

RBM Malaria Partnership Global Advocacy Meeting

1-3 September 2004

World Bank Headquarters, Washington, DC

Executive Summary

Introduction

The RBM Malaria Partnership Global Advocacy Meeting involved four key challenges:

1. It was the first ever partnership meeting on advocacy
2. An advocacy plan was critically needed to enable global advocacy efforts to move forward
3. Organisational development issues were interlinked with being able to implement an global advocacy plan
4. Consensus among the partners attending the meeting was considered critically important to develop a base for further action

Balancing these interests meant that the meeting time had to be carefully managed and negotiated. Realistically, the meeting timeframe would not allow *quite enough time* to thoroughly develop either the advocacy plan or discuss and achieve resolution on implementation issues. For the activists attending the meeting, it meant that anticipated time to specifically coordinate action for future events and how to effectively intervene for malaria action would not occur.

Despite these constraints, the meeting did achieve significant progress on developing a framework plan for advocacy, which defined a direction and a structure for how to implement. The frank and productive meeting environment contributed to a stronger sense that a new mindset would henceforth direct the advocacy efforts of the RBM partnership, both at the Secretariat and among partners themselves.

Attendees

Partners attending the meeting reflected the range of partnership members from R&D, to donors, to NGOs, and UN agencies, among others. The partners were encouraged to—and did provide strong input on significant partnership challenges and secretariat issues—with forthrightness and clarity.

Themes that were consistently identified through-out the meeting for action

Several key themes were identified consistently through-out the meeting that further identified or implied explicit partnership action.

1. **What does it mean to be a RBM partner?**

Numerous discussions identified the need to define specifically 'what does partnership mean?' as a partnership without standards or requirements leads to ambiguous accountability. Attending partners urged providing clear terms of reference for membership in the RBM partnership for advocacy: who is a member and what do partners commit too? Following this, recruit and widen membership based on this definition, including those with counter-prevailing views. Embrace critics of the partnership as a means to learn and to use their perspective as an alternative means to achieve the greater good and RBM goals. As a fundamental rule, partnership membership should be inclusive *and* hold partners to commitments, providing incentives to achieve commitments and potential consequences if commitments not met.

Within this context, there needs to be the recognition that partners may become energized around a specific issue and that timing and readiness are key issues for NGOs.

Finally, accountability among partners was consistently stressed during discussions as a fundamental component of partnership and to achieving coordinated advocacy efforts.

2. The partnership needs to be sensitive to North/South representation and involvement in advocacy planning.

Disparities in representation, and the corresponding potential consequences, were noted during the course of the meeting. The partners identified a critical need to ensure that the partnership is a global partnership and to identify, engage, and support country-level national and local advocates.

3. Strengthen the RBM partnership brand and image as the global voice for malaria

All partners should commit to the same key messages for consistency and agree to coordinate their actions on behalf of the RBM partnership so that a higher global voice can be achieved. Country level buy-in, cooperation, coordination and involvement in the development of communication strategies will be needed to achieve this aim. Attending partners emphasized and reinforced the need that all partners, regardless of philosophy, geographical location, or focus (among other defining criteria), benefit from malaria having an international voice, and that every person/organization has a different and unique role to play in reaching the goal.

4. Define specifically how to strengthen the communication network for advocacy among partners and to develop RBM linkages more widely

A strong communication network needs to be established so that spokespeople in each organization can be easily contacted and mobilized for action. A key component to doing this is that information on who is doing what needs to be compiled and disseminated among the members. Additionally, there is a need to build more linkages, such as through the website, targeting potential partners, and being inclusive. Being part of the partnership does not preclude how a single partner may decide to respond to an advocacy event.

Use the communication network to identify on-going events and how the partnership will target the meetings to advance advocacy goals. Use communication sharing, access to a database, a monthly newsletter, or networking opportunities as a means to appeal to partners' self interest.

5. Build on success: publicize successes, publish accomplishments, report results! Avoid public blame

Progress is being made, albeit slowly. Be prepared to manage/guide discussion instead of reacting. Don't admit defeat. Don't publicly attack and blame RBM. Distinguish who or what conditions are specifically responsible, such as: Identify how to frame responses that places responsibility on lack of funding, lack of government commitment, lack of action taken by policy makers that could have made a difference, etc.

Partners need to know of successes for their own encouragement! Attending partners considered this essential to their own work.

6. Hold an annual partnership advocacy meeting/global forum to review progress and establish milestones for the coming year.

An annual meeting serves multiple purposes: provides an opportunity for media coverage enables partners to strategize, review progress and determine how to proceed in the coming year; it enables successes to be publicly celebrated and champions acknowledged, provides encouragement and strengthens commitment and identity.

7. Convert the partnership into a passionate movement.

Whether this is achieved from a 'bottom up' strategy or a 'top down' strategy, create a people's movement with champions, using every means available to the partnership to achieve RBM's goals.

Structure for advocacy implementation

The meeting participants endorsed the following key points on structure (this is covered in more depth in the report):

Steering committee:

- need for a non-formal, loose steering committee (Working Group) of +/- 10 *dedicated* people from each of the ad hoc groups in malaria (R and D, NGOs, lobbying, donors, etc.)
- if needed, define small task forces for specific, focused actions to report to steering committee
- Steering committee will guide secretariat advocacy component to move forward

Secretariat:

- Need for expanded core capacity or +/- 6 people and funds to follow-up and to push for specific goals
- The Secretariat may be involved in 'some' implementation
- The Secretariat should endeavor to carry out the following functions: leadership, mapping, monitoring, reporting, facilitating (achieving consensus), branding, provide 'membership services', link with all levels

Partners:

- Need to implement and be held accountable for ongoing and ad-hoc activities

Funding:

- Need resources and Independent fund-raising for WG (to avoid potential conflicts with some donors)

Summary

The first, RBM Partnership global advocacy meeting succeeded in frankly identifying and discussing core issues, along with potential remedies, that had hindered partners from effectively coalescing on advocacy action. Partners, additionally, were explicit in wanting to see more accountability from among partners to achieve RBM partnership goals.

The RBM Secretariat left with a significantly clearer understanding of what partners expect from the Secretariat regarding advocacy efforts. Both partners and the secretariat gained appreciative feedback on how to work together, the meaning of inclusiveness, embracing critics, and expanding the concept of what a partnership for advocacy could achieve.

A Secretariat is only as strong as its partners. The partners are only as strong as their commitment to working together. In 2 ½ days, considerable progress was made in determining how to make the partnership for advocacy work.

Meeting Report: RBM Partnership Global Advocacy Meeting

I. Introduction

This purpose of this report is to summarize the results of the RBM partnership Global Advocacy Meeting held from the 1st to 3rd September 2004, hosted by the World Bank, and organized by the RBM Partnership Secretariat, to catalyse the establishment of an advocacy task force or other mechanism for leading and supporting global advocacy on behalf of the partnership. It was expected that as a result of the meeting, an advocacy framework would be developed and an action plan for the development and implementation of an RBM Global Advocacy Strategy defined, including processes for effective collaboration and coordination of RBM advocacy for malaria over the coming years.

The meeting objectives included:

1. Define an RBM Partnership strategic vision & guiding principles for global advocacy for malaria
2. Build upon existing participant knowledge & expertise to develop the framework for a Global Advocacy Plan
3. Achieve RBM Partnership consensus on advocacy priorities for malaria including target audiences & advocacy messages
4. Identify an action plan for moving forward, developing & implementing a Global Advocacy Plan
5. Define the best possible structure for coordinating & implementing global advocacy for malaria (taking into account proposed plan)

The outcomes included:

- RBM Partner commitment to developing & implementing global advocacy for malaria secured
- Vision & guiding principles for RBM Partnership in global advocacy defined
- RBM Partnership advocacy coordinating & implementing structure defined
- Framework for a Global Advocacy Plan defined with corresponding action plan to further develop & implement a Global Advocacy Plan agreed

Meeting Participants

The meeting participants shared a common interest in bringing malaria to world attention and taking action on that aim. Participants included representatives from donor organisations, WHO, NGOs, Malaria R&D, among others (final participant list at end of document).

Framework for the Meeting

The meeting was divided into two phases, Phase I—Laying out the strategy; and Phase II—Implementation and Next Steps. The logic behind the structure was to clarify the plan first, and then to determine the structure that could best implement the plan. A discussion paper was provided to participants before the meeting. The purpose was to outline a basic framework for discussion for the meeting to help shape the development of the advocacy strategy. The discussion paper was by no means intended to be prescriptive, but to only serve as a starting point for discussion.

A facilitator and advocacy resource person were engaged to guide participants, using working groups and plenary sessions, throughout the three days. The facilitator's role was to enable a full range of discussion of issues among participants regarding the partnership and its advocacy efforts; the advocacy resource person assisted the partners at the meeting to develop their advocacy plan.

Scope of this Report

The scope of this report will be limited to presentations of issues, concerns and recommendations as it involves the RBM partnership, the Secretariat, or implementation of the advocacy plan. The advocacy plan, developed during the meeting, and refined by a subgroup meeting at the Secretariat, has been presented to partners in another communication.

Report Progression

The report will follow the meeting agenda in presenting participant work or delineating participant discussion on issues and recommendations.

II. Meeting Content

A. Vision

The group defined preliminary elements of a vision statement. A vision statement defines what you want to reach for and states your moral argument. In particular, for advocacy, vision represents your 'call to action'.

Moral arguments that were condensed from individual group work included:

- Has been already accomplished and malaria easily curable;
- Malaria is not just a disease but a cause of poverty, which impedes development and increases poverty
- Eradication is within reach—the tools and technology are available

Messages/key phrases for the vision (condensed from individual groups):

- Rolling back poverty (through malaria eradication)
- Together achieving something great
- Working for the greater good
- Unwavering tenacity
- Acting on our moral obligation
- Seeking highest quality products and outcomes

Elements that participants identified as important to an advocacy vision statement included:

- Openness and listening
- Bridge building between conflict groups
- Utilize power of story telling
- Inclusiveness
- Tenacity and perseverance
- Power to people
- Concrete action
- Boldness
- Fighting for social justice

A very preliminary vision statement was defined by a small working group (Fiona Power, Kevin Starace, and Lauren Ptito Anderson)

“Committed RBM partners speaking loudly, continually, clearly, with a common voice to raise awareness, resources and action to role back malaria.”

Comments or suggestions included:

- Spokesperson for the millions of children who die every year from a preventable, treatable disease, because they don't have a voice
- Committed partners raising awareness and resources
- How is this (vision statement) attractive to a donor?
- What is the purpose, how will it be used?

Recommendation

The small group continue to work on the vision statement (Fiona as lead, with Kevin and Lauren) and circulate to the members for comments and endorsement.

B. Discussion and Questions Regarding the RBM Partnership Goal 5: Strengthen the effectiveness of RBM partnership as the framework for a more sustained, effective, and robust responsive to malaria

Initially presented as a goal within the advocacy plan, this goal generated actions and questions regarding the partnership and how it should use its members to advocate for malaria. This component is presented in the report for review and potential follow-up action.

Target: Partners

Desired Action:

- formal commitment to RBM
- consistency of principles and messages,
- joint advocacy effort
- identify publicly with partnership

Delivery channels: RBM meetings, website, newsletters, dialogues, word of mouth, visits, events, conference, and meetings.

Message points: collective action is necessary to be effective; higher RBM profile benefits

Suggested actions included:

- Strengthen the effectiveness of the RBM partnership brand as the Global Voice for malaria.
- In-Country implementers need to be “on board”, and increase buy-in to RBM
 - Action: strengthen all actors to commit to same message and coordination
 - Action: enlist new partners to include all actors in malaria including dissenting voices.
 - Action: strengthen country level buy-in, cooperation and coordination, partnership process.
 - Action: need to speak out and say specifics about partner involvement; convening actors to have cohesion
 - Action: Develop structures for moving forward advocacy goal
- Secondary actions:
 - Define partnership and formalize some level of community
 - Get new members based on that definition
 - Review goals and identities, and revise and reinventing
- Actor: Media.
 - Action: See RBM as go-to voice, use RBM in materials, stories, and outreach.
 - Message points – simple to use RBM as vocal voice, quality assurance, repository of stories and knowledge. Partnership allows for different partner voices, because partnership will be referenced

Discussion: Developing RBM linkages more widely

Four main recommendations:

1. Through formal commitment, a higher global voice can be achieved. A network needs to become more established, so that spokespeople in each organization can be contacted.
2. Information about who is doing what needs to be disseminated
3. What it means to be a partner needs to be resolved.
4. How to develop more linkages: build on the website, *invite* others to become involved, target internal staff, colleagues, etc.

Discussion: NGO commitment

NGOs are committed to action and ownership. The RBM Board has mandate to represent NGOs.

C. Implementing the Plan

Four key questions to implementation were identified. These 4 questions were as follows with individuals self-selecting to work on each question:

1. What would be required to achieve this plan?
2. What are the barriers to implementation? And what needs to be different this time?
3. What are the structural options?
4. How can the partnership capture/nurture/coalesce the passion and commitment of the David Gold's of malaria?

Group 1: What is required to achieve this plan?

Report out on key requirements to achieve the plan:

- money to implement the plan for advocacy
- individuals to lobby, to fight for malaria
- strong grant proposal writer
- buy-in, political commitment
- regular or as-needed monitoring of environment and what we're doing – review, refocus, evaluation by external agency
- steering committee
- consensus on numbers - financial gap, mortality - in order to have credibility to outside
- clear structure & division of labor
- identification of milestones and indicators through regular mechanisms – annual meeting and forums

Second level priority (not actively seeking):

- Clear linkages
- Achievable goals
- Rewards system and healthy competition
- Complimentarity of R&D

Discussion: What is “buy-in” and what’s the definition of partnership? What makes a committed partner? What about incentives to pull partners in?

- **Partners** need to know what their role is, that they have a purpose, that they are “part of the whole, sharing a vision.” They need to see their niche and to *meet an articulated need*. Partners need to believe in the goal. There also needs to be recognition for what the partners have to offer; this leads to ownership and genuine concern for their role in the Partnership. Partners may become involved for a period of time, around a specific issue and then ‘drop back’ to come in at another point. Timing and readiness are issues for NGOs.
- The **Partnership** must articulate specific needs and identify which partner could be available to fill these needs. This needs to be ‘fluid’ in order to enable partners to participate when a need matches their interest. There are many potential partners out there that have not been identified and/or invited to join—an open invitation to join the partnership needs to exist. However, a *core* partnership must exist.
- **Define benefits for partners’ self-interest**– access to a database, a monthly newsletter, networking opportunities
- **Bridge the goals of individual organizations and the goals of the partnership.** Each partner brings something different to the partnership but everyone serves the same end goal. All Partners benefit from Malaria having an international voice and this message needs to be reinforced with all partners.

Group 2: What are the barriers to implementation? And what needs to be different this time?

(Summary of notes taken during group discussion prior to report-out)

The group took into account numerous issues that fell into four main categories:

1. Identity issues: Exclusion of some potential partner agencies, tension issues vis-à-vis own agenda and RBM, competition, and balancing realistic donor demand for identifiable organizational achievement; lack of linkages between and among organizations
2. Disparities: needing to close the gap between technical people to national policy makers and at community level; North-South issues, local/African industries don't have enough power/money to be equal partners
3. Commonalities: The goal is the same regardless – saving lives – and every person/organization has a different role to play in reaching the goal. A new mind set is needed that emphasizes - What can we get from each other? What can we achieve together, along with who's going to break the ice, show the new way?
4. Not meeting goals and undertaking a reality check: Is there shock value in admitting that we're (RBM) not meeting the goals? Headline: "RBM admits failure, has big meeting to turn things around." Would this bring in new players, cause people/organizations to reevaluate their commitment? We should identify our successes and failures and learn from them.

Report-out:

Barriers synthesized to the following four issues:

1. Identity—what does it mean to be a partner? What am I [a partner] expected to do? What do I get out of it? We have limited resources and thus unhealthy competition. We have history, baggage
2. Lack of inclusion breeds an attitude of "it's not my problem." There is a disconnect, lack of ownership and accountability
3. There is lack of coordination and lack of trust
4. We have archaic goals and targets that partners can't identify with or support

Discussion: RBM goals and criticisms on lack of progress to achieving goals

- **Keep in mind**: Abuja targets were set by heads of state, not by RBM.
- **Don't admit defeat**—this is not a good strategy. Focus on one goal as a means to move forward. Just continue to press forward and to push for achieving the goals.
- **Discuss shortcomings internally but don't discuss reporting them externally** – it's all about messaging. Distinguish what has been a success; sometimes as a strategy, goals create momentum, accountability, and competition among countries. Shame and embarrassment can also motivate. Finally, getting closer to a goal allows for greater mobilization of resources.
- **Partners also need to 'see' results**. Categorize successes and publish accomplishments; report results
- **ASK for \$ (don't hesitate)**. Goals can only be achieved with resources. Get specific on criteria, \$ and people needed, for example: "for every \$\$\$ that we don't receive, this is how much further behind we will get..." Share technical tools, and analysis of what was spent/disbursed and what was achieved
- **Strengthen communication network among partners**. Partners need to communicate success to Secretariat, and then to widely share.
- **Plan ahead—anticipate, define successes, use time from now to then to intensify advocacy efforts**: Have a strategic plan to deal with press since they often focus only on failure; Africa reports coming out at end of 2006, etc. When reports come out, be prepared to manage/guide what is reported and when targets are expected to be reached. Say "we don't have the funding to achieve our goals" but this is what we have achieved...

Discussion: Bilateral partners and collaboration

- **RBM has failed to position RBM partnership with Kofi Annan**. We are not on his agenda.
- **Focus on the larger, common goal of controlling malaria—raise the level of the discussion**

- **Embrace critics.** Practice effective critic management – engage with them on on-going basis. Don't talk as if 'outside the partnership'. Analyze critics - where do they come from, what's their agenda? May have alternative models that work. Assess motivation to learn how to use their resources, and/or change their behavior. Critics have value in saying what we may not be able to say—there are 'good' critics
- **Niceness.** Are we too nice and not demanding enough compared to other advocacy efforts?

Discussion: Criticizing RBM and the entire effort

- **Argue with each other, but don't criticize RBM partnership externally.** This plays into the hands of those who want to focus on the negatives. The reality is that we *are* moving forward, step by step. If criticism is warranted, it belongs to individual partners who should accept ownership of criticism, rather than 'painting' the entire partnership and effort.

Group 3: What are the structural options?

(Synthesized from notes taken during the discussion prior to report-out)

Why are we not succeeding? Already have a RBM strategy, how can we beef up advocacy? Take the example of successful organizations; they are very focused on what they do/their goals; they say "no" when request does not fit in with their specific goals. Need to practice what we preach and live the vision. The issue isn't money, it's the capacity.

Capacity and partners. The Secretariat needs 1 person full time for a month or 2 people half-time for two months, to prepare for Africa malaria day. People are willing to work with you but how do you resource them? What is a partner? How do you get buy-in? We have "fair weather partners."

Need to define partnership and its values; perhaps levels of partners. People come in representing an interest, have others/organization backing them. Need staff within the secretariat to manage working group and advocacy group. Need incentive, accountability, and commitment from partners. The World Bank has only 2 staff working on this issues; should have a person working on advocacy if serious about reaching goals and targets. Partners were grouped: 1) WHO, WB, UNICEF 2) other partners. #1 group has higher level of responsibility. Issues of central control versus individual agency control.

Funds. If we had a pot of money in middle, could be used, for example, to take MPs to Zimbabwe to look at program. Donor partners could put money into "pot." Through a bidding process? Without funding, what incentives are left? The most critical thing in all of this is resource mobilization

Who? Advocacy/working steering group to come up with things that need to be done, e.g. a Working Group acting as steering committee for work of partnership? Feedback we've received – formal partnership agreement is necessary to start everything. How to select working group? What will be the criteria?

What? A lot of what needs to be done is lobbying, which is the work of NGOs (David Gold's presentation – you can't be successful without NGOs)

Report-out on structural options:

The group recommended that the structural elements for implementing the advocacy plan consist of the following components:

1. Working Group (WG) of +/-10 people, with same status as working group that reports to board. Steering committee style but working within existing structure with full status (**NOTE:** to avoid confusion in terminology while reading this section, Working Group became synonymous with Steering Committee and the terms were used interchangeably later in the discussion).
2. Core Team of +/-6 people. Secretariat Staff, foundation, donors, and others in key locations coordinating work with partners. Role is to provide leadership, mapping, reporting, M&E, facilitating work of all partners (for example, consensus on the #s), branding issues, membership services (partnership management), linkages (how does it link to country level), repository of information and summaries and some implementation
3. Partnership - ongoing lobbying, accountability, fulfillment of tasks

4. Key active partners (WB, UNICEF, WHO, Foundation representation, both North and South represented and all regions) would steer the work of core team

Considerations raised by group in its presentation:

- Have an annual meeting?
- Selection of working group: how and who?
- Core Team Issues:
 - Resources: Call for bids vs requests for funds; or how to manage a kitty pot?
 - Possible conflicts and lobbying?
- Extent of collaboration with WHO and removing secretariat from WHO?
- Define partner levels?
- What do partners commit to? Do we need partner standards for accountability? What to do with a partner who does nothing and then complains?

The group voted against outsourcing as the group wanted the work to come from within because many partners already wanted to assist with the work. However, there is a need to streamline and eliminate structures which don't work

Discussion: Is there a need to distinguish 'core' and 'WG'?

The 'core' is the secretariat, and their role would be to staff the WG. A core team is necessary if Secretariat not to be overburdened. A steering committee would be established, but not based anywhere. This would involve partners undertaking this responsibility.

What is the work of the existing Working Group? The existing WG focus provides consensus on country level needs and issues that impact populations.

Discussion: Since a WG already exists—what has been learned? And what should be built?

Issues with current WG (on country level focus):

- Extremely heavy and bureaucratic
- Repeats work of other groups and no linkages are identified
- The present WG has no or minimum funding
- It has been working, but has had no continuity as it is difficult to maintain and to keep momentum.
- A 'loose alliance' also doesn't work as it is too adhoc for effectiveness
- There is a need to examine the present structure and fill gaps before moving on, including resources available
- There is a need for a separate WG from the WG that currently exists because the existing WG focus is at the country level vs fundraising and advocacy

What needs to occur:

- Have a more flexible, virtual structure to avoid bureaucracy and to move more quickly for advocacy, with mechanisms to take money and get things done without repercussions
- An advocacy WG might have more independence and freedom (inside/outside strategy)
- Same status as the other WG; reports to Board
- Leadership is the key and articulated tasks
- Way forward comes in looking at key issues in field
- Subcontract work through RFP
- Steering Committee (SC) oversight will be needed for funds disbursement

Discussion: Selection and representation on WG?

A concern was flagged regarding donors participating in the WG: The World Bank is a target of advocacy; also potential conflict with CEDA. This led to several points regarding composition of the WG.

- Broad representation is essential (including donors). Donors have a place and can be engaged, should be engaged. DFID, for example, can offer coordination with other efforts (limited but strategic).
- Technicians. Good representation through input from various technical groups to one core group that can then act on their recommendations
- Need for regional representation (North and South)

- Exclusion will not help advocacy efforts. There must be room for broad collaboration on the WG, represented by a diverse membership

Discussion: Steering committee & partner decision making for advocacy, various ‘comfort zones’

The intent would be for the steering committee to provide general guidance and not become involved in every organisation’s decision making; the WG would have an umbrella function and not advise every action.

‘Comfort zones’ on proposed actions will vary by organization. Radical organizations may push the limits and benefit everyone else. The WG could provide resources for each of these two types (for “comfort zone” advocates and die-hard radicals).

Discussion: Malaria Numbers

Need for consensus for numbers related to malaria and WHO needs to be part of it. Develop a short term set of numbers most can agree upon and distribute for consistency.

Discussion: Summary on steering committee, Secretariat, and partners vis-a-vis structure to achieve implementation goals

Steering committee:

- The group agreed that there is a need for non-formal, loose steering committee of **dedicated** people from each of the ad hoc groups in malaria (R and D, NGOs, lobbying, donors, etc.)
- Define purpose and working structure for steering committee
- Set-up a list-serve to identify interested partners for inclusion on the steering committee which should not exclude any organization or individual
- If needed, define small task forces for specific, focused actions to report to steering committee
- Steering committee will guide secretariat advocacy component to move forward
- As steering committee moves forward, clarity as to where technical assistance is needed will resolve itself and the types of individuals needed will be identified

Secretariat:

- Need for expanded staff capacity and funds to follow-up and to push for specific goals
- If technical support expertise is needed—get it. Possibly separate out and fund separately. Money is not being used because of the need for technical assistance to move it; need to increase proposals to Global Fund and increase number of technical people to write proposals and deliver strategies
- Structure follows function – whether the Secretariat or the steering committee; build what you need to support the 5 advocacy goals
- The Secretariat may be involved in ‘some’ implementation
- Needs to carry out the following functions: leadership, mapping, monitoring, reporting, facilitating (achieving consensus), branding, provide ‘membership services’, link with all levels

Partners:

- Need to implement and be held accountable for ongoing and ad-hoc activities
- Key active partners (WB, UNICEF, WHO, Foundation representation, both North and South represented and all regions) would steer the work of core team
- Conduct an annual review on partner accountability

Funding:

- Need resources and independent fund-raising for WG (ex. David Gold)

Five processes for success:

1. Small task groups
2. Accountability to agreed-upon tasks
3. Buy-in
4. Transparency (which leads to buy-in)

5. Hold feet to fire to produce

Group 4: How to capture, nurture, and coalesce the David Gold's in malaria?

Report-out: seven strategies were identified

1. Inclusiveness of partners, all engaging and all encompassing
2. Build on concept of success, 'success breeds success' give awards and share success stories
3. Use quid pro quo: Organizations with similar common goals working with each other (ex: UNFPA and maternal health)
4. Engage celebrities and champions – Will Smith or Halle Berry
5. Create a global forum expanding on existing meetings, such as MIM; global advocacy meetings
6. Develop tools – provide resources and training (and money if necessary) to those outside of advocacy
7. Identify, engage and support local advocates in countries– someone who has been touched by issue personally—either at national, community or regional level

Discussion: How can we motivate, identify, mobilize the many potential advocates to create a people's movement? Are we strengthening the partnership, re-branding, or creating a movement?

The discussion focused on operational issues and four approaches:

- 1) Convert the partnership to a movement
- 2) Top-down – UN Assembly, G8 summit -term and difficult to sustain.
- 3) Bottom-up – inform people, networks, use celebrities; this is longer
- 3) Champions – find, develop, encourage, publicize

Partners: Convert the partnership into a movement – strengthen the movement, strengthen the brand, consolidate passion:

- Inclusiveness of partners critical, must be all engaging and all encompassing
- Engage organizations with common agendas, such as UNFPA and maternal health
- Create a forum to inspire and to share information among us
- Identify non-traditional partners who can help create new forums
- Believe we have the power – that we are as important as the HIV/AIDS movement.”
- Need to “brand” the RBM strategy – DOTS equivalent
- Question isn't about approach; it's about accountability among partners. Hold people and organizations accountable (UNICEF ambassadors, UN foundation and board of directors – what are they doing?)

Top down:

- Need for World Malaria Day, perhaps with Kofi Annan at G8 meeting. Models to follow: Global HIV candlelight memorial, using Miss Universe as a spokesperson

Bottom up:

- Community level needs resources and tools to sustain efforts– how to mobilize, how to write a press release, how to engage community members, etc.
- Swim the World for Malaria (wealthy businessman in England) – how to harness this kind of passion.
- HIV/AIDS, breast cancer movements came from bottom-up
- Can use focused grassroots to make things happen quickly – who are the best target audiences? Rapid scale-up
- Don't forget about in-country capabilities (ex. Telethon in Senegal)

Champions:

- Identify champions at all levels
- Champion can't just be a name; qualities of the person are important. What qualities did David Gold have? Create channels for champion to express those qualities. Must craft the messages for champions. One champion or many champions?
- Caution: recruiting advocates is one thing, educating them on the right messages in another thing. Be clear on what they may bring and their qualities.

Operational: Focus on what all of this means operationally – changing awareness, mobilizing resources, bringing people together:

- Channel energy and efforts, provide suggestions for specific actions. Make it easy for individuals to get involved
- Formalize concept of recognition to individuals/organizations who have done an outstanding job
- Avoid competition with HIV/AIDS or other causes
- Don't just give people the numbers of deaths, give them solutions – go to the website and donate, read about personal experiences, etc.
- All of the ideas in this room need to be carried through – how do we do this? Everyone must agree on concrete tasks, agree to move forward, take action. Use our contacts/connections, work together
- We need a symbol or emblem to rally around – a visible reminder

Summary discussion points:

- Work with what you have - connections, networks
- Use whichever approach is appropriate: top-down or bottom-up
- Melanie Zipperer (WHO/HTM) offered to take action to contact German TV
- Celebrity spokesperson - time consuming, but worthwhile
- Existing champions need to be contacted and drawn into the partnership
- Task force could be formed around the goal of strengthening the brand

D. Wrap Up

Actions called for:

- Need to have representatives from each group working on goals
- Need to ID point people for each of the 5 goals who would additionally be interested in serving on the Steering Committee

Discussion:

- Some spokespeople would work on issues that cut across all goals
- All barriers are barriers to securing money/resources; goals 3-5 have one theme – mobilizing resources
- Picking steering committee now limits participation (to only those present at this meeting). Need to identify the best candidates possible for your steering committee taking into account the breadth and depth of the partnership

Guiding Principles:

The issue of developing the Guiding Principles was postponed to work on via email. (Facilitator's Note: Guiding Principles define how you will work together as partners. They are critical to establish for the working relationships of the partnership).

Next Steps:

1. Identify advocacy opportunities that are upcoming in the next few weeks and where partners should be represented
2. Create a draft advocacy plan that can become operational as soon as possible
3. Identify actions to take to the G8
4. Work on Guiding Principles (identify within the next six months)

Additional upcoming milestones not listed in the discussion paper:

- 2004: RBM Board, G8 Presidency, Global Fund Board Meeting for Round 5 and GF replenishment
- NGO Communication Workshop sponsored by E. African Regional network meeting with Share
- Kenyan National workshop; and CORE meeting—Malaria WG will meet then
- 2005: UK Presidency, World Health Day; International Women's Day; World Health Assembly-May 2005
- World Economic Forum

Pru Smith (Secretariat Advocacy Team Leader)—“Moving Forward”:

To develop the advocacy plan, the information needs to be pulled together. Can accomplish this in two ways:

- 1) a small group from this meeting committed to meeting once more or times
- 2) appoint (pay) someone to develop our ideas into a full strategy and then share with everyone.

Either way, the plan will then go to the Board for endorsement/approval and then it can go to an experienced proposal writer for further development for funding efforts.

Suggestion:

- 4 or 5 people representing the diversity of participants here to work out the plan details. The plan will then be sent to whole group for feedback and comments, including critics. The draft will be prepared in time for the September board meeting
- Small group identified to work on plan: Pru, Louie, Kevin, Alec, JP, Anna, Dev, Nicole

Expressions of Interest to work on Goals and to serve as potential focal points on steering committee:

Goal 1: Secure resources R&D and other new tools

- Louie, John Paul, Nicole, Sheila, Alec, Joanne, Oliver, Duale, Josh, Mary, Christoph, CORE

Goal 2: Secure resources for prevention and treatment

- MRDA (Anna, Jane, Carol, Mary), CORE, Josh

Goal 3: Strengthen the effectiveness of the RBM partnership

- CORE, Larry (ACAM)

Goal 4: Increase advocacy impact at country level

- CORE, Fiona, Mohammad, Mary

Goal 5: Mainstream malaria control into health and development activities

- Duale, Larry (ACAM), CORE

Global Movement

- CORE, Sheila, Judith, Kevin, Jim Herr., Fiona, Jessica, Mary, Mohammad, Mariam

Pru Smith thanked participants for their active and constructive participation during the course of the meeting. The meeting ended with acknowledgement of the work of the partners attending and that a direction and foundation had been established from which to proceed.

Appendix 1: Two questions answered by participants during welcome reception sponsored by The United Nations Foundation and the Global Health Council)

1. What we all should be open to doing during this meeting...

How

- Honest, Bold, Direct, Tackle contentious issues with an open mind
- Attentive and listening to each other
- Speaking freely without fear of being outstayed
- Learning from each other; other sectors
- Accept criticism
- Be honest and truthful about current state of malaria achievements and where we stand
- Open mind; open to inputs from those not included in this meeting; Open to thinking outside individual boxes; open to modifying our goals to better fit into the global plan—yes!
- We should all be developing relationships with our colleagues or partners
- Thing BIG—forget about the constraints; Think big but also being aware of what is feasible (at least in short term); Organisational constraints/resistance to spend \$
- Technical people need to keep clear the goal of advocacy

The Plan

- Coming up with a concrete plan upon which we can all agree
- Brainstorming strategies for sensitizing public to the burden of malaria
- Modifying our goals to better fit into the global plan
- Global voice and leadership
- Control AND R&D are important
- COMMITTING resources (human and financial) to the global malaria advocacy effort
- Refine terminology
- Branding of the RBM strategy to create a DOTS (TB) like strategy will help toRBM

2. Thoughts/Issues/Concerns to Flag for Attention

Among Us

- Anticipating the poison press. Try to turn the mud slinging into something that does not corrupt confidence in RBM
- Need to stay focussed
- Amir Aharan
- Some key people among us may be missing—how do we get their input?
- Fear that people will want to go over old ground
- Agreement within community on core principles to coordinate
- Too much baggage...we need to move on
- Which orgs would benefit from working more closely together?

The Advocacy Process

- Most of the people here are **targets** of advocacy!
- RBM was created in 1998 with the concept of stakeholders/partners & global advocacy plans developed thru 1999-2000. What worked? What did not work? What needs to be done differently? And how?
- How do we bring malaria into the same spotlight as other diseases/global challenges?

- Comparison with AIDS funding...is it not politically correct?
- Where's the data for where we are today to run an advocacy campaign?
- Agreement on resource needs
- Where is the voice of the South—are they represented well enough?
- Why are there zero large scale corporate social responsible programmes around malaria?
- How to get endemic countries involved with global advocacy?

Strategies

- Pull dollars to cost of ITNs—advocate for this goal
- Advocate for resources & approaches for capacity building especially in research
- Refine language and terms
- Make sure there is a clear voice distinction between advocacy strategies for endemic countries vs donor countries
- Mainstream gender focus on vulnerable populations
- Clear message that is easy to understand and remember
- Human capacity development for advocacy in Africa
- Identify audiences for advocacy work
- Advocacy in R&D not limited to new tools but also to improved intervention approaches and implementation research

To Know

- Global village—global voice—local action
- Deaths rising
- Insufficient attention to malaria worldwide
- Good information about medications

Implementation

- Constraints to implementation (re: lack of resources)
- Support the secretariat at RBM to get the job done—give them the money!
- Not enough \$ for malaria control

Appendix 2: Participant List

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Appendix 3: RBM Malaria Advocacy Meeting Agenda

(Note: does not include adjustments made during the course of the meeting)

Tuesday Evening, 31st August

<u>Welcome Reception and Call to Action</u> <ul style="list-style-type: none">Introduction to the meeting and the work to follow.	6:00-8:00 pm
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Day 1: Wednesday, 1st September/Developing the Framework

Welcome and RBM Secretariat Advocacy Vision: Dr. Awa Marie Coll-Seck, Executive Secretary of the RBM Partnership	9:00-9:15
Overview to the Programme	9:15-9:30
Guest Speaker: David Gold, Advocacy Activist & Fundraiser	9:30-10:00
<u>Session 1:</u> Defining an RBM Advocacy Vision—What Do We Hope To Achieve? (small group work; plenary)	10:00-10:30
BREAK	10:30-10:45
Session 1-Continued: Identify Stakeholders and Define Baseline Factors (rapid plenary review)	10:45-11:00
<u>Session 2:</u> Developing an Advocacy Plan (presentation)	11:00-11:15

Session 3: Define Preliminary Advocacy Goals—What Do We Want to Achieve? (plenary)	11:15-11:45
<u>Session 4</u> : Deconstructing the Advocacy Goals (small group discussion)	11:45-12:30
LUNCH	12:30—1:30
<u>Session 4-Continued</u> : Reports From Small Groups on Actions, Primary and Secondary Actors	1:30-2:30
<u>Session 5</u> : Deconstructing Target Audiences (small group discussion)	2:30-3:30
BREAK	3:30-3:45
<u>Session 5 Continued</u> : Report on Small Group Discussions on Primary and Secondary Actors	3:45-4.30
<u>Session 6</u> : What Would It Take? Understanding Multiple Perspectives	4:30-5:00

Day 2: Thursday, 2nd September/Refining the Framework

<ul style="list-style-type: none"> ▪ Agenda Review ▪ Review of previous day' work 	9:00-9:15
<u>Session 6 Continued</u> : Developing Key Message Points--Framing Key Messages From The Perspective Of The Audience (self selecting groups)	9:15–10:30
BREAK	10.30-10:45
<u>Session 6 Continued</u> : Group Reports And Modeling Compelling Messages	10:45—11:15
<u>Session 7</u> : Refining Key Messages and Delivery Channels	11:15-12:30
LUNCH	12:30-1:30
<u>Session 8</u> : Putting It All Together	1:30-2:15
BREAK	2:15-2:30
<u>Session 9</u> : Define the Implementation Needs for the Plan: How do we move forward? (plenary and small group discussion)	2:30-4:00
Day 2: Review and Debriefing	4:00-5:00

Day 3: Friday, 3rd September/Strengthening the Partnership and Commitments

<u>Session 10</u> : Strengthening the Partnership Efforts in Advocacy	9:00-10:30
BREAK	10:30-10:45
<u>Session 11</u> : Agree on Next Steps	10:45-11:30