For more than a decade, PATH has supported the adoption of evidence-based, adequately-resourced, and impactful policies. With locally staffed projects in more than 70 countries, and deep expertise in technology and across a range of health areas, we are a trusted partner to government decision-makers and civil society advocates.

We work side by side with national and subnational government to advance evidence-based policymaking and to ensure civil society is engaged in these processes. For greater impact and sustainability, we partner with local civil society organizations (CSOs), enabling them to lead and demand accountability from governments. The key value of these partnerships is that our collaborators pursue inclusive and sustainable policy solutions, institutionalizing change through more effective health policy interventions. Our collaborations equip change-makers with a strategic approach—helping civil society better elevate their priorities with governments, and helping governments better engage civil society to understand populations’ needs. Both sets of partners build on their skills—in analyzing barriers and in identifying opportunities, objectives, who to engage, what to ask, and how to do so—emerging with stronger policy strategies and documents. They also connect with people with whom they might not otherwise, building relationships that can be leveraged in support of their goals. Our civil society collaborators have strengthened coalitions, earned recognition as policy advocacy experts, and become go-to government partners.

We support our partners to not only engage in, but also advance the practice of policy advocacy itself.
Key tools in PATH’s approach are our proven 10-part policy advocacy framework and strategy development curriculum, both developed as how-to materials for advocates to apply on-the-job. We have shared these tools through participatory workshops engaging more than 700 individuals in 50 countries, augmented by mentorship and coaching when possible. The framework guides our own practice, and our partners have utilized it to effectively influence health policymaking, ranging from funding for immunization; to adopting national and subnational policies on maternal, newborn, and child health (MNCH); to advancing health research and development (R&D) and health product regulation.

This document provides an orientation to our approaches to supporting governments and civil-society partners engaging in policy advocacy, highlights how our approaches and tools have been used and adapted to context, and captures our learnings.

PATH’s Approaches to Policy Advocacy

PATH’s advocacy partnerships with government and civil society use five key approaches: policy development technical assistance to governments, advocacy strategy skills-building, real-time consultation, coalition-strengthening, and network-building. We provide this support through several means of delivery: workshops, on-the-job mentorship, direct support, consultation, and linkage facilitation. Learning leads to refinement, helping our partners better harness the power of advocacy to advance health equity.

Figure 1: PATH’s Policy and Advocacy Approaches

1. Policy development technical assistance to governments

PATH operates at the nexus of technical and political decision-making, providing demand-driven, context-specific technical assistance for policy development and implementation. Our trusted partnerships with public officials and technical experts allow us to respond to direct government requests, advising and providing evidence to inform policies and support translation into credible technical guidance, implementation plans, and resource-allocation strategies.
Example 1: Responding to a request for technical assistance from a specific government entity.

| Partner: Parliamentary Health Committee, Kenya |
|-----------------|-------------------------------------------------|
| **Goal**        | Strengthen oversight of an independent regulatory institution through adoption of the Kenya Food and Drugs Authority (KFDA) bill. |
| **Approach**    | We obtained a written request for technical assistance from the Parliamentary Health Committee of the National Assembly to support the process of developing the KFDA bill, meant to establish a single regulatory body in alignment to the Health Act, 2017. Under this request, PATH contributed to drafting the bill, compiling and incorporating evidence on the value of a single regulatory body, developing recommendations for transition to KFDA, and providing Parliament with the schedule of existing laws that could be impacted by passage of the bill. PATH’s technical assistance enabled parliament to make informed decisions toward the process of legislating the bill. |

2. Advocacy strategy skills-building

PATH’s policy advocacy strategy workshops are our flagship means of sharing the 10-part framework, effectively engaging many advocates quickly. Participants leverage their contextual knowledge to purposefully analyze a policy issue, identify barriers, define their “ask,” consider decision-maker and influencer interests, conduct an inventory of assets and gaps, plan for partnering, develop tactics and messages to influence decision-makers, and set realistic goals against which to measure progress. They emerge with new relationships, greater skills in evidence-based advocacy, and an actionable strategy to further develop or implement.

We customize for the health area or type of target, adjusting focus and content to maximize utility. When we stood up the Coalition for Health Research and Development (CHReaD) in Kenya, the workshop incorporated health R&D policy landscaping we had conducted, and for the Ministry of Health in Madagascar, we worked with directors addressing an unusual target: intra-ministerial colleagues. We modify each session according to participants’ needs, adding interactive elements for complex content or assigning homework that will help participants further customize the content to their work. Where workshops have been condensed due to competing commitments, we have prioritized post-workshop on-the-job support. We also tailor for inclusivity—through live translation, accessible venues, and being sensitive to color-blindness or other needs.

Example 2 & 3: Facilitating advocacy strategy workshops

<table>
<thead>
<tr>
<th>Partner: USAID’s Advocacy for Better Health (ABH), Uganda</th>
<th>Ministry of Health, Madagascar</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal</strong></td>
<td>Strengthen citizens’ understanding of their health and social service entitlements and their ability to convincingly articulate systemic challenges to be addressed by duty-bearers through policy.</td>
</tr>
<tr>
<td><strong>Approach</strong></td>
<td>We trained CSO advocacy officers using our 10-part framework. During the training, CSO staff from the same region collaborated to validate the contextual feasibility of advocacy ideas. They then reported out in plenary, for cross-learning. It became apparent that local champions would need something else, so we developed a Community Mobilization and Action Planning Curriculum. Staff learned to facilitate it, then used it to train subgrantee CSOs, who cascaded it to local champions and community-based organization members. The trainings enabled citizen-led advocacy focused on identifying systemic challenges and advocating with leaders for solutions.</td>
</tr>
<tr>
<td></td>
<td>Build capacity of a set of Ministry of Health (MOH) directors so that these champions can advocate with peers (other directors), supervisors, and budget leads.</td>
</tr>
<tr>
<td></td>
<td>The workshop agenda was set locally, based on interests and time (just two-hour, weekly, interactive lunchtime meetings) and materials were adjusted based on champions’ needs (given a brief self-assessment during registration). The workshop was also adapted for champions advocating to their own colleagues and supervisors—not a typical target for participants in our workshops.</td>
</tr>
</tbody>
</table>
3. Real-time consultation

As resources allow, we have found the most meaningful engagements occur when we work with partners on a long-term basis, supporting them on-the-job as they address specific barriers or pursue policy goals. We develop trusting relationships, communicate regularly, and establish feedback touchpoints. We begin by clarifying the engagement goals and have drawn up terms of reference (TOR) with our partners and other stakeholders to ensure the collaboration will meet everyone’s needs.

Based on context, background, and resources, we select and adjust the tools to use during the consultation. This has at times felt like an in-service replacement for the workshop, but more often, we apply just pieces of the curriculum, and not in sequence. We have had partners complete the strategy template or conduct a root cause analysis to establish whether advocacy is the solution. Where we have adjusted tools for one partner, we have kept in mind other potential audiences or subsequent partners, for example simplifying the strategy template or adding guidance on where to look in the workbook. Where resources do not allow for long-term engagement, we have provided short-term consultation.

**ADAPTATION:** In 2020, we accelerated our adaptation to online platforms, making more use of instant polling probing questions, setting up virtual brainstorming “flip charts,” and leveraging breakout rooms to replace face-to-face group work. Thusly, we have been able to maintain the rich cross-learning, information-sharing, and interaction that participants appreciate about our workshops. In fact, taking advantage of the “new normal,” it has become easier to bring a more geographically diverse group of colleagues together, for example, online we have had more multi-region workshops and have brought together individuals in Francophone countries to collaborate, whereas previously we had done things by country. However, it is important to note that in some contexts, internet connections and power cuts can make it difficult for people to fully participate online. As well, given the well-documented fatigue from video conferencing during the COVID-19 pandemic, competing priorities, and technological barriers, we have streamlined the workshops and/or spread them out over a longer period.

**TOOLS:** We have helped partners to use on-the-job our *workbook’s strategy template* (p. 57-59) and *root-cause analysis template* (p. 6).

**LONGER-TERM CONSULTATION HAS INCLUDED:**
- Landscaping relevant existing policies.
- Helping collect, collate, analyze, package, and use evidence.
- Advising on the mechanics of policy processes such as budget timelines or how to include live-saving products on national essential medicines lists.
- Helping define “asks,” craft messages, and frame discussion for meetings at all levels.
- Helping refine objectives or draft plans (e.g., with a local governor to do a good-faith disbursement).
- Reviewing partner-prepared documents—e.g., budget memos and draft communiques—to offer recommendations or advice on tactics or dissemination.
- Helping identify decisionmakers, bringing the partner to meetings, and advising on presentation.

**ADAPTED, SHORT-TERM CONSULTATION HAS INCLUDED, SOON AFTER OR IN LIEU OF WORKSHOP:**
- Helping develop advocacy plans quickly after a workshop—TIMCI
- Helping develop high level advocacy priorities—COVID-19 Respiratory Care Response Coordination
- Advising on advocacy opportunities during project implementation—Respiratory Care
- Supporting development and implementation of a strategy for engaging stakeholders (media, government, private sector, and civil society)—Respiratory Care
- Collaborating on policy briefs—Respiratory Care
- Interviewing staff to articulate their advocacy’s effectiveness—Kenyan First Lady’s Beyond Zero Campaign
Example 4 & 5: Providing ongoing, on-the-job encouragement

<table>
<thead>
<tr>
<th>Partner:</th>
<th>Kakamega County CSO MNCH Alliance, Kenya</th>
<th>Partner: Kakamega County government, Kenya</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>Develop a shared advocacy strategy to advance MNCH in the county and strengthen members’ policy advocacy skills.</td>
<td>Support the Kakamega County government to ensure funding was set aside for a lifesaving cash transfer program that had demonstrated success in increasing skilled delivery rates, reducing maternal and child mortality, reducing mother-to-child transmission of HIV, and improving nutrition status of children under two years of age.</td>
</tr>
<tr>
<td>Approach</td>
<td>We identified grassroots CSOs interested in joining forces to advance MNCH in the county. PATH facilitated an initial strategy workshop, followed by on-the-job support to partners, through the launch of the Alliance and startup of activities under its work plan. During the Alliance’s first major advocacy push— influencing the annual budget process—we provided strategic advice on tactics and advocacy products. We helped connect the Alliance to functional experts (including from PATH) to help members define their “asks.” PATH also facilitated introductions to government officials, ensured access for Alliance members to join policy meetings, and prepared government and CSO partners for a productive dialogue.</td>
<td>Recognizing that funding was not protected by any legally binding policy, PATH advised the Kakamega County government to “ring-fence”—or set aside—the 4.5% of the county health budget needed to fund it annually. Building on more than a decade of work in the county, PATH convened technocrats in the county Department of Health and local political leaders who control the budget to develop and adopt a piece of legislation to entrench the program in county planning and budgeting. PATH and UNICEF provided technical assistance throughout a multi-year process of developing the policy itself, while engaging with the CSO alliance to ensure it reflected local needs and advocating for its advancement through the County Assembly for passage. This policy now serves as a model for other counties in Kenya.</td>
</tr>
</tbody>
</table>

4. Coalition strengthening

A key tactic of our work with CSOs has been building and strengthening health advocacy coalitions. We have established several coalitions, empowered members to advance their policy advocacy goals, and in some cases transitioned management to a local partner or an independent operating structure.

With the goal being to empower local organizations to advocate more effectively for their—collective and individual—policy goals, we communicate regularly, foster trust, facilitate knowledge exchange, welcome new voices to share their expertise and connections, leverage existing resources, document processes so that coalitions have a record of what has transpired, and share learnings. Learnings from the coalitions PATH has helped establish are often transferrable.

**TOOLS:** Each coalition’s theory of change, participatory meeting approaches, and the *Advocacy Coalition Strengthening Workshop*, which was developed and piloted with the Zambia Alliance for Maternal, Neonatal, and Child Health, helps establish TORs, a coalition structure, and shared advocacy goals.

**WE HAVE SUPPORTED COALITIONS TO:**
- Draft charters, work plans, and fundraising strategies
- Develop operational tools and processes
- Establish membership criteria and recruit members
- Ascertain how member participation can support their own organizational mandates
- Conduct needs assessments
- Assess tactics applied
- Plan follow-up for accountability

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*No funding provided by the Bill & Melinda Gates Foundation was used for direct or grassroots lobbying. Any lobbying activities were supported through PATH’s unrestricted overhead funds.*
Example 6: Strengthening and supporting coalitions

| Partners: South African Health Technology Coalition (SAHTAC) at Aurum Institute (South Africa) and Coalition for Health Research and Development (CHReaD) at Amref Health Africa (Kenya) |
|---|---|
| **Goal** | Support partners (Aurum institute and AMREF) to take over as secretariat of coalitions (SAHTAC and CHReaD) while maintaining gains achieved in the years since PATH had stood up the coalitions, and improving the coalitions’ ability to influence health R&D policy. |
| **Approach** | We applied tools from PATH’s 10-part framework when we stood up the coalitions and when we transitioned the secretariat function to the new hosts. In the beginning, we pursued potential members who had been siloed by disease, but have functional areas on which to collaborate, or those skilled in activism or service provision, who could learn to better articulate the value of getting products into the market or system. During transition, we helped Aurum institute adopt and adapt a theory of change and results framework based on our learnings from establishing and managing the coalition since 2016. We also transparently but tactfully helped garner buy-in for the transition, after the competitive process to identify a new host. Similarly, once AMREF—which had previously not been a member—was selected as the new secretariat of CHReaD, we provided support over the course of a year to help them get up-to-speed on the coalition’s focus issues and to ensure a smooth transition. |

5. Network building

PATH also helps partners make connections and develop relationships by leveraging: our network, including our own health experts; access to the fora, processes, and decision-making tables at which we sit; and the reputation we have for being a trusted partner to governments and civil society. We have collaborated with partners to identify those opportunities; planned global, regional, or national gatherings; and otherwise provided openings for civil society and policymakers to engage. We leverage our seat at the table to bring new or under-represented voices along so they may access information and potentially develop new connections, pairing this with mentorship on what happens in that decision-making space, and how to make those connections mutually beneficial and appropriate.

We have also helped national decision-makers gain access to global fora, bridging local and global decision-making by amplifying their insights and innovative approaches for cross-geography learning. For example, in 2019, we supported a Ugandan Member of Parliament to represent the country via speaking engagements at the UN General Assembly in New York, influencing global prioritization of primary health care and universal health coverage, while reinforcing national commitments.

Example 7: Leveraging global expertise and exposure to support local organizations

| Partner: Health NGOs Network (HENNET), Kenya |
|---|---|
| **Goal** | Establish a multi-stakeholder country platform for reproductive, maternal, neonatal, child, and adolescent health (RMNCAH) as priorities in the Global Financing Facility (GFF). |
| **Approach** | When Kenya joined the GFF, local civil society was minimally consulted on the RMNCAH Investment Framework. To ensure that civil society had a voice and that commitments were followed through, PATH helped HENNET influence the MOH to establish a multi-stakeholder country platform. Throughout the process, PATH leveraged our global leadership role as a civil society representative to the GFF Investors Group and the Civil Society Coordinating Group, to increase access to technical expertise and connections to civil society partners working towards similar purposes in other countries. We also opened doors in Kenya: for example, obtaining a meeting for the platform with a key secretary. We supported HENNET in identifying priority “asks”, drafting an action plan, building evidence for the “ask”, and developing the platform’s theory of change, which enabled HENNET to convene consultations with the MOH and others. |
Lessons Learned

Through these experiences, we have learned some key lessons:

- **Leverage PATH’s strengths**—PATH’s niche is that we are experts in health technologies, including systems and service innovations. Our global breadth and depth have given us an understanding of policymaking processes from the global to regional to national to subnational level, as well as an ability to follow-up on those processes.\(^b\) We have learned to **leverage that expertise to our partners’ benefit**, sharing the latest evidence and identifying best practices to incorporate evidence into policy. Further, our seats at technical decision-making tables, help us see opportunities, for example, where CSO or parliamentarian action can help push policy across the finish line.

- **Support local partners to set their own agendas based on their contextual understanding, goals, skills, and available resources**—We support a robust process that allows partners to identify, develop, adapt, and apply tools to driven by their priorities and adapted to their needs. By emphasizing local ownership and regular feedback, we earn our partners’ trust, and they build confidence with their audiences. Though our workshops are our flagship means to strengthen strategic policy advocacy skills, the workshops alone are not enough. We have learned we can be most effective when we provide **subsequent on-the-job consultation and mentoring** so that our partners are supported to set and fulfill their agendas. By working shoulder-to-shoulder, we provide sustained partnership in which our stakeholders can access our strategic support.

- **Prioritize evidence and documentation in both the delivery of advocacy messages and in the practice of advocacy**—We reinforce the idea that effectively communicated **evidence strengthens the argument** and helps policymakers enact policies and allocate resources for sound solutions. We have learned the value of supporting our partners on **evidence generation and use** through implementation science as well as evidence collation, packaging for key audiences, and integration into policy processes. We have also learned that **documenting best practices and accomplishments in the advocacy process** promotes adaptive management and allows partners to test and communicate the impact and value of policy advocacy. A documentation culture enhances learning, reduces the need to redo work that has already been done, and builds the evidence base.

- **Learn out loud**—Our “learning labs” provide a **platform for stakeholders to collaboratively learn about** emerging topics, such as **decentralization** and **accountability**. Partners jointly develop the agendas, which include interactive panels and facilitated dialogues. These give rise to the co-creation of solutions, talking points, and planning resources. The **collaborative learning environment helps build ownership for bringing the solutions to scale**. We are on a journey to learn together, strategize on new approaches, pivot along the way, and become more effective champions than would happen in silos.

- **Promote networking among diverse allies across sectors**—Advocacy has long benefitted from diverse groups coming together around a shared goal. We encourage our partners to work with varied influencers, such as scientists, private sector partners, local civil society, and media, who **bring credibility, expertise, and access to their networks and can be excellent accountability partners**. Through this engagement, we learn new information and more compelling ways to share it. We also can leverage allies’ impressions about where things are faltering and follow-up is needed.

- **Value inclusive participation**—We recognize the value of **fostering equitable inclusion and consideration of benefits for people from diverse and intersecting backgrounds**, as policies

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\(^b\) Our advocacy professionals are relatable to those we serve, having expertise in diverse functional and technical areas, including research and development; product introduction; reproductive, maternal, newborn, and child health; HIV and AIDS; malaria; tuberculosis; non-communicable diseases; immunization; and nutrition. Our experts are familiar with a range of political landscapes and policy-making processes and understand communities’ and policy-makers’ diverse needs. Collectively, these strengths allow us to work in solidarity with our partners as they develop context-specific, tailored advocacy strategies and to provide related support. We collaborate from our home bases in Cambodia, China, Democratic Republic of Congo, Ethiopia, India, Kenya, South Africa, Switzerland, Tanzania, Thailand, Uganda, Ukraine, United States, Vietnam, and Zambia.
created without inclusive participation will be inequitable and ineffective. Diverse perspectives are often missing, so we aim to deepen our equity focus and apply broad diversity, equity, and inclusion principles for more inclusive participation, and we encourage our collaborators to do the same, for impactful advocacy. For example, we have begun the process of incorporating gender considerations in many aspects of our advocacy. This impacts how we identify priorities in the policies we are targeting, but also considering who needs to be at the table as informants or champions for those policies. We have also seen that language barriers limit learning opportunities across advocates and prevent important stakeholders from taking part in important priority setting processes. For that reason, we have made our e-curriculum available in multiple languages, and we aim whenever possible to offer workshops and webinars with simultaneous translation.

Example 8: Sample illustration of equity considerations in policy advocacy

<table>
<thead>
<tr>
<th>Illustrative questions</th>
<th>Illustrative equity-sensitive policy advocacy options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are participants representative of the population and interests? Do they have an</td>
<td>Ensure voices reflect all identities and key intersections. Provide decision-makers with sound information about</td>
</tr>
<tr>
<td>evidence-based understanding of local-context-specific equity dimensions?</td>
<td>inequities underlying the challenges, such as gender norms limiting decision-making about certain products.</td>
</tr>
<tr>
<td>How do donors and governments consider equity in allocating resources, finance plans</td>
<td>Work with advocacy and policy stakeholders to budget for analyzing and addressing inequities underlying health</td>
</tr>
<tr>
<td>to assess and address inequity, or explicitly include equity in health?</td>
<td>challenges, for working to increase empowerment, and/or for innovations that improve not only health but also equity.</td>
</tr>
<tr>
<td>Does advocacy work and do policies explicitly address underlying diversity, equity,</td>
<td>Support policy analysis and development that: explicitly considers and articulates inequities that underlie</td>
</tr>
<tr>
<td>and inclusion issues?</td>
<td>challenges, examines policies for inclusion-sensitivity, directly incorporates intersections, and advocates working</td>
</tr>
<tr>
<td></td>
<td>in solidarity with disadvantaged individuals.</td>
</tr>
</tbody>
</table>

- Be flexible—We adapt to the needs of each collaborator and remain agile; as policy environments change quickly, likewise do our collaborators’ needs. **We have developed customizable tools and templates for both ourselves and our partners.** For example, we built out our strategy template to provide more guidance when face-to-face facilitation is not possible and, balancing physical restrictions and video conferencing fatigue during COVID-19, we pivoted our typical 3-day, in-person workshops to shorter (2-to-3 hour), remote workshops that can be spread over a few days. This enabled us to reach **a wider audience and meet our partners needs more effectively.**

**Contact**

To request policy advocacy collaboration with PATH, please contact advocacyimpact@path.org.

**Tools**

- **Map Your Advocacy Impact Strategy**  PATH’s 10-part policy advocacy framework.
- **Stronger Health Advocates, Greater Health Impacts: Tools of the Trade**  PATH’s 10-part curriculum.
- **Workshop to Strengthen Advocacy Coalitions**  an addendum to PATH’s 10-part curriculum, focused on coalition-building.
- **Workshop Curriculum on Community Mobilization and Action Planning**  an addendum to PATH’s 10-part curriculum, focused on community-level advocacy and health-related change.
- **From Capital to Clinic: Practical Solutions to Strengthen Health Policy Implementation**  toolkit.
- **Advocacy for Better Health Portfolio**  toolset for learning more or replicating the model.
Annex: PATH’s ten parts to an advocacy policy strategy

Map Your Advocacy Impact Strategy

Answers to these simple questions will provide an effective 10-PART PLAN to help you achieve important health policy changes and accountability.

What is your advocacy issue?
This is the first, and most critical, stage of the process. Your issue should be specific and clear, align with your organization’s mission, and be realistically addressed through advocacy within five years. You’ll also need evidence about why your issue is a problem.

What is your advocacy goal?
This is your policy solution to the issue—or what you want a policymaker to do to address it. Describe the change you would like to see, how that change will happen, the timeframe, and which institution needs to act to make it happen.

Who are the decision-makers & influencers?
Identify the specific decision-makers who have the power to give you what you want and the influencers who can persuade them to act. These are the individuals who can say yes or no to your goal, so be specific.

Who are your partners?
Be strategic about the partners you choose and how you partner with them. Good partners bring new constituencies to an issue, demonstrate wide-scale support, improve your ability to reach and persuade a wider set of decision-makers, help mitigate opposition, and yield additional expertise, skills, and resources.

What are your tactics?
Be selective about your advocacy tactics. The best activities are those most likely to have an immediate and direct impact on your target decision makers or key influencers. When designing your tactics, consider whether they address your decision-makers’ interests, help lessen the influence of any opposing groups, and align with your advocacy assets.

What are your most powerful messages?
Use what you know about your decision-makers’ interests to develop a compelling message about your advocacy goal. Your message should briefly introduce the issue, connect it to your decision-maker’s interest, address the solution, and end with a clear “ask.” It is important to also identify people who can deliver that message most effectively.

How will you measure success?
Policy change can take time, so don’t just focus on the end point of your goal. Develop measurement benchmarks along the way so you’ll know you’re making progress and to help refine your advocacy strategy as needed.

What opposition & obstacles exist?
It’s important to understand who may resist or oppose your goal in order to design tactics and messages to reduce their influence on key decision-makers. Also, identify obstacles—like competing priorities, political contentious, or insufficient resources—that might hinder progress.
Annex: PATH’s advocacy theory of change