goal and objective in this early stage because they are the basis of the advocacy strategy and all ensuing work. In this regard, the NMP and its core advocates may use the advocacy strategy development workshop to reach agreement on the overall goal, initiate drafting of the objective and pathway to achieve it, then follow up with stakeholders to fine-tune the objective and pathway in subsequent engagements. Another approach is to prepare a few proposed objectives in advance and use the workshop for validation and prioritization.

Each objective will require the creation of a TOC and allocation of extra resources for planning and implementation of the advocacy strategy. The malaria program may wish to select just one or two objectives most likely to be achieved within the established timeframe and have the greatest impact. However, it is possible to have multiple advocacy objectives if there are several distinct problems or expectations, particularly in decentralized countries with diverse subnational policy-making and health/malaria financing priorities and mechanisms. In such cases, the malaria program may seek to develop regional advocacy objectives (e.g., one per region) and synergize them into a broader conceptual framework at the national level.

Figure 3: Transforming a problem statement to an advocacy goal and SMART advocacy objective

	Example 1	Example 2
Problem statement	Malaria elimination interventions in Province A may experience a funding gap of X dollars per year over the next 3 years due to lower funding allocation from the central level	The country has made remarkable achievement in UHC but malaria has rarely been included
Goal	Ensure sufficient malaria funding to achieve elimination in Province A	Inclusion of malaria services into key UHC financing schemes
SMART objective	Local government in Province A to increase the next year's provincial capital budget for malaria elimination by 25% compared to the current year	Social Health Insurance to include rapid diagnostic tests and artemisinin combination therapy in the costed benefit packages at primary health centers by 202X

Key questions to define the advocacy objective

- What is the scope of the problem (e.g., financing for malaria elimination) that the malaria program is trying to address? What is the overall change sought? How will advocacy help to achieve this change?

- What advocacy objective(s) will help to achieve the goal in the next three to five years?

- Is the advocacy objective 'SMART' enough?

- Is the advocacy objective well supported by generated evidence and identified opportunities?

- To what extent is the advocacy objective agreed upon and supported by stakeholders in the advocacy strategy development workshop?

- To what extent is the advocacy objective prioritized by the stakeholders compared to other options in terms of importance, value, and urgency?

- If pursuing several advocacy objectives, how can they be aligned with one another and synergized to contribute to the advocacy goal?

Develop the theory of change

The TOC is a conceptual model of how a desired change is expected to happen, depicted in a visual diagram showing how to get from the baseline status to achieving the advocacy objective and how the completion of interim outcomes logically connects the two. A TOC typically contains an advocacy objective, high-level approaches, and a set of interim outcomes connected in a logical, sequential order by a set of arrows, known as pathways of influence. Underlying assumptions form the basis of all causal connections between any outcome and between an outcome and the ultimate advocacy objective, and form an indispensable part of the TOC. See Annex 6 for a template and sample TOC.

The TOC is the foundation of the advocacy strategy and connects it with other components in the MBA framework. It starts with the overall advocacy objective and then maps backward to identify necessary pre-conditions, addressing the linkages among the approaches, outcomes, and goals that support a broader mission or vision, along with the underlying assumptions. By mapping a process of change from beginning to end, a TOC establishes a blueprint for the work ahead (Mocules 3 and 4) and anticipates its likely effects. A TOC also reveals what

should be evaluated, when, and how (Module 5). Understanding and evidence gathered from situational analysis (Module 1) are important materials for forming underlying assumptions.

The TOC development process should be highly participatory, involving reflection and discussion from all stakeholders convened at the workshop. Once participants agree upon a high-priority advocacy objective, the TOC development process begins with identifying interim outcomes, which reflect expectations of change that will result from advocacy activities and contribute towards the advocacy objective. This step will consider the forces or factors that support and constrain change or progress on the issue. Outcomes should be selected based on the areas of greatest significance and urgency to the advocacy objective as well as opportunities to exert influence.

In working backward from the advocacy objective (where we want to be) to the current status (where we are now), participants should articulate what long-term outcomes are necessary to achieve the objective, then define the prerequisite medium-term and short-term/immediate outcomes. These may be arbitrary benchmarks that help break down the timeline for achieving a specific advocacy objective into more manageable stages. For instance, if the objective is to be achieved in two years, long-term outcomes are those which can be achieved in 1–1.5 years, medium-term outcomes in 6–12 months, and short-term outcomes in 3–6 months. Alternatively, period lengths can be anchored around specific milestones—important stages or events that stakeholders agree are critical for success.

Outcomes can also be grouped into high-level approaches to strengthen the structure of the advocacy strategy and help concentrate efforts. High-level approaches or tactics describe how to carry out advocacy activities to achieve the outcomes and advance the objective.

Box 6: Examples of high-level advocacy approaches

- Evidence generation and dissemination
- Targeted advocacy message construction
- Cross-border coordination strengthening
- Leadership/financial management capability enhancement
- Multisectoral partnership building
- Community engagement
- Decision-maker engagement
- Policy/budget influencing

Once developed, the TOC should be tested by assessing the logic and underlying risks and assumptions. After the workshop, the NMP may follow up with the workshop participants for additional feedback or ask additional experts or partners to closely review the developed TOC along with its underlying assumptions and refine the TOC as necessary.

Key questions to develop the TOC

- What changes should happen along the way to achieve the objective?

- In what ways can the NMP and partners contribute to changes and add value given the knowledge, skills, experience, and relationships of the group? In what ways can other stakeholders have impact on the same overall changes?

- What does progress look like, in the short, medium, and long terms? In what ways will progress be tangible or visible?

- What are the pre-conditions to change? What are the anticipated supporting factors and obstacles to change?

Develop the advocacy strategy

An advocacy strategy is based around the developed TOC and contains key elements necessary to guide the pursuit of the advocacy objective. These include but are not limited to advocacy targets and stakeholders, activities, key messages, and arguments, as well as underlying assumptions and risks. Having an advocacy strategy at hand ensures that advocacy efforts from the NMP and partners are systematic, well-coordinated, and focused on the opportunities with the highest impact.

An advocacy strategy document is a narrative description of all the previously described elements of the advocacy strategy, including the TOC. The NMP should draft the advocacy strategy document after the workshop, incorporating the ideas and information generated by workshop participants, and then share it with stakeholders for their review and validation before finalizing the document.

Box 7: Suggested elements of an advocacy strategy document

Note: the level of detail in the below descriptions does NOT indicate the corresponding length or importance of each element.

Background and context: Provide context to the advocacy strategy including summaries of the epidemiological, economic, and political environments (Module 1) and the identified problem).

Advocacy objective and TOC: Clearly articulate the advocacy objective, the interim outcomes, and the high-level approaches followed by a visualized TOC.

Tips: While these elements can be well-represented in a TOC's visualized diagram, detailing them in writing can help strengthen communication of the intention, the rationale behind them, and the connections between them.

Advocacy activities to achieve the TOC: For each activity, briefly describe the activity itself, its linkage to a corresponding interim outcome or marker of progress, and the target audience.

Tips: It is important to ensure that every interim advocacy outcome on the TOC has at least one corresponding activity or line of action that directly contributes to the achievement of that outcome, and names a specific target audience who bears influence on that outcome.

Some considerations when identifying targets of each activity include the target's authority, their current position or level of agreement related to the specific advocacy outcome (if known), and their perceived willingness to commit to the advancement of the advocacy outcome (e.g., investing their political capital to achieve the outcome). These could stem from the power mapping exercise described on page 13.

Advocacy targets and stakeholders: List out key advocacy targets and stakeholders relevant to the strategy with short descriptions of their experience, function, interest, or influence that are relevant to the advocacy strategy and the benefit of having their contribution or support.

Tips: Revisit and update the stakeholder map as needed. Results of the mapping exercise will help solidify the list of advocacy targets and stakeholders and strengthen the outreach plan.

Although the listed advocacy targets and stakeholders are mostly those identified in stakeholder mapping, the NMP may decide to build an advocacy coalition to implement the advocacy strategy. In this case, the NMP may engage additional organizational partners or individuals for specific advocacy activities for which they are best suited or for the whole advocacy strategy implementation, and/or those who may advise on activities and tactics as the context shifts. See Module 4 for more information.

Evidence-based messages and arguments: Articulate the messages and arguments that the decision-maker needs to understand to inform their action.

Tips: Messages must be crafted and conveyed to resonate with decision-makers (e.g., using economic evidence with budget officers, broader development appeals with parliamentarians, operational arguments with program managers). The strongest messages are simple and compelling, and while tailored to the specific context,
should be consistent and unified across settings with regard to the overall 'ask'. An 'ask' articulates exactly what the NMP is requesting the decision-maker do (e.g., create a line item in the budget to cover community surveillance of malaria).

An 'argument' is how evidence and reasoning is structured to support the message. There are multiple types of arguments. A rational argument (e.g., based on research X and Y, malaria elimination is cost-effective and has a good return on investment) often neutralizes controversy. An emotional argument, one that includes personal stories or a human dimension (e.g., a story from a person affected by malaria) can make an emotional appeal for change. Finally, an ethical argument can call for changes that create more equity and go beyond consideration of economic benefits (e.g., the inclusion of malaria tests and treatment in a pro-poor social health insurance scheme improves access to care for those most at risk).

To best inform decision-making, messages and arguments must be backed by valid and relevant evidence. In addition to clear evidence on the NMP's financing needs for malaria interventions, supportive evidence such as the economic impact of malaria elimination, as well as the intrinsic links between malaria elimination and economic and social development can also be helpful. Make use of the existing information and analysis from the desk review (page 11) and carry out additional data collection when necessary.

Assumptions and change factors: List out all assumptions identified in the process of developing the TOC and advocacy strategy

and potential factors that could facilitate or hinder the progress and ways to harness/mitigate these factors.

Tips: Identifying and soliciting input on assumptions is an important step in strengthening a TOC and developing a robust advocacy strategy. One way to manage the assumptions and risks of executing an advocacy strategy is to conduct a strengths, weaknesses, opportunities, and threats (SWOT) analysis. Once SWOT have been identified, the NMP should plan threat mitigation measures and focus efforts on the opportunities and strengths.

Key questions to develop the advocacy strategy

- What key activities should be done to achieve the interim outcomes or make progress toward achieving the advocacy objective?

- Who are the key decision-makers that need to be targeted? What advocacy approaches will effectively reach them?

- What types of advocacy messages and arguments will appeal to the target decision-makers? What evidence will be needed to underpin these messages and arguments?

- Are there any other champions, influential individuals, or organizations that can be engaged as implementing partners? How?

- What assumptions or conditions should be in place for the TOC to hold? Are there any factors that could accelerate or inhibit progress? What measures could be used to catalyze opportunities and/or mitigate threats?

Detail the action plan

An advocacy action plan operationalizes the strategy in a structured and detailed project management format and lays out a timetable for activities linked to interim outcomes, taking the budget cycle and the time-bound nature of the advocacy objective into account. An action plan also assigns clear roles and

responsibilities to individuals, enhancing accountability and creating a basis for the evaluation of progress. Carrying out activities in line with strong project management principles and a carefully conceived action plan is just as important as the prior analysis and strategic planning steps.

An advocacy action plan should include key milestones (e.g., the advocacy objective and interim outcomes), activities that need to be done to achieve these milestones, resources and conditions required to complete each activity (e.g., timeline, activity leads, materials, human, and financial resources), and markers of progress (e.g., baseline, target, and status of current progress). The action plan can be in any format that helps to plan, coordinate, and track specific tasks in a project, such as an Excel worksheet or a Gantt chart. See Annex 7 for a sample advocacy action plan.

Once the advocacy strategy is finalized and validated among key stakeholders, the NMP and partners may develop the action plan, likely through an iterative process. Depending on the scope of work, key activities identified in the strategy document may be broken down into smaller components in the action plan. Both the advocacy strategy and the action plan should be referenced frequently and updated as the political landscape changes.

The NMP and partners will lead the MBA activities throughout implementation phase (Modules 3–5) and coordinate other stakeholders to carry out the advocacy action plan, achieve the advocacy objective, and monitor the progress and results.

If possible, one of the first steps of the action plan is to establish an advocacy working group, a small group of core advocacy champions, implementers, and supporters that work together to realize the advocacy strategy. The NMP and partners should nominate members and agree on terms of reference, role structure, and operating principles. Alternatively, the NMP and partners may collaborate in a more informal and dynamic way: those who are most involved in strategy development and advocacy activities can forma coordinating mechanism to effectively plan and deliver results. In both scenarios, the ideal working group consists of five to seven most active members from NMP and key government and non-government allies.

Key questions to develop the advocacy action plan

- Who are most likely to drive advocacy activities and bring in key stakeholders to advance the advocacy objective? What are their roles? How will they coordinate? How will they be kept accountable?

- What actions are necessary to support the achievement of the advocacy objective?

- What is the strategic timing of advocacy activities based on known windows of opportunity leading up to key resource allocation decision? Which activities should be synced, and which are sequential?

- What resources (human, material, and financial) are required for each activity?

CASE STUDY

MBA Framework in Action: Namibia, Thailand and Sri Lanka

Developing subnational advocacy strategies in Namibia

In Namibia, malaria transmission is heterogeneous, with the highest transmission found in six regions spanning the north and north-eastern parts of the country. In recent years, in line with broader government decentralization efforts, greater leadership and management responsibilities for responding to malaria have been delegated to subnational health program staff, necessitating a subnational approach to MBA.

The Namibia National Vector-borne Diseases Control Programme hosted 1.5-day inception workshops for advocacy strategy development, attended by three to five representatives from each high-transmission region. Diverse stakeholders and community members were represented in the strategy development process, from regional health leadership and chief medical officers to frontline malaria program implementers and accountants. Workshop attendees received a technical refresher on the national strategic plan for malaria elimination and were oriented to the TOC approach to advocacy planning and the importance of advocacy as a tool to facilitate an enabling environment for malaria elimination and sustainability. By the end of the inception workshops, participants in each region achieved consensus on one advocacy objective tailored to regional priorities and political or financial barriers to elimination. Participants also began developing a corresponding TOC which they continued to refine after the workshop.

Six months after the initial TOCs were developed, regional representatives reconvened for a one-day strategy validation workshop to identify cross-regional synergies and alignment with national strategies and establish connections with key local and international partners for implementation support. Here, the participants generated stakeholder maps, developed action plans, and identified a focal person to act as a champion and lead local advocacy strategy implementation.

Confirming regional TOCs in Namibia's strategy validation workshop

Developing advocacy strategy and preparing for implementation in Thailand

Based on the findings from the situational analysis (see Module 1's MBA Framework in Action), DVBD and the MEI developed an MBA strategy to leverage the Local Health Security Fund for malaria in additional areas with malaria transmission or receptivity. The primary advocacy tactic was the organization of a series of joint training workshops to increase knowledge and understanding of malaria elimination needs and responses among LAO officials, strengthen capacity of local health officials to act as front-line advocates, share best practices for local decision-makers to apply in their own settings, and create opportunities to strengthen collaborations between the malaria program, public health system managers, and elected officials across levels.

Under this strategy, the DVBD planned training of trainers (TOT) sessions for regional and provincial health officers and LAO representatives from districts with high malaria burden. Provincial staff would then conduct cascaded training for LAO representatives from the remaining districts in their province with low

to medium malaria burden. In preparation for the training, the DVBD gathered evidence on fine-scale malaria transmission and required interventions at district level, created video case studies, and developed a technical document with guidance to LAOs and the local health network on Thailand's malaria elimination targets and approaches to policy-making and funding.
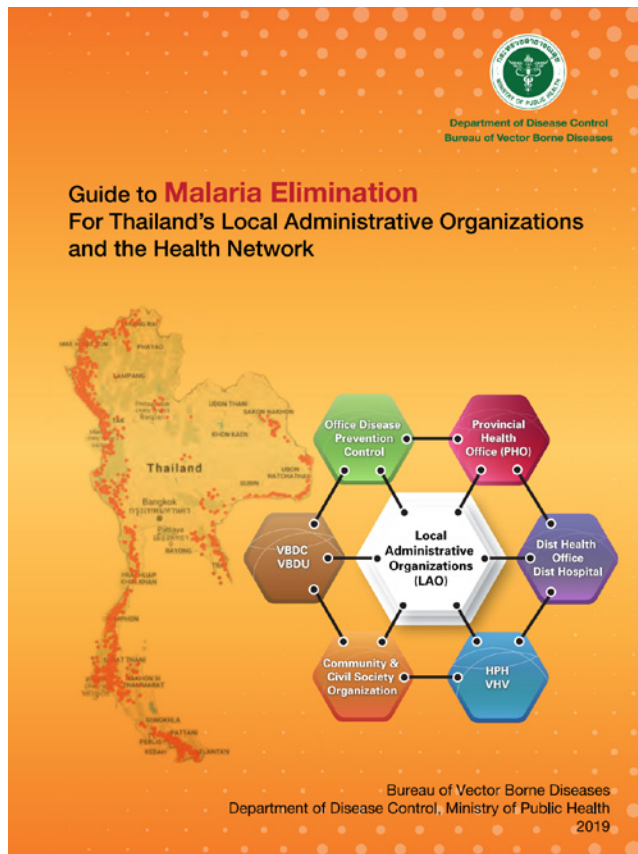
Guide for Thailand's Local Administrative Organizations and health network

Defining core advocacy arguments and messages in the context of prevention of malaria re-establishment in Sri Lanka

After achieving elimination in 2012, the Anti-Malaria Campaign at the MOH in Sri Lanka identified a need for advocacy to keep malaria high on the political agenda, particularly in the context of competing health priorities that threatened to divert malaria resources and put the country at risk for resurgence.

The Anti-Malaria Campaign and the MEI collaborated in the development and adaptation of an advocacy strategy for domestic resources mobilization and sustainable financing for POR at both national and subnational levels. The Sri Lanka advocacy strategy contained a set of powerful, evidence-based messages and arguments that spoke to the country's unique political, financial, and epidemiological context, targeting high-rank government leaders, key ministries (e.g., MOH, Ministry of Finance, Ministry of Commerce) as well as provincial leaders.

Some outstanding messages and arguments from the Sri Lanka advocacy strategy include:

- While malaria elimination should be celebrated, prevention efforts must be sustained.
  - » Despite Sri Lanka's malaria elimination achievement, there is a serious risk that malaria could come back.
  - » Strong surveillance and response are required to ensure that previous investment and effort are not lost.
  - » Historical evidence suggests that if the program does not have enough funding, or if interventions are disrupted before elimination has been certified, there is a real danger of malaria resurging.
- A major resurgence of malaria can be costly and deadly to Sri Lanka's human and economic development.
  - » The estimate of the lost income due to malaria's impact on the cognitive ability of children in their future earnings were estimated to be USD 161 million.
  - » A recent investment case estimates that the malaria resurgence would likely induce about USD 932 million in losses to the tourism industry per year.
- Investing in malaria will save Sri Lanka money.
  - » Investing in the malaria program to sustain elimination will have a strong return on investment. For every USD 1 invested, there is an estimated return of USD 13.14
  - » If a resurgence were to occur in 2015, it would cost an estimated USD 162 million. This potential cost pales in comparison to the annual USD 11.86 million required annually to prevent the reintroduction of malaria.

Module 3: Strengthen—Capacity Strengthening

Engage and collaborate with partners to carry out capacity strengthening interventions that enable achievement of the advocacy outcomes and objective.

MBA is rarely the work of the NMP alone. Once an advocacy strategy is established (Module 2), it is important to ensure that advocates and implementers across levels are equipped with sufficient knowledge, skills, and resources to effectively engage with decision makers, implement, and monitor the activities (Modules 4–5) according to the action plan and make adjustments when needed.

Capacity strengthening is a central aspect of the MBA approach, especially for actors at the subnational level. Local health and malaria program staff, elected officials, and civil society are usually in the best position to act with a deep sense of local context, firm technical knowledge, and program implementation experience, as well as well-rooted connections with local communities and governments. However, they may lack capacity in priority setting, advocacy, or financial management. Capacitating and empowering local implementers can lead to effectively tailored MBA solutions, improved accountability, and more sustainable outcomes. At the national level, strengthening capacity among implementers and supporters from both the government and civil society promotes better cross-sector coordination and more effective implementation and adaptation of the advocacy strategy.

Capacity strengthening interventions can vary greatly depending on the advocacy strategy, advocates' capacity status at baseline, and other contextual factors. MBA capacity strengthening can be used as a means (e.g., enhanced advocacy skills helps malaria officers make a more convincing and better articulated budget request), or a process (e.g., training and technical assistance fosters stronger relationship and coordination between local health staff, local governments, and NMP) to advance the advocacy objective.

In some cases, capacity strengthening can contribute directly to the end goal of advocacy work (e.g., improved understanding of local governments on the cost-effectiveness of malaria elimination leads to increased local funding). Immediate outcomes of capacity strengthening are often among the key inputs for effective advocacy implementation.

Because there is no single approach to capacity strengthening, the MBA Framework does not provide comprehensive guidance but offers practical suggestions and real-life examples based on prior country program experience. See Annex 10 for additional resources on advocacy capacity strengthening.

Objective

To identify core capacity needs for effective implementation of the advocacy objective, design a scheme for capacity enhancement, and strengthen necessary skills.

Assumptions

The NMP will have access to sufficient financial resources to partner with an organization that can provide relevant capacity strengthening support, or possesses the requisite technical capabilities and resources within the MOH/NMP to design and deliver capacity strengthening efforts itself.

Stakeholders to engage

- Partner organizations or internal teams within the NMP that have experience in capacity building on advocacy, program planning, public health financing, and/or health leadership and governance can be engaged as implementers of capacity strengthening interventions.

- Advocates whose knowledge or skills can be enhanced to achieve the advocacy objective should be engaged as recipients of the capacity strengthening efforts.

- Elected officials and others involved in the planning and budgeting process, particularly at the subnational level, to generate their early buy-in or support for advocacy implementation.

Identify and engage capacity strengthening providers

With a clear advocacy strategy and a detailed action plan in place, the next step is to provide capacity strengthening. Target recipients and key areas for capacity strengthening will likely be identified from the situational analysis and strategy development (Modules 1 and 2) but the NMP and partners should review and come to consensus before engaging with capacity strengthening providers.

A capacity strengthening provider assists the NMP and partners in assessing recipients' baseline capabilities; designing a plan for enhancement of specific knowledge, skills, and attitudes; delivering capacity strengthening interventions tailored to the capacity baseline and needs; and monitoring and evaluating the interventions. A capacity strengthening provider can be an external organization or a team within the NMP that possesses the competencies, skills, and experience required to improve the key capacity areas and are able to transfer such capabilities to recipients. However, capacity strengthening can be a long-term, iterative endeavor and often takes place concurrently with other MBA implementation activities (Module 4). Outsourcing to an external partner can help the NMP increase flexibility, diversity, and specialization in capacity provision, as well as concentrate the program's energy on steering a larger advocacy effort.

Capacity strengthening providers do not need to be malaria experts if capacity gaps do not lie in malaria knowledge. Depending on the key areas for improvement, providers proficient in advocacy, health policy, public finance management, health system strengthening and governance, education, and/or training may be better suited. Capacity strengthening providers can have local or regional experience; local/in-country teams have a thorough understanding of the local context but a regional/transnational team can bring in diverse lessons learned and best practices from other areas/countries. Potential capacity strengthening providers should be identified, engaged, and involved as early as possible so that they have a good understanding of the situation, the objective, capacity strengthening recipients, and key capacity needs.

Key questions to identify capacity strengthening providers

- What skills and competencies can be improved through capacity strengthening efforts?

- What groups or organizations, within the country or region, inside or outside the malaria field, possess the relevant expertise to strengthen recipients' capacity in these areas?

- At what point in time can they be engaged and involved during the MBA process?

Strengthen capabilities to implement advocacy strategy and action plan

Once needs and recipients for capacity strengthening are identified and a provider is engaged, capacity strengthening activities can be implemented as part of the advocacy action plan. The NMP and partners should determine beforehand how to collaborate with the capacity strengthening provider throughout the process, whether to work alongside the provider throughout the process as a co-implementer, to have an oversight role, or land somewhere in between.

Administering a capacity assessment to identify the baseline skills, knowledge, and understanding among recipients within each area of need will help determine how capacity strengthening support can be effectively delivered to such recipients. An assessment survey can be developed from scratch or adapted from an existing tool. The focus areas of the assessment will depend on the key capacity needs that were previously identified. For example, if advocacy communication tactics and skills are an identified need, the baseline assessment can focus on gauging current status of gathering and use of evidence, advocacy communications, partnership building, and networking and negotiating with decision makers. Assessments can be aimed at the individual or organizational level, and come in the form of self- or peer-assessment or trainer evaluation. See Annex 1 for more resources on capacity building.

Delivery formats of capacity strengthening also vary based on existing skills and support needed, and the learning style and schedules of the recipients. Possible mechanisms include week-long training, group-working session, group mentoring,

peer-learning network, one-on-one coaching, ad hoc hands-on technical assistance, or a combination of approaches. Support will likely look different throughout the lifecycle of MBA, as activities progress and approaches shift. Providers are often in the best position to design capacity strengthening programs and curricula but should do so with oversight from the NMP and partners.

The development and implementation of the capacity strengthening program can be one of the more time- and resource-intensive stages of the MBA approach. In some cases, the development of training materials and modules can take up to one year. The NMP and partners may decide to pilot the capacity strengthening effort in two to three geographical areas, particularly if resources are limited, to test its effectiveness in advancing the advocacy objective and deliver initial results which can then be used to garner additional financial support for its scale-up.

Once the capacity strengthening effort is launched, it will be necessary to continually adjust the support approach based on contextual changes in the landscape, updates to the technical content, changes in the advocacy strategy, action plan, and related implementation activities.

Key questions to determine and implement capacity-strengthening efforts:

- What level of involvement do the NMP and partners want to take throughout the capacity strengthening effort?

- How does the capacity strengthening provider coordinate with and report to the NMP and partners?

- What is the baseline capacity level of the recipients? What specific skills, knowledge, or attitudes should be prioritized for capacity strengthening?

- What is the best mechanism to deliver the needed support?

- What is the optimum geographical scope of initial capacity strengthening that will best determine the effort's effectiveness and scalability?

- How should capacity strengthening evolve around contextual changes throughout the MBA approach?

CASE STUDY
MBA Framework in Action: Namibia and the Philippines

Improving budget monitoring and expenditure tracking skills in Namibia

The MEI partnered with the Centre for Economic Governance and Accountability in Africa (CEGAA), a South Africa-based CSO with expertise in health budget monitoring and expenditure tracking, to strengthen the skills of advocates in Namibia. CEGAA tailored its existing training curriculum to suit a malaria audience and the advocacy implementers' skill levels and desired areas of support, as identified through a baseline capabilities assessment. Targeting regional malaria management teams and multisectoral malaria elimination task forces, the training aimed to strengthen capacity for budget monitoring and analysis and expenditure tracking, and provided advocacy use cases for applying these skills in practice.

The initial training was delivered during a four-day workshop with virtual follow-up to ensure adequate coaching. When advocacy implementers at the regional level faced challenges accessing sufficient data to perform comprehensive regional budget analyses, CEGAA supported them in identifying data sources and mapping budget processes. A 'Regional Guide for Sustainable Domestic Malaria Financing in Namibia' was developed to provide advocacy implementers with a shared understanding of current budget processes and stakeholders, a prioritized set of identified bottlenecks, and actionable guidance on opportunities to increase transparency and accountability.

To reach a broader set of stakeholders interested in health budget advocacy, including those outside of Namibia, CEGAA's training curriculum was recorded as a three-hour, 14-module web-based training series with supplemental exercises to reinforce and apply new learnings. The series was offered open-access on YouTube and provided foundational knowledge on health financing and economics, practical skills to analyze and develop budgets, and tactics to influence decision-makers.

Training on budget monitoring and expenditure tracking in Namibia

Capacity strengthening on subnational health leadership and governance in the Philippines

The Philippines National Malaria Control and Elimination Program partnered with the MEI, Pilipinas Shell Foundation, Inc., and local organization Zuellig Family Foundation (ZFF) to develop and pilot a health leadership and governance capacity-building program on malaria elimination for municipal and provincial political leaders and health officials. The team developed a technical roadmap (Figure 4) for malaria elimination, a scorecard-like tool for provincial, municipal, and village-level elected officials to track (a) the capacity and gaps of their health system, (b) the local malaria situation, and (c) actions to make their local health system more responsive to needs for malaria control and elimination and thereby improve malaria outcomes. The roadmap was based on the WHO building blocks of a health system and had accompanying performance indicators, developed through extensive consultation with local leaders, health officials, and technical partners over nine months.

The pilot intervention—consisting of roadmap orientation and training, a baseline assessment, development of an action plan, follow-up support to implement priority activities, and an endline assessment—was implemented in three locations with varying malaria transmission and urbanicity. ZFF and technical specialists developed and deployed training modules based on assessment results and local action plans, focused on "localization of malaria-supportive policies" and "barangay [subdistrict] health leadership and management workshop for malaria elimination," among others. Through these training modules and coaching from ZFF, elected executives and health departments were capacitated to work together and engage other stakeholders to improve their performance on scorecard indicators, including the strength of the local health board, and level of coordination among local chief executives and provincial and municipal health officials.

Figure 4: Adaptation of a city roadmap presented to local officials in the Philippines.

	Leadership & Governance	Health Financing	Human Resource	Access to Medicine & Technology	Information System	Service Delivery
City	Multistakeholder collaboration	Annual city budget allocation for malaria	Functional city malaria task force	Functional supply chain management for malaria	Functional city surveillance system	Functional service delivery system
	Malaria included in city operational plan	Malaria budget utilization		Adequate diagnostic supplies		Management of integrated services
District	Malaria included in district plan	Annual district allocation	Functional district response team	Adequate diagnostic supplies	Functional district surveillance system	Functional district case detection
Sub-district	Malaria included in subdistrict plan	Annual subdistrict allocation	Functional subdistrict response team	No stock-out of first-line treatment	Regular reporting	Coverage of RDT testing sites

Areas of good and adequate performance were denoted respectively in green and turquoise whereas those below par were highlighted in maroon.

Module 4: Act—Advocacy Strategy Implementation

Implement advocacy activities according to the strategy and action plan and embed solutions in existing institutions for sustainability.

With a strong advocacy strategy and action plan in place (Module 2), it is time to implement. Advocacy implementation can be done in concurrence with capacity strengthening (Module 3). As with capacity strengthening efforts, there is no one-size-fits-all implementation formula. Specific advocacy activities include gathering evidence around a specific ask, crafting tailored messages targeting key decision-makers, organizing advocacy workshops, utilizing social media to broaden awareness, participating in policy or guidance development, among many others. The selected approaches will vary depending on the devised strategy and action plan, existing and to-be-developed competencies of key advocates and allies, advocacy targets and influencers, as well as other cultural and situational contexts. Because implementation must be flexible and context-appropriate, this module does not describe specific advocacy activities or tactics. Instead, the following sections will highlight key considerations regardless of current implementation status as well as real-life examples on how these considerations were applied in diverse contexts.

Objective

To implement the advocacy activities according to the strategy, action plan, and incoming opportunities.

Assumptions

There are dedicated human resources available to support capacity strengthening efforts, maintain communication between key advocacy implementers and partners, and ensure progress is made against the TOC.

Stakeholders to engage

Stakeholders will largely include those advocacy targets as defined by the advocacy strategy. Additionally, organizational partners or individuals may be part of the advocacy implementation coalition and may act as change agents or ambassadors to deliver messages and asks. Specific stakeholders will depend on the advocacy objective and related outcomes.

Engage decision-makers

In almost every instance of advocacy efforts, the NMP and partners will need to interact with the stakeholders identified as the key decision-makers for the advocacy outcomes and objectives—also known as the advocacy targets. The NMP and partners may rely on allies, ambassadors, or other influencers to act on its behalf in engaging decision-makers.

Having direct meetings with key decision-makers, convening an advocacy workshop of a broader group of stakeholders, interacting with the decision-makers during other strategic meetings, or writing a policy brief to set forth arguments to the decision-makers are some approaches that can advance advocacy outcomes. See Annex 8 for an example of policy brief. Inputs from stakeholder mapping and strategy development (Modules 1–2) provide a firm basis for whom to engage, when to engage, form of engagement, and purpose of the discussion (e.g., to raise awareness, to gather understanding about a key issue). Tailoring the core advocacy messages and arguments (Box 7) to specific audiences and events can speak to decision-makers' interest and increase the likelihood of their engagement and support.

Reaching decision-makers is often difficult (e.g., due to their busy agenda). Identifying and engaging gatekeepers who control access to decision-makers and can influence their decisions is a useful tactic. A gatekeeper is usually a deputy leader, an executive-level assistant, or a department head and is often the first point of contact when someone is trying to connect with decision-makers. Gatekeepers may not have the authority to make a final decision but usually understand the decision-makers' motivations and interests and can vouch for the advocated issues with the decision-makers.

Additionally, the NMP may seek out cross-sector allies to broaden its base of support and to further the reach of messaging and asks. These allies, especially subnational and multisectoral participants, can reach out to their existing networks, speak to a wider audience, and utilize their existing activities to expand and unify the voices calling for the same change. Periodically sharing MBA progress, prioritized activities, and relevant insights within the group of allies is recommended to ensure all opportunities for collaboration on MBA are tapped.

Key questions to engage key decision-makers

- Which decision-makers or gatekeepers should be engaged to advance advocacy outcomes?
- Which communication strategy speaks the best to these specific decision-makers?
- What do allies have in their portfolio that can be utilized for MBA implementation? How can their efforts be coordinated to maximize influence?

Informing, assisting, or participating in decision-making processes

In addition to direct engagement with decision-makers, many advocacy approaches seek to inform, assist, or participate in policy-making and financing processes. Key processes such as annual operational planning and funding request submission can be relatively simple while others such as health-financing policy update can be non-linear, time-consuming, and highly complicated.

Information from Modules 1 and 2 can inform the NMP and partners on how they can realistically contribute to and benefit from policy-making and financing processes. By participating in key discussions throughout these processes, NMP and partners can gain greater understanding of issues that are high on policymakers' agendas and how malaria can be incorporated. Deeper involvement also creates more opportunities for NMP and partners to engage with the decision-makers and actively contribute to improve policy-making and financing processes.

The NMP and partners can create new planning tools, budget templates, and/or technical guidelines or take advantage of existing ones to prompt actions among decision-makers and enable their allies to be agents of change:

- Adapt an existing health planning tool, if available, for use by subnational malaria officers to strengthen local budget planning.
- Create a 'how-to' guide for local government units on successful domestic resource mobilization, including case studies and funding proposal templates.
- Develop participatory standard operating procedures for annual health planning and budgeting at the district and provincial levels.

- Adapt roadmaps from other health areas (e.g., HIV/AIDS, family planning) to include malaria services into a UHC scheme.

Whether adapting existing tools or creating new ones, it is important to involve allies and other stakeholders throughout brainstorming, development, review, and finalization to ensure high consensus, catalytic support, and uptake of the guides or tools when they are rolled out.

Key questions to identify, engage, and influence processes

- What processes should the NMP and allies get involved in or exert influence on to advance the advocacy objective?

- To what extent are the NMP and allies involved in these processes? Are there opportunities to improve their involvement?

- What tools or guides can be created or adapted to improve these processes and ensure engagement in decision-making?

Integrate efforts within existing platforms and scale up

MBA should never be a one-off or standalone engagement. The NMP and partners should devise a plan to build on early momentum and scale up efforts based on best practices, lessons learned, and success factors gained through pilots (Module 5). Concurrently, advocacy approaches, structures, and implementation processes should be embedded within existing platforms to ensure continuity, especially when countries approach elimination and attention to malaria decreases.

MBA seeks not only to achieve malaria-specific objectives, but also to strengthen public finance processes, mechanisms, and institutions of the broader health system of which the malaria program is a part. Across all countries where MBA has been implemented, the sustainability of advocacy strategy implementation has been strengthened by embedding these efforts within ongoing initiatives, platforms, and processes. By 'institutionalizing' advocacy implementation, the NMP ensures that resources are efficiently used and that advocacy efforts will leverage existing systems to enable impact for years to come. Furthermore, incorporating MBA efforts and gains within the

broader health agenda will enable other health programs to learn from the NMP's success and experience and ensure MBA work is interoperable and compatible with broader health advocacy in the long term.

Such integration or institutionalization is not a straightforward process. Rather, it is often gradual, phased, circuitous, and sometimes opportunistic. The NMP and partners will need to keep this in mind throughout MBA efforts, looking out for opportunities to embed advocacy activities in a wider system or collaborate with other stakeholders and programs on concurrent efforts. Ensuring the advocacy work is well-documented, accessible, and adaptable may also generate integration opportunities.

Opportunities to plant the seeds for integration of MBA efforts include:

- Utilizing existing national and subnational task-forces or coalitions to facilitate multisectoral, cross-level coordination to advance advocacy for policy change and implementation.

- Within a recipient health institution, strengthening MBA capacity not only to malaria offiers but also to program coordinators, accountants, administrators, general health planning officers, and/or health leaders.

- Integrating a malaria financial tracking tab into the existing national malaria or health information system.

- Designing and implementing MBA activities as part of larger program improvement efforts such as sustainability strengthening of malaria responses for elimination and POR, donor support transitions, or enhancement of program leadership and governance.

The MBA approach is often initially piloted in a few subnational geographies, and once the approaches (e.g., training, platforms) are found to be effective, NMPs will scale up across other geographies in their countries. Local leaders in pilot areas can be shepherds of the work, propagating the skills and knowledge gained from capacity-strengthening support and lessons learned through implementation and peer-to-peer training. Additionally, multilateral donors and large-scale implementers can be engaged to help support scale-up of these advocacy actions (see MBA Framework in Action in Module 4 for examples from Thailand and Namibia). Evidence of outcomes, impact, allies' contribution, and lessons learned from monitoring and evaluation (M&E) efforts (Module 5) in the pilot areas will be critical for adjustment and/or adaptation of the approaches when scaling up.

Key questions to integrate and scale up MBA efforts

- Which advocacy approaches, structures, activities, and tools can be embedded or integrated within existing platforms?

- Which existing platforms can make the best use of these advocacy elements?

- What are the opportunities for integration of MBA efforts within existing platforms?

- How can opportunities for integration be harnessed when they emerge?

- How can successes in a pilot area be packaged as proof of concept to be scaled up in other areas?

- What resources are needed for scale-up/ institutionalization of the efforts? What resources are available?
- What critical next steps (e.g., policy changes, programmatic adaptations) should be taken to make it happen?

CASE STUDY

MBA Framework in Action: Sri Lanka, Thailand and Namibia

Adaptation of financial planning tool and engagement of advocacy targets in Sri Lanka

Building on the advocacy strategy development described in Module 2's MBA Framework in Action, the MEI collaborated with the Sri Lanka Anti-Malaria Campaign and the MOH to adopt a World Bank project planning tool for regional malaria officers' use to inform annual provincial budget requests. Originally, the tool was used by regional health officials specifically for activity planning and external funding requests from the World Bank. From 2016–2018, five workshops were held to disseminate the tool and build capacity at the regional level to obtain funds from the provinces to support malaria POR.

Ahead of the 2017 annual budget request preparations, a technical team at the national level conducted a 'roadshow' tour, visiting seven of the country's nine provinces to discuss the need for continued vigilance and sufficient funding for POR.

This messaging was delivered to key subnational stakeholders including regional and provincial health leaders, regional malaria officers, accountants, and MOH planning staff. Anti-Malaria Campaign leadership used the presentation to sensitize and promote budget allocations for malaria POR among provincial and regional health leaderships. The response from policymakers in all visited provinces was positive. MOH policy-makers assured their fullest support for malaria, affirming that malaria activities would be prioritized and protected from budget cuts.

In addition, direct meetings with senior MOH and Ministry of Finance decision-makers using clear, evidence-based messaging paired with a definitive ask resulted in the creation of a new malaria capital expenditure budget line that improved the program's ability to spend malaria financing on POR priorities. Domestic financing for malaria increased by 34%, resulting in USD 250,000 in additional funding.

Adaptation of the communication material (table tent) used in the Sri Lanka's roadshow tour

Continued engagement between front-line advocates and local governments in Thailand

The TOT and cascaded training workshops described in Module 2's MBA Framework in Action, brought together a range of key stakeholders from local government and all levels of Thailand's health system, including DVBD, National Health Security Office, provincial and district vector-borne disease specialists and general health staff, local hospital representatives, village health volunteers, and LAO officials. In addition to strengthening advocacy capacity among the participants, the workshops provided an opportunity to promote best practices of collaboration between the local government and health system, increase health worker understanding of the governance and financing mechanisms in place, and raise LAOs' awareness of malaria elimination and their role in promoting and funding elimination efforts.

Qualitative interviews conducted by DVBD and the MEI in 2021 revealed that participants greatly appreciated the training and recognized its role in growing the collaboration between LAOs, vector-borne disease specialists, and health staff. As a result of the training, LAO officials were aware of the importance of eliminating malaria and were willing to be part of the effort, believing that actions towards ending malaria were beneficial for their citizenry. Local health workers continued engaging with LAOs and received support for malaria responses in various forms including budget, policies, and labor.

By 2020, over 700 participants had attended the TOT sessions and 2,000 had attended the cascaded training. Over 3,200 copies of the technical guideline to LAOs in Thai language were distributed. Increased engagement with the LAOs also led to a 102.7% increase in subnational funding for malaria from THB 3.7 million in 2017 to THB 7.5 million in 2020. The number of funded malaria projects at the subdistrict level nearly quintupled in this period. GFATM and WHO funded for the scale-up of the training and distribution of the guideline from 2020 onward.

A TOT session conducted by Thailand's DVBD

Integration of MBA efforts into existing political structures and broader health networks in Namibia

After participating in advocacy strategy development and training workshops (see MBA Framework in Action, Modules 2 & 3), advocacy implementers in Namibia's endemic regions knew that if malaria was elevated on the local political agenda, they could generate increased support for elimination and unlock new financial resources to support that goal. To do this effectively and sustainably, they determined that it would be necessary to leverage existing political structures to include malaria.

With technical support from the MEI, four regions established Malaria Elimination Task Forces (METFs), multisectoral leadership committees working to keep malaria elimination as a top local priority with adequate funding. The METFs comprise local leaders representing government, NGOs and faith-based organizations, the private sector, and academia. Guided by region-specific advocacy strategies, the METFs coordinate multisectoral action, engage politicians and communities, and advocate for the integration of malaria into regional operational plans and budgets. The METFs were intentionally embedded within Namibia's Regional AIDS Coordinating Committees, entities overseeing all health and social development activities, and they report to authorities within Regional Councils, Namibia's well-resourced subnational political bodies of elected officials. This placement ensures that minimal investment is needed to sustain the METFs beyond the MEI's catalytic support and elevates the importance of malaria elimination among powerful decision-makers.

The METFs are also well-connected with other malaria advocates and partners in southern Africa, including the African Leaders Malaria Alliance and JC Flowers Foundation Faith Leader Advocacy for Malaria Elimination. The METFs have since supported the launch of the Zero Malaria Starts With Me campaign in Namibia and continue to partner with stakeholders in implementation.

Malaria Elimination Task Force in Kavango East, Namibia

Module 5: Evaluate—Monitoring and Evaluation

Periodically review and reflect on the progress and outcomes of the MBA efforts to improve performance and adjust the strategy based on new priorities/opportunities; document and communicate successes, lessons learned, and partners' contributions.

Advocacy strategy and action plan M&E is a critical set of activities that should happen throughout the MBA process but is often overlooked. Reviewing the progress and outcomes at regular points will not only help to hold NMP and partners accountable for planned actions but will also reveal whether implementation is achieving specified goals. If the action plan is neither making progress nor working effectively towards the advocacy objective, it is necessary to reassess and adjust the plan.

M&E can inform advocacy efforts in real-time by measuring both implementation (process) and outcome. Drawing on accumulated M&E data, advocates can trace pathways of influence between activities and outcomes, strengthening the TOC. M&E can reveal gaps, barriers to progress, and ineffective interventions, as well as successful elements that led to increased support for malaria elimination and ideally, adequate budgets. Evidence of actions that led to accomplishments or failures can provide a basis for adjusting the advocacy strategy, thereby improving the effectiveness of ongoing advocacy.

Objective

To effectively monitor and evaluate advocacy efforts to capture progress and adjust programming based on new developments, and to understand, document, and disseminate evidence of impact.

Assumptions

The NMP and partners have dedicated personnel to lead M&E of advocacy implementation and capacity strengthening. The NMP and partners have agreed upon built-in program review, reporting mechanisms, and articulated roles and responsibilities when developing the action plan.

Stakeholders to engage

Key advocacy implementers and capacity strengthening providers should be the main actors throughout the M&E process—from M&E planning and routinely assessing to harvesting and sharing outcomes; target audiences of results sharing (e.g., donors/funders of the budget advocacy efforts, external evaluators, MOH); as well as a broader group of concerned stakeholders to advance coordination and support.

Key tools

- M&E framework template (Annex 9)
- Sample advocacy log (Annex 10)

Stay flexible and adaptive to changes

Successful implementation requires continued adjustments to both the strategy and the action plan, particularly in the event of contextual changes, shifting leadership amongst decision-makers, emerging evidence, and new opportunities to achieve the advocacy outcomes.

Some of the best advocacy is done by making use of opportunities that arise to speak, present, or otherwise gain visibility. However, opportunities often emerge quickly and unexpectedly, with little time for preparation. While they are not specifically planned for in an organized and detailed strategy, unforeseen opportunities for advocacy can and should be embraced.

Regularly and on ad hoc occasions when a change occurs or an opportunity arises, the NMP and partners should review the advocacy strategy and action plan to determine whether adaptations are needed. When major underlying assumptions no longer hold (e.g., change in planning and budgeting process as a result of an updated legal framework, change in leadership, new influencers identified), an update to the strategy or plan is inevitable. The first step is to determine the scope and areas for adaptation; the need for change most often appears at the activity level. Underlying assumptions, current progress, and arising opportunities or risks should be reviewed to determine how these factors may promote or hinder current pathways to the objective. This, in turn, will inform which part of the strategy or action plan should be modified and what form the adaptation will take (e.g., additional action, escalation or de-escalation of a given action, changed action, inaction). Activity timelines and advocacy targets are also prone to adjustments to ensure that objectives and activities remain applicable in the current context and reflect the priorities of key stakeholders as they change over time. On the verge of a critical change, it may be necessary to question the validity of an interim outcome and/or a high-level approach as to whether they still effectively lead towards the advocacy objective. Occasionally, the advocacy objective itself may be questioned as to whether it realistically addresses the prioritized problem.

Key questions to facilitate timely and appropriate adaptations

- What emergent situational changes and/or opportunities may require adaptation of the advocacy strategy and/or action plan? Is adaptation really needed?

- How much and where in the advocacy strategy and/or action plan should adjustments take place to ensure that they speak to the changes and opportunities and remain valid in addressing the prioritized problem?

- What changes should be made to the current course of the action plan, timeline, or stakeholders to engage?

Monitor the strategy and implementation

Ongoing and real-time monitoring of MBA efforts is critical to success and ensures that: a) adequate progress is being made toward the desired outcomes, b) the approach to MBA is having the intended effect and influence, and c) actions leading to the final outcome (e.g., increasing domestic financing) are well-documented and demonstrate that the strategy and the pathway of influence had an impact. Advocates and supporters are often so busy implementing activities according to the plan that they underrate the importance of tracking and reflection. Setting aside time for a 'pause and reflect' at regular intervals and immediately after each key event to review what happened, what worked, and what did not can help to refocus efforts and allow subsequent work to be more productive and effective.

Several tools can be used to assist M&E of MBA work. An M&E framework offers a way to document success in the form of a logic model based on the advocacy objective and interim outcomes in the TOC. M&E frameworks also include a corresponding set of progress, output, and outcome indicators and show how they are linked to the activities in the action plan, how evidence of success is collected, and how parameters are measured. See Annex 9 for a sample M&E framework.

In setting up an M&E framework, it is important to identify appropriate indicators—the clues, signs, or markers that the NMP and partners use to measure

success. Indicators can be quantitative (e.g., number of meetings held, number of participants in an event, percent increase in local government budget allocated to malaria) or qualitative (e.g., availability of an advocacy coalition at the provincial level, existence of guidance allowing local authorities to mobilize earmarked taxes for malaria POR activities, extent to which a new policy is aligned with recommendations or 'asks' from advocates). The NMP may want both quantitative and qualitative measures of a particular outcome or progress to have a better gauge of effectiveness. In many cases, adding a qualitative aspect to a quantitative measure will increase the richness of the assessment. For instance, measuring the number of meetings in which policy-makers mention ensuring resources for malaria elimination as a key priority should not stop at simply counting the events but also explore the focus areas of the meeting and contents of the discussions to determine the depth and quality of support.

Keeping an advocacy log is another popular method to monitor advocacy efforts with a focus on the quality of collected evidence. An advocacy log records activities for the entire project duration, including key moments, triggers, and turning points that significantly contribute to achieving advocacy outcomes. See Annex 10 for a template and sample advocacy log.

Advocacy logs support advocates in measuring the impact of advocacy actions by tracking key moments of progress and influence, as well as roadblocks. Besides being a useful tool to routinely ensure advocacy is having the desired effect and to support follow-up, this form of documentation can also be used to evaluate how and why key actors contribute to change. A preset M&E framework is unlikely to fully capture the uncertainty and emergent nature of advocacy work. Thus, an advocacy log should be considered a complementary tool. Activities that may seem negligible at first can add up to a significant change over time. Constantly keeping track of and reviewing these records allows the NMP and partners to identify turning points and opportunities that are not anticipated in the original plan and framework.

Capacity strengthening is an inherent part of MBA implementation. Capacity strengthening must first serve to improve the knowledge, skills, and attitudes of those who receive it. Pre- and post-training assessments, questionnaires, and surveys can be used to capture the immediate increase in capacity and recipients' feedback, while continued monitoring visits and/or follow-up of relevant activities help to track recipients' behaviors, uptake, and adoption

of learning across a longer period to improve later capacity strengthening activities and identify the need for refreshers. More importantly, the enhanced capabilities must serve to facilitate effective advocacy implementation, and therefore, capacity strengthening should be incorporated into the advocacy M&E framework.

Key questions to consider in monitoring the strategy and implementation

- Are the advocacy activities being implemented as they were planned? If not, why? Does the strategy or action plan need to be adjusted?
- Are the advocacy strategies, tactics, activities, and messages having the desired effect on targets?
  - » If so, what is working and why? How can this knowledge be applied to other efforts?
  - » If not, what can be learned from the challenges? Should the strategy be shifted?
- Is steady progress being made in terms of:
  - » Levels of support and commitment to increased domestic financing?
  - » Budget outcomes (e.g., increased domestic financing)?
- What indicators can be used to measure success, and what documentation is needed? Who is responsible for logging progress, and how often? How will learning be incorporated into advocacy efforts?
- What is capacity strengthening for and how does it facilitate effective advocacy?
- How well is the capacity strengthening organized and carried out?
- To what extent are desired knowledge, skills, and attitudes improved among capacity strengthening recipients?
- What changes can be seen in the way recipients at individual and organizational levels behave after capacity strengthening? To what extent do these changes contribute to the acceleration or achievement of an advocacy interim outcome or effectiveness?
- What has been learned along the way that might be of use to improve future capacity-building work?

Evaluate the MBA efforts

Continuous monitoring improves the NMP's and partners' accountability and learning from activity progress and immediate outputs, whereas periodical evaluation assesses the effectiveness and success of advocacy efforts at the outcome and objective levels.

The evaluation mechanism and process are best developed around the time of advocacy strategy and action plan development, with improvements made along the way as needed. While the NMP is responsible for routine monitoring and analysis of performance, critical review meetings may require the participation of a broader group, including the stakeholders involved in the strategy development process (page 19) and key decision-makers and gatekeepers who may be inspired by the achievements to date.

Assessing outcomes is an essential but often challenging task in advocacy M&E. While an outcome may not yet have been achieved, an unanticipated interim success may arise. For example, this year's local budget allocation for malaria is below the targeted level, but advocates have gained strong support from a key official whose opinions in budget allocation are well respected by the local governor, thus raising expectations for an increase in malaria budget in the next year.

It is a useful practice to review the advocacy log to capture achievements and progress toward outcomes. In cases where an outcome is met, advocates can review the advocacy log to trace evidence of how advocacy had an influence on the successful outcome. In cases where an outcome has not yet been met, the advocacy log will provide evidence of progress or roadblocks (e.g., steps in the policy or financing process, attitudes and behavior of key decision-makers).

Documenting and sharing achievements is another important aspect of advocacy M&E. The NMP and partners can solidify evidence of changes by reviewing program documents such as the advocacy log, M&E framework, meeting minutes, or tracking budget contributions over time. Additional questionnaires or interviews with partners whom advocates and implementers interacted with directly (e.g., local governments, MOH officials) will provide external perspective on the reality of changes and visibility of stakeholders' contribution. When sharing the progress, success, or lessons learned, the NMP and partners should keep in mind the audience (e.g., funders, NMP leaders, key advocacy partners), means of communication, and types of evidence (e.g., numbers and figures, qualitative stories) that suit their best interest.

Key questions to consider when evaluating the advocacy efforts

- What is the current status compared to the start and finish lines (e.g., the baseline status and the advocacy objective)? What does success look like now compared to the previous review?

- To what extent can changes be attributed to the budget advocacy efforts? What was the influence of other factors?

- To what extent is the MBA work achieving the intended outcomes, in the short, medium, and long term? What unintended outcomes (positive and negative) were produced?

- What were the particular features of the MBA work and context that made a difference?

- What could have been done better? Are there alternative approaches that could have the same outcomes with less cost?

- With whom should the results be shared? For what purpose? What is the plan for communication?

MBA Framework in Action: Thailand and Sri Lanka

Tracking domestic financing contribution and documenting success factors in Thailand

The MEI supported DVBD in creating a new domestic financing tracking function in their national online malaria information system to better monitor and track contributions from the newly identified and accessed the Local Health Security Funds (see MBA Framework in Action, Modules 1, 2 and 4). The interactive dashboard displays domestic contributions to malaria at the subdistrict level, both cumulative and by year and was promoted at the provincial level for ongoing financing tracking.

To better understand the facilitators and barriers that make LAOs in Thailand more or less likely to financially support malaria elimination as a result of MBA engagement efforts, DVBD and the MEI carried out a qualitative field research study to characterize the various roles, motivations,and relationships between various subnational professional cadres in malaria-endemic provinces where domestic resource mobilization collaborations have been successful. The team published a journal article documenting this research and the larger MBA partnership to share their experiences and lessons learned with the wider malaria community.[9]

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9   Sudathip, P., Dharmarak, P., Rossi, S. et al. Leveraging geo-referenced malaria information to increase domestic financial support for malaria elimination in Thailand. Malar J 21, 213 (2022). https://doi.org/10.1186/s12936-022-04227-1.
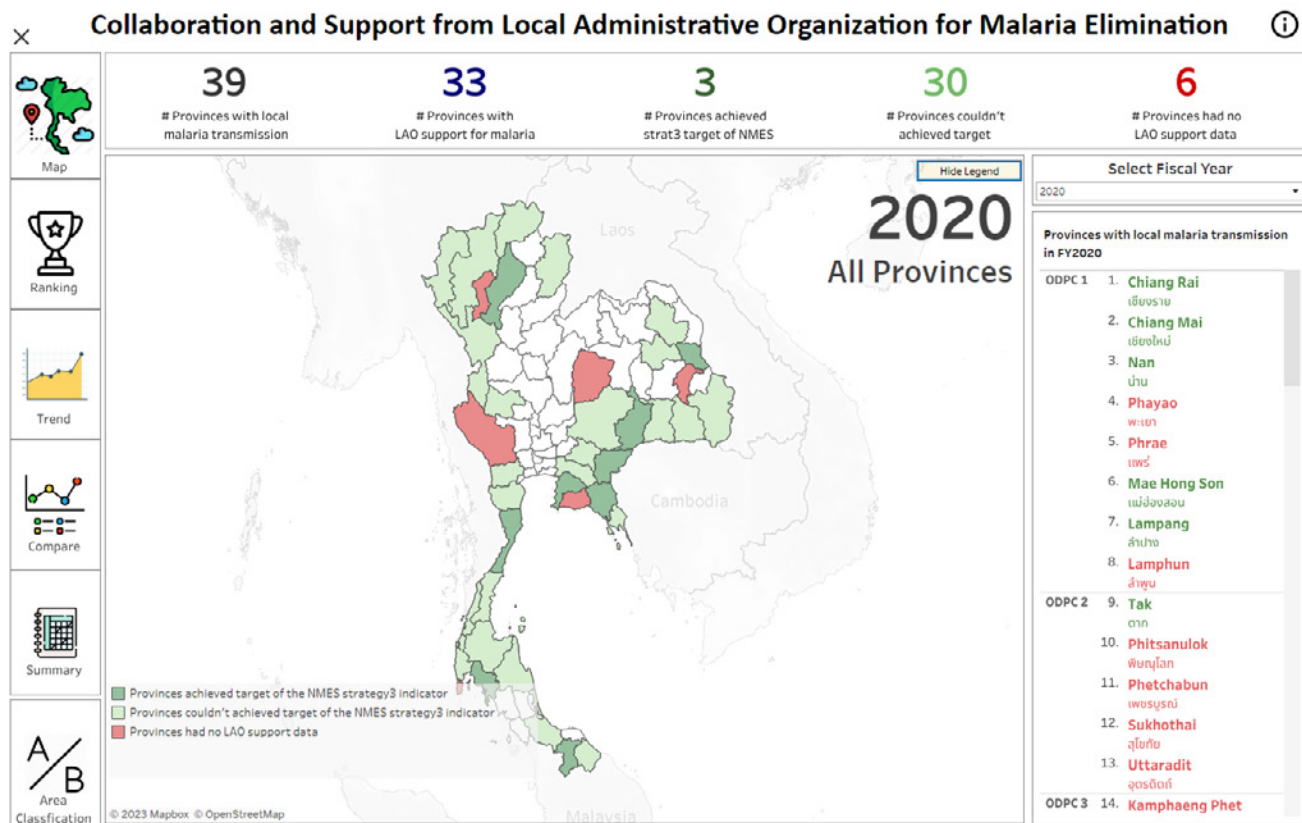
Domestic financing tracking function on Thailand's malaria information system

M&E methods and implementation in Sri Lanka

The MEI worked with the Sri Lanka Anti-Malaria Campaign to develop M&E methods and tools for their advocacy work (see MBA Framework in Action, Modules 2 and 4) and assess progress and outcomes over the period of MBA implementation. An M&E framework was developed to align with the expected outcomes of the TOC and the advocacy strategy and included indicators of success and guidance on methods for measuring the impact of advocacy. The M&E framework was utilized throughout the project to assess progress and impact. To gauge changes in the mindsets or capabilities of regional malaria officers that may have resulted from the advocacy intervention, a ten-statement questionnaire was used at five time points to track knowledge, skills, attitudes, and perceptions of regional malaria officers on financial planning and the need for sustainable funding for malaria POR. In addition, an advocacy log was maintained to record activities and outputs throughout the intervention.

A mid-line report was completed to highlight progress since the baseline, impacts, ongoing challenges, and required activities to reach the expected long-term goals. The mid-line report also documented changes in context, the need for advocacy after the mid-line cut-off, key lessons learned, best practices, and recommendations for the next phase of MBA implementation.

Final Thoughts

Engaging in MBA is often a long-term, challenging effort. NMPs and their partners may produce rigorous and compelling analyses, develop a brilliant advocacy strategy, and execute it flawlessly but still fail to achieve their objectives due to unforeseen circumstances, such as a crisis in another sector that draws attention away from their issue, unexpected shifts in the political environment, or sudden losses of key allies. Despite setbacks, advocates should remain engaged, maintain partnerships, stay open to new and evolving opportunities, do what fits best in the current state, and adjust their strategy for the next MBA cycle.

MBA successes come in many forms. Even when policy change cannot be secured immediately, by engaging in advocacy, NMPs and partners will have made progress in changing the awareness, attitudes, or behaviors of the decision-makers, the media, and the public on the advocated issues. When a change in policy is achieved, there is no time for slackness; advocates must continue to push for policy implementation. Celebrating milestones both big and small, communicating success stories, and thanking supporters for their ongoing commitment will help maintain momentum throughout the MBA effort.

Annex 1: Resources

General advocacy and budget advocacy

Health Sector Budget Advocacy – A Guide for Civil Society Organisations

Save the Children (2012)

Explains why health budget advocacy is important, and provides the basics about the health sector, the budget cycle, budget advocacy planning, and budget analysis. This can be a good starting point for those new to health budget advocacy.

A Guide to Local Government Budget Advocacy in South Africa

Int'l Budget Partnership (updated 2020)

Step-by-step guidance to CSOs on how to read and analyze a local government budget and use the analysis findings to advocate for improved service delivery in the context of South Africa. There are helpful contents and case studies for the implementation phase, especially evidence generation and advocacy message development.

Cancer Advocacy Training Toolkit for Africa

Africa Oxford Cancer Foundation (2012)

Demonstrates the many ways that individuals can be involved in advocacy to help improve cancer care in Africa: from developing an advocacy plan, working with governments, taking part in awareness and resource-raising events, and securing funding. The many examples of successful pilots and case studies can be helpful for understanding of advocacy opportunities and approaches.

Situational analysis and advocacy planning

Handbook for Advocacy Planning

Int'l Planned Parenthood Federation (2010)

Aims to strengthen organizational capacity in designing and implementing effective projects that will facilitate the advancement of the political agenda in the area of sexual and reproductive rights.

Technique and methodologies offered here are most relevant to work in Module 1 – Assess and Module 2 – Strategize.

Plan Your Power: A Toolkit for Women's Rights Advocacy Planning

Int'l Women's Development Agency and Womankind Worldwide (2020)

Guides the advocacy planning of women's rights organizations, coalitions, alliances, and networks. Sections 3 and 4 of the document provide some useful references about conceptualized processes to develop advocacy strategies and plans that could supplement work under Module 2 – Strategize. The exercises at the back provide additional supporting tools and approaches.

SRHR Advocacy Toolkit for Young People

Sonke Gender Justice, South Africa (2019)

A collection of tools and information sourced from reputable and established organizations working in the fields of Sexual and Reproductive Health and Rights (SRHR). There are techniques, worksheets, and examples to assist the design and development of advocacy strategies, plans, and messages.

Nutrition Budget Advocacy – Handbook for Civil Society

ACF international, Save the Children, SUN SC platform from Senegal (2017)

Provides useful details and examples on how to carry out the nutrition budget advocacy process in four main sections: (1) Fundamentals of budget advocacy, (2) Developing a budget advocacy strategy, (3) Undertaking a budget analysis, and (4) Case studies. Some tactics in (2) and (3) can be supplementary to the work in Modules 1 and 2.

Net-Map

Knowledge Management Training Package

An alternative approach, developed by Eva Schiffer, to mapping stakeholders besides the power/interest matrix and stakeholder map which are introduced in Annex 3.

Advocacy and budget capacity building

Budget Monitoring and Expenditure Tracking Training Series

UCSF MEI & CEGAA (2021)

Through the MEI Malaria Budget Advocacy partnership in Namibia, the MEI collaborated with the Centre for Economic Governance and Accountability in Africa (CEGAA) to develop this online training series for malaria leaders—from district to national level—to strengthen skills related to budget monitoring and expenditure tracking (BMET) and health budget advocacy. This 14-module series—providing foundational knowledge on health financing and economics, practical skills to analyze and develop budgets, and tactics to influence decision-makers—could be helpful to gain further understanding of budget advocacy work, and developing subnational training curriculum.

Handbook for Budget Analysis and Tracking in Advocacy Projects

IPPF (2010)

Designed to build capacity and facilitate the process of incorporating budget elements into advocacy planning. It can be referred to in tandem with the BMET training when designing a training course for the subnational levels to strengthen their planning and budgeting skills.

How to Effectively Strengthen Advocacy Capacity

Dutch Consortium for Rehabilitation (2015)

A booklet that brings together a number of best practices to illustrate how comprehensive training, guidance and support of local staff may foster successes in the field of advocacy. Though the booklet's main focus is around building capacity for local staff, it offers insights into opportunities and challenges throughout the advocacy process.

Making the Difference: An Intensive Model for Strengthening Civil Society Capacity in Mozambique

Pathfinder Int'l (2015)

An intensive capacity-building model that focuses on mentorship, supervision, and coaching to enable youth-focused CSOs to achieve greater organizational independence and autonomy and take part in advocacy initiatives. This brief suggests that, for the goal of local ownership and sustainability, capacity building go beyond the individual level to take place at organizational and cross-organizational levels.

Advocacy implementation and M&E

Road Map for Implementing and Monitoring Policy and Advocacy Interventions

USAID Health Policy Project (2013)

Consists of eight different tools that can be used separately or together to help stakeholders systematically review the policy process and take steps toward full implementation. Each tool is meant for a different stage of the policy process and helps users fully view the different actions necessary to move the policy process forward from development to implementation and evaluation.

Advocacy Toolkit to End FGM

End FGM European Network (2019)

Outlines how to develop an advocacy strategy and subsequent national implementation of the Istanbul Convention, particularly for what concerns female genital mutilation. It offers some techniques to identify the target audience, develop advocacy messages, and a range of advocacy methods that can be applied to other settings.

Health Budget Advocacy Toolbox

Evidence for Action – MamaYe (2021)

Provides a number of ready-to-use tools that can be used to support advocates to engage in the health budget cycle.

Budget Advocacy Framework for Increased and Sustained Epidemic Preparedness Investment

Global Health Advocacy Incubator (2021)

Outlines a four-step advocacy framework for increased and sustained epidemic preparedness investments, with illustrative examples of advocacy strategies. The guide is designed to support countries' efforts to step up their preparedness and fund core activities of national action plans for health security.

SMART Advocacy User's Guide

Advance Family Planning (2021)

Focuses on what you can achieve in a short time by setting a SMART, near-term objective and determining how best to achieve an "advocacy win". Although the SMART Advocacy approach was refined focusing on family planning, it is designed for easy adaptation to any health or development issue.

No Royal Road: Finding and Following the Natural Pathways in Advocacy Evaluation

Center for Evaluation Innovation (2019)

Identifies a tension at the heart of advocacy, and advocacy evaluation, between wanting clear answers and the inherent uncertainties around how social and political change really happens. The document raises practical solutions to approach advocacy monitoring, evaluation, and learning in a way that makes it credible, reliable, and instructive while embracing the uncertainty, unpredictability, and complexity of social and political changes.

Health financing and malaria

	…	Year -3	Year -2	Year 1
Total fund for malaria (amount)				
Total fund for health care/communicable diseases control and prevention, or a parent health care package including malaria (amount)				
Malaria as a percentage of the parent health care package (%)				

Malaria funding contribution

	Contribution (amount, % of total)			
	…	Year -3	Year -2	Year 1
Public domestic sources				
Break down as necessary (e.g., government-national, government-subnational, social health insurance)				
External sources				
Break down as necessary (e.g., per major donors)				
Out-of-pocket payment				
Others				
Total				

Anticipated malaria financial needs and gaps

	Funding need (A)				Estimated contribution (B)				Funding gap (A-B)			
	Y0	Y1	Y2	…	Y0	Y1	Y2	…	Y0	Y1	Y2	…
Public domestic sources (break down as necessary)												
External sources (break down as necessary)												
Out-of-pocket payment												
Others												
Total												

Y0: Year 0 or current year

By programmatic areas/cost categories

	Funding need (A)				Estimated contribution (B)				Funding gap (A-B)			
	Y0	Y1	Y2	...	Y0	Y1	Y2	...	Y0	Y1	Y2	...
For example:												
Vector control												
Case management												
Surveillance												
Program management												
Resilient and sustainable systems for health												
etc.												

Sample annual operational planning and budgeting process using Cambodia as an example

JANUARY–MAY	JUNE–JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Draft budget plan preparation by subnational health administrations	Draft budget plan submission by provincial administrations to Ministry of Economy and Finance (MoEF)	Budget debate and defense (MoEF + line ministers + governors from provincial administrations)	Draft Budget Law prepared by MoEF with explanatory note	Draft Budget Law and explanatory note submitted by MoEF to National Council of Ministers	Draft Budget Law debated and amended by Council of Ministers	Draft Budget Law submitted by Council of Ministers to Parliament. Final approval and enactment of Budget Law by the King

Legend:
- Health facility
- Subnational health administration level/entity
- Subnational governance (non-health)
- National-level ministry
- Highest levels of government

Boxes: King, Senate, National Assembly, Council of Ministers, Ministry of Economy and Finance (MoEF), Ministry of Health, Provincial Administration, Provincial Health Department, Provincial Hospital, Operational District, Referral Hospital, HC-1, HC-2, HC-3, HC-10

Annex 3: Sample Power/Interest Matrix and Stakeholder Map

Power/interest matrix template

Communicate	Manage closely
Inform	Communicate

Level of interest (vertical axis)

Level of influence (horizontal axis)
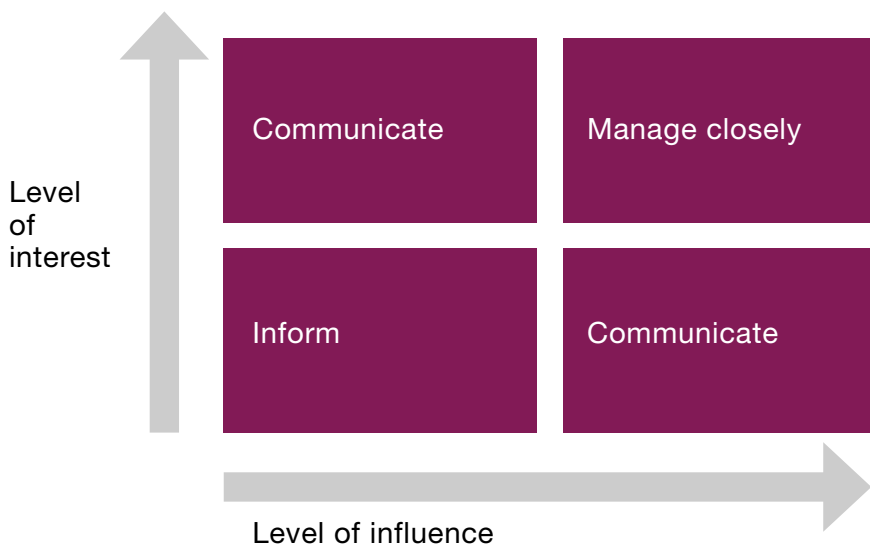
Sample power/interest matrix with mapped stakeholders

Level of interest (vertical axis)

Level of influence (horizontal axis)

- Alliance D
- Organization Z
- Subnational health offices
- Ministry of Health, Department A
- Organization X
- Ministry of Finance
- Ministry of Health, Department B
- Alliance C
- Office Y
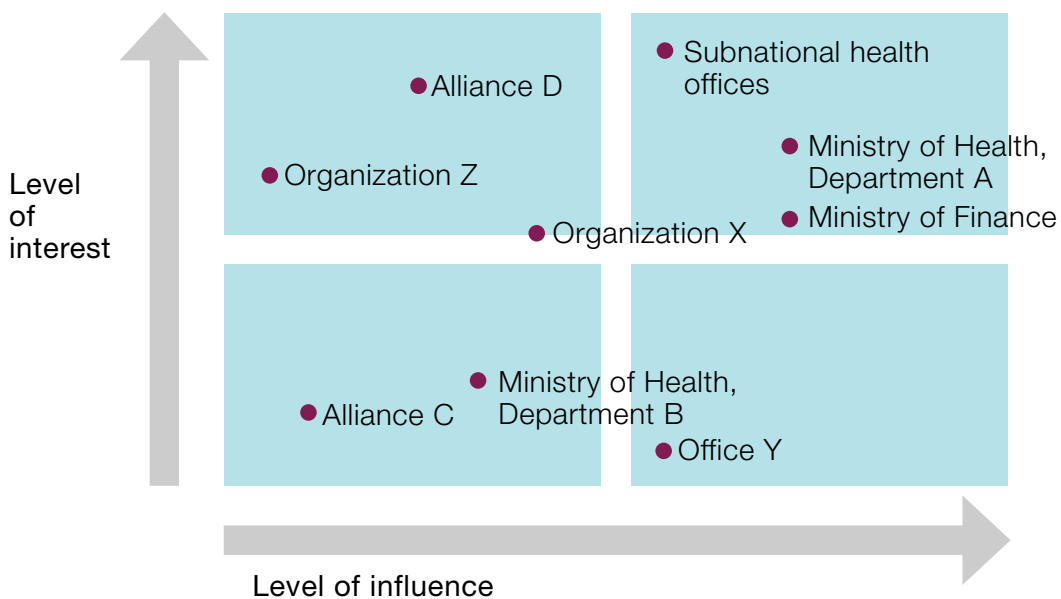
Annex 4: Sample Key Informant Interview Guide

Interview guide for provincial health office, Province X

Introduction

- Introduce yourself, your teammate(s), and the organization you are representing.

- Provide brief overview of the interview (e.g., the context, purposes, how it is structured, and approximate duration).

- Confirm the interviewee's consent to participate the interview and recording method (e.g., note-taking, voice recording).

- Ask the interviewee if they have any questions before beginning.

Question guide

1. **Context for program priorities**

   a. Can you please describe the current malaria situation in your province (epidemiology, ongoing malaria interventions/activities, personnel, international donor-funded projects, non-governmental partners who provide technical assistance – if any)?

   b. What are the highest-burden diseases, or health issues of greatest concern? How does malaria rank among other health priorities?

2. **Financial situation & domestic financing opportunities**

   a. What are the current sources of funds for malaria activities in your province/district? What are your biggest concerns in regard to financing your program needs?

   b. Can you please describe briefly the timeline, associated process, and the respective roles of related agencies in budgeting and planning for health sector and malaria program in your province/district?

   c. Is the level of budget for malaria adequate to cover all necessary interventions? If extra budget is required for actual implementation, what procedure will be needed? How flexible are subnational government health budgets in terms of what can be included?

   d. How do you think about a future with less donor funding for malaria? In that case, what do you think should be done at the provincial/district level to absorb activities or personnel currently funded by donors?

   e. Can you think of any viable alternative source(s) of finance that could be mobilized to support malaria program activities in your province/district?

3. **Political situation & policy advocacy opportunities**

   a. How would you describe the level of concern/interest and commitment of the key health and administrative authorities in your province toward malaria control/elimination/ prevention of re-establishment? What are the barriers and/or opportunities?

   b. How would you describe the level of autonomy in decision-making in the health sector and malaria program by authorities in your province/district? Which functions (e.g., budgeting, planning, priority-setting, policy-making, training, health workforce, health product management) are performed at the subnational level and by whom?

   c. Given the commitment to malaria elimination by 202X and declining donor funding, have the leaders in your province/district had any plan or thought about securing sufficient level of funding for malaria activities for elimination? Have the leaders of the provincial/district health authorities had any strategies to maintain sufficient provincial funding for malaria beyond 202X?

   d. Do you think you need to advocate leaders of the provincial/district health authorities and governors for more malaria financing from local budget? If yes, who should be targeted? What important messages should be sent to them? What types of evidence may speak to their interests?

4. **Capacity situation & technical assistance opportunities**

   a. How would you describe the capabilities of your province/district in policy advocacy as

well as planning and managing budgets for malaria response? Are there particular challenges or weaknesses?

b. Do you think capacity building would be useful for people involved in malaria budget planning/management and program implementation, especially at subnational levels? If so:

    i. What level do you think would benefit most from a capacity-building intervention (e.g., provincial, district, subdistrict)? Specifically, which agency?

    ii. What types of skills do you think could be strengthened through a capacity-building intervention (e.g., program planning and budgeting, management of budget spending)?

c. What guidance, resources, or technical support from the national level would be helpful to facilitate your policy advocacy and/or budget planning and management if any?

5. Wrap-up

a. Do you have any questions about anything we discussed today?

b. Do you have any other ideas, opinions, or insights you'd like to share with us today?

Conclusion

- Thank the interviewee for sharing information and insights.

- Inform about how the information in this interview will be used and follow-up steps.

Annex 5: Sample Advocacy Strategy Development Workshop Agenda

Date:_____

Venue:_____

Objective: Create and validate an advocacy strategy and/or leadership & management capacity-building strategy for malaria-eliminating regions in Country X

Sub-objectives:

1. Convene key stakeholders who will implement the advocacy strategy and/or undergo the capacity-building intervention

2. Review/re-articulate the country's elimination strategies and guidelines to ensure the same level of understanding across stakeholders.

3. Assess resource mobilization needs through review of current financing, costs, and gaps at national and subnational levels

4. Assess leadership, management, and governance needs through review of current delineation of responsibilities, political/financial challenges

5. Develop objective(s) for advocacy strategy

6. Develop a Theory of Change to map pathways to achieve advocacy objective

7. Initiate action plan to implement advocacy strategy and discuss possible partnerships

Participants:

_____
_____
_____
_____
_____

Agenda:

Time	Description
Day 1, Morning	
8:30–9:00 a.m.	**Registration**
9:00–9:15	**Welcome and opening remarks**
9:15–9:30	**Introductions** • Logistical information • Agenda overview • Participant introductions and icebreaker

9:30–10:15	**Malaria budget advocacy (MBA)**
	• MBA Overview
	  » Advocacy 101
	  » Role of budget advocacy in malaria elimination and POR
	  » MBA approach and methods
	  » Examples from other countries
	• MBA in Country X
	  » Malaria elimination in Country X: political commitment and progress
	  » Rationale for MBA
	• Discussion

10:15–10:30	**Tea break**

10:30–11:15	**Problem analysis and prioritization – Part 1: Program financing & resource mobilization** • Presentation of findings from situational analysis • Problem prioritization exercise
11:15–12:00	**Problem analysis and prioritization – Part 2: Political landscape** • Presentation of findings from situational analysis • Problem prioritization exercise • Results from the prioritization exercises • Discussion
12:00–1:00 p.m.	**Lunch**
Day 1, Afternoon	
1:00–2:00	**Developing SMART objectives** • Presentation of key concepts on advocacy strategy development and Theory of Change (TOC) framework • Developing advocacy objective(s) • Refining and prioritizing 1-2 SMART objective(s) for TOC development
2:00–2:15	**Tea break**
2:15–3:30	**Developing the TOC** • Developing interim outcomes • Mapping pathways of influence • Assessing assumptions, logic, and risks
3:30–3:45	**Tea break**
3:45–4:45	**Developing the strategy** • Stakeholder mapping or validating stakeholder map from situational analysis • Brainstorming key messaging/asks for advocacy
4:45–5:00	**Day 1 Wrap-up**
Day 2, Morning	
9:00–9:15 a.m.	**Recap of Day 1**
9:15–10:15	**Initiating action plan** • Identifying key activities and budget/support required to achieve Theory of Change • Assigning roles and responsibilities among key advocacy implementers
10:15–10:30	**Tea break**
10:30–11:15	**Next steps** • Agree upon next steps and timeline in advocacy strategy development and implementation • Focal point nomination among key advocacy implementers
11:15–11:30	**Wrap-up and closing remarks**

Annex 6: Theory of Change Template and Sample

Template

Sample

High-level approaches

| Partnership and Consensus Building | Budget Influencing | Evidence Gathering |

Sub-National Theory of Change

Short-term outcomes

3 District health staff are capacitated to request and utilize a malaria appropriation from local governments.

4 District health leaders are committed to malaria elimination appropriations and expenditures.

1 Priority areas for advocacy support are identified through process & stakeholder mapping exercise in two endemic districts.

2 Advocacy support tool is developed to equip district health staff with understanding of local malaria situation, importance and cost of elimination, and pathway to request budget from local governments.

Medium-term outcomes

7 Local governors are committed to malaria appropriations being requested through district proposals.

6 District health departments submit proposals that include sufficient and justified budget for malaria elimination.

5 Requested allocation for malaria elimination is justified with evidence and arguments.

8 Tools developed to track subnational expenditures for malaria

Long-term outcomes

9 District health leaders and governors put the right priority on malaria and closely collaborate on malaria appropriations.

10 District proposals for malaria allocations/appropriations are approved, endorsed, and enacted

11 Malaria expenditures by local governments are tracked & analyzed to ensure expenditures align with program strategies and integration efforts.

SMART Objective
Two endemic **districts (one high transmission, one low transmission)** increase integration between local governments and health authorities by appropriating funds for malaria elimination by the end of 202X, strengthening overall malaria sustainability.

Annex 7: Sample Advocacy Action Plan

| Objective/ Approach	Outcome	Activity	Lead	Support	Status/ justi- fications	Resources required			Q1			Q2			...
						Human	Materials	Financial	Jan	Feb	Mar	Apr	May	Jun	
Objective: By the end of 202X, Region A has at least 75% of the requested annual malaria budget aligned with malaria program strategies	**Outcome 1:** Landscape mapping is conducted of alternative funding sources	Identify alternative funding sources for malaria							■						
		Collect detailed information about the funding sources								■	■				
Approach A: Resource mobilization	**Outcome 2:** Consultative workshops are held to generate ideas and discuss the potential for cross-sectoral re-source mobilization	Prepare meeting agenda, materials, and logistics									■	■			
		Engage stake-holders through consultative meetings										■	■	■	
	Outcome 3: Regional plan is composed for innovative resource mobilization for domestic and inter-national resources	Compose/ develop regional plan												■	■
		Compile proposal for funding requests													■

Advocating for a Malaria-Free Sri Lanka

Sustaining investment in malaria will minimize risk of disease resurgence while generating financial returns of 13 to 1 – strengthening Sri Lanka's outlook for tourism, trade, and development.

Overview

- No locally transmitted case of malaria has been reported in Sri Lanka since November 2012.
- The country was certified as malaria-free by the World Health Organization (WHO) in September 2016, making it the second country in the WHO South-East Region to achieve elimination.
- Malaria could return to Sri Lanka if vigilance is not sustained. A resurgence of the disease could cost approximately SLR 25 billion (USD 169 million) in the first year alone.
- Like polio immunizations, which must be continued despite zero polio cases in the country since 1994, sustained malaria efforts—particularly in surveillance—are still required to maintain Sri Lanka's malaria-free status.
- Continuing to prioritize malaria is one of the best investments the Government of Sri Lanka

can make, generating a phenomenal return on investment (ROI) of 13 to 1.
- Utilizing the cost-savings of over SLR 653 million (USD 4.4 million) accrued by the malaria programme from 2008−2014, and building upon a capital allocation of SLR 30 million (USD 197,000) in 2017, the Government of Sri Lanka can ensure the country remains malaria-free by allocating necessary funds to capital expenditure. The amounts needed include:
  o **SLR 50 million (USD 329,000) capital allocation in 2018** for malaria activities including training and surveillance.
  o **SLR 75 million (USD 494,000) capital allocation in 2019** to continue those activities and support transition from donor dependence.

Figure 1. Risk of resurgence and repeating history? A comparison of Sri Lanka's malaria cases in 1949–1969 and 1999–2014

Legend:
- 1949–1969
- 1999–2014
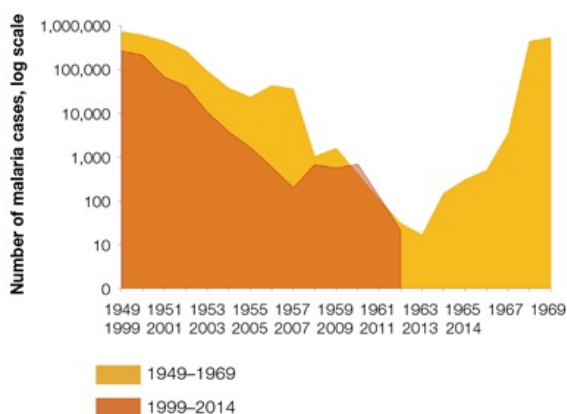
Sri Lanka Was Certified as Malaria-free in September 2016— A Major Public Health Achievement

As result of deliberate efforts over the past two decades and despite the civil war, **Sri Lanka reduced malaria from 400,000 cases in 1991 to zero cases by the end of 2012.** After maintaining zero local malaria for three successive years, Sri Lanka was certified as a "malaria-free country" by the WHO in September 2016. Because of this success, the nation has emerged as a regional leader in the fight against malaria. Elimination is a historic milestone in Sri Lanka, given that malaria has cost the nation billions of rupees due to losses in trade, commerce, and tourism, in addition to costs required to control the disease. Sri Lanka's malaria-free status benefits all citizens by boosting revenues in tourism, trade, and development.

| 1

Long-term Challenges and Novel Threats Remind Us that the Risk of Resurgence is Real

Keeping Sri Lanka malaria-free will require a sustained effort and investment to address serious threats that could reintroduce malaria and cause a resurgence. Historical evidence during Sri Lanka's devastating malaria resurgence in the 1960s, after nearly eliminating the disease, suggests that unless financing is sustained to tackle major threats, the risk of resurgence and its devastating consequences are still possible today (Figure 1). **A malaria resurgence today could cost an estimated SLR 25 billion (USD 165 million) in the first year alone.**

Serious threats that could reintroduce and re-establish malaria in the country include:

- **Imported cases and drug-resistant malaria:** Much of Sri Lanka remains both receptive and vulnerable to malaria transmission. The majority of imported cases originate in Sri Lanka's highly-endemic neighbouring countries, some of which harbour strains of dangerous drug-resistant malaria. Robust surveillance, border screening, prompt diagnosis and treatment, thorough case investigation, and rapid follow-up are essential to prevent importation from reintroducing the disease.

- **Presence of mosquito vectors:** Although there is no malaria being transmitted in the country today, the types of mosquito vector which can carry and transmit the malaria parasite are highly prevalent in certain areas. Additionally, the possibility of new malaria vectors being introduced in previously endemic areas requires constant vigilance. Thus, the threat of malaria being reintroduced to and re-established in the country is high.

- **Lost immunity:** People living in Sri Lanka have lost immunity to malaria because the disease is no longer prevalent, which makes Sri Lankans more prone to severe illness and death if the disease returns.

- **Malaria is no longer perceived to be a visible threat:** Malaria has become a forgotten disease among doctors and health care staff, making it difficult to maintain clinical competency. Therefore, patients risk a delayed or incorrect diagnosis which increases the chances of an epidemic.

- **Malaria is no longer considered a public health problem:** Because indigenous malaria has been eliminated, politicians and decision-makers may not think that funding for critical malaria interventions is still necessary. As a consequence, administrators and politicians often do not prioritize funding for preventing reintroduction of malaria, and resources dedicated for malaria are re-allocated to other disease priorities such as dengue, the most prevalent communicable disease in Sri Lanka.
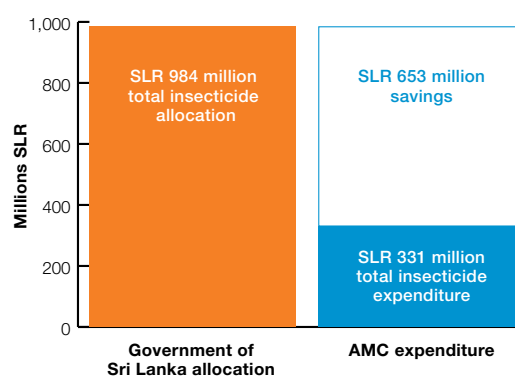
Sustained Surveillance and Response Efforts Are Required to Prevent Malaria from Returning

Keeping Sri Lanka free of malaria for over four years and receiving WHO certification are national achievements that very few countries in the tropics have attained. These successes should be celebrated but are also a reminder not to be complacent because continued vigilance is necessary.

Similar to immunization programmes for polio and other preventable diseases, which must be maintained to ensure no future cases, malaria interventions must continue in order to prevent the disease from returning. Critical malaria programming in Sri Lanka includes: maintaining a strong and resilient malaria surveillance system, monitoring and controlling the mosquito vector, screening people who are at high risk of importing malaria, and ensuring that health care providers and communities remain vigilant and are aware of malaria prevention, symptoms, and treatment.

Sri Lanka's Anti-Malaria Campaign (AMC) has reoriented the national malaria programme to deploy high-impact and efficient interventions to prevent reintroduction. Since 2008, **the AMC has saved the Government of Sri Lanka over SLR 653 million (USD 4.3 million) in insecticides** by efficiently targeting areas that require spraying (Figure 2). Combined with current government allocations for malaria, these cost-savings could boost the malaria programme and keep Sri Lanka malaria-free.

Figure 2. Government cost-savings due to efficient use of insecticides (2008-2014)

SLR 984 million total insecticide allocation

SLR 653 million savings

SLR 331 million total insecticide expenditure

Government of Sri Lanka allocation

AMC expenditure

Millions SLR

The Cost of Sustaining a Malaria-free Sri Lanka is Minimal, and the Return on Investment Is Phenomenal

The cost of ensuring a strong malaria programme is minimal: just an estimated SLR 85.50 (USD 0.56) per capita per year is required to maintain current interventions and keep Sri Lanka malaria-free. **Investing in malaria is also one of the best health investments that the Government of Sri Lanka can make, with a return on investment of 13 to 1 (to maintain current activities).** The costs of preventing reintroduction are offset by the resultant benefits that are accrued by the country and all Sri Lankans. Sustained support of malaria programming is a worthwhile investment that results in major cost-savings to Sri Lanka's health system and will reap rich dividends for years to come.

Required Investments and Actions to Keep Sri Lanka Malaria-free Are Attainable

By utilizing the cost-savings from insecticides and the new capital allocation, the Government of Sri Lanka can strengthen critical malaria programming at central and provincial levels and break donor dependence in 2018 and 2019. While great achievements have been made, there is a need for sustained investment in case detection and rapid response to maintain the gains. A few concerted actions by decision-makers will secure Sri Lanka's malaria-free future.

Actions for national leaders and politicians

- **Break donor dependence in 2018 and 2019** by supporting annual capital allocations for malaria of SLR 50 million and SLR 75 million, respectively.
- **Champion Sri Lanka's shining example of success** and call for continued vigilance for a malaria-free Sri Lanka when speaking to the media, multi-sector partners, and constituencies.
- **Promote Sri Lanka as a regional leader in malaria elimination** and in efforts to achieve an Asia Pacific free from malaria by 2030 through dedicated participation in the Asia Pacific Leaders Malaria Alliance (APLMA).

Actions for provincial leaders and politicians

- **Support the provincial budget requests** and allocations that adequately fund the efforts of the Regional Malaria Offices.
- **Ensure health care providers and communities are aware** of malaria prevention, symptoms, and treatment to prevent the return of the disease.

Actions for multi-sector stakeholders and private sector

- **Promote the broad benefits of elimination,** including the fact that a country free from malaria is good for business, economic development, tourism, security, and the livelihoods of all Sri Lankans.

The **Malaria Elimination Initiative (MEI)** at the University of California, San Francisco (UCSF) Global Health Group believes a malaria-free world is possible within a generation. As a forward-thinking partner to malaria-eliminating countries and regions, the MEI generates actionable evidence through operational research, shares new tools and approaches to help countries eliminate malaria more efficiently and effectively, documents and disseminates elimination best practices, assesses the costs and benefits of elimination, fosters regional initiatives for malaria elimination, and strengthens political and financial commitment to shrink the malaria map. With support from the MEI's highly skilled team, countries around the world are actively working to eliminate malaria—a goal that nearly 30 countries will achieve by 2020.

shrinkingthemalariamap.org

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Annex 9: M&E Framework Template

Advocacy outcome	Indicator(s)	Data collection method and source	Baseline	Linked activity (ies)	Reporting period 1			Reporting period 2			...
					Targets/ milestones	Actual	Remarks	Targets/ milestones	Actual	Remarks	
Which outcome from the Theory of Change are we tracking?	How will the achieve-ment of and/or contribution to the outcome be measured?	Where and how is evidence collected to assess the prog-ress and/or achieve-ment?	What was the status/ measure at baseline?	What activities/ events best relate to this outcome? (check the action plan and/or advocacy log)	What targets or milestones were set for this period?	What is the actual progress or achievement to date?	What are the differences (if any) between the actual status and the set target? What are the justi-fications, corrective actions, or adaptations needed?				

Annex 10: Sample Advocacy Log

Date	Advocacy outcome	Level of event/ activity (national or sub-national) [drop down menu]	Type of event/ activity [drop down menu]	Details of event/ activity	Advocate(s) involved	Key stake-holder(s) involved	Discussion points/ Issues highlighted	Results	Follow up and next steps	Signature used in communi-cation	Useful context

When did the event/ activity take place?	Which advocacy outcome{s} does the event/ activity best relate to? (Extract from Theory of Change)	1. National
		
		2. Sub-national
			1. Face to face meeting [government]
			
			  1a. government meeting—internal
			
			  1b. government meeting—other department/ agency
			
			2. Face to face meeting [partner organisation]
			
			3. Face to face meeting [journalists/media]
			
			4. Capacity building (training/technical support)
			
			5. Telephone call
			
			6. Committee meeting
			
			7. Written communication
			
			8. Social media (including SMS, Facebook, or WhatsApp)
			
			9. Others
				What was the purpose of the event/ activity? Where did it take place?	Who were the advocates present or involved?	Who were the targets?	What were the key points discussed?	What were the results of the event/ activity?	What actions are required after the event/activity and who is responsible for follow-up?	Were there any key quotes - perhaps from the advocacy strategy - that were used?	Please provide any other relevant background details about the event/activity (If event/activity type was 'Other' please describe here)