



# Toolkit for Epidemic Preparedness

A Guide for  
Budget Sustainability  
for Government





## About Us

The [Global Health Advocacy Incubator](#) uses the power of advocacy to tackle critical public health challenges across the globe – including food and nutrition policy, injury and overdose prevention, and building resilient and equitable health systems. We are an initiative of the Campaign for Tobacco-Free Kids, which is the leading advocacy organization working to reduce tobacco use and its deadly consequences in the United States and around the world. Our vision is a healthier and more equitable future for all.

For more information, visit [www.advocacyincubator.org](http://www.advocacyincubator.org).

Our [Prevent Epidemics program](#) builds support for government investments in epidemic preparedness. GHAI is a core partner of [Resolve to Save Lives'](#) Prevent Epidemics partnership, which works to make the world safer from epidemics. Resolve to Save Lives generously supported the development of this toolkit.

For more information or to discuss how we can work with you, contact the Prevent Epidemics Program at [info@advocacyincubator.org](mailto:info@advocacyincubator.org).

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# List of Abbreviations

**AOP:** Annual Operational Plan

**CSO:** Civil Society Organization

**ECOWAS:** Economic Community of West African States

**EPR:** Epidemic Preparedness and Response

**GHA:** [Global Health Advocacy Incubator](#)

**IHR:** [International Health Regulations](#)

**JEE:** [Joint External Evaluation](#)

**KHETFUND:** Kano State Health Trust Fund

**LISDEL:** [Legislative Initiative for Sustainable Development](#)

**MDAs:** Ministries, Departments and Agencies

**NAPHS:** [National Action Plan for Health Security](#)

**NCCRM:** National Centre for the Coordination of Early Warning and Response Mechanism

**NCDC:** [Nigeria Centre for Disease Control and Prevention](#)

**NGO:** Non-Governmental Organization

**NFP:** National Focal Point

**PFM:** Public Financial Management

**REMAP:** Resource Mapping

**SDG:** Sustainable Development Goals

**SMART:** Specific, Measurable, Achievable, Relevant and Time-bound

**UHC:** Universal Health Coverage

**WHO:** [World Health Organization](#)



# Glossary

**Accountability:** The existence of an obligation to demonstrate that work has been conducted in compliance with agreed upon rules and standards or to report fairly and accurately on performance results vis-à-vis mandated roles and/or plans.

**Actual Disbursements:** The amount of allocated funds released by the government, with consideration given to the timeliness of disbursements and whether the appropriate entities received the funds for the intended activities.

**Advocacy:** A set of strategic, focused actions directed at decision-makers in support of a specific policy objective.

**Appropriation:** An authorization made by law or legislative enactment directing payment of government funds under specified conditions or for specific purposes.

**Approved Budget:** The budget as formally adopted by parliament to serve as the definitive point of reference for the raising of revenues and the allocation of and accounting for public funds. Generally, the approval takes place before the start of the financial year in question. An “approved budget” should not be confused with modifications or amendments to the budget (e.g. supplementary budgets), which may arise during the course of the financial year.

**Budget:** The Government’s main economic policy document, detailing how the Government plans to use public resources to meet policy goals.

**Budget Advocacy:** Strategic interventions that influence a government’s resource allocation decisions during the budget formulation process to secure adequate funding that is accountable, reliable and sustainable.

**Budget Allocation:** The amount of funding committed by a government in each fiscal cycle by expenditure line to various ministries, departments, agencies, and programs.

**Budget Cycle:** The stages involved in preparing, approving, enacting, implementing and auditing a budget, which serves as the government’s primary spending document.

**Budget Execution:** Ensuring the approved budget is fully spent in line with stated priorities and within appropriate timelines.

**Budget Transparency:** Full disclosure of all relevant fiscal information in a timely and systematic manner.

**Civil Society:** The voluntary participation of citizens in the civic and social bodies that form the basis of a functioning organization as opposed to state and commercial institutions.

**Coalition:** A group of organizations and individuals that come together for a period of time to collaborate in order to achieve changes in policy, law, programs or funding streams for a particular issue.

**Communication Channels:** The medium through which a message is delivered to an audience. Channels can include print (newspapers), broadcast (TV or radio) or social (X or Facebook) media; paid advertising (newspaper ads or billboards); meetings or round tables; public events; petitions; email; and more. All media channels are communication channels, but not all communication channels are media channels.



**Decision-Makers:** People in government who are directly responsible for writing and/or approving laws, budgets and regulations. They could be ministers of agencies, members of parliament or Congress, committee chairs, the prime minister, etc. The decision-maker should have formal decision-making authority over that step in the policy process.

**Desk Review:** A form of secondary research, focusing on information that has already been documented or publicly available.

**Digital Advocacy:** Digital advocacy is the use of technology to create, promote, and mobilize support for a particular cause or campaign. Digital advocacy may include sending out emails or text messages, creating social media campaigns, holding virtual events and more.

**Domestic Resource Mobilization:** The process through which countries raise, allocate, and spend their own funds to finance public services.

**Earned Media:** Publicity or exposure gained through non-paid means, such as word of mouth, social media sharing, news coverage, or online mentions.

**Executive Budget Proposal:** A comprehensive document (or set of documents) produced after a thorough cost-benefit analysis that involves discussions and negotiations with line ministries/agencies. The budget proposal specifies the government's plan for raising revenues and allocating resources in the forthcoming financial year. It is submitted to the parliament for review and approval.

**Expenditure:** The term refers to government spending (or outlays) made to fulfill a government obligation through a payment or promise of a future payment.

**External/Donor Financing:** Funds provided by sources based outside of the country, including foreign governments and international civil society or private sector organizations.

**Fiscal Risk:** Factors that may cause fiscal outcomes to deviate from expectations. Fiscal risks can arise from macroeconomic shocks (e.g. financial sector crisis), or the realization of contingent liabilities (e.g. guarantees), or other events (e.g. natural disasters).

**Global Health Security Agenda:** A global effort launched in 2014 and led by a steering group of 10 permanent members to accelerate progress towards implementation of the International Health Regulations (2005), which were created to strengthen the world's ability to prevent, detect, and respond to infectious disease threats.

**Goal:** The overall, long-term intended impact of the advocacy effort, usually the result of achieving one or several interrelated objectives.

**Grassroots Advocacy:** The process of mobilizing the general public in a way that motivates individuals to contact their government officials and make their voices heard on specific issues or policies.

**Influencers:** A term to describe people inside or outside of government who have influence over or access to the decision-maker and a stake in the policy outcome.

**Investment Case:** A pitch that uses evidence to support why increased funding should be allocated to a specific issue or policy.

**In-Year Budget Execution Reports:** Reports that provide a snapshot of the budget's implementation during the budget year and may signal to the government (and to the public) the need to take corrective action where appropriate.



**Joint External Evaluation:** A voluntary, collaborative, multisectoral process to assess country capacities to prevent, detect, and rapidly respond to public health across the WHO International Health Regulations Benchmark technical areas.

**Landscape Analysis:** An assessment of the country-specific political, policy, economic, legal and social/cultural context that informs identification of the policy changes needed and effective strategies to achieve the policy goal.

**Legal and Legislative Gaps:** The complete or partial absence of the necessary legal or legislative provisions in a current regulations or legislative act in question.

**Legal Framework:** A set of laws, regulations or rules, including government strategies or plans of action.

**Legislative/Regulatory Process:** Procedures and timelines followed to introduce and enact legislation and issue regulations or other relevant measures, such as guidelines.

**Line Item:** An itemized appropriation in a budget. In public budgeting, line items refer to the most granular details in the budget.

**Media Advocacy:** Conducting strategic, targeted activities with and across media platforms to advance policy objectives.

**Media Channels:** Specific platform through which content is distributed to an audience. Examples include television, print, radio, websites, social media, etc.

**Messengers:** The person or organization delivering a message or content to a target audience. Ideally, the messenger is credible and able to influence the target audience.

**Mid-Year Implementation Report:** Analysis of the budget's effects provided about halfway through the budget year that provides a comprehensive update on the

implementation of the budget. In addition to its use for budget oversight, the mid-year report can also yield useful insights which can inform the pre-budget deliberations for the following year.

**National Action Plan for Health Security:** A country-owned, multi-year, planning process for the implementation of IHR core capacities. The NAPHS captures national priorities for health security, brings sectors together, identifies partners and allocates resources for health security capacity development under a One Health, whole of government approach.

**One Health Strategic Plan:** A policy document that lays out a coordinated, multi-sectoral One Health approach to prevent, detect, and respond to public health events, especially related to zoonotic diseases. Each country develops its own specific One Health Strategic Plan.

**Operational Spending:** Spending incurred in carrying out an organization's day-to-day activities such as payroll, rent, office supplies and utilities.

**Outcome:** Intermediate and long-term effects of the policy or program on individuals, groups and communities; the ultimate and desired change that contributes to impact.

**Output:** Products generated from human, technical and financial inputs, resulting from or contributing to activities implemented. Output contributes to outcomes.

**Performance Targets:** The specific and measurable outputs or outcomes that are set ex-ante with the goal of being achieved by a government's policies, programs and/or organizations within a prespecified amount of time. Performance, as measured against performance targets and compares the initial output/outcome goals set with those achieved.



**Policy:** Governments' main tools for guiding action, typically expressed in laws/regulations, official policy statements or guidelines and institutions which then result in programs and specific initiatives financed and/or conducted by government organizations to address these challenges.

**Policy Objective:** The desired result achieved within a foreseeable timeframe and with available resources. Achieving a policy goal usually requires meeting a series of strategic and interrelated policy objectives.

**Political Mapping:** A structured approach to examining and presenting the power dynamics and social forces that influence government.

**Primary Research:** Research that you gather yourself, firsthand. Examples include surveys, interviews, observations, and ethnographic research.

**Public Financial Management:** The collection, management and expenditure of public financing throughout an economy. The core objective is to improve citizens' lives through better management of public funds.

**Reallocation:** A movement of funds from one account/line-item/program to another, which can be limited by formal rules. To prevent misuse, government organizations must normally seek authorization to make such transfers.

**Report on Fiscal Risks:** Provides an overall assessment of the range and scale of factors which have the potential to affect the course of public finances. Such reporting, if integrated alongside the annual economic and fiscal documentation, can provide a good sense of how robust and resilient the public finances are, thus informing the national debate about the appropriate budgetary strategy and whether there are sufficient safety mechanisms in place.

**Resource Allocation:** The amount provided to carry out an activity and may include the provision of financial resources (money), capital resources (such as buildings and computer hardware) and staff resources (including the number of staff and the skill mix required).

**Strategic Plan:** The course of action that supports each objective of an advocacy campaign. The strategic plan specifies which people are responsible for carrying out certain activities, the resources needed, the timeframe and the indicators of success. The plan evolves as the landscape changes, serving as a living document that is constantly referenced and updated.

**Strategies:** Approaches to achieve the policy objective. Each strategy should focus on influencing some aspect of the budget policy or process, by engaging or influencing the relevant decision-makers. There may be multiple strategies in support of each objective.

**Target Audience:** The groups and individual's advocacy should reach to achieve the policy objective. The target audience may include key representatives from government who play a role in the adoption of policies or the drafting of guidelines.



# Introduction

A well-funded epidemic preparedness plan can yield life-saving results for a country and spare it from the social and economic devastation inflicted by widespread disease. This *Budget Advocacy Toolkit for Epidemic Preparedness: A Guide for Advocacy in Government* is designed to inform health security advocates how to effectively collaborate with government decision-makers so that epidemic preparedness receives the funding and attention it deserves.

COVID-19 serves as a modern-day reminder that how a country and its government respond to an outbreak of disease matters. This toolkit was created to support coordinated and effective advocacy for budgets and policies that help make the world a safer place. The toolkit is the latest in a series of guides developed by the [Global Health Advocacy Incubator](#) (GHA) [Prevent Epidemics program](#), which has an established track record for working with partners worldwide to advance policies that reduce disease and preventable deaths. This guide borrows from GHA's [Budget Advocacy Framework for Increased and Sustained Epidemic Preparedness Investment](#) and [Budget Advocacy Toolkit for Epidemic Preparedness](#). But its content has been refined based on feedback from partners, who have relayed their on-the-ground strategies and the lessons learned.

The toolkit is arranged into four modules, each of which details critical components of an effective and sustainable epidemic preparedness campaign. The *Advocacy Planning* module helps advocates assess epidemic preparedness needs and set realistic objectives for an advocacy campaign. The *Advocacy Implementation* module focuses on how to build a broad coalition of stakeholders to rally behind the objectives, and the *Budget Accountability* and *Budget Sustainability* modules emphasize the need to make sure that allocated funds promptly reach their intended targets so that advocates can make a case for sustained or increased government funding in the future. Worksheets at the end of the toolkit are designed to reinforce the reading material by highlighting questions to consider and providing short exercises. Depending on the local environment or advocacy campaign goals, the modules may not need to be carried out in the sequence outlined in this toolkit. In fact, circumstances may dictate that the proposed activities in each module be carried out simultaneously.

Advocates should take the time to read each section carefully and refer to the content often so that their work results in an efficient course of action with clearly defined objectives. The success of any campaign relies on thoughtful planning that strategically leverages the advocates' resources and relationships, as demonstrated by several country examples provided throughout the toolkit.

# Government Engagement and Institutional Reforms




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**1 Strategic Planning and Budget Analysis:** Analyze funding gaps and develop and implement strategies to mobilize political support within the budget process.

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**2 Strategy Implementation:** Leverage data and research to demonstrate financial effectiveness and return on investment.

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**3 Budget Accountability:** Track budget allocations and spending of the increased resources, identify bottlenecks to disbursement and spending, facilitate the establishment of joint government/civil society accountability mechanisms and strengthen capacity in public finance management.

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**4 Budget Sustainability:** Support governments to institutionalize gains, assess budget needs for the next budget cycle, diversify funding sources, scale up successful models and build financing sustainability.

*The activities outlined in each step of the Toolkit are not always linear and sometimes occur simultaneously, depending on the local environment and needs.*



## Strategic Planning and Budget Analysis

**Strategic planning and budget analysis involves understanding a country's track record during epidemics, crafting a case for why more funds are needed to prepare for future epidemics and devising a strategic plan on how to move forward.**

The following sections of Module 1 detail the budget advocacy planning process:

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Module 1.1    **Conducting a Landscape Analysis**

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Module 1.2    **Setting Policy Objectives**

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Module 1.3    **Constructing a Strategic Plan**



# 1

## Module 1.1 Conducting a Landscape Analysis

A landscape analysis is a detailed examination of the country-specific data needed to inform and develop a strategy that will secure funding for policy objectives. Understanding the landscape calls for a thorough desk review of existing information on the following four topics:

- 1. Country Context** to assess the impact of past epidemics, the effect of existing regulations and the current allocations of funding and resources.
- 2. Political and Stakeholder Mapping** to examine the government's structure at the national and sub-national levels, its stated health priorities and the non-governmental stakeholders who can influence budgetary decisions.
- 3. Budget Process** to learn how the budget is formulated and explore how epidemic preparedness funding is allocated.
- 4. Legal Analysis** to assess existing and pending laws and regulations and identify which government bodies oversee them.

Compiling information for the desk review helps avoid duplication of existing work; promote the consolidation of existing research; and identify knowledge gaps that must be addressed to strengthen an advocacy campaign. This information can be obtained through in-depth interviews, focus groups, political and economic analyses and other means. A thorough desk review should provide a clear understanding of a country's political, economic, cultural and media landscapes. The information gathered helps build a convincing case for increasing epidemic preparedness funding.

Module 1.1 explores each element of a landscape analysis desk review. These resources can further inform the desk review process:

- [Joint External Evaluation \(JEE\) assessment](#) score and identified implementation health security priorities
- [National Action Plan for Health Security](#) (NAPHS) implementation status
- [World Health Organization \(WHO\) databases](#) and reports on country epidemic outbreak history and health status
- Health and economic impact analyses developed by the [World Bank](#) and others



## 1. Landscape Analysis: Country Context

Each country has distinct circumstances that should guide an advocacy campaign's policy objectives and approach. Understanding the country's context helps determine what policy changes are needed so that advocates can craft strategies and messages that will resonate with decision-makers. In researching country context, it is critical to examine the history and impact of past and current epidemics, the societal costs of those epidemics, the demographic characteristics of affected populations, how much of the annual budget is dedicated to health and the country's economic growth trajectory. It is equally important to consider whether the country has implemented the International Health Regulations (IHR) and if its budget and economy can support related costs.

The country-specific data collected on all these factors will help crystallize the policy objectives and create a solid foundation on which to build an epidemic preparedness campaign that will be well-received by key constituencies.

*The [Country Context Worksheet](#) supports the development of this part of the landscape analysis.*

## 2. Landscape Analysis: Political and Non-Governmental Stakeholder Mapping

Political and non-governmental stakeholder mapping involves gaining a deep understanding of the country's government structure, political environment, key decision-makers and social institutions (including the media.) The mapping will help determine where and when opportunities exist to influence funding priorities and identify any potential obstacles.

- **Political Mapping**

Understanding how power is divided among different levels of government, which government entities wield the most influence in the budgetary cycle and how that cycle operates is crucial in crafting an advocacy plan.

Identifying the key decision-makers at each step of the budget process and the actors who can influence them is an essential part of mapping. (More information on decision-makers is provided in [Module 1.2/"Setting Policy Objectives"](#) and [Module 1.3/"Constructing a Strategic Plan."](#)) Look for other allies within the government, such as officials or staff, who can help generate new support and interest among colleagues. Knowing when to engage these actors will shape the timing and type of advocacy campaigns needed to boost funding.

To map the government's bureaucratic structures, identify the key institutions at the ministry, department or agency/bureau level. This includes outlining their roles/responsibilities, power/authority, staffing levels, accountability and relationships with other institutions at the national



and subnational levels. Note the extent to which each institution's mandate covers epidemic preparedness as opposed to other services and programs, and how each stakeholder institution interacts with budgetary authorities to request a budget and receive funding.

Effective political mapping also closely examines whether epidemic preparedness and health security rank high on the government's agenda. If so, is the government's financial commitment in line with its stated priorities? If not, what drives the government's funding priorities? Political mapping helps identify potential access points for input that would shape future funding priorities.

Useful resources for gaining insights into the country's funding priorities include national development plans, frameworks, evaluations and proclamations or declarations, such as those made during ministerial conferences. Media coverage of government activities or press statements is also helpful.

As with all political matters, timing is everything. While working on political mapping, keep a watchful eye on how national elections may affect the political calculations that go into health security funding.

*The [Political Mapping worksheet](#) and the [Government Decision-maker Mapping worksheet](#) support the development of this part of the landscape analysis and provide critical questions to consider.*

- **Stakeholder and Media Mapping**

The mapping of non-governmental stakeholders will help identify which potential partners, allies and policy champions to engage. Media mapping will determine potential channels for amplifying messaging on health security funding.

Civil society, the private sector, international partners or donor agencies and other non-governmental stakeholders could support your agenda and join in advocating for more resources; some may also have influence over or connections with the government decision-makers. More information is available about these stakeholders in [Module 2/ "Building a Coalition of Advocates."](#)

The media helps shape public perceptions. Mapping the most influential outlets and platforms is a first step to developing a communications strategy that will build broad public and political awareness and support for epidemic preparedness financing.

*For more information about non-governmental stakeholders and coalition-building, see the [Global Health Advocacy Incubator](#), "[Advocacy Action Guide: A Toolkit for Strategic Policy Advocacy Campaigns](#)," section 3 ("Strong Partnership Coordination").*

*The [Political and Non-Governmental Stakeholder Mapping worksheet](#) and the "Media Outlets and Journalists" portion of that worksheet support this part of the landscape analysis.*



### 3. Landscape Analysis: Budget Process

Analyzing the budget process involves tracking the allocation of funds for epidemic preparedness to gauge how the government prioritizes spending. The budget can cover multiple funding streams to government agencies, ministries and departments within various levels of government. Gaining insights into these funding streams helps inform advocacy planning.

The budget is typically crafted in four stages: review, formulation, approval and monitoring. Knowing the timeline and considerations that go into each phase of the process helps identify the optimal timing for approaching relevant government stakeholders who can affect epidemic preparedness funding.

The budget process typically unfolds in phases, and an effective advocacy campaign must identify how it can provide input and guidance at each phase so that it can secure the funding needed to achieve its epidemic preparedness goals.

## Annual Budget Phases: Advocacy Opportunities

Pre Budget Phase Review/Analysis (Feb-March)	Budget Formulation Planning/Submissions (April-August)	Budget Approval Finalization/Passage (Sept - Dec)	Budget Implementation and Auditing (Jan)
<ul style="list-style-type: none"> <li>● Presentation and review of previous year's budget</li> <li>● Engagement with relevant stakeholders such as the Parliament, ministries, departments, and agencies (MDAs), and civil society on the budget process</li> </ul>	<ul style="list-style-type: none"> <li>● Preparation of budget guidelines</li> <li>● Consultation with on the overall budget goals, size, and sector allocations</li> <li>● Preparation and presentation of budget policy statement</li> <li>● Preparation of budget proposals by MDAs</li> <li>● Organize a budget hearing</li> </ul>	<ul style="list-style-type: none"> <li>● Consolidation of draft budget</li> <li>● Review and approval of finalized budget</li> <li>● Presentation of draft budget</li> <li>● Review, debate, and approval of budget</li> </ul>	<ul style="list-style-type: none"> <li>● Analysis and execution of budget</li> <li>● Monitoring, evaluation, and report of budget implementation</li> </ul>

The [Mapping the Budget Process worksheet](#) supports the development of this part of the landscape analysis and provides critical questions to consider.



## 4. Landscape Analysis: Legal Analysis

A preliminary legal analysis is an in-depth assessment of current and pending laws, regulations and other measures that are relevant to the epidemic preparedness goal. Ideally, this analysis would be conducted by a lawyer who is familiar with the local legal system and issues related to the policy objective.

The legal analysis provides an overview of relevant legislative and regulatory measures, including their strengths and weaknesses. For instance, the analysis might identify that there is a government fund for disease outbreak response, but no provision for funding epidemic *preparedness*.

The legal analysis also summarizes which government bodies—such as ministries and agencies—are relevant for achieving the policy goal, including their mandates and the scope of their authority.

The information gathered in the legal analysis will help determine the policy objectives (Module 1.2) and map potential pathways for achieving them. If there are multiple options, then political and other considerations can be layered onto the analysis to help decide which pathway to pursue.

*For more information about conducting a legal analysis, see the Global Health Advocacy Incubator paper [“Legal Issues in the Design and Implementation of Public Health Measures.”](#)*

*The [Legal Analysis worksheet](#) supports the development of this part of the landscape analysis and provides critical questions to consider.*



## Module 1.2 **Setting Policy Objectives**

Every advocacy effort has a goal, such as increased funding for epidemic preparedness and response (EPR). The policy objectives describe the policy changes necessary to achieve that goal, and they are informed by the landscape analysis described in Module 1.1.

A successful budget advocacy campaign starts with clear policy objectives that are Specific, Measurable, Achievable, Relevant and Time-bound (SMART). The policy objectives state the actions needed. Ideally, a campaign that has an epidemic preparedness objective will address a gap in funding and provide an evidence-based solution.

The policy objectives should identify the following three components:

### **1. Policy “actors” or decision-makers**

The policy objectives need to identify the relevant people (“actors”) or decision-making bodies with the power to make the policy change a reality.

Examples: Member of Parliament, minister, a relevant parliamentary committee, sub-national legislature or ministerial office.

The relevant actors for each stage of the budget process are listed when completing the [Government Decision-Maker Mapping worksheet](#).



## 2. Policy “action”

The policy objectives should identify the decisions that the advocate wants the actors to make and the regulatory pathway or process that the actors need to take. The assessment of existing laws, regulations and processes will help clarify which actors, actions and pathways need to be taken.

*Examples: enact, amend or repeal a policy, establish a new budget line, allocate funds or issue a mandate to effect change.*

Beneficial policy actions can be identified through the [Country Context worksheet](#) (particularly the “Funding Gaps” question) and the [Legal Analysis worksheet](#) (particularly the “Legislative Solutions” section).

## 3. Timeline for change

It’s crucial for policy objectives to spell out the date by which actions need to be taken. The following is a generic policy objective with a clear actor, action and timeline:

*By December 2024, Parliament will approve a 10 percent increase in the national health budget.*

*The [Setting Policy Objectives worksheet](#) supports the identification of policy objectives*



## Module 1.3

# Constructing a Strategic Plan

The strategic plan lays out advocacy strategies based on information learned through the landscape analysis. It evolves as the landscape changes, serving as a living document that is constantly referenced and updated. The strategic plan includes policy objectives and the action needed for each step of the budget advocacy, with timelines and indicators of success that can be tracked and evaluated.

This module outlines the components of a strategic plan.

### 1. Policy Objectives

State the policy objectives using the SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) criteria to clearly identify the policy actor, policy action and timeline for the action to take place. Completing the [Setting Policy Objectives worksheet](#) will help define the objectives.

### 2. Indicators of Success

Describes the criteria that will determine if the policy objective has been met.

*Examples:*

- *The President proposed a budget increase.*
- *The legislature's budget committee proposed a budget increase.*
- *The legislature passes a budget increase.*
- *The country's economic development plan includes epidemic preparedness priorities.*

### 3. Strategies

Strategies are the broad advocacy approaches needed to achieve the policy objective. Common strategies include decision-maker engagement, coalition building, boosting media coverage and raising awareness through information dissemination. Strategies may be based on the "Opportunities" column of the [Government Decision-Maker Mapping worksheet](#), which should suggest specific ways to motivate or support individual decision-makers. These factors should be considered in developing strategy:

- **Political Environment:** Consider a) the political context; b) whether there is political will to support the policy goal; c) active legislative activities related to the policy goal (which will allow framing of activities within the current context); and d) potential policy champions in government. Relevant



decision-makers and influential policymakers will have been identified in the [Setting Policy Objectives](#) and the [Government Decision-Maker Mapping worksheets](#).

- **Relevant Policies/Plans:** Provide a summary of existing policies or work plans that are relevant to the policy objective. Include whether there is an IHR focal agency, the JEE score and NAPHS implementation status. This information will have been identified in the [Country Context worksheet](#).
- **Target Audiences:** Determine the primary target audiences (individuals who can directly affect change) and secondary target audiences (those who influence the process.) Consider the best way to reach them. This information can be found in the [Government Decision-Maker Mapping](#) and [Political and Non-Governmental Stakeholder Mapping worksheets](#). The [Power Mapping worksheet](#) can help prioritize audiences by visually representing the stakeholders with the most interest and influence.
- **Media Advocacy:** Consider if media strategies will be necessary to keep your objective visible. The media can elevate awareness of critical public health issues, exposing the public and decision-makers to evidence and effective policy solutions. Consider incorporating owned media (e.g., a blog or website), earned media (coverage in a third-party media outlet), paid media (advertising) and social media to create an environment favorable to policy change. The strategies will be supported by [Module 2.3](#), which discusses how to use the media to raise awareness.

#### 4. Activities

Each strategy is supported by activities, which are the actions that need to be taken to achieve the policy goal. Be as specific as possible and consider the budget cycle in planning.

*Examples:*

- Developing and disseminating policy papers
- Curating information
- Building a broad coalition of advocates
- Engaging government policymakers, as in hosting policy forums
- Identifying and scheduling potential media engagements

#### 5. Accountability and Responsibility

Assign responsibilities for carrying out activities to specific people, groups or offices during the advocacy campaign. Consider each individual's or group's skills, contacts and other assets when assigning responsibilities. These issues will be explored in more detail in Module 2, through the [Building a Coalition of Advocates worksheet](#).



## 6. Information and Resource Needs

- **Prevalence, Burden and International Health Regulations (IHR 2005) Capacities:** What background information is relevant to make the case for epidemic preparedness? Describe relevant disease burden information, including endemic and recurring disease outbreaks that support the policy objective and NAPHS implementation status. This information can be found in the [Country Context worksheet](#).
- **Policy-Related Research and Plans:** Describe what research is available within the context of your policy objective and how the research could be used to support advocacy. For example, what research or data is available on the impact of past epidemics and the cost benefit of preparedness compared to the loss of life and livelihood? If there is insufficient research, what opportunities are there for new research to support the policy goal, and who might be able to conduct the research? If new policy-oriented research is planned, does that timeline fit the advocacy timeline?
- **Allies and Partners:** Who are the key stakeholders and organizations already involved in relevant advocacy or policy work? (Consider CSOs, academic institutions, government officials and government bodies.) You may wish to refer to the [Political and Nongovernmental Stakeholder Mapping worksheet](#). Who are potential new stakeholders and organizations? What strategies will most effectively bring all stakeholders together to advance your policy goal?
- **Resources Needed:** What resources are needed to carry out each activity? This may include dedicated time, funds or other material resources, evidence, networking and/or paid media

## 7. Potential Obstacles

What are the challenges that may interfere with reaching the policy objective? Government leaders may not be aware of the health security capacity targets and funding gaps. Other challenges may include lack of political will or the existence of competing priorities. The advocacy strategies must address and overcome these obstacles.

*For more information about developing a strategic plan, please see [“Advocacy Action Guide: A Toolkit for Strategic Policy Advocacy Campaigns,”](#) section 5 (“Strategic Planning”).*

*The [Strategic Plan worksheet](#) and the [Power Mapping worksheet](#) support the development of the strategic plan.*



## Successful Advocacy Campaigns: **Country Examples**

### **Nigeria**

Funding for the Nigeria Center for Disease Control (NCDC) remained low and inadequate after the agency was formed in 2011. To boost its resources, government stakeholders and civil society called for legislation to formally establish the agency and enable line-item funding in the national budget for the agency. Since passage of the NCDC Act in 2018, the agency's budget has more than doubled between FY 2019 and FY 2022.

In 2021, NCDC convened workshops run by the Ministry of Finance to teach other ministries, departments and agencies (MDAs) with NAPHS functions how to formulate, submit and follow up on budget requests for NAPHS activities. The efforts resulted in 1.46 billion naira (US\$3.5 million) in new funding to government offices in the fiscal year 2022 budget.

### **Senegal**

The landscape assessment of Senegal and the civil society partner discussions indicated that a feasibility study would help to make the case and generate support for increased investments in epidemic preparedness. 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, included a persuasive cost-benefit analysis. The study generated political will for funding across sectors in government, leading to the inclusion of the proposal in the Ministry of Health Public Investment Program for 2021-2023.



## **Ghana**

After local government officers in ten districts of Ghana were sensitized and trained on epidemic preparedness and response (EPR) budget advocacy, they joined local civil society organizations, the media, and advocacy champions as a coalition to advocate for plans and budgets for epidemic preparedness and response. Through local stakeholders' forums in all ten districts with representatives from the local governments, the government officers helped analyze local budgets and identify possible funding sources for epidemic preparedness and response. This led to agreements at these local governments on the need to develop plans and increase budgets for epidemic preparedness and also create local Epidemic Preparedness and Response Funds in some of the districts:

Some sources of epidemic preparedness and response funding identified by the local governments include;

- Community stakeholders' fund-raising contributions
- A 0.05% allocation from the District Assembly's Common Fund
- A 1% allocation from the District Assembly's Internally Generated Funds.

Targeting key decision-making stakeholders was relevant to achieving buy-in for the advocacy policy objective and ensuring the sustainability of advocacy successes.



## Step 1 Worksheets

### Module 1.1 Landscape Analysis

[Country Context \(Module 1.1.A\)](#)

[Political and Nongovernmental Stakeholder Mapping \(Module 1.1.B\)](#)

[Mapping the Budget Process \(Module 1.1.C\)](#)

[Legal Analysis \(Module 1.1.D\)](#)

[Government Decision-Maker Mapping \(Module 1.1.E\)](#)

### Module 1.2 Setting Policy Objectives

[Setting Policy Objectives \(Module 1.2\)](#)

### Module 1.3 Constructing a Strategic Plan

[Strategic Plan \(Module 1.3.A\)](#)

[Power Mapping \(Module 1.3.B\)](#)



## Strategy Implementation

**Advocacy Implementation involves mobilizing support for epidemic preparedness funding by building a coalition, engaging key decision-makers and using media coverage to raise awareness.**

The following modules detail the advocacy implementation process.

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Module 2.1 **Build a Coalition of Advocates**

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Module 2.2 **Engage Decision-Makers and Foster an Enabling Environment**

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Module 2.3 **Use the Media to Raise Awareness**



## Module 2.1

# Building a Coalition of Advocates

Working collaboratively with a broad-based coalition, partnership, working group or inter-ministerial steering committee is the best way to galvanize support for epidemic preparedness funding.

Leveraging an existing epidemic preparedness group within the government would be ideal. A subset of members could lead specific portions of the initiative based on their individual interests and expertise. External members can be invited as needed, including non-government stakeholders. If forming a coalition within the government is not possible, consider teaming up with a relevant civil society coalition that is engaged in health policy or budget advocacy and having it add epidemic preparedness to its agenda. Coalitions/technical working groups can be structured or informal. They can continue indefinitely or end after a specific milestone is reached.

Some ways to build and sustain an effective coalition include:

- Organizing regular meetings, calls, emails or group messages.
- Defining roles and responsibilities within the group and setting timelines.
- Developing talking points, background materials and fact sheets for use by the coalition.
- Sharing information to develop and update campaign messaging.
- Organizing roundtable discussions and policy forums to bring together coalition members, government decision-makers and the media.
- Orchestrating joint letters, press releases and op-eds to create awareness of epidemic preparedness issues.

The [Building a Coalition worksheet](#) supports the activities in this module.



## Module 2.2

# Engaging Government Decision-Makers and Fostering an Enabling Environment

An effective advocacy plan involves gaining the support and active involvement of influential government sponsors who can be trusted to act as strong champions of epidemic preparedness funding. Forming alliances with relevant government leaders can result in meaningful change. It is important to engage with the decision-makers regularly in order to strengthen political will for government action.

- An advocacy campaign should help government decision-makers build the strongest possible case for epidemic preparedness by:
- Providing them with reports, fact sheets, position papers/policy briefs and other educational materials containing relevant data and talking points.
- Publicly acknowledging and expressing appreciation for their leadership, (e.g., thanking the decision-maker and celebrating their role in achieving a win).
- Promoting their public statements and publicizing their mission-aligned events.
- Providing expert advice and technical assistance in drafting policy.
- Organizing educational forums, panel discussions, conferences and policy roundtables for other government leaders, non-governmental entities and other stakeholders to promote action, elevate discussion and increase discourse.
- Engaging in joint strategizing to advance funding requests through each step of the budget process.

The [Engaging Decision-Makers worksheet](#) supports the activities in this module.



## Module 2.3

### **Use the Media to Raise Awareness**

A successful media strategy provides key policymakers and the public with evidence-based messaging that makes the case for epidemic preparedness and leads to adequate funding. If done well, a media campaign can sway public opinion and mobilize government action. It could also cultivate powerful champions and encourage them to publicly associate themselves with a health security agenda.

An effective media campaign should:

- Raise awareness by educating government leaders and the public about the dangers of inadequate epidemic preparedness funding.
- Highlight how epidemic preparedness offers a substantial return on investment in terms of public health, societal benefits and economic gains.
- Amplify the public statements and actions of the government leaders and champions who work to increase epidemic preparedness funding.
- Recognize and celebrate leaders who publicly support epidemic preparedness through their actions and in their public statements.
- Increase coverage of coalition activities, public health events and public demand for epidemic preparedness.



## Media Options

An advocacy campaign can generate media coverage through various formats and platforms. Beyond coverage in newspapers and other traditional media, a campaign can raise awareness for its cause by posting self-generated content online, leveraging social media (such as Facebook, X and You Tube) and social influencers, and/or paying for advertisements and other types of messaging, if funding is available.

- **Earned Media**

- **Meet Journalists:** Cultivate relationships with traditional journalists and their media outlets. Engaged journalists will, in turn, report on health security as a funding priority, drawing attention to the topic.
- **Educate the Media:** Share campaign messages and materials with journalists. Talk to them about how properly funding epidemic preparedness offers a sizable return on investment. Emphasize the high cost of past and present outbreaks, such as the long-lasting social and economic devastation inflicted by related deaths and disease. Discuss the potentially life-saving results of a well-funded preparedness plan. (For more information on the return on investment for epidemic preparedness, see Resolve to Save Lives, “Why Epidemic Preparedness is a Smart Investment” and “Epidemics That Didn’t Happen.”)
- **Write Editorials:** Frame epidemic preparedness as a national priority through letters to the editor and opinion articles.
- **Hold Newsworthy Events:** Generate coverage by planning and staging media events, such as press conferences, site visits and public forums featuring health security experts and policymakers who can engage in interviews and effectively articulate the campaign’s advocacy message.

- **Social Media (e.g., Facebook, Instagram, X, YouTube)**

- **Stay Relevant:** Provide updates about events and campaign milestones, budget needs and ideas for interviews with people and businesses impacted by outbreaks. Keep your social media accounts active by posting regularly and providing the most recent compelling statistics on epidemic preparedness. Respond to “likes” and comments on your posts.
- **Create Hashtags:** Consider creating a campaign-specific hashtag, such as #PreventEpidemicsNaija or #FundEpidemicPreparednessGh, for social media posts by campaign partners and other stakeholders.
- **Coordinate with Partners:** Share pre-made content and images, campaign hashtags and a call to action with all partners and encourage the partners to use them. See SEND Ghana’s social media toolkit for the #FundEpidemicPreparednessGH social media campaign. (See Module 2.3 Attachment/Copy of SEND Ghana social media toolkit)



- **Support Opinion Leaders:** Encourage opinion leaders to speak up about epidemic preparedness through social media and during press interviews by providing them with relevant information and background on the topic.
  - **Promote Events:** Publicize events with public health officials, community advocates, health experts and other issue experts on social media to raise awareness about the urgent need to support epidemic preparedness.
  - **Identify Social Media Influencers:** Cultivate relationships with social media influencers who have large followings online, compelling personal stories about epidemic preparedness and/or expertise that they present in an engaging way. Share with them concise campaign messages they can use on their channels. The most effective influencers are those perceived as credible, well-informed and authentic.
  - **Measure the Impact:** Gauge your social media campaign's impact by tracking engagements and reactions to online content, including "likes," comments, shares and reposts.
- **Paid Media**
- **Advertisements:** Develop television and print advertising and sponsored content; the call to action for all media should be for more funding for epidemic preparedness.
  - **Online Advertisements:** Boost Facebook posts and purchase sponsored tweets to increase visibility.

*For more information on developing a media advocacy strategy, see the Global Health Advocacy Incubator's [Public Health Media Advocacy Action Guide: Elements of a Media Advocacy Campaign](#).*



## Successful Advocacy Implementation: Country Examples

### **Ghana:** National

The National Centre for the Coordination of Early Warning and Response Mechanism (NCCRM) is a national agency in Ghana under the Office of the President. The NCCRM, launched in November 2021, was established to help the government and the Economic Community of West African States (ECOWAS) provide early warnings about national and regional security threats, including epidemics and pandemics. The agency also aims to bridge the gap between early warning and response. The NCCRM seeks a fully integrated early warning system that provides timely analysis and reports of all threats to human populations for appropriate response mechanisms. The NCCRM collaborates with governmental and non-governmental stakeholders that advocate for policy changes and advise the government on policies that resonate with the needs of the country and subregion, including those related to pandemic and epidemic preparedness financing. Engagements with the NCCRM on EPR financing have ensured it is a national agenda as it advises the government.

### **Ghana:** Local

In Ghana, the ten local government administrations (Tema Metropolis, Accra Metropolis, Manya Amponsah Dokua III, Shai Osudoku, Lower Manya Krobo, Birim South, Adaklu, Ta-tale, Gushegu, and Afigye Kwabre) now prioritize epidemic preparedness in their local government plans and budgets through the collaboration of government offices as members of a coalition advocating for EPR financing. For instance, in 2023, the Adaklu government included EPR in its budget for the first time due to the advocacy. The budgetary allocation of GH¢ 12,000 (about US\$765) for the Adaklu district was from internally generated funds and district assemblies' common fund. Also, in 2021, the Tema Metropolitan Assembly in the Greater Accra region and Birim South in the Eastern region allocated GH¢ 20,000 (about US\$1,275) and GH¢ 10,000 (about US\$635) for emergency preparedness. The advocacy contributed to increases in the allocations by Tema metro and Birim South, to GH¢ 72,000 (US\$4,585.98) and GH¢ 43,000 (US\$2,739.00), respectively, in 2023. This represents a three-fold increase in 2023, using 2021 as the baseline.

Another example of success is in the Afigye Kwabre Municipal, where a committee and a guide for establishing an EPR fund were developed. Stakeholder engagements were conducted to agree on funding sources, accountability, and reporting mechanisms.

Disseminating the success stories of collaborating with government officers is crucial to replicating these good examples across Ghana through policy enactment.



## Step 2 Worksheets

[Building a Coalition \(Module 2.1\)](#)

[Engaging Decision-Makers \(Module 2.2\)](#)



## Budget Accountability

**Once budget increases are achieved, advocates must track the appropriated resources to make sure that the funding is disbursed in a timely manner to the intended recipients. Tracking budget allocations will help to identify bottlenecks and barriers, enabling advocates to press for improvements in the budget process.**

Closely supervising budget allocations will also help advocates understand the complexities and nuances of the process so that they are better positioned to analyze where technical assistance for capacity-building is needed and offer support for funding sustainability. The tracking of funds increases budget accountability for current and future cycles.

The following modules detail how to best foster budget accountability:

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Module 3.1 **Broaden Ownership of Budget Accountability**

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Module 3.2 **Evaluate Budget Allocations and Disbursements**

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Module 3.3 **Identify Potential Barriers**

The [Budget Tracking worksheet](#) supports the activities in this module.



## Module 3.1

# Broaden Ownership of the Budget Accountability

Budget accountability demands ongoing and constructive communication with government decision-makers who are responsible for epidemic preparedness financing. Establishing a regular platform to meet with those government officials and the relevant NAPHS MDA's is the best way to foster trust, transparency and mutually beneficial relationships. All parties have a vested interest in ensuring that the allocated funds for epidemic preparedness are utilized to prevent, detect and stop the spread of disease outbreaks. Engaging in a constructive dialogue can improve and reinforce information sharing and increase awareness of ongoing accountability challenges.

Yet, even though national-level government stakeholders are key participants in the accountability ecosystem, they should not be solely responsible for it. Non-governmental actors such as the media, civil society organizations (CSOs), marginalized communities, academia, the private sector and development partners should also help enforce accountability. Together with subnational government units and political parties, they can raise awareness and exert political pressure on government decision-makers to address accountability barriers and strive for greater transparency in budgeting.

External scrutiny and engagement can help ensure implementation of findings and recommendations from budget analyses and audits, leading to improved management of public finances for epidemic preparedness.

Working collaboratively in partnership with all stakeholders to track and appropriately disburse resources is the preferred approach. But sometimes a country's context may call for more confrontational tactics. Taking a more assertive stance may be the strategic choice in countries where opportunities for constructive engagement are scarce or non-existent.

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### *Strategies for supporting budget accountability:*

- **At the Executive level:** Promote fiscal accountability and transparency, including through reports on budget allocations and releases across all the relevant MDAs and the disaggregation of budget expenditures for health security (e.g., distinguish between preparedness and response budget expenditures).
- **At the Legislative level:** Encourage elected officials to strengthen accountability for health security budget utilization through their oversight role.
- **At the Civil Society Organization level:** Involve CSOs throughout all the stages of the budget process from formulation, conception and passage to the budget execution phase.



## Module 3.2

# Evaluate Budget Allocations and Disbursements

Budget accountability entails keeping track of budget allocations and disbursements to make sure that the resources made available through budgets or policies reach the intended parties and are put to use in a timely manner. Evaluate allocations and disbursements by considering:

- 1. Indicators:** The indicators are usually based on the advocacy policy objectives. Most of the indicators are likely to be related to budget allocations and disbursements. Annual budget allocations are usually publicly accessible. Disbursements can be more challenging to access and track. However, indicators may also focus on policies that influence the budget and the outcomes it seeks to shape. Here are some examples of outputs for each of those categories:
  - **Policies:**
    - Legislation, laws, regulations, administrative requirements, policies or other government instruments in place for implementation of the National Action Plan for Health Security (NAPHS).
    - Availability of national framework/guidelines detailing how funds should be utilized/expended.
  - **Allocation and Disbursement:**
    - Percentage of costed NAPHS presented as a health security budget line in the budget



- Total health security budget
- Total health security expenditure
- Donor contributions to pandemic/epidemic intervention fund
- Private sector contributions to pandemic/epidemic intervention fund

● **Outcomes:**

- Pandemic/epidemic case detection rate as measured by [Resolve to Save Live's 7-1-7 metric](#) for epidemic response or other measures
- Percentage increase in WHO Joint External Evaluation score

- 2. Target Disbursements:** This is the total amount of funds (in expenditure totals, percentages, etc.) the government has committed to disbursing through its budget and other policies.
- 3. Actual Disbursements:** This is how much has been disbursed, the timeliness of disbursements and whether the funds went to the appropriate entities for the intended activities. If the government has met its targets, this information can be used to justify sustained or increased budgets in future budget cycles. If it has not, further advocacy may be needed to identify and remove barriers.
- 4. Data Sources:** This is the list of places where the information about “actual” expenditures can be found: for example, reports from ministries, departments and agencies; WHO resource mapping; documents from coalition partners; reporting from CSOs and communities about actual implementation and visible improvements; and articles in the media. In many cases, this information is not readily available, and more advocacy work may be needed to obtain the data and ensure that it is reported.



## Module 3.3

# Identify Potential Barriers

Tracking the allocated epidemic preparedness funds can identify bottlenecks and barriers that delay or prevent resources from reaching their intended targets. These challenges, if not addressed, can be a matter of life and death for affected communities. Advocates must closely supervise the disbursement of funding.

The most common stumbling blocks are government bureaucracy, undefined recipients, lack of accountability and unclear disaggregation. Here we analyze each challenge and potential approaches to overcoming them.

- 1. Government Bureaucracy:** Bureaucratic delays are a common challenge for budget disbursement which, if unresolved, leave budget allocations unspent by the end of the fiscal year and undermine epidemic preparedness goals. These delays can be caused by:

- Lack of accountability and transparency in the budget process.
- An inefficient and cumbersome disbursement system, which requires multiple levels of government bureaucracy.
- Insufficient authority of relevant government departments over the disbursement of allocated funds.
- Inadequate funding and staffing of the agencies responsible for disbursement.

**Tools:** The landscape analysis can help identify the potential for bureaucratic delays (Module 1.1), which can be addressed through relevant policy objectives (Module 1.2).

**Scenario:** The Nigeria Centre for Disease Control (NCDC) did not have line-item funding in the national budget. In 2018, gaining government approval for line-item funding became the advocacy campaign's priority. Securing approval enabled passage of the NCDC Act and first-time direct appropriations in fiscal year 2019.

- 2. Lack of Accountability:** The lack of accountability within and between levels of government is another common bottleneck that prevents the disbursement and efficient use of funds. Such communication barriers hinder:
  - Coordination between government levels, agencies and sectors
  - Identification of systemic and capacity barriers to budget allocation disbursement
  - Efforts by civil society, the public, media and government agencies to hold key government offices accountable.



**Tools:** Lack of accountability in budgeting can often be identified during Political Mapping and Stakeholder Mapping. If unaddressed, it will usually become evident during the Planning for Budget Sustainability assessment. Addressing this challenge can be a policy objective in the Setting Policy Objectives worksheet and, if accountability challenges are recognized by partners, accountability in budgeting could be a policy objective with identified policy solutions.

**Scenario:** In Nigeria, NCDC could not have a line-item budget because it had no legal mandate. With support from GHAI and its partners, NCDC advocated for budget authority and coordinated budget submissions from IHR focal ministries, departments and agencies (MDAs). As a result, Nigeria’s fiscal year 2022 budget allocated USD\$3.9 million to the focal MDAs, which included USD\$3.5 million in new funding.

- 3. Unclear Disaggregation:** Health security activities may not be disaggregated in the budget line and therefore may not align with the advocacy campaign’s budget indicators.

**Tools:** Convene agency and budget office officials to consider aligning their budget template codes to NAPHS functions.

**Scenario:** In Nigeria, fund releases are reported based on budget codes rather than on specific EPR activities. NCDC officials have flagged this as an issue to address with the Federal Ministry of Finance, Budget and National Planning.



## Successful Budget Accountability: Country Examples

### **Nigeria:** *Kano State*

The Kano State Ministry for Local Government and Chieftaincy Affairs (LGA) used its oversight and convening power to facilitate advocacy engagements in the 44 local government areas. The goal was to create a budget line for epidemic preparedness and response (EPR) at the local government level and form local government EPR committees to plan and implement EPR activities.

The new budget line initially started at N2 million (USD \$4000) per LGA in FY 2021 and was increased to N3 million (USD\$ 6,000) in FY 2022. The need for a budget increase was apparent during a workshop organized by the Kano State Primary Healthcare Management Board and the Ministry for Local Government and Chieftaincy Affairs, during which the LGA Annual Operational Plan (AOP) was developed to ensure effective utilization of the EPR budget line.

The LGA budget lines for EPR are managed by coordinating EPR committees. The committees are composed of technical and non-technical members from health and other sectors. The role of the EPR committees is to develop and oversee the implementation of emergency preparedness strategies, action plans and procedures. The EPR committees also track expenditure records, coordinate post-emergency preparedness and implementation plan evaluations and disseminate findings with affected stakeholders and communities. Government support and attention to the EPR committee recommendations has furthered EPR policies and funding in Kano.



**Nigeria:** *The Health Security Accountability Framework*

The Legislative Initiative for Sustainable Development (LISDEL) created a Health Security Accountability Framework to track epidemic preparedness budget allocation and disbursement against agreed-upon targets and goals. Budget officers at the federal and state levels collaborated to develop the framework's indicators and identify barriers to tracking epidemic preparedness allocations in federal and state data systems. (For more information about the development of a health security accountability framework in Nigeria, see [LISDEL's brief: "Raising the Accountability Bar for Health Security Financing in Nigeria."](#))

After achieving budget increases in Kano, GHAI and advocacy partners identified bureaucratic barriers to disbursing allocated funds. GHAI worked closely with the Kano State Epidemiologist to identify and understand the layers of bureaucratic procedures and approvals that delayed or prevented the disbursement of funds from the new Epidemic Preparedness and Response (EPR) budget line. Understanding the process helped to inform advocacy for budget accountability and address inefficient procedures.

At the national level, BudgIT, a civil society organization with expertise in budget accountability, found the absence of disbursement reporting and lack of disaggregated data to be a systemic challenge to budget tracking. LISDEL and BudgIT organized a roundtable discussion to bring together policymakers at the federal level, and from Kano and Lagos, to discuss these barriers. Although it was challenging to identify quick solutions, the conversations were key to increasing awareness and support for improved accountability among policymakers.

For more information, see the case studies [Epidemic Preparedness in Nigeria: Making the Case for Increased Federal, State and Local Investments](#), [Epidemic Preparedness and Response Financing Increased in Nigeria's Kano State](#) and [Epidemic Preparedness in Senegal](#).



## Budget Sustainability

**An advocacy campaign that results in more epidemic preparedness funding is a huge achievement and lays a solid groundwork for future budget cycles.**

But it is only an initial step. Once more funding is secured, advocates must start building a case for sustaining or increasing the resources in the years to come by tracking the funds, making sure they are properly allocated and documenting their impact. An advocacy campaign must remain vigilant about assessing the outcome of a budget increase, identifying barriers that stood in the way of proper disbursements and maintaining relationships with government decision-makers and other stakeholders as it plans for the future.

This module explores the pathways to long-term budget sustainability.

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Module 4.1 **Assessing and Documenting Outcomes**

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Module 4.2 **Identifying Obstacles and Gaps**

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Module 4.3 **Planning for the Future**

The [Planning for Budget Sustainability worksheet](#) supports the activities in this module.



## Module 4.1

# Assessing and Documenting Outcomes

Advocacy successes can be used to justify sustaining or even increasing epidemic preparedness funding in future years. When budget allocations and disbursements are on track, advocates need to assess, document and publicize related successes to keep pressure on decision-makers who are involved in the budget process and raise awareness in the public domain about why epidemic preparedness should be a top funding priority. Budget sustainability relies on constantly demonstrating the value of the programs that are funded.

Here are some ways to assess and document funding outcomes:

- Evaluate program impact and cost-effectiveness using concrete metrics, such as a higher Joint External Evaluation (JEE) ReadyScore, progress on the World Health Organization Benchmarks for International Health Regulations Capacities and increases in 7-1-7 response timeliness and/or return-on-investment assessments. The metrics will inform advocacy for the next budget cycle and make the case for increasing and sustaining allocated resources in subsequent budget cycles.
- Develop case studies of the effective use of funds by the government to document value for the resources spent and to build and retain a supportive constituency for the funding.
- Engage with relevant agencies to access disbursement data to increase budget accountability.
- Present information to the media from reports on the progress of health security and funding needs.



## Nigeria's Health Security Accountability Framework

The COVID-19 pandemic heightened awareness within the public and private sectors of the need for epidemic preparedness funding, and health security advocates must build on that momentum. In any country, sustaining investment in health security requires that advocates and other stakeholders track whether the allocated funds are reaching their intended targets promptly. Accountability is key to maintaining investors' trust and supporting evidence-based advocacy using reliable cost-benefit analyses.

To ensure that resources are efficiently mobilized and utilized, the Legislative Initiative for Sustainable Development (LISDEL), a nonprofit group in Nigeria, teamed up with a Nigerian civic organization called BudgetIT to design a Health Security Financing Accountability Framework. The final product, created at a 2020 workshop in Abuja, borrowed from an existing framework developed by the Health Sector Reform Coalition (HSRC) and drew from the expertise of numerous civil society organizations (CSOs), Nigeria's Budget Office of the Federation, and development partners. GHAI, a partner of LISDEL and BudgetIT, supported the initiative and helped lead related advocacy efforts.

Initially, the Health Security Financing Accountability Framework was applied at the national level in Nigeria. It was subsequently adapted to the state level in Kano and Lagos. At every level, the framework is based on the Theory of Change, the concept of using certain indicators to track the input, output, and outcome needed to realize a goal. In the context of health security financing, the framework tracks budget allocations and funding targets for epidemic preparedness and promotes evidence-based decisions.

In Nigeria, the framework helped generate information about epidemic preparedness funding by promoting transparency (tracking the funds to identify potential policy, institutional, and financing gaps), answerability (seeking answers and clarification from stakeholders to help bridge any gaps), and controllability (creating an environment that encourages channeling funds in a way that meets agreed-upon targets and goals.) (See Figure 1)

The framework led to significant successes in part by identifying the indicators relevant to health security in Nigeria and defining the roles of stakeholders who should be involved in epidemic preparedness, including the government (executive arm and legislature), civil society organizations, and the media.



## National Level Funding: Nigeria's National Centre for Disease Control (NCDC)

**Scenario:** The NCDC, Nigeria's national public health institute, was created in 2011 as a small technical agency consisting of units that were previously part of the country's Federal Ministry of Health. But it was woefully underfunded. To boost its resources, government stakeholders and civil society called for legislation to formally establish NCDC as a government agency, and the legislation was enacted in 2018. The task at hand was to make sure that NCDC received and disbursed its federally appropriated funds.

Using the Health Security Financing Accountability Framework, LISDEL and BudgIT worked with political decision-makers to disaggregate spending data and track releases of funds. Several advocacy engagements were held with CSOs and federal and state lawmakers to discuss funding barriers. The work attracted media coverage.

### **Result:**

- The advocacy campaign led to a 75% increase in NCDC's allocation in the 2021 budget and a further 31% increase in the 2022 budget.
- A share of Nigeria's Basic Health Care Provision Fund (BHCPF) will go to the NCDC, providing the agency with a sustainable funding source beyond the annual appropriation process. Previously, the agency's BHCPF funding was revoked.
- NCDC used its convening power to hold a workshop for National Action Plan for Health Security (NAPHS) local ministries, departments, and agencies (MDAs) to coordinate budget submissions to the Ministry of Finance. The submissions led to 1.61 billion Naira (US\$3.9 million) in funding for NAPHS focal point MDAs in fiscal year 2022, of which 1.46 billion Naira (US\$3.5 million) was new funding, close to a 90% increase for health security functions in one year.

### State-Level Funding: Kano

**Scenario:** A landscape analysis revealed several alarming health security gaps in Kano, Nigeria's second most populous state. The state lacked a legal framework for ensuring health security. It had no distinct budget line dedicated to epidemic preparedness and response (EPR), which made it difficult to track funds allocated specifically to health security. In addition, the state's 44 Local Government Areas (LGAs) were not contributing actively to epidemic preparedness and response financing in their respective domains.

In response, LISDEL and BudgIT formed a civil society coalition called the Kano State Health Security Advocacy Team (KSHSAT). The coalition engaged decision-makers and made a case for why epidemic investments are critical in Kano. Meanwhile, LISDEL and GHAI cultivated relationships with epidemic preparedness champions in politics and the media. As a result, LISDEL and KSHSAT members were invited to participate in several meetings, including government-led budget review and planning sessions, to discuss the state's epidemic preparedness and response needs.

LISDEL, GHAI and KSHSAT also held various activities to engage with the Kano State Ministry for Local Government and Chieftaincy Affairs, which monitors the LGAs. Together, they focused on getting the 44 LGAs to allocate funding for epidemic preparedness and response directly from their budgets.

#### **Results:**

- Kano created a budget line for epidemic preparedness and response, totaling 300 million Naira (US\$525,000) in 2021, and the 44 LGAs agreed to allocate 2 million Naira each toward strengthening preparedness.
- The LGA budget lines for epidemic preparedness and response (EPR) are managed by coordinating EPR committees composed of technical and non-technical members from health and other sectors. The committees develop and oversee the implementation of EPR strategies, action plans and procedures. They also track expenditure records, coordinate post-emergency preparedness and implementation plan evaluations, and disseminate findings to affected stakeholders and communities.
- GHAI identified a potential new source of funding for health security through the Kano State Health Trust Fund (KHETFUND) – a funding stream separate from the epidemic preparedness and response budget.
- A proposed Kano State Public Health Security Fund with multiple revenue sources will contribute to the sustainability of funding dedicated to epidemic preparedness and response at the state level.

For more information, see the case studies [Epidemic Preparedness in Nigeria: Making the Case for Increased Federal, State and Local Investments](#), [Epidemic Preparedness and Response Financing Increased in Nigeria's Kano State](#) and [Epidemic Preparedness in Senegal](#)



## Module 4.2

# Identifying Obstacles and Gaps

Inefficient disbursement of resources is a frequent challenge to budget sustainability. If new funding is not disbursed or effectively used, the goal of epidemic preparedness will not be achieved, and the funding stream will dry up. Should budget targets go off track, advocacy should identify and address systemic barriers and bottlenecks. Policy objectives can be revised, or new objectives can be developed, to make sure that funding remains in place for future budgets.

Here are some ways of identifying challenges and closing funding gaps:

- Develop a risk mitigation strategy to include the possible risks challenges that could affect sustainability and ways to curb them, with consideration for the roles, responsibilities and activities of key actors.
- Adopt an inter-ministerial approach to avoid duplication of efforts and wasted resources.
- Track budget disbursements and expenditures and advocate for transparency, accountability and the timely release of funds.
- Collaborate to identify new pathways to increase funding for health security and provide technical assistance to minimize bureaucracy in resource releases.
- Create a plan for accountability objectives, as in the following examples:
  - Objectives for the Executive
    - By [date], the Ministry of Health will incorporate an accountability framework for health security financing into the health sector strategic plan.
    - By [date], the Ministry of Health will integrate the accountability framework into its digital dashboard or other public-facing reporting portal.
  - Objectives for the Legislature
    - By [date], the parliamentary appropriations committee will request a briefing from the Ministry of Health to report on the complete disbursement and utilization of funds.
    - By [date], Parliament will pass a new law to authorize or support implementation of the International Health Regulations.



## Module 4.3

# Planning for the Future

Budget sustainability depends on having advocates constantly planning for future funding needs. An effective advocacy campaign looks for ways to extend the benefits achieved in one budget cycle into future cycles and expand those benefits to a broader constituency, with greater equity and lasting impact, while being fully integrated into government systems.

- Identify timelines for updating long- and medium-term policy planning frameworks, such as medium-term national development policy frameworks and investment budget planning.
- Identify additional revenue sources to maintain or increase funding for epidemic preparedness. Other funding sources could include health funds, taxes on unhealthy products, levies or private sector mechanisms.
- Maintain advocacy efforts to keep epidemic preparedness in the public eye and a top political priority. The strategy must counter complacency by reminding political leaders of their commitments.
- Scan earned media and social content to measure press coverage, gauge reaction to the coverage and determine which messaging resonated. Decide if more media effort is needed.
- Assess ongoing budget needs, setting SMART budget advocacy objectives, and engaging in the budget preparation process.
- Advocate continuously for increased allocations for epidemic preparedness and streamline the process based on lessons learned from the previous years' experience.
- Continuously engage with relevant ministries, departments and agencies to coordinate budget submissions and advocacy that aligns with the annual budget cycle and national budget priorities.
- Continuously build relationships and allies to support increased allocations for epidemic preparedness.



# Worksheets

## 1

### **Module 1 Strategic Planning and Budget Analysis**

#### Module 1.1 Landscape Analysis

[Country Context \(Module 1.1.A\)](#)

[Political and Nongovernmental Stakeholder Mapping \(Module 1.1.B\)](#)

[Mapping the Budget Process \(Module 1.1.C\)](#)

[Legal Analysis \(Module 1.1.D\)](#)

[Government Decision-Maker Mapping \(Module 1.1.E\)](#)

#### Module 1.2 Setting Policy Objectives

[Setting Policy Objectives \(Module 1.2\)](#)

#### Module 1.3 Constructing a Strategic Plan

[Strategic Plan \(Module 1.3.A\)](#)

[Power Mapping \(Module 1.3.B\)](#)

## 2

### **Module 2 Strategy Implementation**

[Building a Coalition of Advocates \(Module 2.1\)](#)

[Engaging Decision-Makers \(Module 2.2\)](#)

## 3

### **Module 3 Budget Accountability**

[Budget Tracking \(Module 3\)](#)

## 4

### **Module 4 Budget Sustainability**

[Planning for Budget Sustainability \(Module 4\)](#)



## Module 1.1.A Landscape Analysis

### Country Context / Worksheet 1

Each country's context helps to shape an advocacy campaign's priorities and strategies. The questions on this worksheet will help identify the most important conditions to consider when crafting a strategic plan.

#### A. DISEASE BURDEN

- Disease burden is defined as the impact of a specific health problem on a country's mortality, morbidity and other health indicators.
- What were/are the health impacts of past or current disease outbreaks?
- What are the societal impacts of disease outbreaks? Consider the effects on trade, travel, the overall economy and any other country-specific factors.
- Based on the responses to the previous questions, what should government decision-makers know about the need for epidemic preparedness financing and how to make a case for it?
- What are the relevant demographic characteristics that relate to the country's health, economic and cultural dynamics? Include health status, average income, cultural diversity, population density and access to the health system.



## Module 1.1.A Landscape Analysis Country Context / Worksheet 2

### B. INTERNATIONAL HEALTH REGULATIONS (IHR)

The IHR provide “an overarching legal framework that defines countries’ rights and obligations in handling public health events and emergencies that have the potential to cross borders,” according to the World Health Organization (WHO).

- What is the country’s IHR implementation status?
- Does the country have a National focal point (NFP) as required for IHR implementation?
- Has the country participated in a Joint External Evaluation (JEE) assessment?  
(For more information, see Bell, Elizabeth et al., “Joint External Evaluation-Development and Scale-Up of Global Multisectoral Health Capacity Evaluation Process.”)
- Has the country developed a National Action Plan for Health Security (NAPHS) based on the JEE?
- Has the NAPHS been developed using the WHO benchmarks for IHR capacities?
- What are the specific NAPHS implementation goals and targets?
- Are there identified human resource capacity gaps that hinder NAPHS implementation at the national and subnational levels? How can those gaps help make the case for a budget increase?



## Module 1.1.A Landscape Analysis

### Country Context / Worksheet 3

#### C. COSTS, BUDGETING AND FUNDING

- What is the estimated cost of funding and implementing the NAPHS, and is there a funding gap?
- What are the domestic and international sources for funding/implementing the NAPHS?
- How much of the annual budget is dedicated to health? Does the country meet the Abuja Declaration target to spend at least 15 percent of the national budget on improving the health sector?
- How much is spent on health per capita?
- What is the gap between the current funding and the estimated funding needed for IHR implementation? This information will help to build the case for increased funding as well as define policy objectives discussed in Module 1.2.
- If a national IHR focal point has been designated, is the department, agency or office adequately funded?
- If the country has participated in a JEE assessment, what findings might prioritize funding needs?
- If NAPHS implementation funding is available, is that funding provided through a budget line or other method?
- Is health security funding allocated to IHR focal ministries, departments and agencies (MDAs)?
- What factors affect the fiscal capacity and fiscal space of your government?
- Are there bureaucratic bottlenecks that hamper the timely release of funds?
- Are there processes and policies to “fast-track” funding for health emergencies?
- Did the country conduct a WHO resource mapping (REMAP) assessment?
- What is the current/projected state of the economy and what are the major economic drivers? Has the COVID-19 pandemic impacted economic progress?
- What is the economic philosophy of the ruling party?



## Module 1.1.A Landscape Analysis

### Country Context / Worksheet 4

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#### D. HEALTH AGENDA

- Is health or health security on the national agenda and in line with IHR provisions?
- Are epidemic preparedness strategies, activities and efforts incorporated into broader national planning documents and processes?
- Has the government participated in global or regional epidemic preparedness collaborations, forums or advocacy efforts (e.g., signing a resolution, a ministerial meeting, communique, etc.)?
- Has there been any recent national debate, discussion in parliament or public consultation on epidemic preparedness or other political issues relevant to health security?



## Module 1.1.B Landscape Analysis

# Political and Nongovernmental Stakeholder Mapping / Worksheet 1

### IDENTIFY STAKEHOLDERS

On this worksheet, please identify the government bodies and related departments or committees that are involved in creating and approving the annual budget. They may be executive, ministerial or legislative bodies or some combination thereof.

#### CONSIDER THIS:

- What is the government's structure (i.e., is the government centralized or decentralized, a federalist or parliamentary system?)
- How is power divided among different levels of government?
- What steps do government bodies take to develop laws, regulations or other measures to establish and quantify budget allocations?
- Which parts of the government are responsible for developing, approving and disbursing budget allocations?
- How do roles differ between the various branches?
- What roles do the branches play at different points in the budget process?
- What is the role of local governments (state, provincial, district, subdistrict and local) in determining funding priorities?

Government Body	Departments and Committees





## Module 1.1.B Landscape Analysis

# Political and Nongovernmental Stakeholder Mapping / Worksheet 3

### OUTLINE RULES AND PROCEDURES

Each government body has its own set of rules – both formal and informal – for approving, rejecting or amending any policy matter it considers. Understanding the details will help determine where and how an advocacy campaign can provide input during the process. For each government body previously identified, answer the guiding questions below. Remember to include specific roles and responsibilities of departments or committees.

#### CONSIDER THIS:

- Do local government inputs help determine national funding priorities?

- Are there national multi-year policy frameworks or plans that drive funding priorities? If so, is epidemic preparedness included?
- What are the main development priorities that top the government’s agenda?
- How do the interests and priorities of international development partners influence the budget for health security?
- What other relevant governance reforms are happening or planned that might affect the government’s finances (e.g., decentralization, universal health coverage (UHC), public financial management (PFM) and/or results-based financing, etc.)?

GOVERNMENT BODY	
How is the policy proposal introduced?	
What documentation must accompany the proposal?	
Is there a legislative review period before decisions are made?	
How does the proposal get approved?	
What are the options if the proposal does not get approved?	
What happens after the proposal is approved?	



## Module 1.1.B Landscape Analysis

# Political and Nongovernmental Stakeholder Mapping / Worksheet 4

### OUTLINE THE GOVERNMENT CALENDAR

Mapping the annual government calendar can provide helpful clues for timing advocacy activities. It can also prepare you for times when events are likely to move quickly and when they might stall. Calendar items to consider include the beginning and end of government sessions, timing of the annual budgetary cycle, elections, holidays and recesses. Enter those below.

#### CONSIDER THIS:

- What are potential opportunities to raise epidemic preparedness as a political priority during an election cycle or budget year?
- When are the national elections?
- How might the election cycle affect advocacy strategies?
- Are there policy frameworks in development, such as medium-term national development plans, which can be vehicles to establish or affirm epidemic preparedness as a national funding priority?

January	February	March
April	May	June
July	August	September
October	November	December



## Module 1.1.C Landscape Analysis

### Mapping the Budget Process / Worksheet 1

A budget is typically crafted in three stages: formulation, execution and monitoring. This worksheet outlines the key steps (“actions”) government decision-makers (“actors”) take at each stage of the budget process. Identify the dates, actions and relevant actors will help inform the advocacy strategy.

#### CONSIDER THIS:

- What budgetary allocations or decisions are relevant to the funding of epidemic preparedness?
- What steps are required to establish and determine budget allocations?
- What is the timeline for the budget from early development phase until it is enacted into law?
- Are there national or health department budget frameworks that prioritize spending during and beyond the next budget cycle?
- What are the current and potential funding pathways, such as a budget line, to support health security financing?
- Are the funding sources sustainable?

#### A. PRE-BUDGET PHASE

Date	Action	Key Actor



## Module 1.1.C Landscape Analysis

### Mapping the Budget Process / Worksheet 2

#### B. BUDGET FORMULATION PHASE

Date	Action	Key Actor



## Module 1.1.C Landscape Analysis

### Mapping the Budget Process / Worksheet 3

#### C. BUDGET ANALYSIS AND APPROVAL

Date	Action	Key Actor



## Module 1.1.C Landscape Analysis

### Mapping the Budget Process / Worksheet 4

#### D. POST-BUDGET IMPLEMENTATION

Date	Action	Key Actor



## Module 1.1.D Landscape Analysis

### Legal Analysis / Worksheet 1

A legal analysis is an in-depth assessment of current and pending laws, regulations and other measures that are relevant to the policy goal. This worksheet requires advocates to analyze the legal framework and regulatory policies that affect epidemic preparedness funding as well as the legal gaps.

#### LEGAL FRAMEWORK

What laws, regulations, policy frameworks or other measures could affect or enhance epidemic preparedness and funding for the National Action Plan for Health Security (NAPHS) implementation? *Include government strategies or plans of action.*

Do separate laws addressing similar issues need to be amended, streamlined or aligned? *Consider which ministries, agencies and departments have responsibilities for implementation, monitoring and evaluation and whether they have adequate and appropriate authority to achieve the policy goal.*

Are current measures being adequately implemented and funded? *If they are, assess what is working well that could potentially be built upon. If not, try to identify what types of issues exist, such as resource constraints, too few trained personnel, or lack of political will.*

What are the potential legislative or regulatory pathways to achieve the policy goal? *Assess and describe identified opportunities.*

Do existing laws provide the legal framework for access to adequate and sustainable funding for epidemic preparedness functions or are provisions needed to achieve this? *Assess and describe identified opportunities.*



## Module 1.1.D Landscape Analysis

### Legal Analysis / Worksheet 2

#### LEGISLATIVE/REGULATORY PROCESS

What procedures and timelines are followed to introduce and enact legislation and issue regulations, guidelines, and other relevant measures? You may wish to refer to the Budget Mapping worksheet. *Include in the assessment both formal and informal steps.*

Who has authority to manage the government budget? *Identify which committees and ministries, departments and agencies have authority or oversight responsibilities for the policies.*

What are the processes for incorporating agency priorities into the budget? *Consider formal and informal steps. Identify key access points for advocacy, such as public comment periods, and which committees and ministries, departments and agencies have authority or oversight responsibilities for the policies.*

Does the legislature ensure that existing legal frameworks are implemented by the executive branch through hearings and other oversight mechanisms?

Do existing laws provide the necessary authority for epidemic preparedness program implementation and funding?

What are the potential legislative or regulatory pathways to achieve the policy goal? Do existing laws provide the legal framework for access to adequate and sustainable funding for epidemic preparedness functions, or are provisions needed to achieve this? *Assess and describe identified opportunities.*



## Module 1.1.D Landscape Analysis

### Legal Analysis / Worksheet 3

#### LEGAL GAPS

What gaps exist in the country's legal framework that present barriers to implementing epidemic preparedness and response capacities?

What opportunities exist to strengthen and fund these capacities? *Consider health emergency legislation, regulations and other measures to support epidemic preparedness and funding streams.* Elements of a legal framework can be found in the Resolve to Save Lives guide [“12 Characteristics of an Effective Public Health Emergency Law.”](#)

#### LEGISLATIVE SOLUTIONS

List laws, regulations or other policies or processes to achieve the policy goal of increased funding for epidemic preparedness.



## Module 1.1.E Landscape Analysis

### Government Decision-Maker Mapping / Worksheet 1

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On this worksheet, list key decision-makers in government who are responsible for certain aspects of the budget process. An advocacy campaign should engage with these individuals and inform them of why it is in their best interest to support epidemic preparedness funding.

Consider how the decision-maker's values, interests or political goals align with supporting health security investments. Enlisting key decision-makers in the advocacy campaign should be a top priority.

#### CONSIDER THIS:

- Which government decision-makers are best positioned to influence or drive epidemic preparedness policy and funding?
- In what ways have these decision-makers publicly supported epidemic preparedness (e.g., through public statements, high-level participation in meetings at national, regional or global levels, etc.)?
- Have high-level officials such as the president, prime minister or parliamentarians demonstrated a commitment to epidemic preparedness?
- Does anyone involved in the advocacy campaign know any of the relevant decision-makers?
- Of the decision-makers who have expressed support for epidemic preparedness, what is their primary policy objective?
- What strategies or activities have the governmental stakeholders participated in to improve epidemic preparedness and prevent disease outbreaks?
- Are there intergovernmental steering committees or working groups focused on health security?
- If steering committees/working groups exist, how are they structured and who participates in them? What are the mandates, roles, and responsibilities of each governmental group?
- What are the roles and power relationships of the government stakeholders in these multi-sectoral groups?
- Which individuals or groups have a stake in the success of epidemic preparedness reforms (i.e., who are potential government champions)? What are their key skills and strengths?

# Module 1.1.E Landscape Analysis

## Government Decision-Maker Mapping / Worksheet 2



Phase	Government bodies <i>Refer to the Mapping the Budget Process worksheet</i>	Decision-makers	Role in the Budget Process	Position on the issues <i>Champion, potential champion, neutral or opposed?</i>	Values and Interests	Opportunities for engagement <i>Types of activities and engagement*</i>
Pre-Budget Phase (Agencies Identify Priorities)						
During Budget Preparation						
After Executive Budget is Submitted to the Legislature						
After Budget is Passed						



## Module 1.2 Setting Policy Objectives

### Setting Policy Objectives / Worksheet 1

Policy objectives describe the policy changes needed to achieve a goal. This worksheet will help epidemic preparedness advocates define what “actions” should be taken by which government decision-makers (or “actors”) and in what timeframe in order to secure more health security funding.

**Actor:** The decision-making body with the power to make the desired policy change a reality as indicated in the completed Political Mapping, Mapping the Budget Process and Legal Analysis worksheets.

- *Examples:* Member of Parliament, minister, a relevant parliamentary committee, sub-national legislature or ministerial office.

**Action:** The decision the actor should make and the regulatory pathway or process to follow to achieve the objective.

- *Examples:* enact, amend, or repeal a policy, allocate funds or issue a mandate to effect change.

**Timeline for change:** The date by which action should be taken.

- *Examples:* the day, month, quarter or year.

Actor	Action	Timeline
<b>One-sentence summary of the objective, combining the action, actor, and timeline:</b>		



## Module 1.3.A Constructing a Strategic Plan

### Strategic Plan / Worksheet 1

The strategic plan lays out advocacy strategies based on information learned from the landscape analysis. It evolves as the landscape changes, serving as a living document that is constantly referenced and updated. This worksheet breaks down the components of an advocacy plan.

**Strategies:** These are the steps you will take to achieve the objective. Each strategy should focus on influencing an aspect of the budget process by engaging with the relevant decision-makers. The Setting Policy Objectives worksheet will help advocates determine which decision-makers to pursue. Think about ways an advocacy campaign can motivate or support relevant decision-maker by referring to the “Opportunities” column of the Government Decision-maker Mapping worksheet. Strategies to consider:

- **Strategy 1:** Build a strong base of support among key government stakeholders to advocate for robust policies and sustainable investments in epidemic preparedness.
- **Strategy 2:** Track and advocate for budget utilization.

**Activities:** These are concrete actions needed to carry out a strategy.

Be as specific as possible in determining which activities would be the most useful. The number of activities may vary by strategy. For example:

- **Activity 1:** Map key decision-makers and track the budget-making process.
- **Activity 2:** Enable, mobilize, and coordinate government leaders for budget advocacy.
- **Activity 3:** Track budget allocations, disbursement and utilization.

**Person(s) Responsible:** Assign individuals or groups to carry out each activity. Make sure each advocate’s skills, contacts and other assets align with the demands of the assigned activity.

**Resources Needed:** Itemize the specific resources that will be needed to carry out each activity. This may include funds or other material resources, evidence, or networks and contacts.

**Timeframe:** How long will it take to complete each activity?



# Module 1.3.A Constructing a Strategic Plan

## Strategic Plan / Worksheet 1

Repeat for each objective:

**Policy Objective** (Identified in the Setting Policy Objectives worksheet):

**Indicator of Success** (How you will know when the objective has been achieved):

**Potential Obstacles to Overcome**

Strategies	Activities	Person(s) Responsible	Resources Needed	Timeframe



## Module 1.3.B Constructing a Strategic Plan

### Power Mapping / Worksheet 1

Power mapping is a collaborative exercise that pools a coalition's collective knowledge to represent visually the most influential audiences and stakeholders.

During this exercise, the advocacy campaign creates a graphic representing the power dynamic of the most important Government Decision-makers in Module 1.1.

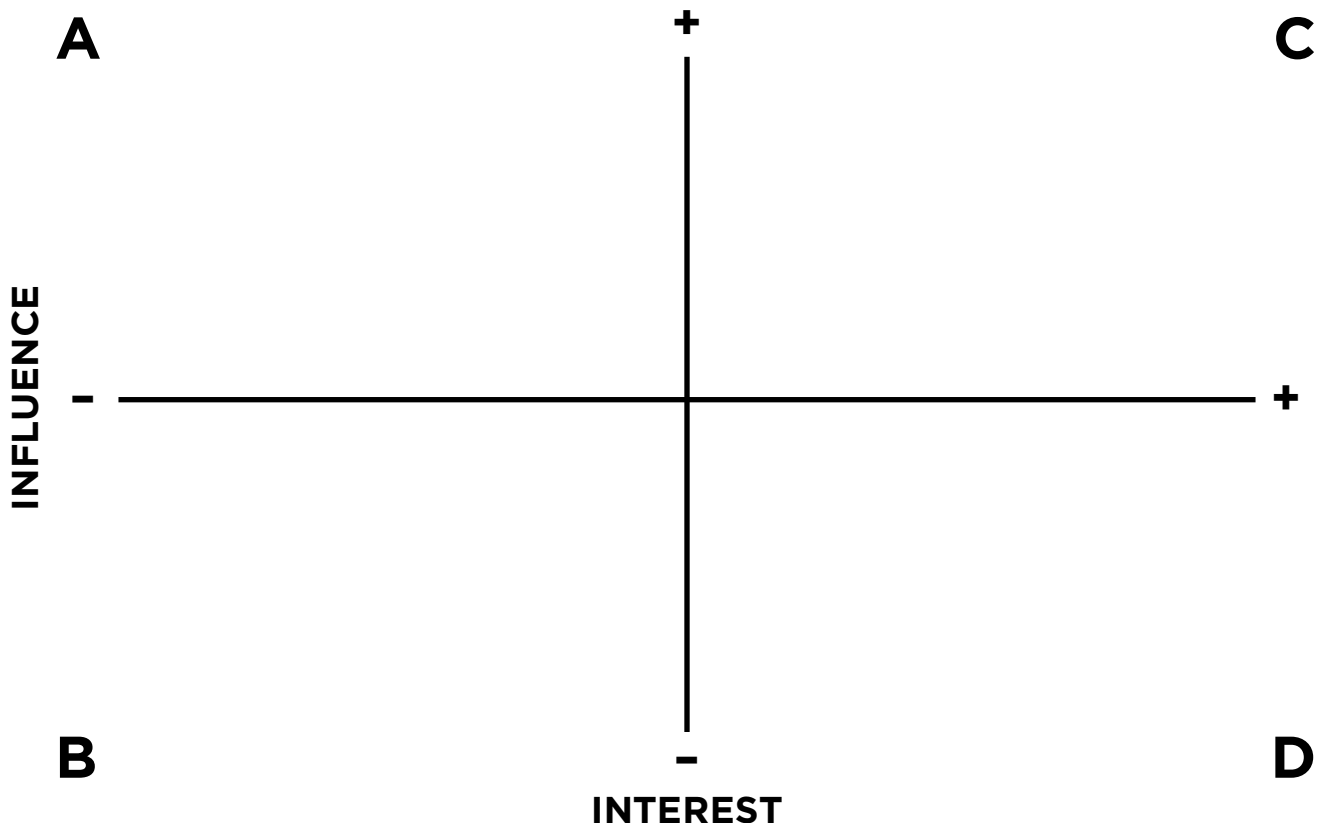
Each stakeholder name will be added to the table below after answering two questions:

1. How much influence does the stakeholder have over the budget process? The more influence, the higher the stakeholder's name should be placed along the "Influence" axis.
2. How much interest does the stakeholder have in the issue? The more interest the stakeholder has relative to other stakeholders, the farther to the right along the "Interest" axis the name will be placed.

#### How to use the Power Map

The Power Map illustrates the most critical audiences to reach. The stakeholders in quadrant C have a high level of interest in the budget process and the ability to influence it, so they should receive priority attention from the coalition. The groups in quadrant B have little interest in the process or ability to influence it, so they do not need to be the focus of advocacy resources.

Please print this page to fill out the power map grid.





## Module 2.1

# Building a Coalition of Advocates / Worksheet 2

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Working collaboratively with a broad-based coalition is the best way to galvanize support for epidemic preparedness funding. This worksheet helps advocates assess which potential partners may be needed and ways to reach them.

### CONSIDER THIS:

- Who are the leading non-governmental stakeholders working on epidemic preparedness at the national or subnational level? (CSOs, academic institutions, private sector representatives, etc.)
- What activities or campaigns have non-governmental stakeholders participated in related to epidemic preparedness and the impact of disease outbreaks?
- Is public demand for health security part of the national conversation at stakeholder sessions?
- What is the non-governmental landscape for advocacy related to achieving the World Health Organization's (WHO) Sustainable Development Goals (SDGs)?
- Are there existing coalitions that focus on health, health security or budget advocacy?
- Do non-governmental organizations (NGOs) participate in government-led, multi-sectoral steering committees and working groups related to epidemic preparedness? If so, what is their role and primary policy goal?
- Which NGOs should inform the development of the advocacy strategy for your campaign?
- What budget advocacy training and capacity-strengthening is needed for coalition members to advocate for epidemic preparedness and budget increases?
- If the stakeholder has not publicly supported the epidemic preparedness policy objectives, why not? What would help them support the objectives?
- Is each step SMART (Specific, Measurable, Achievable, Relevant and Time-Bound)?



## Module 2.1

# Building a Coalition of Advocates / Worksheet 2

### ASSESSING POTENTIAL COALITION PARTNERS

Needed in a coalition	What do we have?	What do we need?	Potential partners
Relevant constituencies/ voices			
Advocacy capacities			
Key relationships (government)			
Key relationships (media, CSO, NGO, academic, etc.)			
Policy expertise			





## Module 2.2

# Engaging Decision-Makers / Worksheet 1

Use this worksheet to help identify the key messages to share with each decision-maker based on the advocacy campaign's policy objective and the decision-maker's values and interests.

**Decision-maker:**

**Policy Objective:**

**Engagement:** What is the best way to engage with the decision-maker? Who is the best messenger?

**Values and Interest:** From the decision-maker's perspective, what messages will resonate to gain support for the policy?



## Module 2.2

# Engaging Decision-Makers / Worksheet 2

**Message 1:** What is the problem you're addressing?

**Message 2:** What is the solution? This solution should include the policy objective.

**Message 3:** What is the action that needs to be taken by the decision-maker? By when does this action need to be taken?



## Module 3

# Budget Tracking / Worksheet 1

Budget accountability entails keeping track of budget allocations and disbursements to make sure that the resources made available through budgets or policies reach the intended parties and are put to use in a timely manner. This worksheet supports budget accountability by helping track the allocation and disbursement of government epidemic preparedness funding and its outcomes.

The following indicators are derived from the Strategic Plan and must be tracked.

- **Target:** The total amount (in expenditure totals, percentages, etc.) the advocacy campaign requested from the government through the budget and other policies.
- **Allocation:** The amount the government has committed to spend through the budget process, policies or other funding pathways or investment frameworks.
- **Actual:** The amount of funding that has been disbursed, released or spent and policies that have been carried out based on available reports.
- **Data Sources:** The origin of the information on “Actual” expenditures, such as reports from ministries, departments, and agencies; documents from coalition partners; or articles in the media.

## BUDGET ACCOUNTABILITY INDICATORS

Targets	Allocation	Actual	Data Source



## Module 3

# Budget Tracking / Worksheet 2

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### OUTCOMES

What evidence is there of health security improvements due to epidemic preparedness planning and funding?

Are there new capacities, such as laboratories and human resources, which can be used to make the case for sustained or increased investment?



## Module 4

# Planning for Budget Sustainability / Worksheet 1

This worksheet will address the targets that were found to be off track in each phase of the budget process cycle, as outlined in Module 3 and the corresponding worksheet. This information can be used to update the Strategic Plan for the next budget cycle.

Indicators for the charts below may be identified in the Budget Accountability worksheet.

### A. OPPORTUNITIES AND BOTTLENECKS AT EACH PHASE OF THE BUDGET PROCESS

In the first column, list the indicators from the Module 3.2 worksheet that were either off target or presented opportunities for new funding streams or policies. In the second column, identify the bottlenecks or opportunities that should be addressed.

**Pre-Budget Phase Example:** Ministries, Departments and Agencies identify their priorities.

Indicator	Opportunity or bottleneck



## Module 4

# Planning for Budget Sustainability / Worksheet 2

**Budget Formulation Example:** The Ministry of Health prepares its budget and submits the budget to the Executive (Budget Office/Ministry of Finance).

Indicator	Opportunity or bottleneck

**Budget Analysis and Approval Example:** The Executive submits the budget to the Legislature; the Legislature passes the budget, and the President signs the budget.

Indicator	Opportunity or bottleneck

**Post-Budget Implementation Example:** The budget allocations are disbursed.

Indicator	Opportunity or bottleneck



## Module 4

# Planning for Budget Sustainability / Worksheet 3

### B. NEW OBJECTIVES AND STRATEGIES REQUIRED

In the first column, identify new policy objectives that would address the bottlenecks listed above. In the second column, identify potential strategies to support these objectives.

**Pre-Budget Phase Example:** Agencies identify their priorities

Objectives for the Executive	Potential strategies
Objectives for the Legislature	Potential strategies



## Attachments

2

[SEND GHANA: “SEND GHANA’s Social Media Toolkit”](#)

3

[LISDEL: “Brief on the Utilization of the Health Security Accountability Framework”](#)



# SEND GHANA

A subsidiary of SEND West Africa

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

#FundEpidemicPreparednessGH

**SEND Ghana**, a budget tracking civil society organization that promotes good governance, created a social media toolkit to raise awareness of the need for epidemic preparedness. Health security advocates can use this toolkit as a template for developing their own online messaging campaign.

## SEND GHANA'S SOCIAL MEDIA TOOL KIT

Please follow these social media channels:



[X.com/SEND\\_GHANA](https://x.com/SEND_GHANA)



[Facebook.com/SENDGhanaofficial](https://Facebook.com/SENDGhanaofficial)

Please use these hashtags:

- #FundEpidemicPreparednessGH
- #PreventEpidemics
- #HealthForAll

Please consider tagging the following accounts:

### X Accounts:

- [@nakufoaddo](https://x.com/nakufoaddo): President of Ghana, Nana Addo Dankwa Afuko-Addo
- [@MBawumia](https://x.com/MBawumia): Dr. Mahamudu Bawumia, Vice President of Ghana
- [@\\_GHSofficial](https://x.com/_GHSofficial): Ghana Health Service Official
- [@MOHGhana](https://x.com/MOHGhana): Ministry of Health
- [@MoF\\_Ghana](https://x.com/MoF_Ghana): Ministry of Finance, Ghana

### Facebook Accounts:

- [Nana Addo Dankwa Afuko-Addo: President of Ghana](https://www.facebook.com/nanaddo)
- [Dr. Mahamudu Bawumia: Vice President of Ghana](https://www.facebook.com/dr.mahamudu)
- [Ghana Health Service](https://www.facebook.com/ghanahealthservice)
- [Ministry of Finance, Ghana](https://www.facebook.com/ministryoffinanceghana)

## INTRODUCTION

Ghana regularly experiences outbreaks of diseases, such as cholera, influenza, yellow fever and meningitis. However, the outbreak COVID-19 pandemic and its devastating impacts underscore the urgent need to invest in systems to help prevent, detect and respond to future disease outbreaks. The World Health Organization noted that 90% of countries reported one or more disruptions to essential health services over one year into the COVID-19 pandemic. The virus continues to wreak havoc on human lives, especially vulnerable populations and exert enormous pressure on the already overstretched Ghana's health system. Since future outbreaks of epidemics are inevitable, it is important to prepare, including putting effective measures and rapid response strategies to mitigate their impact when they strike. While a strong political commitment coupled with adequate financial resources will be key to achieving this, our collective role to advocate and add our voices to make this a reality cannot be overemphasized. To support the campaign for #FundEpidemicPreparednessGH please share the below social media messages and graphics on your social media channels.

 @sendghanaofficial

 @SEND\_GHANA

 SEND GHANA

 SEND GHANA

*Vision: A Ghana where people's rights and well being are guaranteed. The mission of SEND is to promote good governance and the equality of women and men in Ghana*



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#FundEpidemicPreparednessGH

**SEND Ghana**, a budget tracking civil society organization that promotes good governance, created a social media toolkit to raise awareness of the need for epidemic preparedness. Health security advocates can use this toolkit as a template for developing their own online messaging campaign.

## HOW TO USE THE TOOLKIT

This social media toolkit contains messages and graphics for sharing on your respective social media platforms (Facebook, Instagram, X, Whatsapp). Let's remind our duty bearers about the importance of investing in epidemic preparedness. Please add your voice to the campaign - You can get going by using the hashtags #Fundepidemicpreparednessgh.

### Use the links below to download graphics:

**X:** <https://drive.google.com/file/d/1npmi-1voClw7GQ-qcArkbB7Dx4Roau86/view?usp=sharing>

**Facebook:** [https://drive.google.com/drive/folders/1y3SILLlyQ\\_pXOqBT86uxhSBjjW1\\_ufRr?usp=sharing](https://drive.google.com/drive/folders/1y3SILLlyQ_pXOqBT86uxhSBjjW1_ufRr?usp=sharing)

(Note: The set of downloadable infographics contained in this toolkit will be updated continuously.)

Below are the messages you may find helpful when engaging political decision-makers. Please feel free to post them on social media using the hashtag referenced above.

### Suggested Facebook posts:

- Epidemic outbreaks are inevitable. The surest way to secure the future of the population is to build resilient and robust health systems. The time to fully fund and implement the National Action Plan for Health Security is NOW! #FundEpidemicPreparednessGH
- Funding epidemic preparedness and response could reduce the impact of unforeseen disease outbreaks. Now is the time to make epidemic preparedness a national agenda. Every second counts in the response to infectious disease outbreaks. It is time for the government to #FundEpidemicPreparednessGH to protect citizens from deadly disease outbreaks
- Vulnerable populations are harder hit during pandemics. Follow our campaign for increased epidemic financing to ensure that every Ghanaian is safe from the threats of disease outbreaks. #FundEpidemicPreparednessGH
- Ghana has developed a well-costed National Action Plan for Health Security. However, implementation has long been a challenge due to limited or no dedicated funding. Dear Mr. President (Tag [Nana Addo Dankwa Afuko-Addo: President of Ghana](#)), for the sake of the Ghanaian people #FundEpidemicPreparednessGH NOW
- Frequent outbreaks of epidemics could reverse decades of progress in attaining the Sustainable Development Goal 3 (Good Health and Wellbeing). Financing epidemic preparedness can propel Ghana's effort in meeting the global goals. It's time to act now!
- Can you imagine a yellow fever-free Ghana? Parliament has the power to make this happen by appropriating specific funds to epidemic preparedness. #FundEpidemicPreparednessGH

### Suggested X posts: [@sendghanaofficial](#)

- Tens of millions have fallen into extreme poverty during the COVID-19 pandemic. The next pandemic could be more catastrophic without greater financial commitments to preparedness. #FundEpidemicPreparednessGH
- Health care must remain a top priority in the national budget if we want to prepare for all future outbreaks of disease. The government must set aside a dedicated budget line for epidemic preparedness NOW! #FundEpidemicPreparednessGH
- Every second counts in the response to infectious disease outbreaks. It is time for the government to #FundEpidemicPreparednessGH to protect citizens from deadly disease outbreaks.

 @sendghanaofficial

 @SEND\_GHANA

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*Vision: A Ghana where people's rights and well being are guaranteed. The mission of SEND is to promote good governance and the equality of women and men in Ghana*



# SEND GHANA

A subsidiary of SEND West Africa

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- It costs a country less to prepare for health emergencies than to deal with their impacts. Dear Mr. President [@nakufoaddo](https://twitter.com/nakufoaddo), now is the time to expedite action on establishing the Ghana Centre for Disease Control. #FundEpidemicPreparednessGH
- Funding epidemic preparedness and response could reduce the impact of unforeseen disease outbreaks. Now is the time to make epidemic preparedness a national agenda. #FundEpidemicPreparednessGH
- Every second counts in the response to infectious disease outbreaks. It is time for the government to #FundEpidemicPreparednessGH to protect citizens from deadly disease outbreaks
- 90% of countries are still reporting one or more disruptions to essential services due to COVID19. We must #FundepidemicpreparednessGH to improve access and equity in health delivery.
- Financing epidemic preparedness can propel Ghana's effort in meeting the #globalgoals. It's time to act now! #SDGs #FundEpidemicPreparednessGH
- Ghana must strengthen its disease surveillance system for early detection and response to disease outbreaks. The recent outbreak of #yellowfever in some parts of the country exemplifies this call. #FundEpidemicPreparednessGH
- Investing in epidemic preparedness not only helps save lives but it also unlocks the social and economic potential of the population.
- In less than a month, yellow fever had claimed the lives of over 25 people in the Savannah and Upper West regions. Dear Mr. President, for the sake of our loved ones, #FundEpidemicPreparednessGH
- End yellow fever and other epidemic prone diseases across Ghana by calling on the Government to increase funding allocation to epidemic preparedness. A healthy nation is wealthy. #FundEpidemicPreparednessGH

 @sendghanaofficial

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### BRIEF: THE DESIGN, UTILIZATION AND IMPLEMENTATION RESULTS OF THE HEALTH SECURITY ACCOUNTABILITY FRAMEWORK

#### Background

Mobilizing adequate resources is an important step towards strengthening the health security system at the international, national, and sub-national levels. The Nigeria health security financing landscape has witnessed substantial improvement as allocation and release of funds for the National Centre for Disease Control (NCDC) has improved significantly. Some states have created budget lines for health security and have made resources available towards strengthening their health security architecture. The COVID-19 pandemic has also spurred the private sector to invest towards ending the pandemic and stakeholders are working to translate the private sector funding momentum catalyzed by COVID-19 to a more enduring private sector coalition for improved health security financing.

While the improved funding for health security from both public and private sources is impressive, efforts to mobilize resources for epidemic preparedness and response may not yield the desired results unless deliberate measures towards enshrining the *value for money / cost benefit* of the investment are put in place. To raise the accountability bar for resource mobilization and utilization of health security, LISDEL and BudgIT designed a health security financing accountability framework in collaboration with Health Sector Reform Coalition (HSRC).

#### The Health Security Accountability Framework

The Health Security Accountability Framework was based on the HSRC's Health

Financing Accountability Framework. The LISDEL team created the national-level Health Security Accountability Framework with BudgIT, another GHAI Prevent Epidemics partner, and other civil society organizations (CSOs), the Budget Office of the Federation, and development partners at a workshop organized in Abuja in August 2020. The Health Security Accountability Framework was subsequently adapted to the state level in Kano and Lagos, focus states for the PE program, in collaboration with CSO and media partners as well as representatives of relevant government agencies.

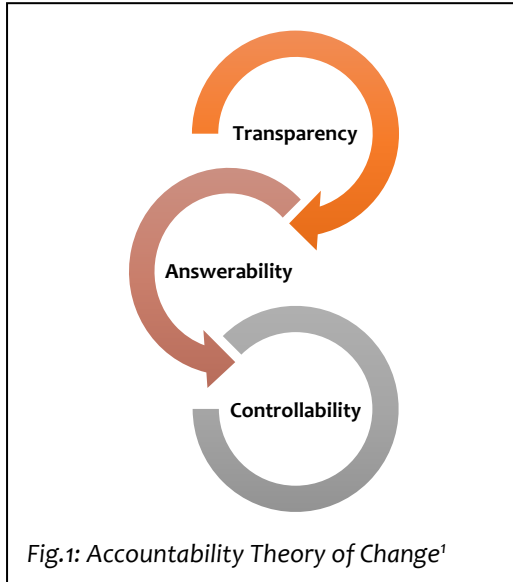
The purpose of the Health Security Accountability Framework is to track health security budget allocation, disbursement and utilization, as well as the outputs and outcomes of the investments. The framework is intended to generate evidence that will help to chart a course of action towards improved accountability for epidemic preparedness and response (EPR) financing at the national level and in supported states.

#### The Accountability Theory of Change

The framework is based on an established accountability theory of change predicated on the continuum of transparency, answerability, and controllability (Fig. 1). In other words, the framework relies on the generation of information about health security budget allocation and execution, the use of such information to engage relevant stakeholders to ask questions, seek relevant clarification and obtain needed answers, and achieve the needed changes through persuasion, as well as the application of

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appropriate incentives or sanctions. Based on this theory of change, the health security accountability framework includes indicators



to be tracked to promote transparency and actions that will be taken by identified stakeholders to promote answerability and controllability.

### Uses of the Accountability Framework

The accountability framework is designed to be used by the national and state-level stakeholders (i.e., the executive arm of government, the legislature, CSOs and the media) to ensure that there is accountability for health security budgets. Using their appropriation, legislation and oversight functions, the legislature is expected to formulate laws that are sufficient for the implementation of the International Health Regulations (IHR) 2005, sufficient funds for health security and oversee budget implementation. The executive will ensure that available funds are channelled towards the National Action Plan for Health Security (NAPHS) to achieve the desired results articulated in the plan.

CSOs at the national level and the supported states will use the data from the framework to advocate for the allocation, disbursement and utilization of health security funds.

The media will use their platforms to report the information presented in the accountability framework and enlighten policy makers and the populace about health security resource utilization and system performance.

### Results of the implementation of the Health Security Accountability Framework at the National and State Level

The implementation of the accountability framework has led to the identification of funding gaps which informed the direction of advocacy actions at the national level and in supported states. This is illustrated in Figure 2.

#### National Level

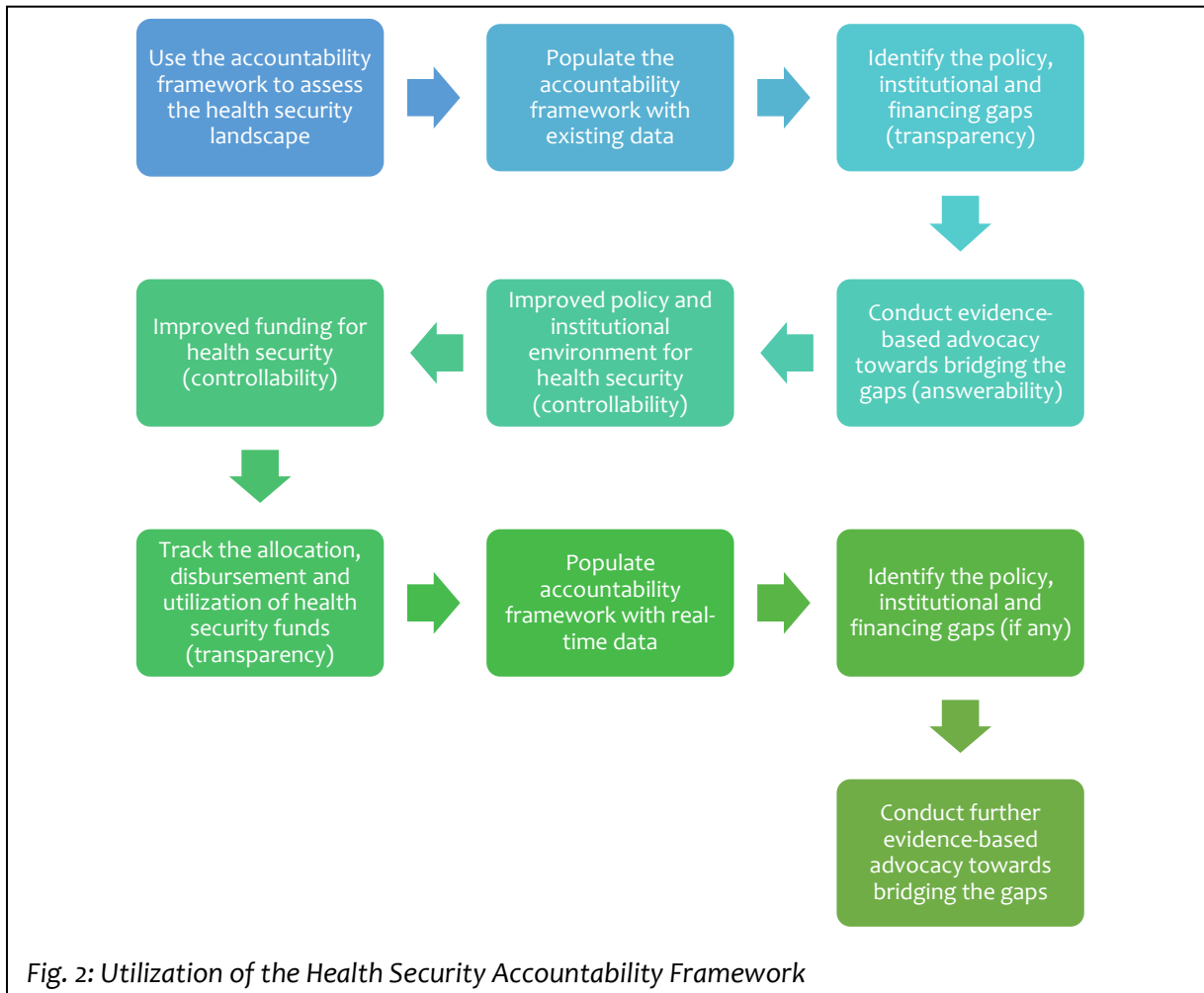
##### NCDC financing

At the national level, a review of the funding for NCDC revealed that they received inadequate budgetary allocation. Furthermore, the 2.5% of the Basic Health Care Provision Fund (BHCPF) initially allocated to NCDC was removed as indicated in the revised BHCPF guidelines. Key stakeholders ramped up advocacy aimed at increasing budgetary allocation to the NCDC and having them benefit again from the NBHCPF. A number of advocacy engagements were held with the lawmakers, Federal Ministry of Health, Budget Office of the Federation, CSOs, and the media to advocate for increased funding for NCDC to facilitate the complete implementation of the NAPHS. This led to a 75% increase in

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NCDC's allocation in the 2021 budget and a further 31% increase in the 2022 budget.

interim, the BHCPF guideline has now been reviewed to accommodate an allocation of 1.25% of the fund to NCDC.



Furthermore, LISDEL and the HSRC conducted a series of advocacy activities (including engagements with the Minister of Health and the National Assembly) aimed at having the NCDC reinstated as a beneficiary of the BHCPF. GHAI/LISDEL also facilitated a multi-stakeholder consultative meeting involving relevant government agencies, civil society organizations, development partners and the private sector to identify key areas for prioritization in the National Health Act 2014. Sustainable funding for health security was one of the identified priorities. In the

### Funding of other NAPHS-implementing Ministries, Departments & Agencies (MDAs)

An analysis of the 2021 health security budget revealed poor/zero allocations to the MDAs implementing the NAPHS, especially the non-health MDAs. This informed the advocacy for increased allocation to the NAPHS MDAs, which started with outreach to the leadership of the MDAs to sensitize them on the need to include NAPHS-related activities in their budgets. This was done in collaboration with Nigeria Health Watch and NCDC. Thereafter, a workshop was held with

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the MDAs' focal persons to develop their 2022 NAPHS budgets with the support of the representatives of the Federal Ministry of Finance, Budget and National Planning (FMFBNP).

The team then followed up with the focal persons to ensure that the budgets were included in their MDAs' budgets. Subsequently, the Budget Office and the Legislature were engaged to ensure that the budgets were approved. Consequently, a cumulative additional ₦1.46 billion was allocated to health security budget items in some of the NAPHS-implementing MDAs.

### Kano State

A landscape analysis revealed that there was no legal framework for health security in Kano state - the NAPHS was yet to be domesticated in the state - and there was no distinct budget line for epidemic preparedness and response (EPR). Also, the Local Government Areas (LGAs) were not contributing actively to EPR financing in their respective domains.

### State-level advocacy

LISDEL facilitated the formation of a coalition of civil society and media organizations to support advocacy towards addressing the identified gaps in the state. Also, workshops and media advocacy activities were held to sensitize the key stakeholders on the need to have a distinct budget line for EPR, domesticate the NAPHS and develop a legal framework for health security to achieve sustainable domestic EPR funding. This led to the creation of a budget line for EPR with an allocation of ₦300 million in the 2021 budget. The LISDEL team has also supported the state to conduct the Joint External

Evaluation towards domesticating the NAPHS and a draft Kano State Action Plan for Health Security has been developed. Also, a draft Health Security Bill has been developed in the state.

Advocacy efforts by led to the release of ₦30 million out of the ₦300 million appropriated for EPR in 2021, the utilization of which was tracked by the CSO coalition partners. Further advocacy to the Ministry of Health, Ministry of Finance and State House of Assembly also led to an increase in the EPR budget to ₦400 million in FY 2022.

### Local Government level advocacy

A series of advocacy engagements with the Ministry of Local Government (including a roundtable discussion with the Chairmen of the 44 LGAs in Kano state) was conducted in 2020 to sensitize them on the need to finance some EPR activities in their LGAs. As a result, the LGAs allocated some funds for EPR in their 2021 budgets, albeit without a distinct budget line for EPR. Because there was no distinct budget line for EPR at the LGA level, it was difficult to track the disbursement of the funds allocated to EPR. Thus, LGA Chairmen were further engaged at a workshop in 2021, which led to the creation of a budget line for EPR with an allocation of ₦3 million in each of the 44 LGAs in the 2022 budget.

### Lagos State

An analysis of the Lagos state budget revealed that the existing budget line for health security was not sufficient for epidemic preparedness and the NAPHS was yet to be domesticated in the state. This led to advocacy for the creation of a dedicated budget line for epidemic preparedness,

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which resulted in the creation of a new budget line for Public Health Emergencies, to which about ₦5.1 billion was allocated.

### Current advocacy actions

Advocacy efforts are geared towards ensuring that the allocated funds are disbursed and utilized appropriately; and towards gaining access to real-time disbursement data to be used to populate the health security accountability framework from the respective MDAs, Budget Office of the Federation and the Open Treasury Platform (at the national level) as well as Ministry of Health and the central budget ministries and agencies (at the state level).

At the national level, the National Assembly is being supported to amend the National Health Act and establish a legal framework that is sufficient for the implementation of the IHR 2005.

In Lagos State, the relevant stakeholders are being engaged to support the state to conduct the Joint External Evaluation towards domesticating the NAPHS. The state is also being supported to establish a legal framework for Biosecurity. In Kano State, the Ministry of Health is being supported to finalize the Kano State Action Plan for Health Security and present the draft Health Security Bill at the House of Assembly.

### Challenges encountered while deploying the Health Security Accountability Framework

Some challenges were encountered while deploying the accountability framework for health security financing. One of the major challenges was the difficulty in accessing real-time data needed to populate the framework.

To resolve this, the national and state-level stakeholders from the health MDAs, some other NAPHS-implementing MDAs, central budget agencies, legislature and the civil society were engaged to (a) review and streamline the framework's indicators to ensure that only very relevant indicators with a good prospect of obtaining needed data are maintained on the framework.; (b) identify best approaches for accessing needed data to overcome the challenges associated with data mining; and (c) discuss approaches for sourcing the needed data set through an approved and transparent route to be able to defend the evidence generated from the data set.

### Conclusion

Mobilization of additional resources will require raising the accountability bar for health security by holding the government accountable for providing legal, institutional and policy frameworks for health security, spending efficiently and fulfilling their policy and spending commitments. This framework has been a useful tool for tracking performance and providing evidence to engage the government.



## Resources

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## Module 4

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Changing Policies to Save Lives