Global Health Advocacy Incubator
Changing Policies to Save Lives

Budget Advocacy Framework

for Increased and Sustained Epidemic Preparedness Investment

A methodology to increase investments in epidemic preparedness

The global spread of COVID-19 is a vivid reminder of the need to invest in epidemic preparedness. Unfortunately, past crises—from SARS to H1N1 to Ebola—have demonstrated the difficulties in maintaining the political will for epidemic preparedness after an emergency ends. This framework is designed to help political and civil society leaders generate political will in their own countries to fund the evidence-based strategies that are needed to prepare for, and respond to, existing and emerging disease threats.

The Global Health Advocacy Incubator (GHAI), a core partner of the Resolve to Save Lives (RTSL) initiative, works to increase domestic investments in epidemic preparedness by supporting both policymakers and civil society organizations (CSOs) through its Prevent Epidemics program. In close collaboration with global partners and national stakeholders, GHAI applies its proven policy-change methodology[1] to build capacity for advocacy and raise awareness about the urgent need for increased and sustained country investments in epidemic preparedness. Through campaigns in Nigeria and Senegal from 2018, GHAI developed a four-step budget advocacy framework to achieve budget increases in epidemic preparedness that are sustained. GHAI's framework, outlined in this document, is based on lessons learned in these countries.

This guide outlines the four-step advocacy framework for increased and sustained epidemic preparedness investments, with illustrative examples of advocacy strategies. The guide is designed to support countries' efforts to step up their preparedness and fund core activities of national action plans for health security (NAPHS) in line with the goals and objectives of the World Health Organization's (WHO) International Health Regulations (IHR 2005).[2] GHAI's budget advocacy model for epidemic preparedness provides a framework for building political support and accountability for investments in epidemic preparedness.

1 Advocacy Action Guide: A Toolkit for Strategic Policy Advocacy Campaigns: https://advocacyincubator.org/wp-content/uploads/2019/01/Final-Advocacy-Action-Guide.pdf

2 World Health Organization: https://www.who.int/ihr/9789241596664/en/

Cycle for Budget Advocacy and Funding Sustainability

1	**Campaign Planning:** Conduct a political and legal landscape analysis and impact assessment to build the case for increased investments in epidemic preparedness, and plan the political strategy.
2	**Campaign Implementation:** Working with technical experts, build civil society and academic sector coalitions, engage policymakers and generate media coverage and support for increased funding.
3	**Budget Accountability:** Track budget allocations and spending of increased resources, identify bottlenecks to spending, assess and build capacity to increase accountability and promote transparent disbursement and effective spending.
4	**Budget Sustainability:** Conduct program impact evaluation, assess budget needs for the next budget cycle, promote different sources of funding and build demand to sustain and/or increase the investment to improve health indicators in the medium and long-term.

These activities are not always linear and sometimes occur simultaneously, depending on local context.

1

Campaign Planning:

Conduct a political and legal landscape analysis and impact assessment to build the case for increased investment in epidemic preparedness, and plan the political strategy.

The assessment of a country's epidemic preparedness, key stakeholders, political environment, legal frameworks, civil society advocacy and media capacity should inform epidemic preparedness campaign planning. The assessment can help to capture the public's attitudes, identify key decision-makers and gain a deeper understanding of the political will, national commitments, socio-political environment and legislative or regulatory hurdles to increasing funding.

Political decision-makers are more likely to support funding proposals that are backed by robust evidence, such as feasibility studies, cost-effectiveness analyses and health and economic impact evaluations, particularly when based on country-specific data.

To build the case for investments in epidemic preparedness, an assessment may include the public health and economic cost of past crises, such as the Ebola crisis in West Africa from 2014 to 2016, regional recurring outbreaks and COVID-19. Concrete examples of past costs can illustrate the return on investment in epidemic preparedness and inform how such investments might compare to the cost of inaction. Data may demonstrate increased mortality and morbidity, as well as higher health expenditures, when health systems are overwhelmed and preventive and primary care is delayed. Reduced commerce, trade and other context-specific factors can also be used as data points to illustrate the broad impact of epidemics when unprepared.

Key activities

1. Construct a detailed assessment of national/regional outbreak vulnerability using a variety of reference points—such as past disease outbreaks, Joint External Evaluation (JEE)[3] scores and a country's National Action Plan for Health Security (NAPHS) implementation status—to elevate epidemic preparedness as a public health priority.
2. Review international and domestic guidelines—such as the IHR, Global Health Security Agenda[4] and country NAPHS—to promote evidence-based best practices, identify gaps in funding and guide the development of policy priorities according to global targets and country priorities.
3. Determine a budget objective that is tailored to country context and priorities, and identify clear and specific strategies to achieve it.

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3 World Health Organization: https://www.who.int/ihr/procedures/mission-reports/en/

4 Global health Security Agenda: https://ghsagenda.org/

4. Research the public health and economic impact of health emergencies using data released by the World Bank, WHO and regional/country-based entities. Prepare to make the investment case for epidemic preparedness by illustrating the economic and human costs of disease outbreaks particularly for those most vulnerable in society.
5. Map the political environment and relevant political cycles, focusing on the budget process (documents, timelines, and decision-makers), and conduct legal analysis, including legislative and administrative pathways to increase investments in epidemic preparedness.
6. Identify political decision-makers and key stakeholders in civil society who may influence political processes.
7. Engage in strategic planning to reach the policy objective, keeping in mind legal and political context, timelines and stakeholders.

Examples from Senegal and Nigeria:

In Senegal, *following the devastating Ebola outbreak in 2014, the government established the Health Emergency Operation Center (COUS), which was tasked with preventing, detecting and responding to health emergencies. Despite its critical mission, the agency received less than US$100,000 in annual government funding in 2018 and 2019. International partners provided additional support, but without long-term sustainability.*

In the second half of 2019, to generate support for increased funding to COUS and the Ministry of Health's Directorate of Prevention (DP), GHAI worked with both government agencies to develop a feasibility study that made the case for increased investments in epidemic preparedness and response (EPR). The study, titled "Project for Support of Health Emergency Crisis Management" (Projet d'Appui à la Prise en Charge des Crises et Urgences Sanitaires au Sénégal), or PAPCCUSS, built policymaker and political support for EPR funding. PAPCCUSS was a persuasive tool to engage high-level officials, members of the National Assembly and other key influencers. The feasibility study identified gaps that needed to be filled for the proper management of health crises and emergencies in Senegal and provided a cost-benefit analysis justifying the need for increased investment in EPR. The study was developed in a multi-stakeholder process with leaders from the Ministry of Health, the Ministry of Health's DP, COUS and the Bureau of Civil Defense. The process helped to generate a common understanding of the profound impact of disease outbreaks on Senegal's economy, health system and society, and led to a consensus among government leaders on the value of investing in EPR.

In Nigeria, *the Nigeria Center for Disease Control (NCDC) was formed in 2011, but it was not established legislatively until the passage of the NCDC Act in November 2018. For passage of the Act, NCDC needed line-item budget authority—a procedural step facilitated by GHAI, RTSL and others through direct engagement with legislative and administrative leaders and their staff. This effort was informed by mapping of the budget process and key players. Advocates engaged government stakeholders, including budget leaders in the Federal Ministry of Finance, Budget, and National Planning (FMFBNP), to make the case for increased funding for epidemic preparedness in general (to implement the country's NAPHS) and NCDC in particular. Efforts to ensure increased funding to NCDC began early in the budget cycle, as budget staff discussed funding challenges of the previous year to develop the annual Budget Preparation Manual.*

Campaign Implementation:

Working with technical experts, build civil society and academic sector coalitions, engage policymakers and generate media coverage and support for increased funding.

Once budget objectives and advocacy strategies are defined, a clear action plan should be developed. Disease outbreaks may shift political attention to emergency response episodically, however, sustained advocacy is essential to ensure long-term investments are made beyond immediate crises. Campaign objectives must be matched with specific strategies, activities and measurable outcomes to generate public and political support for investing in EPR.

To move the policy objective forward, **political leadership** is essential. Identifying EPR champions in government and engaging leaders regularly in roundtable discussions, policy forums, conferences and media events help to strengthen the political discourse. High-level health and finance officials, budget officers, committee chairs and other legislative leaders are key actors to conduct the budget process. Civil society, academia and the media also help to build interest in advocacy among the public and policymakers.

Opportunities to provide technical support and stakeholder input can be identified by monitoring legislative and regulatory proposals and committee agendas.

Civil society **coalitions** can help to keep epidemic preparedness at the forefront of public and political discourse. Through public forums, stakeholder sessions and media outreach, advocacy coalitions may elevate epidemic preparedness as a national priority and demonstrate broad demand for additional investments. Examples of key roles that civil society can play include: raising awareness to elevate EPR funding as a public health priority, building consensus around evidence-based solutions, solidifying political will and, in some cases, assisting government with the review and drafting of policies and the monitoring of policy implementation and impact evaluations.

A **comprehensive media campaign** to build and demonstrate support for epidemic preparedness funding should be part of the strategy. Supportive voices and data should be shared through earned and digital media to show the social demand and increase political support for additional investments. Events, mass email campaigns and digital advertising can help to broaden the reach of a campaign and mobilize people to action.

Key activities: Decision-maker leadership

1. Secure commitments from political decision-makers and partners.
2. Identify potential obstacles and challenges, and prepare strategies to overcome them, such as increasing political will through information sharing and press engagement opportunities.
3. Develop educational materials, reports and factsheets that contain relevant data to support policy change.
4. Organize educational forums, panel discussions, conferences and political roundtables for government, business and civil society leaders.
5. Issue reports and position papers on epidemic preparedness and response.
6. Testify before legislative committees and other political forums.
7. Promote meetings between political leaders and academic and civil society organizations at national and subnational levels.
8. Establish an intersectoral expert committee to advise on policy development and promotion, inclusive of government and civil society.

Key activities: Coalition building

1. Build a coalition of CSOs to generate political will and encourage leadership to elevate epidemic preparedness as a public health priority.
2. Provide technical support to CSOs to strengthen their advocacy capacity for epidemic preparedness, and to build coalitions even beyond the health sector.
3. Mobilize action through petitions or letters to political representatives. Participate in public stakeholder sessions and other forums.
4. Encourage CSOs to participate in social media activity and other media engagements to support EPR investments in a coordinated manner.
5. Launch competitions and give awards to elevate and energize civil society advocates.

Key activities: Media campaign

1. Develop clear campaign messages and materials, and share them with political decision-makers, civil society organizations, journalists and digital influencers.
2. Provide new information, story ideas and interview opportunities regularly to journalists through events, webinars, calls and workshops.
3. Frame epidemic preparedness as a national priority through letters to the editor, opinion articles and advertisements in reputable media outlets.
4. Establish journalism awards to recognize and inspire quality media coverage of EPR funding as a national priority.
5. Identify and cultivate opinion leaders and digital influencers to speak up about epidemic preparedness and response, and encourage their followers to do the same.
6. Organize media stunts to keep epidemic preparedness in press coverage.
7. Compile quotes and video testimonials to share with political leaders directly and via social media.

Examples from Senegal and Nigeria:

In Senegal, *political mapping suggested an opportunity to increase EPR funding through the Ministry of Health's Public Investments Program. GHAI partnered with ONG 3D, a Dakar-based NGO, to make the case for PAPCCUSS to receive funding. ONG 3D launched an advocacy coalition—the Civil Society for the Prevention of Epidemics and Disaster Management (COSPEC)—that supported political leaders, organized educational workshops and media activities to raise awareness and promote for EPR investments. Campaign partners worked closely with COUS, expanding the government's ability to advocate for additional funding.*

Throughout the campaign, ONG 3D reached out to journalists to generate compelling media coverage on PAPCCUSS, and epidemic preparedness more broadly. ONG 3D disseminated the information among key political decision-makers, who publicly supported increased epidemic preparedness investments, and produced a series of television reports featuring statements from the Ministry of Health's Director of Medical Prevention and the chairs of the National Assembly's Health and Finance committees, among others. These media activities supported the political discourse about epidemic preparedness and facilitated the environment for PAPCUSS to be included in the Public Investment Program's 2021-23 work plan.

In Nigeria, *political mapping suggested an opportunity to expand NCDC's budget authority through the NCDC Act, which included a provision granting NCDC a share of the country's Basic Health Care Provision Fund (BHCPF). GHAI, RTSL and local partners worked with key staff in the finance and justice ministries to sensitize political leaders to the need for adequate funding for NCDC. Partners worked with National Assembly staff members, including clerks for the Senate committees on Health and on Primary Health Care and Communicable Diseases, as well as legal staff of the Senate president. Budget leaders were identified through mapping and invited to participate in educational events and activities throughout the budget cycle. Lawmaker engagement helped to build political will and momentum for the approval of a budget line for NCDC, and it generated support for the passage of the NCDC Act without extensive legal reviews.*

Building on the successful passage of the NCDC Act, in 2019, advocates shifted their focus to increasing EPR appropriations and spending by NCDC and other relevant government entities at the federal and state levels. GHAI and its partners engaged relevant committees and staff involved in the budget process to make the case for increased EPR funding, highlighting NCDC's role as the IHR focal point for Nigeria. The leadership of key policymakers was essential in the entire process, including key staff in the finance and justice ministries, as well as the chairs of the Senate Committee on Health, Senate Committee on Primary Health Care & Communicable Diseases and the House of Representatives Committee on Healthcare Services.

GHAI engaged three CSOs—Legislative Initiative for Sustainable Development (LISDEL), Nigeria Health Watch (NHW) and BudgIT—that worked with the Health Sector Reform Coalition, the Legislative Network for Universal Health Coverage (LNU) and others to support government efforts to improve epidemic preparedness. Partners met with government staff and decision-makers in the National Assembly to sensitize policy leaders and their staff to the need for dedicated funding to NCDC and highlight the importance of epidemic preparedness funding in Nigeria.

CSOs also engaged the media by sensitizing journalists about epidemic preparedness and preparedness gaps, recruiting social media influencers to generate digital media engagement and organizing information-sharing media roundtables, briefings and webinars. The events brought policy leaders and journalists together, providing opportunities for press coverage and public statements.

NHW planned media events—such as field trips for government officials—to highlight timely epidemic preparedness issues, frame EPR funding as a public health priority and shift the conversation during COVID toward the importance of long-term investments in epidemic preparedness. The activities generated awareness of the need to increase domestic resources, built new alliances and facilitated discussions of policy solutions among a range of public and political stakeholders. GHAI provided technical support to build capacity through the development of advocacy toolkits, fact sheets, talking points, research and reports.

With budget authority and advocacy support, within two years, NCDC's federal appropriations more than doubled.

3

Budget Accountability:

Track budget allocations and spending of increased resources, identify bottlenecks to spending, assess and build capacity to increase accountability and promote transparent disbursement and effective spending.

Following budget increases, civil society should continue advocating for budget allocations and track spending to identify bottlenecks and remove barriers to the efficient use of resources. Continued advocacy actions should spotlight whether the money gets spent as promised and whether the entities that receive funding have the capacity to maintain a tested state of readiness to prevent bureaucracy and inertia from eroding true readiness.

Support for a civil society group with the capacity and motivation to highlight whether government is truly ready to spend the allocated resources is also critical for budget accountability and the sustainability of future resource allocations.

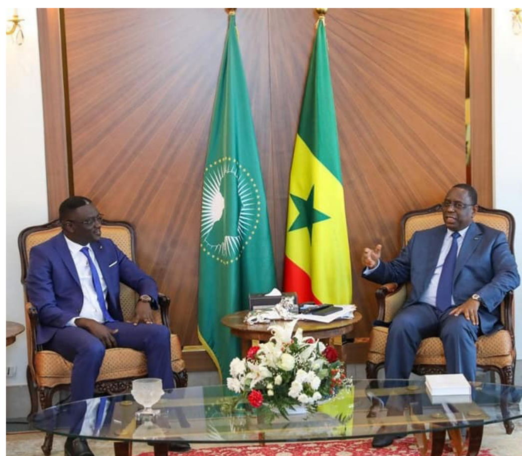
Budget tracking supports the sustainability of funding by informing budget requests for the next cycle and enables stakeholders—including the public, coalition members, political leaders and the media—to hold governments accountable for budget utilization and program improvement. Tracking allocations also enables advocates and government officials to identify barriers to spending, which may include inadequate legal mechanisms or administrative structures for disbursement, lack of political will, understaffing or poor governance. Information on the effective and efficient use of EPR budget allocations may be showcased to improve public and political support for additional investments in the next budget cycle. Tracking allocations, disbursement and spending provides justification for continued funding and engenders ongoing public, civil society and government ownership of program growth and sustained funding.

Key activities:

1. Track epidemic preparedness budget allocations to assure funding is disbursed and spent as a second-year activity, in addition to continued advocacy to fill remaining funding gaps.
2. Identify bottlenecks and barriers to funding disbursement and spending.
3. Provide technical assistance and capacity-building to develop budgets, and monitor spending in relevant government departments.
4. Identify measures of success that relate to public health program improvement.
5. Record and assess lessons learned throughout the project and annual budget cycle.

Examples from Senegal and Nigeria:

In Senegal, *the Ministry of Health incorporated PAPCCUSS, a CFA5,867,112,000 (US$10.5 million) project to strengthen health emergency and crisis management, into its Public Investment Program for 2021-2023. The process of developing the feasibility study and funding proposal at the core of PAPCCUSS helped to define and generate broad support among health and budget leaders for sustained EPR investments.*



In Nigeria, *after the establishment of a budget line for NCDC in the fiscal 2019 budget, NCDC's federal appropriations more than doubled within two years. In fiscal year 2021, NCDC received a 75% increase, raising appropriated funding from ₦1.674 billion (US$4.2 million) in 2020 to ₦2.934 billion (US$7.4 million). At the state level in Kano, the executive governor approved a new budget line for EPR—supported by GHAI, LISDEL and a coalition of civil society advocates—with ₦300 million (US$760,000) in funding allocated for fiscal year 2021. To increase EPR funding at the local level, Kano's 44 local government areas (LGAs) agreed to allocate ₦2 million (US$5,096) for EPR, following advocacy from GHAI and campaign partners.*

LISDEL and BudgIT developed a Health Security Accountability Framework with input from policymakers, government officials and CSOs to track EPR spending. Budget tracking requires qualitative and quantitative research to identify barriers and causes for disbursement bottlenecks that are not well documented or understood but will inform next steps in budget advocacy.

4

Budget Sustainability:

Conduct program impact evaluation, assess budget needs for the next budget cycle, promote different sources of funding, and build demand to sustain and/or increase the investment to improve health indicators in the medium and long-term.

In many countries, the budget is discussed and approved every year, or every two or three years, depending on the context. This means that, based on decision-makers' prioritization—taking into account available resources, previous budget execution, resource use during the previous budget cycle and impact evaluation—resources can be increased, sustained or not in the new budget cycle. The sub-execution or inefficient spending of resources is a frequent challenge for budget sustainability. That is why, to promote sustainable resources and achieve best practices for epidemic preparedness in the medium and long-term, advocacy must be continuous along the four-step process and extend beyond one budget cycle.

Key activities:

1. Identify various revenue sources to maintain funding for epidemic preparedness as a health priority. For example, in addition to the general budget, funding may come from other health funds, taxation of unhealthy products, or from private sector engagement that are free of conflict of interest.
2. Keep EPR in the public eye to sustain it as a political priority. A robust civil society must have the ability to promote epidemic preparedness as part of the public and political agenda for the long term. There needs to be a strategy to ensure that influential decision-makers are held accountable and that the public maintains the demand.
3. Provide technical assistance to governments to spend funding, minimize bureaucracy and remove systemic bottlenecks that hinder funding sustainability.
4. Evaluate impact and perform cost-effectiveness analysis. Essential information to support budget sustainability for future funding cycles includes mortality and morbidity longitudinal data and longitudinal evaluation of epidemic preparedness readiness—including joint external evaluations—that reflect the performance of the health system for outbreak detection, notification and response, among other measures.

Examples from Senegal and Nigeria:

In both Senegal and Nigeria, *coalition capacity for epidemic preparedness advocacy has increased. Coalition members have become skilled in engaging in the annual budget process. Journalists have been sensitized on how to cover epidemic preparedness, thereby raising public and political awareness of the need to fund EPR.*

In Nigeria, *the Health Security Accountability Framework will serve as both an advocacy and budget accountability tool that illustrates budget shortfalls, bottlenecks to funding and capacity gaps. It will inform advocacy for the next cycle, indicate program funding successes or shortfalls and help to document positive outcomes resulting from budget advocacy toward program sustainability.*

Advocacy sustainability is encouraged by recognizing the valuable contributions, work and support of key EPR champions in government. In Nigeria, LISDEL presented Health Security Champion and Health Security Service Excellence awards, and NHW recognized several journalists for their excellence in reporting on epidemic preparedness.

Conclusion

COVID-19 and other disease outbreaks reinforce the importance of investing in epidemic preparedness. Political will is needed to prioritize epidemic preparedness domestic investments. GHAI's Budget Advocacy Framework for Increased and Sustained Epidemic Preparedness Investment can serve as a guide to public health champions as they plan and implement effective advocacy campaigns to increase and sustain investments in epidemic preparedness to prevent, detect, and respond to epidemics.

About GHAI

The Global Health Advocacy Incubator (GHAI), a project of the Campaign for Tobacco-Free Kids, supports civil society organizations advocating for public health policies that reduce death and disease. We bring a proven advocacy approach and a global network of local partners, built on a 20-year track record of success across multiple issues in more than 60 countries.

Learn more at advocacyincubator.org.