

Advocacy Strategies for Health and Development: Development Communication in Action

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CONTENTS

	Page
1. Introduction	1
2. Concepts of advocacy and development communication: influencing policy-makers	2
2.1 Scope of Advocacy	2
2.2 Advocacy for policy design and decision-making versus advocacy for policy implementation	5
2.3 The crucial role of communication in advocacy	5
3. The decision-making process in policy development - how policy decisions are made and the management/intervening factors that influence them	6
3.1 Conditions/Requirements for effective Decision-Making and Decision-Reaching Process	8
3.2 Factors/forces which influence the decision-making process	12
3.3 Actors that influence the decision-making process	13
4. Strategies for Advocacy Interventions	15
4.1 The problem-solving basis for advocacy	15
4.2 Dimensions of advocacy strategies	16
5. The Challenge	19
Annex 1	20
Bibliography	22

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1. Introduction

During the 3rd Inter-Agency Roundtable on Development Communication (FAO, Rome, 3-6 September 1991) and earlier on many other occasions, it has been observed that communication specialists spend much effort on development programmes and projects but not enough on persuading the policy-makers and decision-makers¹ in order to secure their support. Their support is essential for shaping development policies and accelerating development actions. It has also been noted that not enough systematic attempts are made to analyze the decision-making process and to apply approaches based on audience analysis of decision-makers in national institutions, UN agencies, donor agencies and NGOs. Additionally, there appeared to be a need to identify and/or develop effective strategies that can be used to effectively communicate with decision-makers and enlist their support for development, regardless of the particular issue.

It is important to recognize that decision-makers are often vulnerable to political change. This makes them a fleeting target. Their political survival may depend on the results being quick. Therefore, appropriate strategies need to be developed to reach decision-makers, communicate with them and enlist their support. The programmes with popular demand that are social and politically viable, financially feasible and sound in economic terms, and are capable of showing visible and rapid progress are more likely to be acceptable.

In a period of rapid socio-economic changes within an increasingly interdependent world, for the purposes of this paper, the concept of development is considered in a broader context, that is, encompassing political, economic, environmental, social and human dimensions.

The main purpose of this paper is to:

- (i) Provide conceptual clarity on advocacy, on decision-making processes and on communication strategies.
- (ii) Identify key factors which lead and influence the decision-making process.
- (iii) Describe the advocacy intervention strategies which influence decision-making on health and development, based on selected experiences.

¹ The terms policy-makers, decision-makers, and/or policy elites refer to political leaders and organizational/administrative high level officials who have decision-making responsibilities in government and related institutions, and whose decisions shape development policies and actions.

This paper attempts to respond to the following questions:

- (i) How does a development issue get on the agenda of policy-makers in different political and socio-cultural settings?
- (ii) How are policy decisions made on the issue(s)?
- (iii) What are the mediating/intervening factors that influence these policy decisions?
- (iv) What considerations are important (political, institutional, social, technical ...) for facilitating or hindering the decision-making process?
- (v) How is "professional evidence" (e.g. key facts and figures as well as essential action-oriented research findings) best communicated to policy-makers in order to generate effective policy decisions?
- (vi) How can local organizations, the media and the public have an impact on decision-making?
- (vii) What are the essential components of selected advocacy strategies and how can these strategies be effective?

2. Concepts of advocacy and communication processes: influencing policy makers

2.1 Scope of Advocacy

2.1.1 *Advocacy* is a key action word in development. There is no single approach, nor is there a common understanding on how to define advocacy or the process of advocating. There are also distinct decision-making audiences in national institutions, in international agencies, and in donor agencies. In this paper we are primarily concerned with advocacy strategies targeted at policy-makers or decision-makers at the national level. Thus, for the purposes of this paper, the emphasis is on seeking the support of decision-makers in the hope that if they are properly 'enlightened' or 'pressured', they will be more responsive. However, a more general working definition of advocacy might be:

"Advocacy for development is a combination of social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular goal or programme. It involves collecting and structuring information into a persuasive case; communicating the case to decision-makers and other potential supporters, including the public, through various interpersonal and media channels; and stimulating actions by social institutions, stakeholders and policy-makers in support of the goal or programme."

2.1.2 The *primary aim of advocacy, as addressed in this paper, is to foster public policies* that are supportive to development programmes. Since the public policies must be viewed in the broader context of the social and economic development process, the kind of advocacy we would like to put forward is that which is participatory. Indeed, advocates are usually issue or programme oriented. Their primary aim is to market the project, improve values and get the message across.

The social and economic development issues, however, call for a participatory, ideological/political, advocacy involving various sectors of society.

The focus in participatory advocacy is on seeking "cooperation" and "listening" rather than on "telling what to do" and presumes a dynamic two-way approach towards communication.

In participatory advocacy, the advocate's role includes:

- representation of specific ideas or issues under consideration
- identification of stakeholder² groups and their values and interests
- identification of potential allies and building alliances
- identification of relevant policy and decision-making channels
- collecting and providing information concerning the position on the issue
- reasoning, influencing, lobbying, pushing and persuading decision-makers and other stakeholder groups
- organizing and attending meetings with stakeholder groups
- creating a common understanding(s) among stakeholders concerning the issue
- negotiating action with stakeholders on the basis of common understanding(s) on the problem

Advocacy is most effective when individuals, groups and all sectors of society are involved. Therefore, three main interrelated strategies for action can be identified:

- (a) **advocacy** generating political commitment for supportive policies and heightening public interest and demand for development issues;
- (b) **social support** developing alliances and social support systems that legitimize and encourage development-related actions as a social norm; and
- (c) **empowerment** equipping individuals and groups with the knowledge, values and skills that encourage effective action for development.

These strategies are being used for implementing the WHO health education programme, in which the aims of **advocacy** are (1) to generate public demand, (2) place health issues high on the public agenda; and (3) effectively reach the influential group of policy-makers, elected representatives, professionals, political and religious leaders, power brokers and interest groups to act in support of health.

² Stakeholders are (any group of) people who have an interest or 'stake' in the issue, for example, citizens' groups, labour unions, political parties, government agencies, elected leaders, and policy analysts themselves.

Strategies for strengthening **social support** are directed both (1) at community organizations and institutions that legitimize and encourage healthy life-styles as a social norm and foster community action for health, and (2) at systems that provide the infrastructure for health-care services and related development activities which influence health. Alliances must be established with all influential forces in society, generating demand and pressure for health-supportive environment and policies, and ensuring widespread and equitable attainment of health goals.

Box 1: China, Sri Lanka & Kerala, India: Interaction of health, education and development policies

In China, Sri Lanka and Kerala the state and public agencies assumed an important role in meeting the basic needs of the people. In China this was the norm, while in Kerala and Sri Lanka the supply and distribution of certain goods and services essential to basic needs occupied a central place in public policy and were not left to market forces.

Development policies avoided the urban bias common to the strategies of many developing countries in the early phases of their planning. Consequently, resources for the social and economic infrastructure and investments in development were more equitably distributed. The differences in living conditions between rural and urban areas were not markedly widened by the development process. Civic amenities spread to the rural areas. Sri Lanka, for example, was able to maintain a rural/urban balance that limited the internal migration to metropolitan areas.

The political processes were designed in such a way that demands could be formulated and responded to at the community level. In China, this was achieved by decentralized decision-making in the communes and lower units. In Kerala and Sri Lanka, a highly competitive democratic system from the local to the national levels helped to give forceful expression to community needs and elicit responses from the state.

In economic development programmes, strategies for raising productivity and income in backward parts of the economy, which contained the poor majority, received priority.

In all three areas, high priority was given to education, policies were aimed at equitable distribution giving the rural population access to education. The strategies pursued brought education within reach of the whole school-age population through a system that provided free or heavily subsidized education. In all three cases there was a very high level of female participation in the school system.

The improvement in the status of women and the removal of forms of discrimination against females - as in the case of education - played an important role in enhancing the capacity of the population as a whole for social advancement.

Food security for all segments of the population became an essential objective of public policy. Different policy instruments were used in each case, and included state management of the trade in staple foods (China and Sri Lanka), food rationing with food subsidies (Kerala, Sri Lanka), free food supplements for target groups (Sri Lanka), and land reform to encourage food production in small allotments (Kerala).

Source: Gunatilleke, G., ed. Intersectoral linkages and health development. Geneva. World Health Organization, 1984 (WHO Offset Publication No. 83).

Strategies of **empowerment** for health should be directed at all people, the public and policy-makers alike, using all available and credible channels and stressing the importance of health as a personal and social value. They should be implemented at all levels, local and national, as well as in the home, the school, the workplace and other community settings.

In sum, the ability to advocate effectively for policies and programmes is an essential part of the development process. Many countries are striving to implement time-limited development plans which give priority to rapid economic gains through industrialization. Resources are commonly diverted to activities that bring in revenue and economic returns. Thus, the ability to advocate effectively for health and social issues often holds a key to their success.

2.2 **Advocacy for policy design and decision-making versus advocacy for policy implementation.**

Confusion remains also about what should be the main focus in the advocacy strategies. In general, one can distinguish between (a) advocacy for policy design and decision-making aimed at ensuring political, social and legislative support for development issues (e.g. protection of the environment); and (b) advocacy for policy implementation which requires intensive efforts for mobilizing social forces, individuals and groups for development actions. Both are important and must be addressed. The aim in advocacy strategies is to foster political and public engagement as well as professionals in development issues through the process of social mobilization.

There is *no universal approach* which can be used in all circumstances, flexibility is required in selecting appropriate strategies.

Advocacy is an ongoing process in which many informed actors at all levels and sectors of society are engaged in building a consensus for action.

2.3 **The crucial role of communication in advocacy**

The communication media are critical in creating awareness, generating public interest and demand, and placing the issue on public agenda and building social support. Advocacy, political commitment and supportive policies are often themselves a product of social support systems and empowerment of people.

The usual pattern for mass media has been predominantly the same: informing the population about projects, illustrating the advantages of these projects, and recommending that they be supported. Generally a number of media are used to achieve a persuasive or informational purpose with a chosen population, the most common examples being found in politics, advertising, fund-raising, and public information for health and safety.

The conventional models view the communication process mainly as a "message" going from a "sender" to a "receiver". It can be summarized in Laswell's classic formula, 'Who says What through Which channel to Whom with What effect?'. The *diffusion model* though explains diffusion and adoption of innovations in a

more systematic and comprehensive way. But the main thrust remains on the introduction of innovations from outside (top-down). But it is in the process of interpersonal communication (through opinion leaders, gate keepers and/or change agents) that the concerns of the people are identified, issues debated and decisions to adopt or not to adopt are reached through interactive processes. It is through such interactive processes that public pressure and demand are developed to influence policy-makers.

If the media are sufficiently accessible, the public can make its needs known. At the same time, the mass media can play a strong advocacy role in creating public awareness and bringing about action for development, and often target decision-makers. At the same time, the decision-makers too need this information to reach a (socially acceptable) decision. Advocacy is most effective when, besides mass media, individuals and groups and all sectors of society are engaged in this process.

In brief, advocacy combines social networking and mobilization, interpersonal communication and negotiation, as well as the use of media for generating public pressure. The power of supportive evidence as generated by professionals and academics must be effectively utilized through all these means in presenting a powerful case for the issue.

3. The decision-making process in policy development. How policy decisions are made and the mediating/intervening factors that influence them.

Policy-makers and decision-makers face the challenge of making among alternative solutions and competing demands as well as providing for the implementation of decisions made. Therefore, policy and decision-makers may feel the need for a general conceptual and operational framework.

Every policy decision seems to go through a so-called 'policy life cycle' in which four phases can be identified: (i) recognizing the problem; (ii) gaining control over the problem; (iii) solving the problem; and (iv) maintaining control over the problem (see Box 2)

It is important to recognize that decision-makers will only be willing to make a decision or change a policy under a number of conditions: (1) when they consider the issue economically or politically viable; (2) when there is enough public pressure or support; and (3) when there is strong supportive evidence.

Box 2: The phases of the policy life cycle.

Policy life-cycle phase	Methods of communication
Recognizing the problem	<ul style="list-style-type: none"> • regular opinion/attitude surveys • (mass) media content analysis • analysis of communication-materials (newsletters, leaflets) of NGO's, consumer groups • systematic and continuous network with NGO's, interest groups, scientific institutions • regular briefings/interviews and meetings with interested groups
Formulation - gaining control of the problem	<ul style="list-style-type: none"> • Knowledge/Attitude/Practice ("KAP") surveys • integrating communication in the mix of policy instruments • design of communication strategy • informative extension/communication (to disclose issues and policy options) to those who will get involved
Solution of the problem	<ul style="list-style-type: none"> • communication as an independent instrument • communication complementary to other instruments • informing groups on the use of other instruments (new laws, subsidies, etc) • ex-ante evaluation through qualitative research
Maintaining control of the problem	<ul style="list-style-type: none"> • public information • informing on changes of policy design and implementation • regular opinion/attitude surveys (since age-linked target groups slowly will be replaced by younger generations)

Source: Winsemius, 1986.

Box 3: Juanita and the mayoral elections in Colombia

The Juanita campaign was based on the new focus for UNICEF's information work:

- The design of information and advocacy strategies aimed at achieving major impact, with their own objectives, specific audiences, instruments, and diffusion channels.
- Exploiting particular political and social situations in the country that were considered opportune and favourable for presenting children's issues to public opinion. However, applying pressure from children's themes to be exposed at inappropriate moments would be avoided.
- The design and production of instruments and materials that were lively, direct, opportune, credible, and attractive, with clear messages to promote action in favour of children, and which would facilitate the work of the mass media, but without detracting from the basic role of journalists.

The Juanita campaign involved a series of overlapping and integrated communication activities to open space for children in the new political agendas that would result from decentralization. Given the important role that the first popularly-elected mayors were to assume, its central thrust was an appeal to mayoral candidates from a 10-year-old girl, Juanita, to include children's interests in their electoral platforms. It also took into account that the challenge for survival, protection, and development of children is political and social, rather than technical. Certainly, it implies gaining the commitment of all those who represent the political will of a country at the central level, but in particular, it implies gaining the commitment of those who represent the will of the local communities, and of those who work in concert with them.

Source: Fraser & Restrepo-Estrada, 1992

3.1 Conditions/Requirements for effective Decision-Making and Decision-Reaching Process

Basically one can distinguish between two fundamentally opposite strategies, which in practice should be viewed as extremes on a continuum: (a) strategies for *decision-making* (top-down); and (b) strategies for *decision-reaching* (interactive).

3.1.1 **Decision-making** builds on a number of 'resources' as described below. Decision-making ideally has to be based on knowledge/expertise and the technical merit of the issues. Politics however will always play a role in the process and outcome of decision-making.

- (i) The *knowledge/expertise* needed for social problem-solving is diverse. Multiple sources and forms of knowledge are needed to know more about the nature of the problem in order to examine alternatives and make choices. Each stakeholder group can make a valuable contribution in creating knowledge about the social problem, from its own perspective and experience. This includes the knowledge of local people, policy makers,

social researchers, economists, health workers etc. This knowledge can help define the nature of the problem and serve as a rational basis for the decision-making process.

This *knowledge* can be communicated with the actors through information in various communication forms. Not every message that is being communicated is automatically information to the addressed person. The receiver or user decides whether the content of the message is information or not. Data will become information if they have a specific meaning to the receiver. Relevant information reduces the uncertainty on the issue in the decision-making process and therefore speeds up consensus building and action.

One could call attention to four major shortcomings of available analytic methods. These are cogent reasons why we cannot expect the work of professional policy analysts to eliminate the play of power and the bargaining that goes on among contending interest groups:

- (a) The professional analysts are fallible and power holders know it;
- (b) The work of professional analysts is often very slow and costly;
- (c) The professional analysts often have limited predictive evidence about the value of various competing alternatives or priorities; and
- (d) In the absence of 'harmony of interests or values among individuals or contending groups' within the organization, the professional analysts may find it difficult to propose a policy solution satisfactory to all parties.

Box 4: Planned research for advocacy in Nigeria

Probably one of the best examples illustrating the advocacy for planned research for decision-making is an initiative of UNICEF in Nigeria. To raise awareness and knowledge of the Guinea worm disease amongst government policy-makers the Water and Sanitation Section planned a research which investigated the causality between Guinea worm morbidity and the rice production in a specific area. One of the major reasons why the rice production decreased was that a part of the labour force got infected with the Guinea worm disease and could not work. The results of the research were "translated" into the language of the policy-makers, this means in terms of economic benefits. The research found that approximately \$20 million profit per annum would be created in additional rice sales alone, if the Guinea worm disease was controlled. The total costs of an intervention would cost \$ 36 million. The research itself cost about \$ 5.000. The information in the research report was presented clearly and simply. Former president Carter presented the report to the presidents of Nigeria and Ghana, who were convinced of the important need to eradicate the disease and measures were taken.

Source: de Rooy, 1987

- (ii) *Information may become an instrument for advancing, attacking, or defending status.* The structural location of many decision-makers offers them particular advantage with regard to the control over organizational communications. In this regard, they are well positioned to take on the role of technical gate-keepers. As such they are potentially able to influence the resource allocation process in their organization through a process of collecting, filtering and reformulating information. This may especially be the case in the uncertain conditions surrounding innovative decisions.
- (iii) In the decision-making processes the validity or weight of the evidence may not always be the decisive factor. The amount of support a decision-maker achieves is likely to be conditional on the structure and nature of his direct and indirect interpersonal relationships.
- (iv) The status of the decision-maker in the power hierarchy as well as the consequence of decision on his future status will influence the decision-making process. The amount and kind of group support given to the decision-maker by his 'peers' and outside 'pressure groups' will be an important factor in decision-making.
- (v) Lastly, the *socio-cultural and political environment*, favourable or hostile, will also have an impact on decision-making.

3.1.2 Decision-linked research for policy-making

Decision-linked research has to play a key role in the process of reaching informed decisions. Such research must address the issues of concern to decision-makers and ensure the involvement of stakeholders, planners and programme managers. Research findings are often not used because the critical issues are not addressed or often not utilized or the stakeholders are not involved as the findings are not timely and well-communicated.

Box 5: The environment of decision-making

Even when decision-makers are motivated to base their actions on the evidence that social science provides, they may be checked by the nature of their environment:

1. Decision-making in public agencies is often a fragmented enterprise. Decisions are not necessarily the province of a single individual or even of a clearly defined set of individuals.
2. Decision makers change jobs with considerable frequency.
3. Decision makers tend to be in a hurry.
4. Decision makers have to deal with much of the world as given.
5. Policy issues shift rapidly.
6. Many decision-makers have been immersed in the substance of program and policy issues for decades.
7. The findings and recommendations from social science research studies may not match the jurisdiction and authority of any agency.
8. The findings and recommendations from social science research may call for action that is beyond the sources (funds, staff, skills) of the cognizant agency.
9. The findings and recommendations from social science research may suggest changes in policy that are outside the ideological and philosophical boundaries of the administration, the agency, or the attentive public.
10. Policy makers are interested not only in the application of the best evidence to the resolution of problems but also in reconciling differences and teaching compromises that maintain the stability of the system. In the interests of responsiveness and consensus-building, they may be willing to sacrifice the "best solution" offered by research.

Finally, there are limitations on the use of social research in decision-making that arise from deficiencies in the transmission of communication. The formal and informal bodies that are expected to communicate research to potential users may fail to get the word through.

Source: Weiss & Bucuvalas, 1980.

Each stakeholder group has its own perception of the nature of the problem and its causes. All the stakeholders can contribute towards creating more insight. The following considerations are important.

- (i) Defining relevant stakeholder groups concerning the issue.
- (ii) Involving those stakeholders in the research process.
- (iii) Defining the problem for each stakeholder group.
- (iv) Conducting a discussion amongst stakeholder groups towards a "shared scope" of the problem.
- (v) Developing a shared definition of the problem on the basis of which questions will be designed whose answers are likely to shed more light on the "solution" of the problem.
- (vi) Conducting empirical research based on the designed questions.
- (vii) Discussing the results of the empirical research with the stakeholders in order to come to a basis on which possible policy and action can be

- negotiated.
- (viii) Negotiating a plan of action and implementation.
- (ix) Performing and guiding action and implementation.
- (x) Organizing cycles of monitoring, evaluation and possibly adoption of the action in which all relevant stakeholders are involved.

This decision-linked research requires an interactive process towards developing a shared understanding of the problem which is the basis for negotiation on action.

<p>Box 6: The Sahel drought: the importance of timely agenda-setting and action</p> <p>The Sahel drought began in 1969, but was not publicly defined as a disaster until March 1973, four years later. During this time more than 100,000 people died of starvation. Very little was done to provide relief supplies by the six Sahel governments or by international agencies. The disaster just did not exist in the heads of those people who might have provided relief. This was not due to a lack of information: reports about the advancing drought were filed regularly by local government officials and by employees of FAO and USAID. The international press just did not use the information. It was not until the end of 1972, that the Sahel drought began to rise on the agenda of world "news"; the event was gradually defined as a disaster. Articles in Le Monde and the New York Times created the disaster and set the issue on the political agenda. Action obviously was taken too late.</p> <hr style="width: 20%; margin-left: 0;"/> <p>Source: Rogers & Kincaid, 1981.</p>
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3.2 Factors/forces which influence the decision-making process

The decision-making process must be considered in a structural-dynamic way by viewing holistically at least five basic elements.

- (a) **content** and its *external* or *internal* interpretations (objectives, goals, resources and functions, ...);
- (b) interrelated *factors* (economic, political, technological, socio-cultural, ... sectors);
- (c) *actors* (business, industry, institutions, public groups, academia, influential personalities, etc.);
- (d) a distinction at the *level of analysis* (local, national, transnational, international);
- (e) the *process* of policy and planning making (policy formulation, planning, implementation, evaluation, etc.), and
- (f) the specific *health and development* problems inherent in any project .

If, as is assumed, decision-makers are key actors in determining policy initiatives and choices, it is important to try to identify more specifically the criteria they use in making decisions about major policy and institutional reforms. Basically four types of factors influence the decision-making process: (i) the technical analyses of the problem and advice about how best the particular problem could be solved; (ii) the impact of choices on bureaucratic interactions; (iii) the meaning of change for political stability and support; and (iv) the relationships with international actors (see Box 7).

Box 7: Factors influencing policy and institutional reform choice		
Factors influencing decision making	Criteria of choice	Influential actors
Technical analysis	Information, analyses, and options presented by technical advisors, experts	Technocrats, ministers and other high level bureaucrats; foreign advisors
Bureaucratic motivation	Career objectives of individuals; competitive position of units; budgets	Ministers and other high level bureaucrats; middle level bureaucrats; international bureaucrats and advisors
Political stability and support	Stability of political system; calculation of costs and benefits to groups, classes, interests; military support or opposition	Political leadership; dominant economic elites; Leaders of class, ethnic interest associations; military
International leverage	Access to aid; loans; trading relations	IMF; USAID, World Bank; governments of former colonial powers; USA, international banks
Source: Gridle & Thomas, 1989.		

3.3 Actors that influence the decision-making process

Actors can be defined as public or interest groups which, by both direct and/or indirect means, try to push their explicitly or implicitly set goals. Actors can also be individuals like influential leaders. Many campaigns require the support of political leadership, economic powers, and cultural authorities (e.g., religious groups), if they are to make an impact in the short run and sustain their influence in the long run.

Advocacy approaches can be initiated by governments, community organizations, NGOs, media, universities, and UN agencies, etc. This means that actors operate at different levels and from different perspectives.

Specifically in industrial marketing the concept of "Decision Making Unit" (DMU) is frequently used to stress the fact that decision-making involves several actors with different roles and interests in the issue. Identification and involvement of people in the DMU is crucial for a salesman in order to be able to offer the right product, price or service. This strategic approach increases the likelihood of purchase and consumer satisfaction.

The DMU in industrial marketing consists of: users, influencers, deciders, approvers, buyers and gatekeepers. It should be noted that gatekeepers often have the power to prevent sellers or information from reaching members of the DMU, e.g.: purchasing agents, receptionists and telephone operators may prevent salespersons from talking to users or deciders.

Decision-making process in business and industry has shown that several people or stakeholders, with different interests and roles, are involved in shaping decisions.

The network of actors in the decision making process on social issues is more widespread and complex compared to DMU in an industrial context.

Box 8: Actors in a Brazilian breast-feeding program

Health education usually needs to involve and address more than one public because the issues have implications for public policy, the media, and professional relationships. In the Brazilian breast-feeding promotion program launched in 1982, eight separate stakeholder groups were identified, each for reasons vital to the objectives.

1. The doctor - to be informed of the benefits of breast-feeding and the encouraged to engage in technical research
2. The health services - to be informed and educated on breast-feeding practices and the health of the mother so as to become information vehicles for the mother
3. The hospital - to introduce new practices and to revise old ones
4. The infant food industry - to implement the objectives of the WHO/UNICEF International Code for the Marketing of Breast-Milk Substitutes
5. Industry (in general) - to comply with existing laws affecting breast-feeding: provision of creches in commercial establishments with more than 30 employees and a three-month maternity leave
6. The community - to offer psychological support for families and to provide support facilities for breast-feeding mothers
7. Government officials - to initiate new policies
8. The mother - to promote longer duration of breast-feeding and to encourage its initiation among those who might be disinclined or discouraged to do so by engaging the mass media and the educational system.

Source: Mahoff, 1985.

4. Strategies for Advocacy Interventions

4.1 The problem-solving basis for advocacy

Advocacy interventions are often required to address specific socio-economic problems. Before identifying the variety of available advocacy strategies, one needs to be sure about the nature of the problem to be solved. In many cases problems in developing countries are *social* problems, rather than individual problems. Social problem-solving is complex because the causes and manifestations of social problems appear on several levels, sectors and sites in the society and are often interrelated. Complex problems are ill-structured as opposed to well-structured "mathematical" problems. Box 9 (adapted from Dunn, 1981:103) shows some implications related to the complexity of the problem.

Box 9:			
Element	Structure of the problem		
	Well-Structured	Moderately Structured	Ill-Structured
Decision maker(s)	one or few	one or few	many
Alternatives	limited	limited	unlimited
Utilities (Values)	consensus	consensus	conflict
Outcomes	certainty or risk	uncertainty	unknown
Probabilities	calculable	incalculable	incalculable

Problem-solving can be defined as an ongoing process which aims at improving a (material or social) situation. This is done worldwide at policy, management, community and individual levels. A problem is seldom wholly solved.

The traditional problem-solving model aims at solving a problem by making a rational choice between alternatives. It assumes that any logical individual will make the same objective decision on the basis of facts. This model presumes a top-down decision-making process in which only one or a small group of decision-makers take the right decision. The target audience is considered as an object in policy-making.

The complexity of social problem-solving, however, demands a collective decision-making and decision-reaching model in which all relevant 'stakeholders' interact to create a common understanding on the issue through interaction. This approach is usually applied to negotiate alternatives for action. This **common understanding** is based on the multiple perspectives and interpretations of the stakeholders.

Social problem-solving requires a collective decision-reaching process in which all relevant stakeholders are meaningfully involved. This cooperative approach improves the likelihood that action will be negotiated, implemented and accepted on the basis of mutual understandings on the issue.

Solving social problems involves many decision makers who have an almost unlimited range of alternatives for "solving" the problem. The plurality of decision-makers and their preferred alternatives give rise to conflicts of ideas and interests, specifically because the outcomes of implemented alternatives are hard to predict (calculate) and therefore uncertain or unknown.

To investigate and attack the full scope of the problem and the interlinked hierarchy of causes it is important to combine forces in society. *Advocacy strategies can play a catalyst role in participatory processes on issues which are considered problematic and therefore need to be solved.*

Box 10: Criteria to be considered when assessing the symptoms of defective policy-making

Effective problem solving can be hindered by the following interrelated types of constraints:

- (1) limited resources, information and data that are essential for sound decision-making;
- (2) limited cognitive capabilities of the person or persons who make the policy decision;
- (3) limited time and sense of urgency;
- (4) selective bias in gathering and processing of information;
- (5) failure to reconsider originally rejected alternatives;
- (6) failure to examine the major costs and risks of the preferred choice; and
- (7) lack of planning.

4.2 Dimensions of advocacy strategies

There are a wide *variety of advocacy strategies* to influence development and change. In any strategy *three basic dimensions* of action can be distinguished: (a) the organization of activities; (b) the substance of activities, and (c) the 'climate' of human relations in which activities take place. At all these dimensions media, public pressure and interest groups do play a major role.

Divergent theories in each of these three dimensions of action must be considered and reviewed. Special attention should be given to (a) organization theory, (b) knowledge utilization, and (c) policy analysis.

The choice of advocacy strategies will vary with the nature of the issue and the expectation of the people or the stakeholders. Policy-makers and stakeholders often respond in markedly different ways to the same information about a policy environment. A policy environment, which is the specific context in which events surrounding a policy issue occur, influences and is in turn influenced by policy stakeholders. The objective and subjective dimensions in the policy-making process are inseparable in practice.

In order to identify the appropriate advocacy strategy, one or more of the following important characteristics of policy problems have to be considered:

- (i) **Interdependence of Policy Problems.** This implies that one should use an not only analytic but also a holistic approach.
- (ii) **Subjectivity of Policy Problems.** Besides objective realities, subjective judgements and values come into play in the decision-making process. Advocacy strategies must address both.
- (iii) **Dynamics of Policy Problems.** There are as many different solutions to a given problem as there are definitions of that problem.

Advocacy and communication strategies have to be planned and targeted. Providing information to decision-makers does not guarantee that something will be done. The issue is not primarily "how to get the message across" but "how to improve the use of the advocacy information in decision-making". In order to improve the utilization of information and advocacy messages the following issues are considered important:

- **Relevance:** The issue has to be considered relevant by the several stakeholder groups.
- **Timing:** The issue has to be brought up on the right time.
- **Credibility:** The information has to be credible to the several stakeholder groups.
- **Validity:** The information and statistics provided have to be valid.
- **Cultural sensitivity:** The information should be tailored to the audiences and be in line with the understandings and expectations of the people or stakeholders.
- **Orientation** of the relevant stakeholder groups: stakeholder groups have to be trained in interpreting data, so that they are able to understand them.
- **Planning:** The advocacy strategies and communication should be planned in advance to improve utilization of the information.
- **Communication:** Interaction and reaching mutual understanding(s) between relevant stakeholder groups.

- **Action orientation:** Advocacy strategies have to provide information for concrete action.
- **Dissemination of information:** Advocacy messages and information can only be used by decision-makers if they are disseminated properly.

Once again it needs to be stressed that communication and dissemination are important but not the only factors to improve the advocacy efforts towards decision-making. The various elements in the advocacy act are interdependent.

In order to be *effective* advocacy strategies should focus on the *users* of the information as well as on the message. The content and form of the advocacy messages have to be adapted to the specific audience of decision-makers and be based on their needs, issues, concerns and interests to be able to catch their interest and potential engagement.

Coalition building and networking with various interest groups and actors in the decision-making process are critical elements in advocacy strategies.

Box 11: Potential strategies for Private Voluntary Organizations (PVO) Policy Intervention

Four broad strategies can be identified: demonstration, catalysis, information and influence. In the first three cases, the PVO builds on its traditional grass-roots connections to become an advocate for the interests of the poor; in the fourth, the PVO deliberately co-opts powerful interests in the host country to seek changes in government policy. In practice, many successful PVO initiatives in the policy domain involve a combination of these strategies:

- (1) **Demonstration:** The demonstration approach presupposes that the PVO's broad development objectives and priorities are consistent with those of the host government and follows this progression.
- (2) **Catalysis:** The catalyst approach is similar to demonstration but depends on networking and facilitation and less on visible programme results.
- (3) **Information:** The information approach also employs research but emphasizes the PVO's unique capacity to provide relevant information from its own experience base. It draws on the premise that poor policy is a function of policy-makers lacking good data.
- (4) **Influence:** In contrast to the other three, this approach calls for a targeted effort to enlist one or more individuals from the host country elite to sponsor and publicize efforts directed at changing policy. The most effective sponsors tend to be people whose influence and popular appeal transcend politics, and who have no official role within the host government structure.

Source: Vansant, 1989

On the basis of research one could state that (1) symptoms of defective decision-making are to be expected whenever policy-makers arrive at vital choices primarily by relying upon simple decision rules to deal with the constraints that beset them, and (2) those symptoms, in turn, tend to lead to undesirable outcomes. If the assumptions are empirically valid, one can expect that when fundamental interests of the organization or project are at stake, a chief executive or a project committee will be more likely to regret policy decisions if arrived at by high-quality procedures that eliminate symptoms of defective policy-making before implementing policy changes.

5. The Challenge

In this meeting we will address the issue of advocacy strategies to influence policy-makers in support of health and development. The challenge lies in devising ways by which a development issue can be effectively brought to the attention of decision-makers and policy decisions made which are supportive of the cause.

How does an issue become a topic of public concern and win a place in the national and political agenda? What factors do we consider and what forces do we mobilize towards this end? What evidence must we gather and arguments do we develop for making a powerful case for gaining priority and marshalling resources to tackle the problem? Three streams of action are important:

- **Media must be activated** to build public support and upward pressure for policy decisions.
- **Interest groups must be involved and alliances established** for reaching a common understanding and mobilizing societal forces. This calls for networking with influential individuals and groups, political forces and public organizations, professional and academic institutions, religious and cause-oriented groups, business and industry.
- **Public demand must be generated** and citizens' movements activated to evoke a response from national leaders. It may not always be easy to build up a strong public movement around health and development issues - but even a moderate display of interest and effort by community leaders could stimulate the process for policy decisions and resource allocation for combatting the problem.

Advocacy, in essence, implies gaining political commitment and policy support through organized social action with the involvement of committed individuals, support from influential forces and the involvement of concerned sectors of society. But we will have to understand advocacy better in order to apply it.

Critical Points for Consideration

1. Advocacy

- (i) Advocacy with decision-makers is to gain political commitment and policy support for health and development actions.
- (ii) However, there is no consensus on a definition of advocacy or the process of advocating.
- (iii) One can distinguish between (a) advocacy for policy design and decision-making; and (b) advocacy for policy implementation.

2. How to reach decision-makers: Channels of influence

Decision-makers can be reached through one or a mix of two or more of the following channels

- (i) through efficient advisers
- (ii) through the media
- (iii) through legislators and community representatives
- (iv) through community action
- (v) through local organizations and pressure groups
- (vi) through outstanding/influential leaders and personalities
- (vii) through social movements
- (viii) through alliance building with stakeholders

3. Basic requirements for decision-making

- (i) Political access and networks
- (ii) Availability and control over information
- (iii) Expertise and knowledge
- (iv) Assessed stature in political and organizational hierarchy
- (v) Group or community support
- (vi) Favourable cultural environment

4. Essential conditions for effective advocacy with decision-makers

- (i) Pertinence of the development issue/social problem and on understanding of the key intersectoral linkages;
- (ii) Collection and dissemination of important facts and figures to concerned groups of policy-makers, decision-makers, and pressure groups, as well as to the media;
- (iii) Development of a systematic and comprehensive communication strategy and social networking with an understanding of the political and cultural context;

- (iv) Involvement of media, concerned organizations and professional groups; and
- (v) Generating public awareness and demand.

5. Towards effective communication for advocacy purposes

- (i) Carefully plan the advocacy strategy with the involvement of potential users and target audiences.
- (ii) Identify and involve the relevant stakeholder groups in creating and shaping the message.
- (iii) "Tailor the content and form of the message" to the specific stakeholder groups.
- (iv) Develop a mechanism for generating interest and the participation of people in sharing and creating knowledge.
- (v) Fit the communication forms and channels into the national and local media-landscape; use the traditional media and both formal and informal channels (e.g. face-to-face dissemination)
- (vi) Involve people in the dissemination process. They know, for instance, where to display posters, who are influential people speak with, and how to get things done (cheaply). They know!

BIBLIOGRAPHY

- Argyris, Ch. Integrating the individual and the organization, Wiley, New York, 1964.
- Argyris, Ch. Executive Leadership. An appraisal of a manager in action, Archon Books, New York, 1967.
- Cabanero-Verzosa, C., Bernaje, M., Guzman, E. et al. Managing a communication program on immunization, Dept. of Health, Manila & AID, Washington, 1989.
- Dichter, T. "Demystifying 'policy dialogue': How Private Voluntary Organizations can have an Impact on Host Country Policies", Technoserve Findings, 1986.
- Dunn, W. Public Policy Analysis. An introduction, 1981.
- Etzioni, A. A comparative analysis of complex organizations. On power, involvement and its correlates, Free Press, New York, 1975.
- Fay, C. Research-based decisions. Random House, New York, 1987.
- Fraser, C. & Restrepo-Estrada, S. Putting politicians under pressure. A case study of advocacy and social mobilization for children linked to decentralization and elections in Colombia, paper, 1992.
- Fraser, C. Harnessing the power of ideas. Communication and social mobilization for UNICEF-assisted programmes, draft, 1992.
- Garcia-Zamor, J-CI. Public participation in development planning and management, Westview, Boulder, 1985.
- Gran, G. Development by people, Praeger, New York, 1983.
- Grindle, M. & Thomas, J. "Policy makers, policy choices, and policy outcomes: the political economy of reform in developing countries", Policy Sciences, 22, 1989.
- Guba, E. & Lincoln, Y. Fourth generation evaluation, Sage, Newbury Park, 1989.
- Gunatilleke, G., ed. Intersectoral linkages and health development. Geneva, World Health Organization, 1984 (WHO Offset Publication No. 83).
- Hakel, D., Sorcher, M., Beer, M. & Moses, J. Making it happen. designing research with implementation in mind, Sage, Beverly Hills, 1982.
- Horowitz, D. "Is there a third-world policy process?", Policy sciences, 22, 3-4, 1989.
- Hummel, R. The bureaucratic experience, St. Martin's Press, New York, 1977.
- Janis, I. Crucial decisions. Leadership in policy-making and crisis management, The Free Press, New York.

- Lindblom, C. *Inquiry and change: the troubled attempt to understand and shape society*, Yale University Press, New Haven, 1990.
- McKee, N. *Social mobilization & Social Marketing in Developing Communities. Lessons for Communicators*, Southbound, Penang, 1992.
- Neale, M.A. *Cognition and rationality in negotiation*. Free Press, New York, 1991.
- Patton, M.Q. *Qualitative evaluation and research methods*, Sage, Newbury Park, 1990.
- Rogers, E.M. & Kincaid, L. *Communication networks: Toward a new paradigm for research*, The Free Press, New York, 1981.
- Schoen, R.J. *Fitting Projects to People or People to Projects??* Paper presented at the Bi-annual World Congress for the International Association for Mass Communication Research, Sao Paulo, Brazil, August 1992.
- Servaes, J. *One World, Multiple Cultures. A new paradigm on communication for development*, Acco, Louvain, 1989.
- Sidjanski, D. (ed.). *Political decision-making processes*, Elsevier, Amsterdam, 1973.
- Sundsvall Report: *Creating Support Environments for Health*. Report of the Third International Conference on Health Promotion, Sundsvall, Sweden, June 1991.
- Sundsvall Statement on Supportive Environments for Health, June 1991.
- USAID. *Data for decision making: A new project for health*, USAID, Washington, 1992.
- Weiss, C.H., & Bucuvalas, M.J. *Social Science Research and Decision-Making*. Columbia University Press, New York, 1980.
- WHO. *A Call for Action: Promoting Health in Developing Countries*, WHO, Geneva, 1990.
- WHO. *Comprehensive School Health Education: Suggested Guidelines for Action*. WHO, Geneva, 1992.
- WHO. *Health Promotion in Developing Countries*, WHO, Geneva, 1991.
- Winsemius, P. *Gast in Eigen Huis*, Samson, Alphen a/d Rijn, 1986.
- Wyatt, G. *Decision-Making under Conditions of risk: assessing influential factors*. The Emporia State Research Studies. December; 37(3), 1989.
- Vansant, J. "Opportunities and risks for private voluntary organizations as agents of LDC policy change", *World Development*, 17, 11, 1989.
- Zeckhauser, R. (ed.). *Strategy and Choice*, The MIT Press, Cambridge, 1991.