

Contraceptives, Vaccines and ... Advocacy?

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David J. Olson

Global Development Communications Consultant

Increasingly, non-governmental organizations (NGOs) that have focused historically on delivering health – rather than advocating for it – are adding policy change to their tool kits. Advocacy goals and approaches vary from organization to organization and country to country; target audiences range from the general public to heads of state. Advocacy is usually done at the country level, but NGOs sometimes coalesce and take their efforts to the global stage. Although advocacy can seem discouraging and time-consuming in the short term – especially for organizations more used to immediate results – the benefits can accrue over the long term with a higher level of sustainable impact.



Although large NGOs like Oxfam, Save the Children, and World Vision have long engaged in advocacy initiatives, smaller implementation-focused NGOs – known for treating HIV-positive people, delivering contraceptives, and/or administering vaccines – are increasingly embracing advocacy to increase their impact. Many of these NGOs find their effectiveness hindered or prevented outright by obstructive policies or adverse working environments. These include limitations on which types of health workers can provide care; where products can be sold and how they can be advertised; and high taxes and duties on commodities, to name a few. A few recent examples of implementing NGOs using advocacy include:

- In Sudan, the non-profit organization DKT International was stymied by the government's restrictions against midwives from inserting IUDs. So DKT worked with the Ministry of Health [to remove the barriers](#), which helped DKT increase the number of IUDs it distributed in Sudan in 2012 by 50% over 2011. This was a crucial step forward in a country where there is only one reproductive health specialist for every 275,000 people.
- In Mali, [PATH](#) and [IntraHealth](#) worked with the National Department of Health to allow *matrons* (midwifery assistants) to administer oxytocin to manage the third stage of labor. This significantly decreased the incidence of women dying from postpartum hemorrhage.
- In Afghanistan, Marie Stopes International (MSI) worked closely with the Ministry of Health in 2012 to develop guidelines on post-abortion care, which are now being rolled out across the country. They provide guidance on how, where and when such care can be provided and reassure providers that this care is not illegal. To do this, they looked at how other Islamic countries had handled this issue.
- In Brazil, DKT worked with the ministries of Health and Industrial Affairs to reduce exorbitant sales and import taxes on condoms. MSI is now doing the same thing with contraceptives in Sierra Leone.
- Last year in Uganda, the Ministry of Public Service announced a ban on recruitment in all sectors, including health, where 42% of all positions were vacant. The rule would have prevented new workers from being hired, and eliminated vacant positions. IntraHealth helped the Ministry of Health [make the case](#) for more funding. The result was the Uganda Parliament not only reversing the ban, but allocating US \$20 million to recruit more than 6,000 health workers and raise doctors' salaries.
- In Ghana, the Planned Parenthood of Association of Ghana, MSI and other NGOs are working with the government to have family planning covered for free under the National Health Insurance Scheme. A task force is now working on the funding, using MSI's costing template as a working model, and an announcement is expected this year.

These examples show clearly that NGOs, especially when they work together, can influence government policy when clear and positive health impact can be demonstrated. However, there are limits to what NGOs can do.

Leo Bryant, senior policy manager at MSI, said that advocacy initiatives are unlikely to succeed when they are calling for things far removed from governments' policy frameworks. Nevertheless, he said, long-term campaigns by NGO consortia can be effective at shaping agendas at the highest level.

"If a government is elected after promising 'we will not be corrupting young girls with contraception,' it's going to be hard for NGO advocates to achieve an increase in the family planning budget," said Bryant. "But if they campaign successfully during the term of office, and reveal just how damaging the government policy is, they may succeed in ensuring that the next government addresses family planning as a priority issue. So While NGO advocates are very much limited by the current political agenda, I wouldn't like to say that anything is impossible for them."

Margot Fahnestock, a program officer with the Hewlett Foundation, sees another complication to NGOs doing advocacy: She believes that NGOs' reliance on good partnerships with the government to achieve their primary mission, which may or may not be advocacy, detracts from those NGOs' leverage with government to secure agreements on increasing funding, changing policies, etc. "To me, the biggest challenge is that often NGOs partner with governments to deliver services and serve the needs of the population, which can put them in direct conflict with also playing a watchdog or activist role with the same government, and can render these groups less effective as advocates," she said.

Follow the author on Twitter [@davidjolson](#).

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