Factors in Successful or Unsuccessful Advocacy Literature Review

Methodology
This study aims to provide an extensive literature review on the lessons of successful and unsuccessful advocacy campaigns. The literature review was conducted using journal databases and publications by Non-government Organisations (NGOs), to ensure adequate coverage of academic literature. Specifically PubMed, ScienceDirect and Google Scholar were searched using the following terms: ‘advocacy’, ‘health’, ‘failure’, ‘success’, ‘unsuccessful’, ‘impact of advocacy’, ‘advocacy campaign’, ‘intervention’, ‘tactic’, ‘low-income’, ‘lessons’, ‘factor’, and ‘strategies’. The search was restricted to English articles and those with full-text access. Articles lacking relevance to advocacy did not discuss reasons or lessons for successful or failure were not considered.

Articles were described in the table below, detailing the research or campaign setting, if known, the problem and reason for the advocacy efforts, and the aim of the study or campaign. Both the achievements of the campaign or study and the lessons for successful or unsuccessful campaigns were outlined.

Results

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| Global (case study on Jubilee 2000 campaign) (1) | Problem: No guide for public policy that culminates the successes/failures of previous campaigns  
Aim: Introductory guide to how to succeed in public advocacy, based on experience and case studies | Successful culmination of numerous campaigns, including the Jubilee 2000 campaign, to eliminate the debt of the world's poorest countries  
Examples of pioneering social media usage include moveon.org, the Obama presidential campaign etc. | - To build campaign or movement takes belief in others and fuel of passion, creativity, and drive  
- Careful and thorough planning, clear goals, connection with key audiences, brilliant design and dedication  
Fundamentals of successful advocacy:  
- Survey the landscape (social, political, and economic, and even potential media conflicts)  
- Cutting the diamond (research advocacy, develop strategy, devise ‘the ask’, organise arguments, and clarify messaging). Important to test the analysis, framing, and messaging with a variety of target audiences, including those likely to be hostile  
- Leadership  
- Communication (use carefully chosen language and design and exploit available channels, including digital technology and social media). Important to continue using traditional outlets and to employ opinion formers (journalists, bloggers, and influencers)  
- Opportunity (flexible and open to opportunities) |
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| Global, late 1990s-2007 (2) | **Problem:** Public interest and political investment in malaria was stagnant  
**Project Aim:** To review elements of malaria's rise to political and public prominence; to track funding and policy commitments; and to increase transparency | - US spending on malaria increased from $39 million in early 2000s to $300 million in 2002, with the announcement in 2005 of $1.2 billion committed over the next five years  
- Advancements towards research and innovation, including long-lasting bed nets, vaccines, and combination therapies | - Strong, guiding institution (campaigns without this framework often fail through lack of organisation and resources)  
- Impact (monitor and evaluate impact of campaign; hold decision makers and advocacy community to account for decisions, commitments, and delivery of results)  
Example of failure:  
- Britain climate change movement suffered from absence of guiding institution, resulting in a lack of an ‘ask’ in the Copenhagen Summit and poor mobilisation of public |
| Philippines, Palestine, Cuba, and Europe, past 20 years (3) | **Problem:** Economic growth does not have an automatic positive impact on population health  
**Project Aim:** To analyse the actions in which research was involved so as to understand the impact of individuals and communities participating in advocacy | - State and Civil Society Organisation- (CSO-) led achievements in Philippines, Palestine, Cuba, and Europe.  
- Philippines – working with Community Based Health Programmes  
- Palestine – working with the Union of Health Work Committees  
- Cuba – working with government agencies  
- Europe – various NGOs including Medicine For The People | - Translate commitments to action (translate into tangible next steps, assigned as a particular stakeholder's responsibility)  
- A dynamic and sophisticated agenda (including technical and policy priorities in addition to funding in malaria led to longevity of malaria's presence at the centre of public and policymaker attention)  
- Expand the community of support (coordinating/merging with larger global health, development, economic, and foreign policy agendas)  
- Establish a long-term vision (establish malaria policy champions and strategic plans for malaria agenda that persist through elections)  
- Class analysis  
- Influencing power relations  
- Giving the state a central role  
- Greater interaction between academia and CSOs contributes to enhancing and safeguarding the relevance of public health research works |
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<td>Nigeria, February-November 2007 (4)</td>
<td><strong>Problem:</strong> Maternal and Child Health (MCH) was unacceptably poor as a result of factors including inequitable access to services</td>
<td>- The number of states offering comprehensive free services increased from 11 to 14 (out of 36), and those not offering any form of free treatment decreased from 22 to 14</td>
<td>- High commitment shown by the President of the country, who repeatedly spoke about the problem</td>
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<td><strong>Project Aim:</strong> Increased/universal coverage of comprehensive free MCH services</td>
<td>- Advocacy and public health education were found to be effective in increasing accountability and prioritisation of MCH by policymakers in Nigeria</td>
<td>- The presence of a champion (in this case, it was the Health Advisor), who provided evidence-based information on maternal and child mortality to policymakers</td>
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<td>- Presentation of results at various national meetings, including the National Economic Advisory Group, and on national television</td>
<td>- Advent of democratic governance with its culture of accountability</td>
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<td>- Strong commitment by the President</td>
<td>- The involvement of the media, giving widespread publicity to related activities</td>
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<td>South Africa, 1998-2008 (5)</td>
<td><strong>Problem:</strong> Inequitable access to Antiretroviral (ARV) medication</td>
<td>- Until August 2003, the idea of a national treatment programme was strongly resisted by the government</td>
<td>- The involvement of multiple high-level stakeholders in both health and non-health sectors</td>
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<td><strong>Project Aim:</strong> To establish a national ARV treatment programme for adults and children</td>
<td>- After 2004, South Africa established the fastest-growing ARV treatment programme in the world</td>
<td>- The specificity of the issue</td>
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<td>- By early 2008, it was estimated that over 420,000 people were receiving treatment through the public health system</td>
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<td>- It is claimed that, as a result of the ARV programme, at least 400,000 people were alive in 2008 who would otherwise have died</td>
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<td>Five countries: (Guatemala,</td>
<td><strong>Problem:</strong> Lack of national political support for health</td>
<td>- Political priority was very high in Honduras, high in Indonesia,</td>
<td>- Developed alternative policy proposals</td>
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<td>- Combine human rights advocacy with litigation and legal argument</td>
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<td>- International agency efforts to establish a global norm about the unacceptability of maternal death</td>
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## Honduras, India, Indonesia, and Nigeria (6)

**Problem and project aim:**
Goals (Millennium Development Goals (MDGs) 4-6) is a potential contributor to the missing MDGs; even if it is recognised that there is a problem, there is no guarantee it will be prioritised.

**Achievements:**
- Moderate in India (with a recent rise), and low in Guatemala and Nigeria.
- Honduras experienced 40% decline in Maternal Mortality Ratio (MMR) from 1990-1997.
- In Indonesia, MMR rose from near obscurity in 1988 to national priority in 1997.
- In India, MMR rose to national political attention in 2005.
- Until 2000, MMR remained neglected in Guatemala and Nigeria (high MMRs of 153 and 704 per 100,000 live births, respectively).

**Factors/lessons:**
- Agencies’ provision of financial and technical resources.
- Degree of cohesion among national safe motherhood policy communities.
- Presence of national political champions to promote the cause.
- Deployment of credible evidence to show policymakers a problem existed.
- Generation of clear policy alternatives to demonstrate the problem was surmountable.
- Organisation of attention-generating events to create national visibility for the issue.

## Indonesia (7)

**Problem:** Maternal mortality is unacceptably high and the process for priority setting is unknown.

**Aim:** To understand the political interventions necessary to improve setting maternal health as a priority.

**Achievements:**
- 500% increase in villages with access to midwives (from 16% to 96% of all locales in the country).
- Skilled delivery percentage rose from 34% to 62% by 1998.
- Percentage of women receiving Antenatal Care (ANC) rose from 57% (1987) to 88% by 1998.
- Mean number of ANC visits per woman rose from 3.2 in 1987 to 4.7 in six years.
- Number of midwives increased from 13,000 to 52,042, covering 96% of the villages that needed midwives.

**Factors/lessons:**
- Existence of clear indicators demonstrating the problem exists.
- Political champions for the cause.
- Events to promote concern.
- Availability of acceptable political alternatives demonstrating this challenge can be met.

**Specific activities:**
- Training system for education and placement of midwives.
- Ministry of Health (MoH) brought leadership for seminar on MCH, initiated series of audits in districts, and established comprehensive national plan of action for safe motherhood.

## England (7)

**Problem:** Although new strategy by

**Achievements:**
- New strategy by

**Factors/lessons:**
- Develop public knowledge of and belief.
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| 1997-2006    | government had committed to a voluntary approach, efforts to reduce workplace secondhand smoke had failed. Government provided little support                                                                                                                                | health advocates focusing on comprehensive workplace legislation was implemented despite a lack of support from the government, including the Secretary of State for Health | in the extent of the risks of secondhand smoke  
- Gain public and media support for the issue; ensure government has to take action and that legislation will be enforceable  
- Differing interests of stakeholders can be exploited: interests of tobacco industry and hospitality trade differ and can be used to gain hospitality trade support for comprehensive legislation to ensure level playing field and protection from litigation  
- Promote evidence-based arguments  
- Proactive and reactive media coverage  
- Build positive public opinion  
- Develop local action by working with local authorities  
- Sectoral action working with employers and lawyers  
- Political support in both Houses of Parliament  

Lessons for health advocates:  
- Use evidence to frame argument with clear objective and set of key messages to which everyone can commit  
- Build coalition around key messages. Networks of campaigners can be provided with key resources and a sense of direction without ever being told what to do – ‘swarm effect’  
- Split the opposition  
- Exploit opportunities  
- Find political champions  
- Create the impression of inevitable success (creates confidence and demoralises the opposition) | Mozambique, South Africa, and Zimbabwe, April 2004-March 2005 | Problem: Little transparency and knowledge surrounding translation of research and knowledge into policy and action in low- and middle-income countries  

Aim: To highlight factors to achieve transparency, and to translate research into | Successful knowledge translation from research to policy for eclampsia and malaria interventions | Prior experience of particular interventions  
- Local research and policy champions  
- Stakeholders  
- International networks, organisations, and other stakeholders  
- Regional networks of policymakers and researchers  
- Involvements of (local) researchers in policy development  
- Culture of evidence-based health care within specific health domains  
- Political and bureaucratic processes (can explain success or failure)  
- Events within the wider political environment (political instability could
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| South Africa, 1998-1999 (10)  | **Problem:** The Domestic Violence Act that was passed in 1998 was considered groundbreaking but delays and challenges to its implementation have frustrated its progress  
**Aim:** To determine the role of policy advocates in passing/implementing policy  | - Impact evident in meetings to lobby government: a growing sense of urgency and accountability to media and public on why the Act was not being implemented  
- Pressure felt at both ministerial and departmental levels  
- Act implemented in December 1999 (just over a year after became law)  | - Importance of coalition building to draw on diverse strengths  
- Use of a combination of advocacy tools, including lobbying, media advocacy, and social mobilisation, to achieve campaign goals  
- Used television drama (mass media) for social change, challenging gender violence  
- Ensured all stakeholders were included (e.g., NGOs dealing with victims/survivors of domestic violence) |
| Nepal, 2008-2009 (11)         | **Problem:** The issue of newborn survival was neglected through the 1990s  
**Aim:** To understand what determines the level of political priority given to health problems (and newborn health) in low-income countries  | - Improvements in neonatal mortality rate (comparing Demographic Health Surveys)  
- Increase in health posts offering 24-hour delivery services, and increase in districts offering comprehensive emergency obstetric care  
- Neonatal mortality identified as a unique health challenge  | Factors shaping political priority:  
- Policy community cohesion  
- Leadership (champions for the cause)  
- Guiding institutions (effectiveness of organisations or coordinating mechanisms with mandate to lead initiative)  
- Civil society mobilisation  
- Internal frame  
- External frame  
- Policy windows  
- Governance structure  
- Credible indicators  
- Severity (size of burden relative to other problems, indicated by objective measurements)  
- Effective interventions (extent to which proposed means of addressing problem are explained, cost-effective, backed by scientific evidence, simple to implement, and inexpensive) |
| Eastern Europe and Central Asia (Georgia, Kyrgyzstan, and Ukraine), (12) | **Problem:** Injecting drug use is a driver of HIV/AIDS epidemic in Eastern Europe and Central Asia  
**Aim:** To examine whether political  | - Advocacy was tolerated by governments; however, CSO participation in the policy process was perceived as 'tokenistic'  
- Efforts to change  | Reasons for failure:  
- Culture of fear derived not only from concerns for personal safety but also from risk of losing donor largesse  
- Weak governance: a lack of transparency in policymaking, fear of corruption within government, and a lack of direction/responsiveness to CSOs  
- Relations between CSOs and government |
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| Global, 1970s-2003 (13) | **Problem:** New morbidities affecting adolescents, families, and communities  
**Aim:** To understand important developments in adolescent advocacy                                                                                                                               | - Brought youth forward as having specific and separate health issues  
- Established the International Youth Year (1985)  
- International, national, and regional adolescent youth networks were established  
- Training within adolescent health care disposal                                                                                     | - Dedicated individuals who managed to form networks and organisations at local, national, regional, and international levels  
- Importance of adolescent medicine lies in its local contexts and support by an effective and adequate network  
- International development efforts, and integration of adolescent medical and health issues into conferences worldwide  
- International Association for Adolescent Health (IAAH) was launched, with over 400 members from 50 countries by 1990  
- Adolescent health associations established in various countries (Spain, Switzerland etc.)  
- Launched International Youth Year in 1985  
- Commitment to involvement of young people in its organisation, activities, and governance  
- Training programmes of leaders in the field                                                                                             |
| Global, 1980-2000s (14) | **Problem:** Advocacy for healthy public policy has emerged as a health promotion technology, but little research has been done to describe its evidence base  
**Aim:** To characterise the evidence base with respect to policy advocacy as a health promotion                                                                                                       | - Substantial progress and use of advocacy to further health policy agenda and meet health outcomes  
- However, literature on advocacy is still insufficient to determine whether it is effective or ineffective: more research is required                                                                 | - ‘Scientific evidence’ alone is rarely enough to achieve a policy change (it may be necessary, but is not sufficient)  
- Values (individual and shared) and community mobilisation and or working in partnership with citizen action groups  
Five steps for national advocacy:  
1. Complete data – complete and credible data (systematically gathered)  
2. Coordinated action around the issue, and understanding of various types of expertise useful in advocacy efforts  
3. Specific goals – define efforts in terms of concrete, specific goals/outcomes  
4. Local/global coordination action – |
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<td>technology, and to summarise cogent lessons learned</td>
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<td>simultaneous advocacy in every state or province of a nation, building a base of support, and increasing political pressures at higher levels of government</td>
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<td>5. Public appeal – capture imagination and attention of public media (e.g., statistical lives saved, political clout of specific anecdotes)</td>
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<td>Local advocacy:</td>
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<td>- No recipe to succeed at local level</td>
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<td>- Be attuned to working environment and design objectives and strategies accordingly</td>
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<td>- Advance agendas in multi-sectoral cooperation, working with existing institutional agendas</td>
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<td>- Best strategy combines local with national advocacy</td>
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<td>Other notes:</td>
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<td>- Opportunism – exploit chance events for outcome of policy advocacy activities (timing is crucial)</td>
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<td>- Coalitions are essential (develop widespread public support, maximise power through joint action, mobilise more talents, recruit participants from diverse backgrounds, deploy new resources in changing situations)</td>
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<td>Sub-Saharan Africa</td>
<td>Problem: Poor understanding of how evidence is successfully translated into practice</td>
<td>Four case studies selected to show partnerships, networking, and interaction of researchers and policy actors. Successful implementation of research into Sexual and Reproductive Health (SRH) policy</td>
<td>Policy networks, partnership, and advocacy are critical both in shaping the extent to which research is used, and in underlining the importance of ongoing and continuous links between a range of actors, to maximise research impact on policy uptake and implementation</td>
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<td>(Ghana, South Africa, and Tanzania), (15)</td>
<td>Aim: To use case studies to determine how to get research into policy</td>
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<td>- Having a diverse range of stakeholders involved is essential, as is ongoing and continuous communication with all actors</td>
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<td>- Multi-stakeholder partnerships: bringing together policymakers, practitioners, advocacy communities, and traditional leaders to influence attitudes</td>
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<td>- Emphasis on two-way flow of information</td>
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<td>- Dedicated financial resources for communications are vital</td>
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<td>- Participatory approaches and engagement strategies directed by well-connected local individuals have seen strong impacts</td>
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<td>Global n.d.</td>
<td>Problem: Some</td>
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<td>Explanation of rise and fall of global</td>
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| Low-income countries, n.d.  (17) | **Problem:** Low-income countries face problems relating to maternal mortality, cervical cancer, and neonatal mortality. **Aim:** To understand lessons behind generating political will to improve obstetric/gynaecological issues                                                                                                                                                                                                 | - Successful in bringing obstetric/gynaecological priorities to the forefront of political agendas | - Political priority alone will not solve problems, but without this problems are less tractable  
- Get attention of international/national political leaders and back this up with appropriate resources  
Lessons for establishing political priority:  
- Build a strong policy community for the issue – critical for generating political attention for an issue – of academic institutions, hospitals, government ministries, NGOs, and donor and UN agencies. Fragmented policy networks that rarely meet, and fight over data, do not command the respect of politicians and are rarely able to get them to act  
- Develop issue frames that resonate (e.g. HIV/AIDS has been framed as a public health problem but convincing political leaders that it affects the world’s development and security prospects has been more effective). Political leaders’ concerns and interests must be considered when presenting issues: it must not be assumed that it is self-evident that the issues themselves are important  
- Cultivate allies (support is required from women’s groups, parliamentary caucuses, key ministers, presidential aides, and others). It may be necessary to link a given issue with other problems to convince leaders there is an agenda worthy of political attention. Medical professionals carry great moral authority because of their expertise and pursuit of humanitarian causes; they have |
<p>| (16)                         | global health issues, such as HIV/AIDS, attract significant attention, while other issues with high mortality/morbidity remain neglected <strong>Aim:</strong> To propose an explanation of the problem                                                                                                                                                                                                 |                                                                                                       | health issues is best explained by the way the policy community (the network of individuals and organisations working on the issue) understand, communicate and sustain the issue.                                                                                                                                                                                                                     |</p>
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| **Global, 2005 (18)** | **Problem:** Cervical cancer is a significant health problem in developing countries. Contributing to this burden is a lack both of understanding and of political will to address the issue  
**Aim:** Study to analyse Alliance for Cervical Cancer Prevention’s (ACCP’s) advocacy efforts | International, regional, national, and local advocacy groups influential in countries such as Thailand and India, and in regions including Latin America and the Caribbean, to consider cervical cancer and preventive measures as a health priority | Development of a network for cervical cancer prevention: ACCP has enabled international-, regional-, national-, and local-level advocacy  
- Internationally – ACCP developed resources to increase knowledge, and widely disseminated results of studies as findings became available  
- Evidence-based advocacy (and, in particular, cost-effectiveness models) are powerful advocacy tools. Modelling demonstrates the effects, costs, and impacts of new approaches to overcome political biases  
- Form strategic partnerships with influential organisations, e.g. WHO (helped ACCP effectively advocate increased recognition of cervical cancer as a global health problem)  
- Support from health leaders, ‘buy-in’ from medical/education infrastructure, and establishment of local advisory board |
| **Global, 1990s (19)** | **Problem:** Gaps in knowledge of how Transnational Advocacy Networks (TANs) influence global policy process and policy outcomes  
**Aim:** To understand why some TANs are better able to influence policy outcomes than others | Case study of two TANs: the International Campaign to Ban Landmines (ICBL) and the International Action Network on Small Arms (IANSA). The ICBL was successful in shaping outcomes (secured a prohibition of anti-personnel landmines), while the IANSA has been unable to influence the policy agenda | Factors thought to influence TANs: density of its network, number and diversity of its members (various NGOs etc.), and its ability to exchange information  
- Coherent and well-coordinated campaign with clear political message  
- Develop political relations with targets of activism to influence policy  
- Five types of resources needed for social movements: moral, cultural, socio-organisational, human, and material  
- Diversity in geographic location and members, but also in campaign activities and strategies. ICBL allowed members to advocate both however they saw fit and however fitted with local contexts  
- Good information exchange among ICBL members, governments and media  
Less effective factors:  
- Highly decentralised network  
- Highly diverse, both geographically and in focus of participants’ work  
- Absence of common agenda and common goals among participants combined with a lack of strong leadership makes movement difficult  
- Competition over resources and |
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| Global, since 1990s (20)| Problem: Perspective on advocacy has evolved and is being replaced with a more interactive and integrated view  
Aim: To explore the new contributions to health communications | Outlines successful advocacy strategies to be tailored and applied to various public health initiatives | - Traditional perspective on advocacy replaced by more interactive and integrated view on the role of advocacy communication  
- Social networking and mobilisation  
- Interpersonal communication and negotiation  
- Use of media for generating public pressure  
- Interest groups involved and alliances established  
- Public demand generated and citizens’ movements activated to evoke response from national leaders  
- Power of supportive evidence as generated by professionals and academics effectively utilised through all means to present powerful case for sustainable social change  
Failure:  
- Transferring best practices from one health area to another (e.g., social marketing of condom use in family planning in 1970s transferred to HIV/AIDS in late 1980s and 1990s) does not consider the specific factors for that health issue |
| Global, n.d. (21)       | Problem: Efforts to meet the MDGs could be improved by addressing preterm birth and stillbirth  
Aim: To analyse current knowledge, attitudes, and commitments toward preterm birth and stillbirth and identify advocacy challenges | Qualitative interviews conducted across numerous disciplines and organisations revealed that a critical knowledge gap exists among various audiences about causes of preterm birth and stillbirth | Challenges:  
- Lack of data on the magnitude and impact  
- Lack of awareness and understanding  
- Lack of low-cost, effective, and scalable interventions  
Opportunities:  
- Link from health problems to MDGs  
- Add outcomes to broader Maternal, Neonatal and Child Health (MNCH) issues and present a unified voice amongst all MNCH issues  
- Putting a human face on tragedies  
- Identify and engage champions to gain additional visibility and strengthen efforts  
- Ideal champions work collaboratively with these and other MNCH issues |
| Health Professional Training Program, 2011 (22) | Problem: Many health professionals see advocacy as a core competency; however, how it | A guide developed to promote policy change at a ‘systems’ level | 10-step advocacy framework:  
- Take action  
- Select issue  
- Understand political context  
- Build evidence base  
- Engage others (win support of key stakeholders) |
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| Global, 2009 (23) | **Problem:** Barriers and challenges to successful advocacy  
**Aim:** To understand essential community-based advocacy tools | Tool that describes all the important mechanisms through which support is gathered to make changes the community needs | - Specific goals and objectives should shape framework, drive vision, inform efforts, and highlight policies targeted for change  
- Work with patients (often the best advocates, as personal stories make the strongest case, and can become champions for the cause)  
- Work with staff (to advocate on behalf of patients)  
- Keep advocacy rooted in the needs of the community (learn who can help identify need by asking patients/families/community leaders the greatest needs of the community)  
- Join with groups in the community already engaged in advocacy (women’s groups and associations of people living with HIV/AIDS)  
- Mapping existing roles and responsibilities within MoH at different levels (to help identify what is available and what is missing)  
- Use evidence for advocacy (to substantiate arguments in documents, to monitor impact, or to demonstrate the benefits of a particular policy of approach to delivering health care) through pilot programmes  
- Disseminating evidence (through formal publications and presentations, connecting with media and academic partners with timely publications of studies). It is important to use different methods to share evidence with different audiences  
- Collaborate with others (join network or coalition to bring results)  
- Take advantage of important local events and national holidays to focus attention |
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| Global, n.d. (24)            | **Problem:** Although diabetes is epidemic in scale and contributes to more deaths than AIDS/malaria combined, it has not received political attention or resources internationally                                                                                                                                                                                     | Shiffman’s analysis is a valuable framework, and applying it to diabetes has helped explain how a disease epidemic as serious as diabetes has been overlooked in the competition of priorities                                                                                                                                                             | - Ideas – developed series of publications and focused advocacy on development issues, increased public understanding of diabetes and Non-communicable Diseases (NCDs)  
- Public declaration of UN Summit on NCDs (identified as a major 21st-century development challenge)  
- Highlight human rights abuses relating to diabetes  
- Obtain appropriate resources for the magnitude of the problem                                                                                                                                                                                                                                      |
| Bangladesh, Philippines, and Uganda, August-October 2011 (25) | **Problem:** CSOs play vital role in aid. In some cases, CSOs have successfully advocated SRH policies; in other cases this process has been more challenging                                                                                                                                                                                                 | Three comprehensive case studies for aggregation and comparison. Determined budget advocacy work is highly context-specific. Budget advocacy should not be seen as a linear progression                                                                                                                                                              | Factors:  
- Political environment and opportunities for engagement (previous engagement/involvement of CSOs in countries and high profile)  
- Legal and institutional framework determining access to budget information (previous attempts at accountability or transparency amongst government levels)  
- Presence and role played by international agencies  
- Overall level of literacy and interest in budget issues in the wider population  
- Selecting the ‘right’ implementing organisation (important in determining coalition credibility and influence)  
Constraining factors:  
- Limited ‘project’ timescales and limited human and financial resources for activities  
- Turnover of personnel within coalition partner organisations  
Success factors:  
- Well-managed, effective, multi-capacity, and credible coalition to develop and undertake advocacy strategy and build |
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<tr>
<th>Setting</th>
<th>Problem and project aim</th>
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<th>Factors/lessons</th>
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<td><strong>Problem:</strong> Chronic disease (especially cardiovascular disease, diabetes, cancer, and chronic obstructed respiratory diseases) is neglected globally</td>
<td>Cost-effective interventions are available and the burden of disease is well known. Significant landmarks include: the establishment of the WHO Action Plan, announcements by the Bill and Melinda Gates Foundation, the creation of the Global Alliance for Chronic Diseases, international reports, and meetings on NCDs.</td>
<td>Community of actors - Political and stakeholder mapping – to increase advocacy landscape, develop synergies with interests/programmes/partners - Build broader alliances with civil society to strengthen capacities, resources, and influence (alliances should be in policy, political, and social areas) - A combination of technical and communications skills - Good quality budgetary analysis to strengthen credibility and influence of coalition partners - Identify and use strategic entry points</td>
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<td>Global, since 2008 (26)</td>
<td><strong>Aim:</strong> To understand this failure and to position chronic disease on the global health and development agendas</td>
<td></td>
<td>Main challenges for AHEAD partners: - Poor availability of up-to-date evidence (budget data at national/sub-national levels) - Relationship with the state – ensure dialogue with political figures not at cost of relationship with MoH - Incomplete or weak involvement and follow-through found by people at local government level (little feedback to community) - Applying project design, framework, goal, and long-term timelines</td>
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<td>Mexico, 2007-2010 (27)</td>
<td><strong>Problem:</strong> Mexico National Congress initially passed a</td>
<td>Successful enactment and implementation of smoke-free legislation (through</td>
<td>- Reframe the debate to emphasise the societal determinants of disease and the interrelation between chronic disease, poverty, and development (and position of chronic disease in development agenda) - Mobilise resources through a cooperative and inclusive approach to development, and by equitably distributing resources on the basis of avoidable mortality - Build on emerging strategic and political opportunities such as the World Health Assembly 2008-2013 Action Plan, and the high-level meeting of the UN General Assembly in 2011 on chronic disease - Sound body of evidence more likely to play an increased part in policymaking when strong networks exist to link researchers to decision makers - Exclusion from external donor agencies can influence political decisions</td>
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- Strong political leadership - Advocates’ contributions (radio and print media campaigns and press conferences)
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<td>weak federal tobacco law</td>
<td>early education and enforcement efforts), which can be seen as a model of success</td>
<td>Advocates’ split reaction to the federal law – some denounced the weak bill and focused on the 100% smoke-free Mexico City law, while others lobbied for the bill</td>
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**Discussion**

In general, the results of the literature review focused on the lessons of successful advocacy campaigns or frameworks. Only one study reported on an unsuccessful civil society advocacy campaign, and others reported unsuccessful components of campaigns (1, 12). Several reports focused on strategies or suggestions for successful advocacy frameworks, including the articles and reports by Advocacy International, Partners in Health, McCubbin, Shiffman, and Buckley. The remaining literature related to local, national, or international research, highlighting the lessons and strategies for success in advocacy, with a particular focus on health. Several overarching themes were evident in the literature, including the importance of networks, champions, appropriate and local evidence, and strong communication, as well as the monitoring and evaluation of the campaign.

Shiffman highlighted the necessity of appropriate and local evidence. A general consensus that a public health issue exists and the establishment that it is unacceptable were crucial to advocacy and the generation of political will (6, 17). Research into the political, social, and economic contexts, stakeholder mapping, and assessment of community needs are important to understand the advocacy landscape (1, 3, 4, 9, 15).

Partnerships, alliances, and networks were frequently highlighted as essential, including a diverse group of individuals such as policymakers, communities, researchers, and international agencies. The expansion of the community of support, cohesion of stakeholders, collection of diverse strengths, and linking of talents were seen to be beneficial (8, 10, 13, 15, 26). In addition, the presence of a local or national champion has been seen as a critical component of success in numerous settings. Individuals such as medical practitioners or health advisors were seen to play a contributing role (4, 6).

Multifaceted communication in advocacy is essential. Developing clear and specific goals and key messages is important for the campaign as well as the stakeholders, networks, and communities (1, 17). The interaction and communication amongst the actors must be open and ongoing. Overwhelming evidence existed for the use of various communication channels, including both new and traditional media outlets (1, 4, 5, 7, 10, 14, 19, 23, 27).
The organisation of large-scale events, including conferences, symposiums or awareness days, was also seen as influential in increasing the visibility and prominence of a given issue (5, 7). In addition, the use of ad hoc political, social, or economic opportunities for use in advocacy was highlighted (1, 8, 26).

The article by Spicer analysing a failure in civil society advocacy focuses on the involvement of NGOs and their treatment as merely service providers, rather than equals and partners, in overcoming the health issue (12). Competition for resources amongst NGOs, a lack of cohesiveness and focus, poor leadership, a lack of clear goals, and divergent organisational focuses were amongst the reasons for poor advocacy outcomes (1, 12). Shiffman found that fragmented policy networks that met infrequently and fought over evidence and leadership on issues did not command the respect of politicians, and were rarely able to implement advocacy interventions successfully (17).

Date: February 2012
References


