



**What Is Advocacy?**

**What is Activism?**

**Presented by Dr. Paul Zeitz**

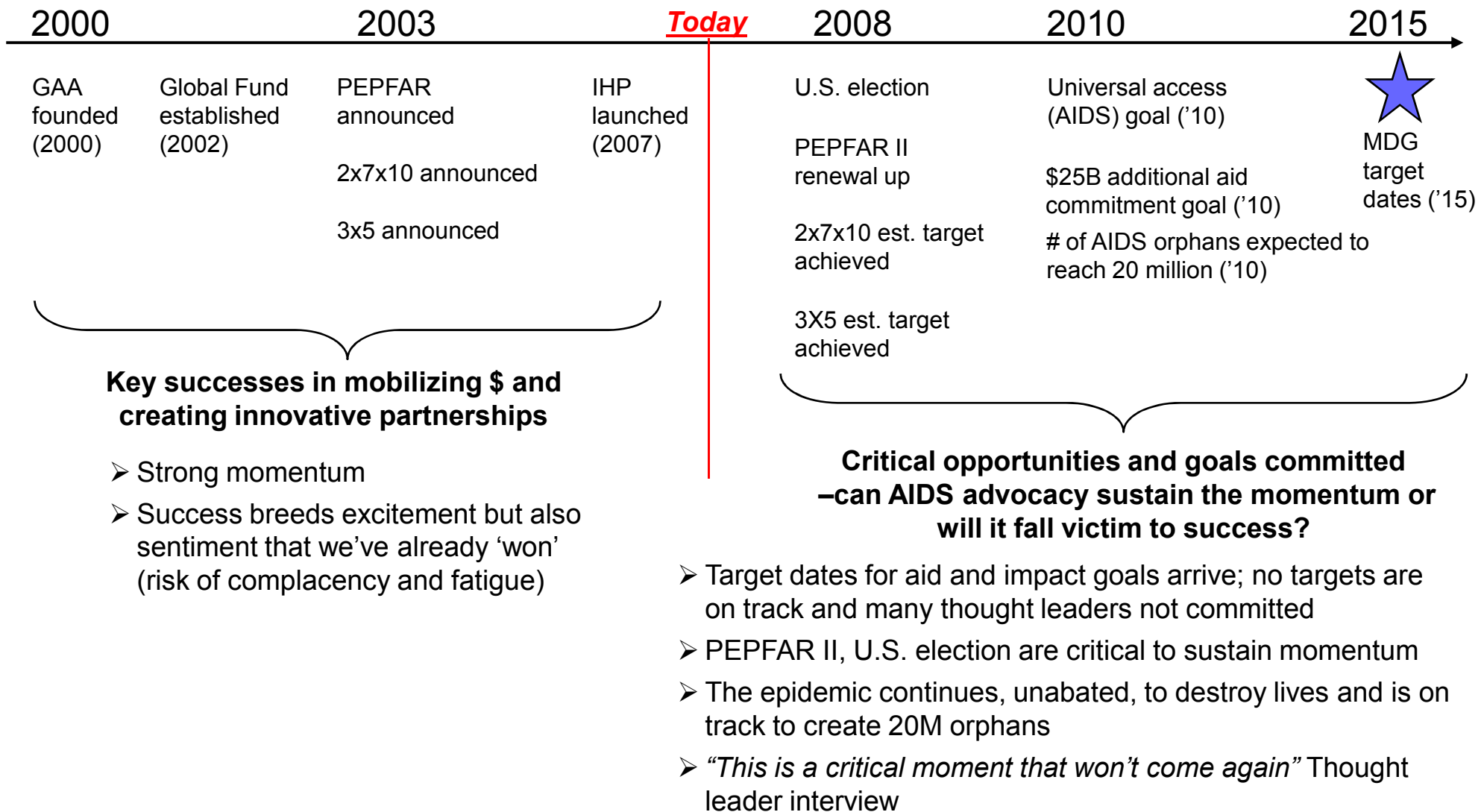
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**Global Health Advocacy and Activism  
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George Washington University**

**GLOBAL  
AIDS  
ALLIANCE**

[www.globalaidsalliance.org](http://www.globalaidsalliance.org)

# HIV/AIDS advocacy has achieved major successes in mobilizing resources – momentum must be maintained to ensure results





## **Solidarity**

**unity (as of a group or class) that produces or is based on community of interests, objectives, and standards**



## What Is Advocacy?

*active support; especially the act of pleading  
or arguing for something*



## What Is Activism?

*a policy of taking direct action to  
achieve a political or social goal*



## What Is Your “Theory of Change”?

*a Theory of Change defines all building blocks required to bring about a given long-term goal. This set of connected building blocks--interchangeably referred to as outcomes, results, accomplishments, or preconditions÷is depicted on a map known as a pathway of change/change framework, which is a graphic representation of the change process.*

# What is a Theory of Change\*?

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## What is a 'Theory of Change?'

**By mapping a process of change from beginning to end, a theory of change establishes an agenda for the work ahead and defines desired outcomes. It offers organizations:**

- An innovative tool to design and evaluate social change initiatives
- A blueprint of the building blocks required to achieve a social change initiative's long-term goal, such as improving a neighborhood's literacy levels or academic achievement.
- A clear roadmap to achieve results identifying the assumptions, conditions and interventions necessary for an initiative's success

## What does it help us answer?

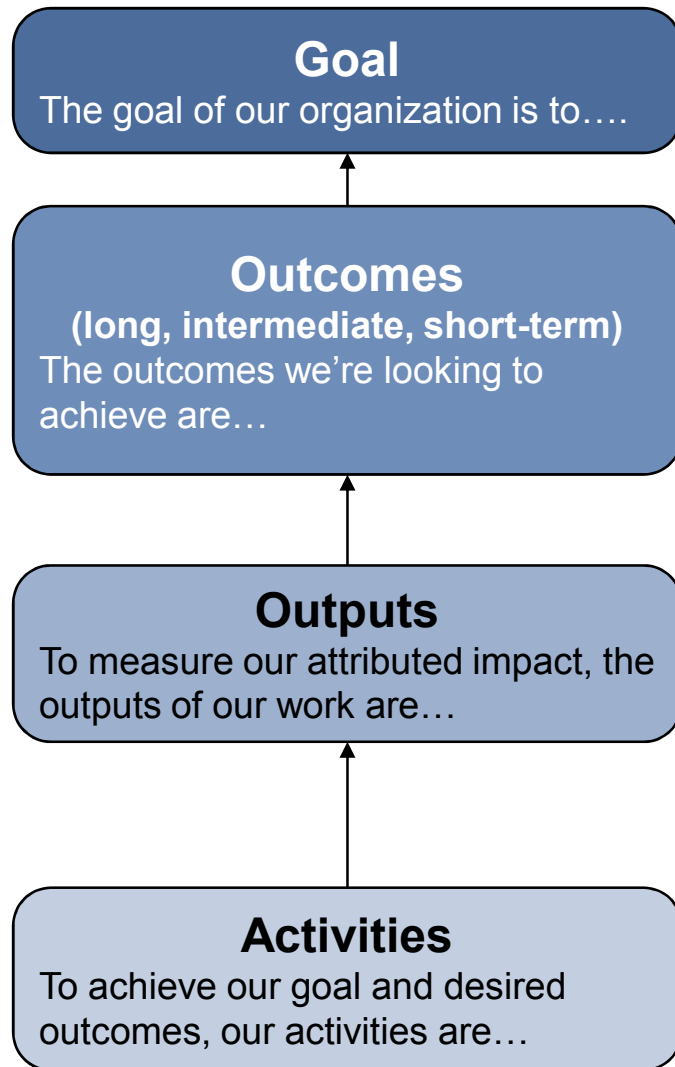
**Answers the following questions:**

- What are we doing or what initiatives / activities are we engaged in?
- What are the desired short-term, intermediate and long-term outcomes of the work we're doing?
- What are our goals?
- What should be evaluated, when and how?
- How do we measure success and keep ourselves accountable?

\* Source: all information from this page comes from [www.grantcraft.org](http://www.grantcraft.org) and [www.theoryofchange.org](http://www.theoryofchange.org)



# What are the key components of a Theory of Change?



## Definitions and explanations

Goals indicate what you're ultimately trying to achieve.

- It answers the questions – why does your organization exist and what would be achieved for you to close shop?

Outcomes are the targets to achieve your goal and track how much progress you're making as a community of advocates.

- For example, you might track mortality reduction as an outcome or an MDG target as an outcome.

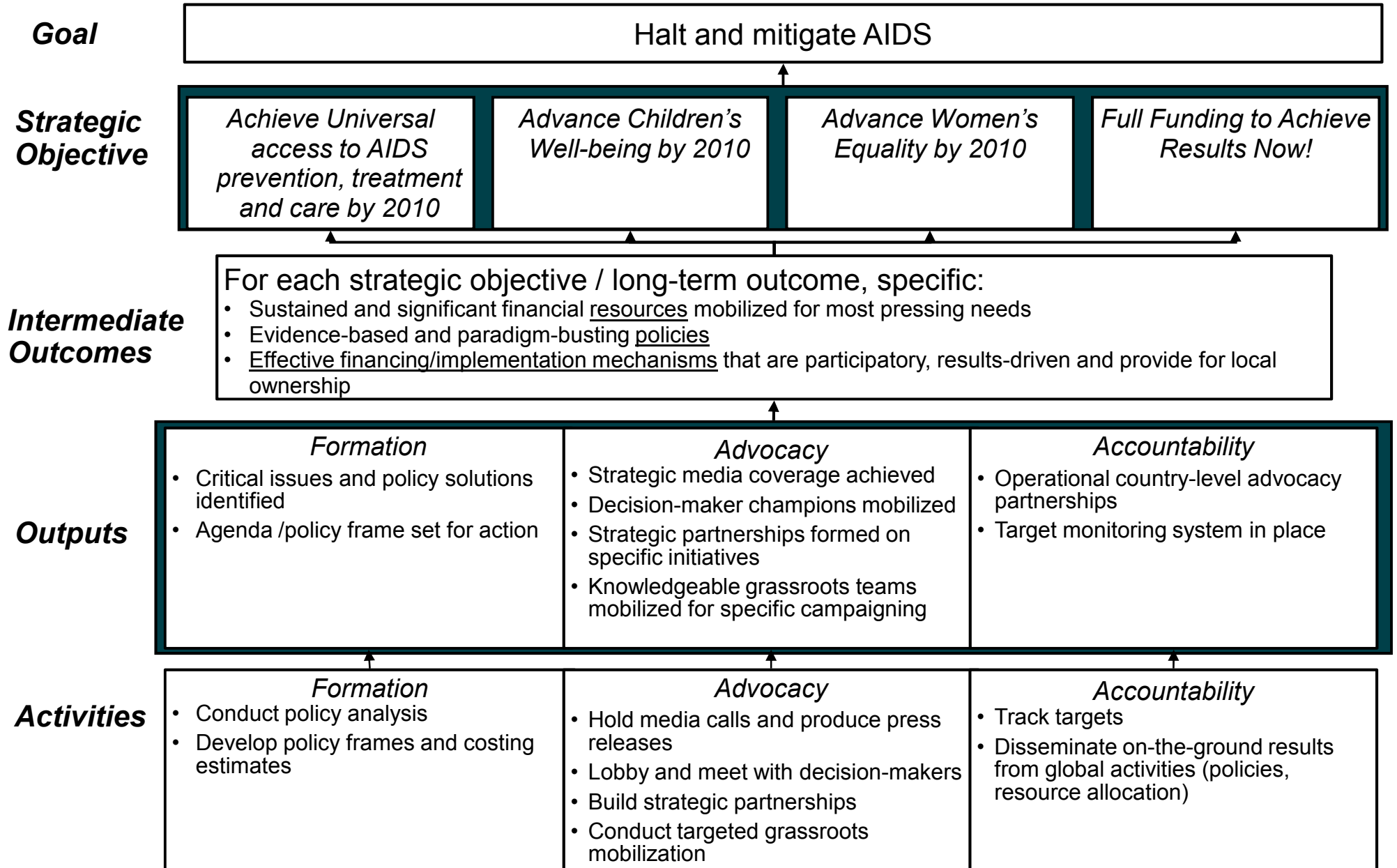
Outputs measure attributed impact.

- To measure progress in public mobilization, you might have an output around # of people in grassroots databases and # of people attending certain events.
- Usually outputs are measured in #s, systems in place (e.g. to measure accountability), quality measurements as derived from internal and external sources

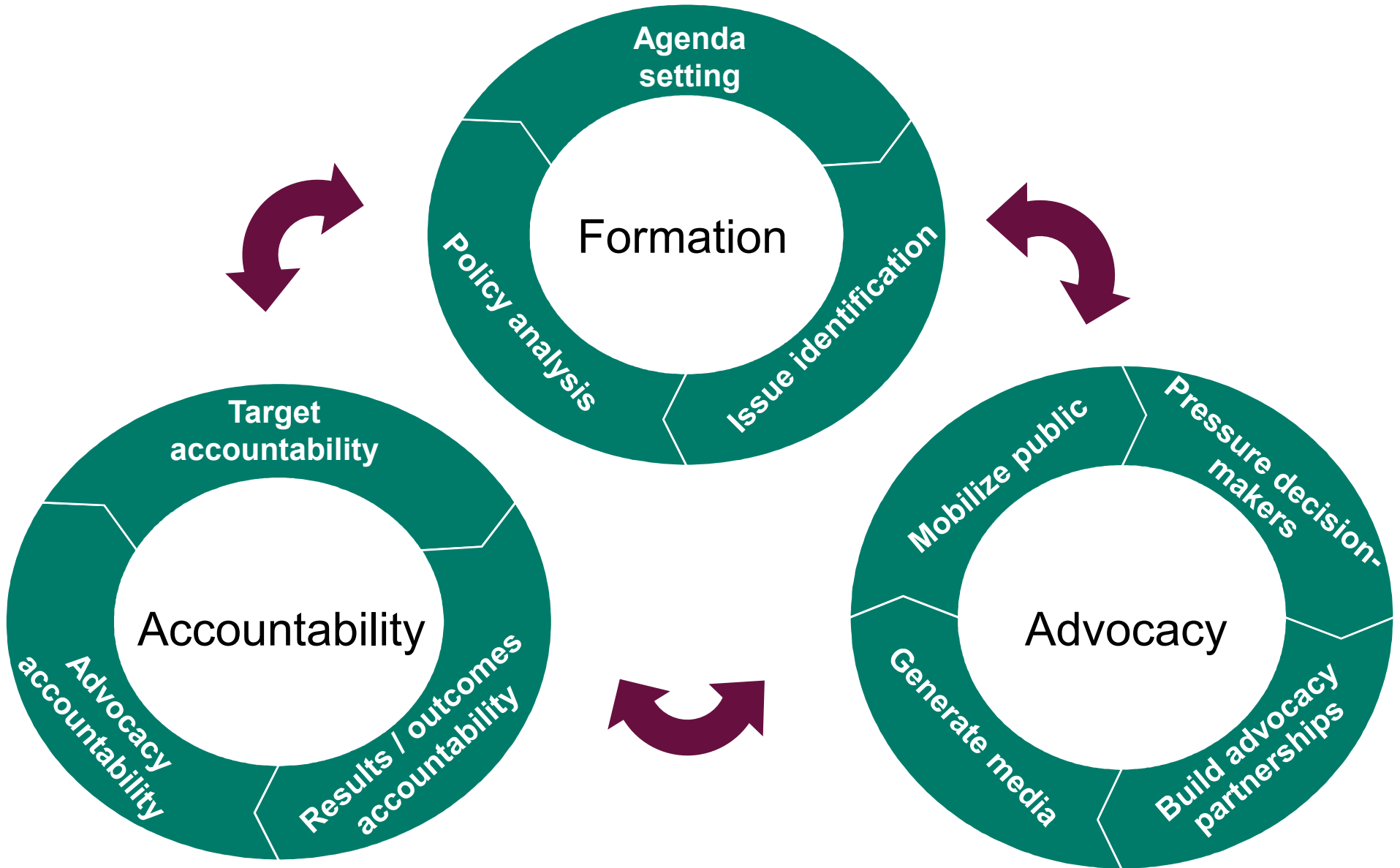
Activities indicate what you do on a daily basis to achieve your goal.

- They could be roles or initiatives or campaigns that you're invested in that will lead to discrete outputs.

# GAA's Theory of Change: *What we are trying to accomplish?*



# Advocacy Roles<sup>1</sup>



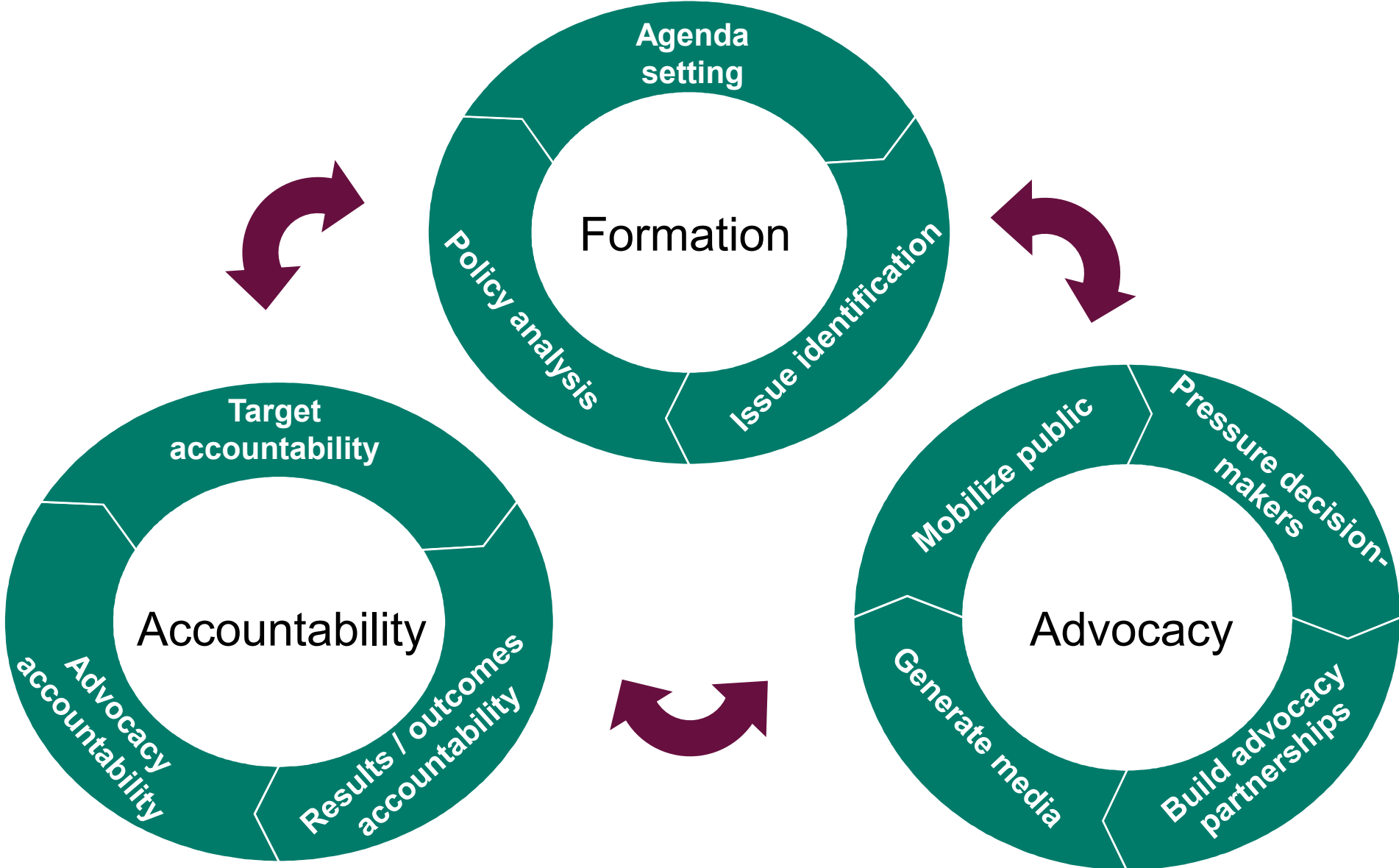
Note: GAA's advocacy approach was formed through the Annie E. Casey "A guide to measuring advocacy and policy," conversations with interviewees, Dalberg and Paul Zeitz analysis



# Formation

*Formation entails developing an advocacy roadmap on a particular issue or intervention. This includes 1) identifying an issue that must be addressed, 2) conducting policy analysis to determine the specific reforms and resource allocations required, e.g. policy asks and 3) setting an agenda that may include crafting a frame for the community to address the issue / intervention.*

# We've built a new GAA Advocacy Roles Approach<sup>1</sup>

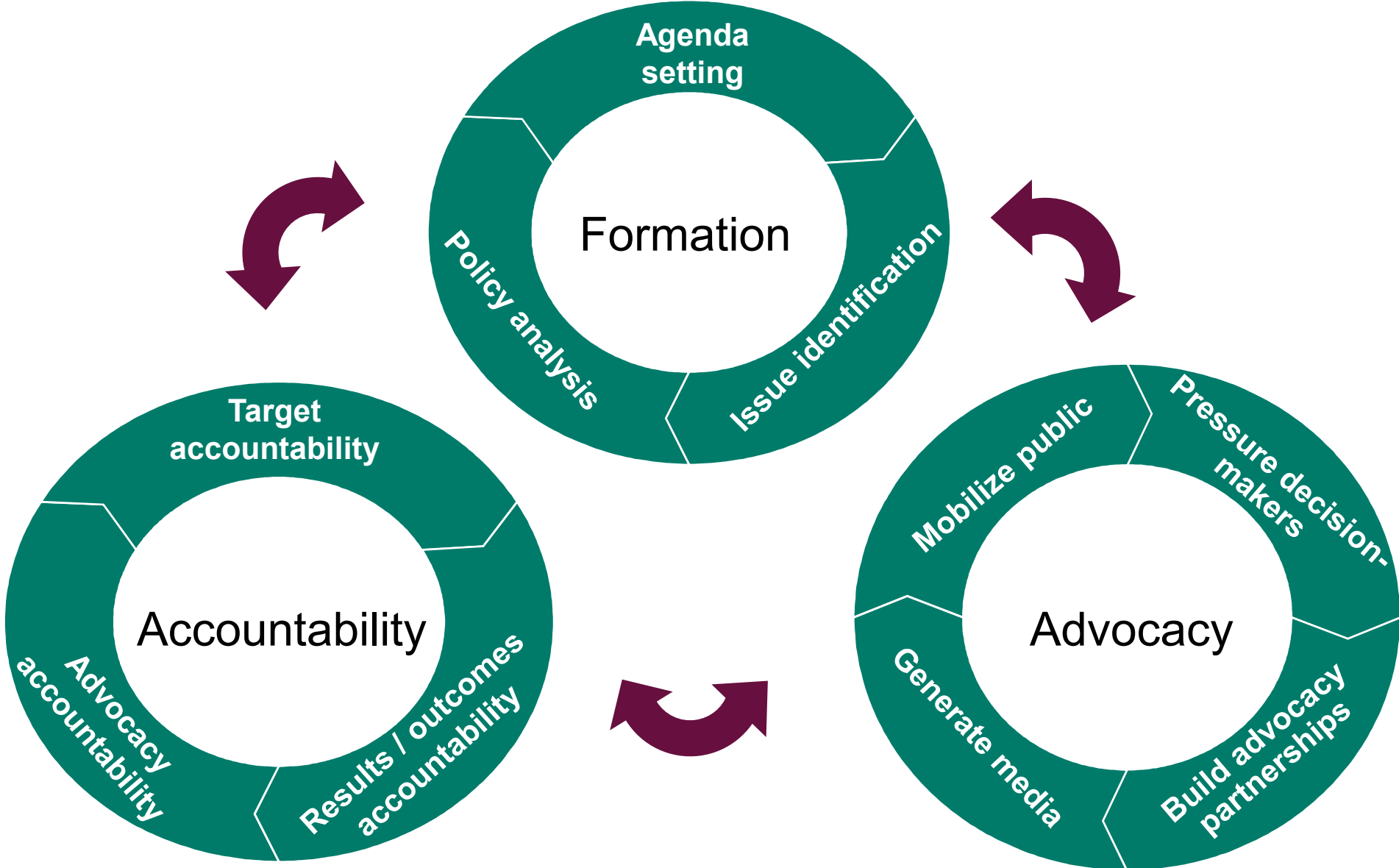


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# Advocacy

*Once the roadmap is defined, advocacy begins in which advocates 1) generate media coverage about a necessary intervention or target, 2) mobilize the public to take action, often through grassroots work, 3) form advocacy partnerships to champion a policy or need and 4) pressure decision makers directly.*

# We've built a new GAA Advocacy Roles Approach<sup>1</sup>



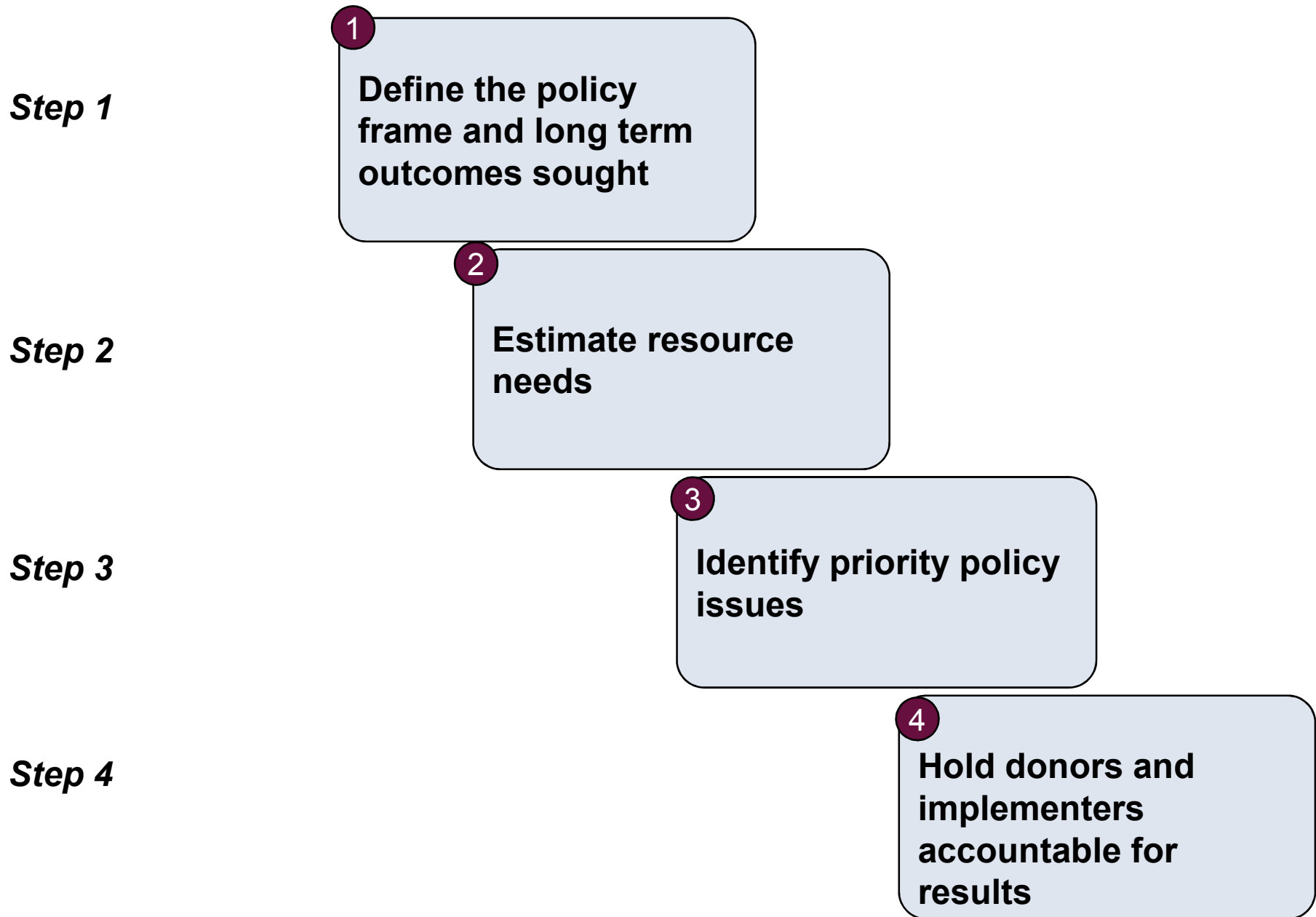
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# Accountability

**Accountability role entails 1) holding targets accountable for promises they made, 2) holding the advocacy community accountable to keep the pressure on targets for promises they made and 3) ensuring that advocacy at the donor level translates into results on the ground.**



## Advocacy Approach



## Strategic Objective 1

### Universal Access: Frame and priority interventions for policies\*

<u>Universal Access</u>		
<i>Prevention, treatment, and care</i>	<i>Health Systems Strengthening</i>	<i>Equitable Access</i>
Preventing sexual transmission through evidence and rights-based strategies	Human resource development and management	Targeted outreach to vulnerable, most at-risk populations
Preventing mother-to-child transmission (PMTCT)	Prevention and management of opportunistic infections and co-morbidities including TB	Rights and access of people living with HIV/AIDS
Equitable access to affordable ARVs for all, including pediatric formulations and 2 <sup>nd</sup> line drugs	Procurement and supply management	Affordability of services including related support services
Voluntary counseling and testing	Comprehensive, integrated services (HIV, STI, SRH, TB, primary care, community based care)	AIDS-related stigma
Preventing blood-borne transmission <ul style="list-style-type: none"> <li>•Syringe &amp; replacement programs for IDUs</li> <li>•Blood supply safety</li> <li>•Prevention in health care settings</li> </ul>	Laboratory services and infrastructure	Gender-based violence (in S.O. 3)
Research and new technologies for HIV prevention		Violence and exploitation of children (in S.O. 2)

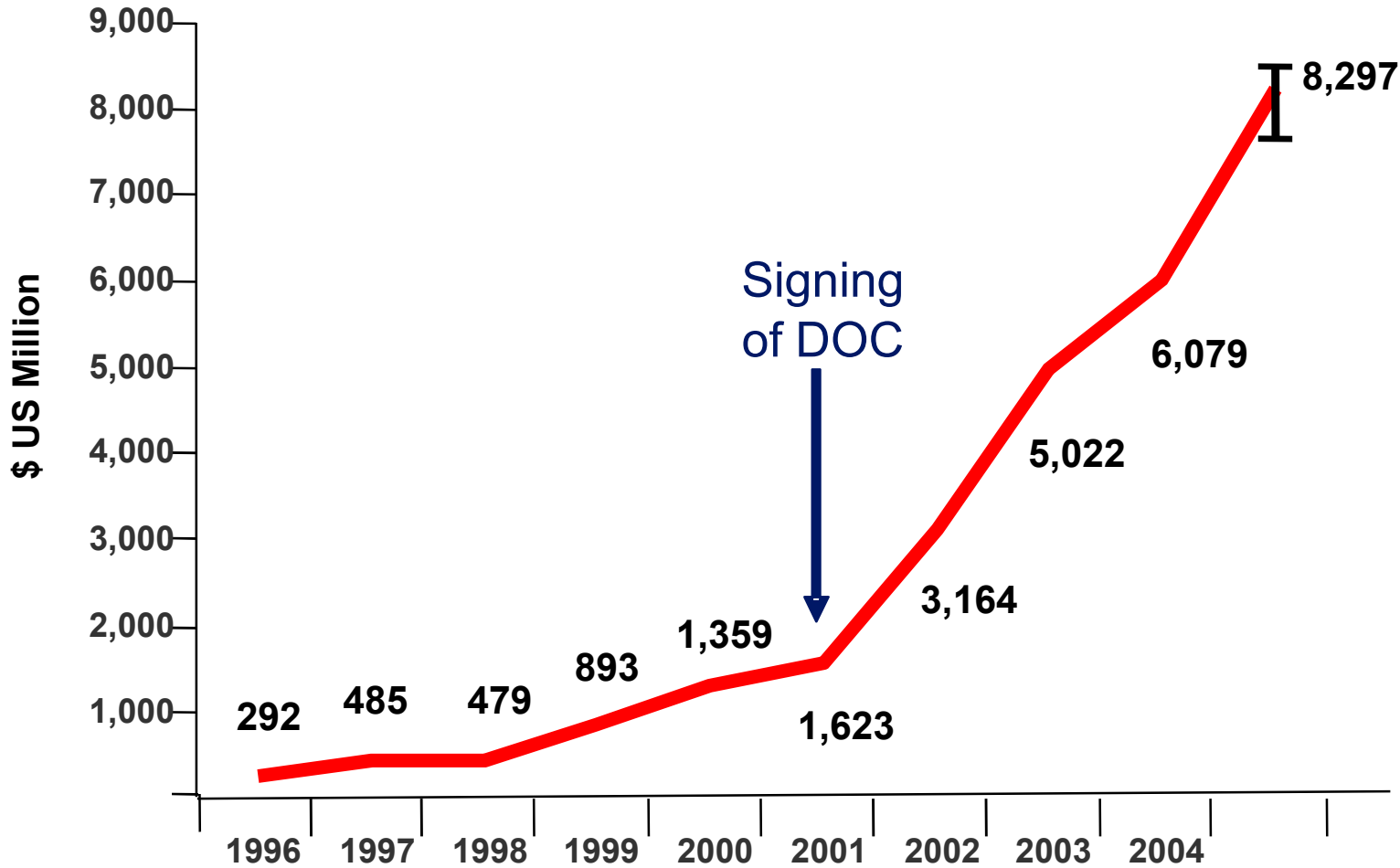
\*Source: "Towards Universal Access: scaling up priority HIV / AIDS interventions in the health sector: Progress report, April 2007.

"World Health Organization, UNAIDS, UNICEF"

\*\*Note: contents added to 2005 frame

 = GAA's potential priority interventions for policies; confirmation / alteration done in January 2008

Estimated total annual resources available for AIDS 1996 – 2005

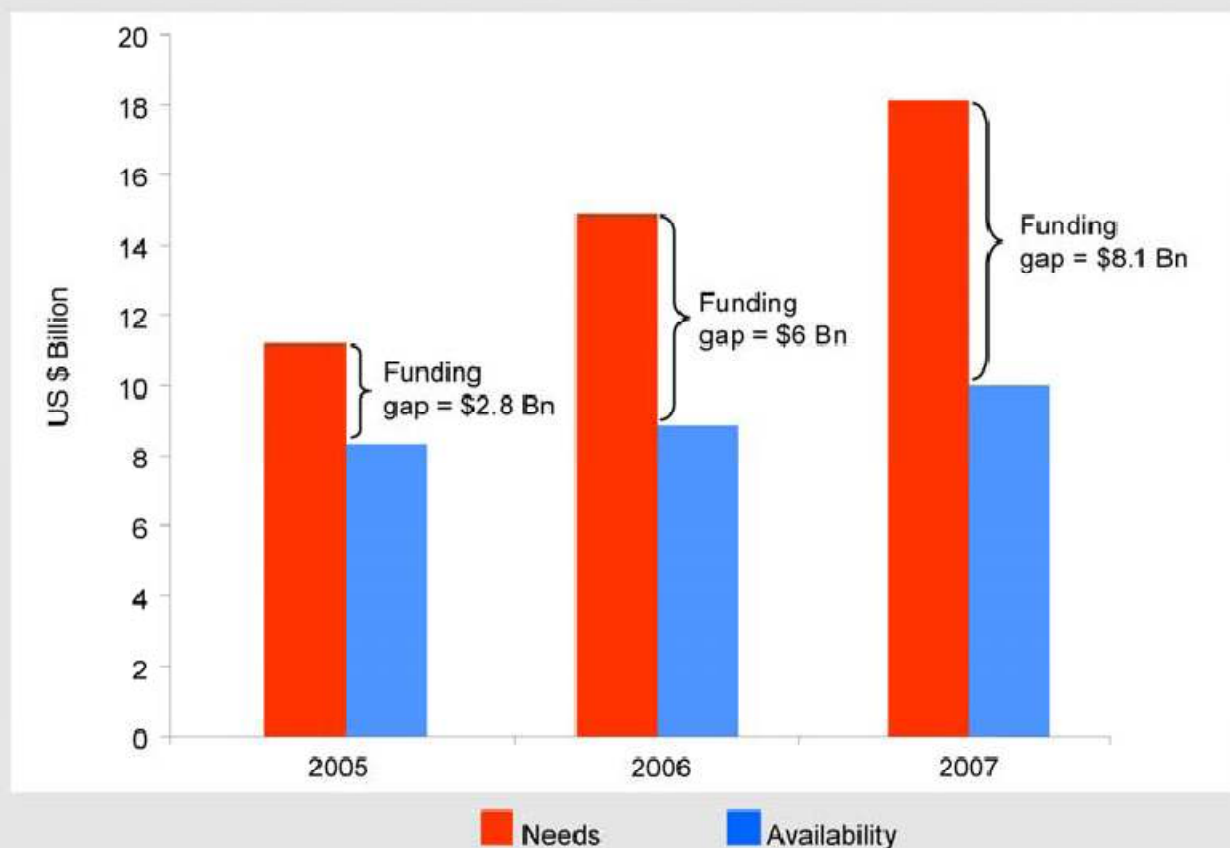


**Data includes:**

- International donors,
- Domestic spending (including public spending and out of pocket expenditures) Since 2001
- International Foundations and GF included from 2003 onwards, PEPFAR included from 2004 onwards

## Universal Access Resources: UNAIDS estimated resources needs and gaps

Funding gap between resource needs and resource availability  
2005-2007



## Key results from Universal Access advocacy

### Increased U.S. fair share

- Previous to 2001, U.S'. fair share of contribution to AIDS resources was widely considered 20%
- GAA, along with other advocates, pressured to change U.S. fair share of contribution to 1/3 of global resources, which is now widely accepted

### Built comprehensive costing

- In initial 2001 estimates, costing for Universal Access was strictly prevention, treatment and care
- Today, costing estimates include violence against women, OVC and health systems as a result of advocacy to include drivers and consequences of AIDS in costing estimates

### Bolstered commitment to maximum volume of resources

- GAA, and other advocates, have consistently advocated for higher costing estimates than UNAIDS presents; several successes have emerged as a result of pushing for higher costing estimates in recent years:
  - UNAIDS relented to have 'Universal Access by 2010' scenario in reports despite their initial resistance that those estimates are too high / not feasible at this point
  - Recently several Presidential candidates signed pledge to allocate U.S. \$50B from 2009 to 2013 as a result of advocates' pressure

### Evolved towards in-country estimates and implementation

- Advances in costing methodology have resulted in estimates coming directly from nationally costed plans in high burden countries. Previous gaps between global advocacy and implementation are closing rapidly.
- In the future, costing should be coming directly from all high-burdened countries

# Advocacy Approach example: Universal Access costing

