Transitioning advocacy leadership to local partners

PATH

For nearly 50 years, local partners have been essential to PATH's innovations and impact. PATH's Center for Advocacy and Policy works with governments, civil society, health care providers, and citizens to influence and design evidence-based policies and ensure they are funded and implemented all the way to community level.

PATH's Center for Advocacy and Policy is staffed by citizens of the countries where we work, as an international NGO we recognize that there will be occasions where others are best positioned to lead local advocacy. In such instances, PATH plays a supportive or catalytic role, leveraging our technical expertise, convening power, and global networks to strengthen and complement country-led advocacy efforts. That is why PATH partners closely with local CSOs on all advocacy efforts. Doing so ensures policy priorities and investments are driven by local needs and implemented by those most impacted, ensuring impact, inclusivity, and sustainability. With this local advantage in mind, PATH has continued to refine its approach to bridge advocacy capacity gaps and—in many cases—transition advocacy efforts to locally-led organizations.

PATH leverages our proven 10-Part Framework for Advocacy Strategy Development to strengthen the capacity of civil society advocates to help them achieve long-term success with their advocacy efforts. Collaborating with policymakers and civil society partners, PATH's inclusive approach connects global guidance with local expertise to support the adoption and implementation of policies, legislation, and standards of practice at all levels of government. Working in partnership with civil society organizations, we arm local change-makers with evidence, connect them to decision-makers, help elevate their priorities, and hold their governments accountable. We also partner with local organizations to identify and fill capacity gaps, strengthening them holistically while transitioning advocacy to local leadership. In doing so, we help drive more inclusive and sustainable policy solutions. That is how to improve care and advance health equity.

WHO WE ARE

PATH's Center for Advocacy and Policy brings health solutions to scale through evidence-based policy and practice change.

We are a **Policy Lab**—generating and translating evidence into innovative policy solutions.

We are an **Advocacy Impact Accelerator**—using our understanding of how change happens to execute winning policy-influencing strategies.

We are a **Field Catalyst**—connecting and mobilizing change-makers, bridging critical gaps, and making movements greater than the sum of their parts.

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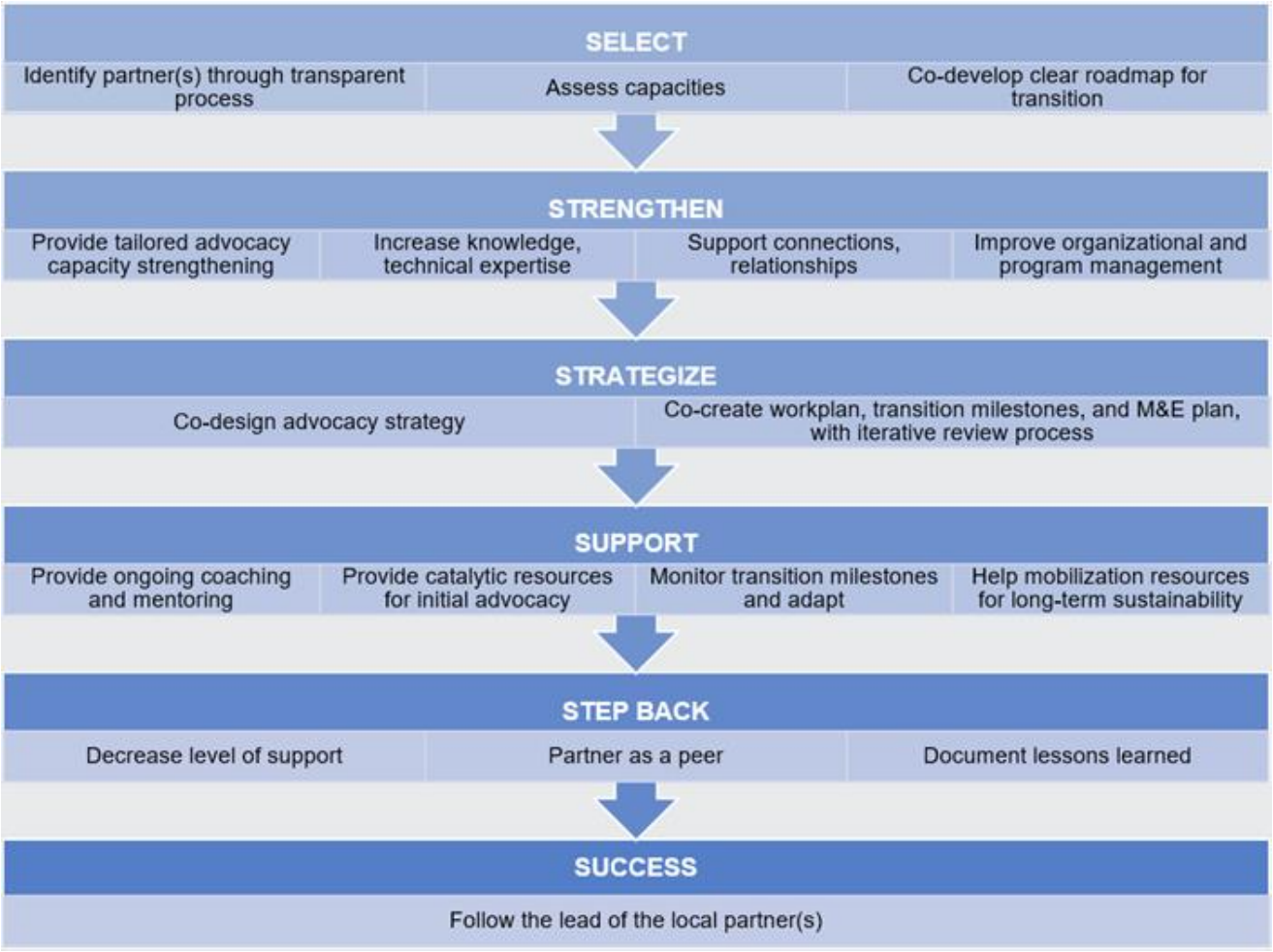
For more information on how PATH accelerates progress through advocacy and policy, visit us on www.path.org

PATH's Six-S Model to Transitioning Advocacy Leadership to Local Partners

PATH's approach to transitioning advocacy efforts to local partners has been informed by its decades-long country-level advocacy and programmatic experience and is designed in collaboration with local partners with mutual goals. In recent years, PATH has supported different transition models in the DRC, Kenya, South Africa, and Uganda using the Six-S model as shown below:



Below are case studies of how we have successfully transitioned advocacy leadership to local partners using the Six S model. While each demonstrates a complete transition process, we highlight one step in-depth in each case study.

Select: Advocacy for HAT Elimination in DRC

Since 2016, PATH has worked alongside Congolese communities, civil society organizations (CSOs), government leaders, and other partners toward eliminating Human African Trypanosomiasis (HAT) in the DRC. Notable progress has included adoption of national and provincial elimination strategies, establishment of a National HAT Day, which spotlights the DRC government's commitment towards HAT elimination and serves as a key accountability moment, and successful advocacy for dedicated budgets at national level and in key provinces to support elimination activities. In 2021, PATH, along with the Gates Foundation, who funded this project, agreed to transition the advocacy effort to a local partner, as part of a shared agenda to strengthen local leadership for advocacy and accountability.

To initiate the transition, PATH undertook a transparent selection process, reviewing the institutional, technical, and advocacy capacity of 12 organizations, ultimately selecting Coordination Nationale pour le Renforcement du Système Communautaire (CNRSC) to take ownership and leadership of HAT advocacy with technical support from PATH. While not previously involved in HAT advocacy, CNRSC had experience in health advocacy and a strong reputation and standing in the CSO community in DRC.

DRC Ministry of Health mobile teams testing for human African trypanosomiasis (commonly known as sleeping sickness). Photo: PATH/Cassie Kobrin

After selection, the transition took a phased approach, with financial capacity strengthening and on-the-job mentorship. In partnership with CNRSC, we assessed the network's organizational capacities, including systems, staff, and resources, and worked with them to co-develop a transition roadmap. Unlike previous transitions we had undertaken where the local partner had already been engaging in the advocacy work, CNRSC was an institution new to HAT elimination, so we had to bring them up-to-speed on HAT technical issues and introduce them to key stakeholders including PNLTHA, provincial authorities, and others. This initial phase resulted in improved advocacy capacity for CNRSC members, co-development of a HAT elimination advocacy strategy and related communication plan, strengthened relationships between CNRSC and key decision makers at national and provincial level, and key engagements with decision makers and media to raise awareness and spur action.

PATH then worked with CNRSC to submit a proposal for direct funding by the Gates Foundation, which was awarded and led to phase II, during which, PATH continued to provide light-touch and highly targeted support to CNRSC on mutually identified gaps and specific technical and operational areas requiring further mentorship during the first year of the CNRSC grant. We emphasized on-the-job mentorship and adaptation of PATH advocacy tools, especially for monitoring and evaluation, grant management, and donor reporting. Employing a phased approach to transition set clear expectations and allowed CNRSC to continue growing their advocacy, technical and organization capacity.

Strengthen: Advancing the health of women and children in Kakamega County, Kenya

In 2016, PATH supported the establishment of the Kakamega County Maternal, Newborn, and Child Health Civil Society Organizations Alliance (MNCH CSO Alliance), whose goal is to advocate with local policymakers to advance the health of women and children in Kakamega. With Kenya's devolved system of government bringing power and decision-making closer to the people, PATH recognized an opportunity to enable local partners to lead advocacy efforts and demand accountability from their own governments while sharing our know-how from many years of national and subnational-level advocacy with local advocates.

Initially, PATH took the lead in getting the Alliance off the ground and facilitating the development of its annual joint advocacy plan. To support their efforts, PATH strengthened the capacity of the Alliance on various technical topics including the county policy landscape, the status of women and children's health in Kakamega compared to other counties, and the county budgeting cycle. PATH used these sessions to connect members of the Alliance to critical decision-makers such as the County Health Management Team (CHMT) and the County Assembly, ensuring the Alliance was invited to participate in critical county policymaking processes. Through continuous mentorship, PATH provided relevant health and budget

analyses to inform advocacy tactics and provided various tools and templates that guided Alliance advocacy engagements. Through these efforts, the Alliance utilized county-level health and economic data (packaged by PATH) to demonstrate the benefits of investment in MNCH. By bringing community voices to decision-making tables through county budget meetings and public hearings, collecting community views to inform budget memos, and engaging with the county assembly, the Alliance successfully influenced various county-level policies, including the innovative Maternal and Child Health and Family Planning Act, the first law of its kind in Kenya to allocate county-level resources to support access to critical health services for the most vulnerable mothers, newborns, and children. During the COVID-19 pandemic, the Alliance conducted community outreach to share accurate prevention measures, dispel COVID-19 misinformation, highlight continuity of essential services, and promote uptake of COVID-19 vaccines.

Alliance members conducting a facility audit.
Photo: PATH/Dennis Simiyu

Beginning in 2019, we took steps to transition leadership of the Alliance to a locally led organization that continues to lead the group today. Through a competitive process and with full transparency and input from Alliance members, Matunda Jua Kazi, a founding member of the Alliance, was selected to receive funding and serve as the secretariat moving forward. PATH continued to support the new secretariat team in more of an advisory role. Following this transitional support, the Alliance has sustained a vibrant advocacy role with key decision-makers, elevating policy and advocacy asks in the development of various county policies and continue to grow their network and influence across the entire county.

Strategize: Strengthening Advocacy for Health R&D in Kenya and South Africa

PATH has supported the establishment of two coalitions that advocate for R&D in Africa: the Coalition for Health Research and Development (CHReaD) in Kenya and the South African Health Technologies Advocacy Coalition (SAHTAC) in South Africa. The coalitions were formed after PATH recognized a lack of a unified advocacy voice for health R&D in each country, where advocacy for new health tools had been siloed into disease verticals. Both coalitions bring together civil society organizations, research institutions, academia and private sector to advocate for an enabling policy environment at country-level, including stronger policies and increased investments in R&D.

Through analysis of the policy landscape and consultations with key stakeholders including relevant ministry departments, PATH supported the development of clear mission, vision and advocacy priorities for each coalition. Key achievements of CHReaD included securing a commitment to R&D in the East African Community Heads of State health investment framework, influencing language in the Kenya Health R&D Policy, and influencing the adoption of the AU model law by advocating for the Draft Kenya Food and Drug Authority bill[1]. In South Africa, SAHTAC influenced the creation of

Lab worker Patrick Kakembo looks into a microscope in the lab at Kyarusozi Health Center 4 in Uganda.
Photo: PATH/Will Boase

[1] While this work was primarily supported via a written request for technical assistance from the National Clerk of the Assembly, any efforts to promote advancement of the legislation were supported via PATH's unrestricted funds for lobbying.

the South African Health Products Regulatory Authority (SAHPRA) and related policy communications and CSO engagement, created platforms for CSOs and policy makers to discuss R&D and regulatory issues, and built the capacity of local NGOs on R&D advocacy.

Transition of advocacy leadership to local institutions for both coalitions followed our 6-S model, beginning with a clear and transparent process for selection of the local partner – the Aurum Institute for SAHTAC and Amref Health Africa for CHReaD. As an active member of both coalitions, PATH continues to contribute to joint advocacy action planning, advocacy priority setting and implementation, with our focus shifting away from coalition management to where our partners need us most - deepening knowledge of R&D and related policies and supporting their growing advocacy leadership as a coalition member.

Support: Building capacity for coordinated advocacy in Kenya

Kenya's Health NGOs Network (HENNET) is a network of over 100 civil society organizations (CSOs) working in health across all 47 counties in Kenya. HENNET coordinates and promotes the engagement of these CSOs to advocate for advancements in health policy. While PATH had been a member of HENNET since its inception, starting in 2019, PATH began providing consistent, strategic advocacy technical support to HENNET to increase its effectiveness by strengthening the network's technical capacities, partnership management, operational functions, and financial management systems.

HENNET has always been recognized as Kenya's umbrella body for health CSOs, however, due to leadership and staffing transitions, its funding model, and the country's evolving health landscape, HENNET lacked the necessary influence in the policy advocacy environment to contribute to transformative policy change. Beginning in 2019, PATH partnered with HENNET to grow its network, improve its operational systems, and build capacity and momentum among CSOs to conduct health policy advocacy more effectively. We recognized that the organization's leaders and members brought deep expertise in what needed to be done to best support the health and health equity of their communities; they just needed tools and approaches to help them come together, find consensus, and advance their goals through policy. To that end, PATH provided training and mentorship on advocacy and coalition management to bridge HENNET's capacities and better position them to advocate on behalf of their communities and hold government accountable to commitments. We leveraged our decades of experience working with the MOH to open doors to key decision-making tables and worked with HENNET to develop their advocacy strategy, connect HENNET leadership and membership to key policy discussions, and use evidence to identify and refine advocacy priorities and 'asks'. A key accomplishment that resulted directly from this approach was the inclusion of HENNET as the civil society representative to the multistakeholder platform for reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH+N) in Kenya in 2021. Through their membership, HENNET brought the voice of civil society in strengthening the implementation of Kenya's RMNCAH Investment Framework.

> "In Kenya, the right to a voice is enshrined in our constitution. So how do we operationalize that without strengthening capacities and providing a platform to elevate those collective voices to demand accountability? That is the mission of HENNET, and PATH has been instrumental in providing technical support to help us achieve our mission."
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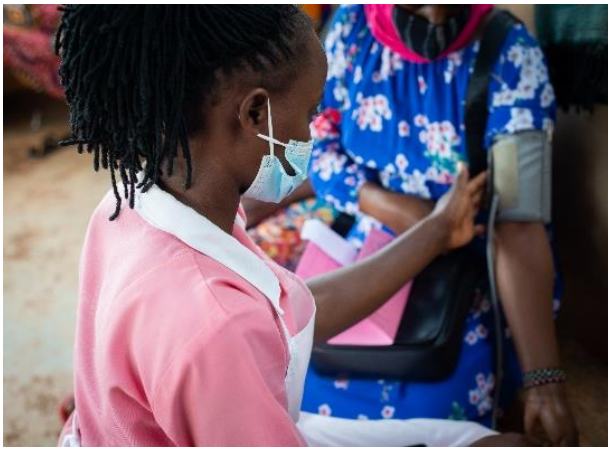
> ***—Margaret Lubale, Executive Director, HENNET***

Our support was deep, consistent, and multidisciplined, resulting in the onboarding of new leadership and adoption of a new strategic plan, serving as co-chairs of the Health Sector Partnership and Coordination Framework, and improving its coordination and mobilization of civil society in responding to health

priorities in the country. After sub-granting to HENNET for several years, PATH then supported the organization to submit multi-year funding proposals to various donors, including GAVI and the Gates Foundation. These projects are currently being implemented, with limited and decreasing implementation support from PATH. HENNET has seen success, for example, in 2023, HENNET played a vital role in convening civil society and gathering inputs in response to a call for input by Parliament to inform several health laws which lay the foundation for a massive transformation of Kenya's health system. Most recently, in 2024, HENNET led and coordinated partners in an intensive campaign highlighting stockouts and shortages of supplies including vaccines to protect children against rotavirus, polio, tuberculosis, measles, and rubella. Finally, as a result of strategic and technical support from PATH, HENNET secured key positions, such as the civil society representative for Kenya's Health Sector Intergovernmental Consultative Forum and the appointment of HENNET as an alternative representative to the Civil Society Coordinating Group for the Global Financing Facility.

Step Back: Strengthening Civil Society for Sustainable Health Advocacy in Uganda

Since 2002, PATH has partnered with the Government of Uganda through the Ministry of Health to support the adoption, implementation and financing of policies that advance the realization of universal health coverage in Uganda, especially around RMNCAH and immunization.



Nakalema Annet Doreen, a midwife, conducts general health checks for expectant mothers at the maternity clinic in Mpigi Health Centre IV in Mpigi Town, Uganda. Photo: PATH/Will Boase

In 2020, PATH took on a coordination role for the Uganda Reproductive, Maternal, Newborn, Child and Adolescent, Aging Health and Nutrition (RMNCAAH+N) platform. We empowered and equipped the members to advocate with evidence and dialogue confidently with decision makers. PATH began its partnership with the forum by conducting capacity assessments to support the CSOs to strengthen internal policies and governance systems, improve financial accountability and build strong monitoring and evaluation systems. Due to this support, CSOs were better able to collectively identify advocacy issues, generate evidence and engage decision-makers in a meaningful way. A major win realized by the platform's coordinated efforts was in their participation in the review of the RMNCAAH+N Sharpened Plan (2016-2021) and their ability to clearly articulate key modifications which were then incorporated in the updated plan (2022-2026). Specifically, the platform pushed for the plan to prioritize support to districts with the highest burden which then supports accountability for resource allocations and utilization for maximum impact. Today, the RMNCAAH+N platform, which initially had less than 20 members, has attracted more than 180 members including national and international CSOs, individuals, research institutions, academia, and professional bodies. PATH has stepped back in leading the activities of the platform, and now PATH serves as a member, partnering as peers with member institutions to drive advocacy collectively.

Success: Partnering as peers

The final step in PATH's advocacy transition model is to follow the lead of the local partner. As demonstrated in the examples above**,** success means the voices of local civil society are informing policy priorities, resources allocated, and implementation activities. Local advocates are tracking accountability

for commitments made and engaging with decision-makers at key points in the policy process. Finally, our approach has resulted in improved coordination of efforts, which are driven by local health advocates.

Through our experiences transitioning advocacy leadership, we have documented several key learnings, which can be applied to similar transition processes.

- **No One-Size-Fits-All:** Transitioning to local partners requires a customized approach. For transition plans to be effective and sustainable, they must be context-specific and co-created with the local partners and other key stakeholders. Capacity assessments should look at technical, advocacy and operational capacities, with the information informing strategy, tactics and gaps requiring focused support.
- **Continuous Capacity Building:** Capacity is not static, and often a true assessment of advocacy capacity and organizational management strength is difficult to assess until you begin working together. Providing training and tools alone is not enough and should be accompanied with targeted support across a phased transition, which is vital to setting up a partner for success as they take leadership.
- **Building Trust:** Relationships take time, leveraging existing trust among government and partners is crucial to the success of the transition process. The time required to establish connections, build and maintain momentum, and align advocacy with organizational processes must be built into transition planning from the beginning.
- **Transparent Dialogue:** Open communication among stakeholders is key. Transition management, whether to a single institution or to a coalition, requires open communication, with deliberate efforts to engage all members and to communicate about transition plans up front. Addressing potential challenges early helps cultivate a transparent and amicable handover of leadership.
- **Shared Learning:** Learning is a two-way street, and growing pains are to be expected. Based on our experiences, we were forthcoming and—with mutual respect and trust—we created the space to correct missteps and assumptions, grow understanding, and ultimately be more effective advocates.
- **Resource Mobilization:** Operational and technical resources—included dedicated advocacy staff—are essential for sustaining advocacy efforts, and it is important to match these resources with transition expectations. Local organizations are not the same as international organizations in terms of their ability to absorb funding and take on risk. Discretionary funding and the size of their revenue base is often a limiting factor in transitions to local leadership.

Conclusion

PATH's approach to transitioning advocacy efforts to local partners increases sustainability and local ownership, ultimately contributing to more inclusive health policy solutions.