Module 1: Agenda setting

Introduction

This module is designed to help you set the agenda–discover which problems, stakeholders, and external factors matter most for the malaria fight in your country. The exercises contained here are best done before beginning the planning process to ensure you have the information you need to make informed decisions for an impactful and inclusive campaign.

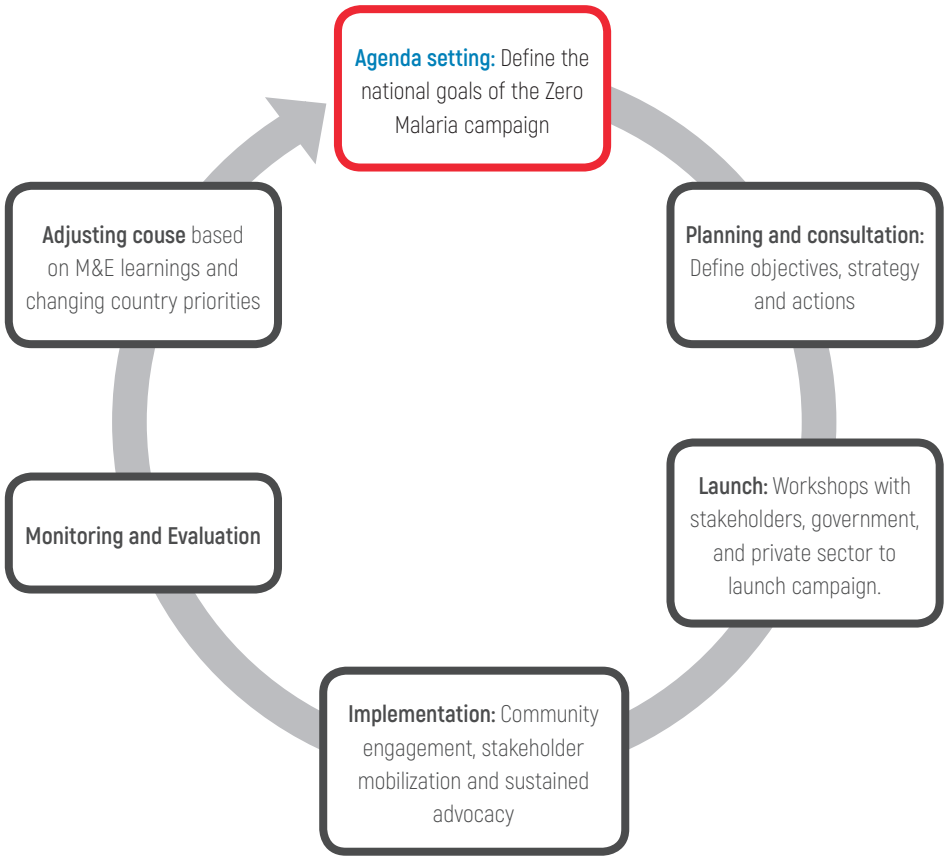
Section 1 describes the Zero Malaria Starts with Me movement, the urgency of why we need to reinvigorate the malaria fight, the individual, community and country-wide benefits of malaria elimination, and the campaign's continent-wide scope. The key to this approach is engaging all members of society: political leaders who control government decision-making, including assigning budgets and prioritizing which issues they'll address through policy and financing; private sector companies that will benefit from having a malaria-free workforce and can support malaria elimination efforts, and the communities affected by malaria, whose buy-in and ownership of interventions is the keystone to success.

Section 2 provides a series of tools that planners can use to develop a well-rounded understanding of their country's malaria situation. By following this guide, users will create an evidence base to guide decisions, identify and prioritize relevant stakeholders, understand the external factors that may affect efforts, and visualize the causes and effects of malaria problems in their country.

Learning objectives

Agenda setting is the first stage in the advocacy cycle, preparing the ground for campaign activities. By the end of this module, you will:

Figure 2: Agenda setting in the Zero Malaria planning cycle



- understand the essential facts about malaria in your country, the significant impact that malaria has on your family's, community's and nation's health and economic progress and the benefits of being a malaria-free country;
- know which stakeholders are currently involved in the malaria fight and identify other individuals or organizations who may be interested in getting involved;
- understand the political, economic, social, and technological factors that may influence your work; and
- analyse various options for action, giving you ideas about where your work can have the greatest impact.

Section 1: Why Zero Malaria?

A continent-wide campaign for a malaria-free Africa

A malaria-free Africa is a bold vision shared by African governments, businesses, and most importantly by the communities directly affected by the disease. Malaria was long considered too difficult to beat. The historic progress seen in the new millennium has changed the opportunity, with global cases and deaths reduced by more than half since 2001. Despite this progress, the threat of malaria resurgence due to drug and insecticide resistance, climate change, and inaction or complacency requires leadership by affected countries to finish the fight.

Africa accounts for over 90% of the global malaria burden. The disease primarily affects young children and pregnant women, causing over 400,000 deaths and 200 million cases each year and costing the continent an estimated US$ 12 billion annually in direct losses. Many of the tools and techniques required to fight malaria exist–what is needed now is the sustained commitment to drive further progress.

Most funding to prevent, control, and eliminate malaria in Africa comes from external donors, including governments, foundations, and international organizations. This imbalance makes national malaria control and elimination programmes vulnerable to external "shocks"–such as a global economic recession or change in donor-country priorities. Today, about one third of funding comes from domestic sources–including public, private, and household spending.

The African Union Catalytic Framework to End AIDS, TB, and Eliminate Malaria in Africa by 2030 has set ambitious targets for eliminating malaria by 2030. Coupled with funding requirement estimates from the WHO2 (see table below) the current state of malaria funding is worrying compared to what will be required–only US$2.7 billion was invested in 2016, less than half of the US$6.5 billion needed annually by 2020. New and increased sources of funding from malaria-affected countries will be necessary to meet this goal.

"Zero Malaria Starts with Me" is a continent-wide campaign for a malaria-free Africa. Co-led by the African Union Commission and the RBM Partnership to End Malaria, the campaign will support African nations in their efforts toward malaria elimination through:

- high-level engagement with government, the private sector, and civil society leaders;

African Union malaria elimination targets

Vision	Africa free of malaria		
Objectives	Milestones and Targets		
	2020	2025	2030
To reduce malaria mortality rates globally compared with 2015	At least 40%	At least 75%	Zero malaria deaths
To reduce malaria case incidence globally compared with 2015	At least 40%	At least 75%	Zero malaria cases
To eliminate malaria by 2030 from countries with transmission	At least 8 countries	At least 13 (8+5) countries	In all 47 (13+34) countries
To prevent re-establishment of malaria in all countries that are malaria-free	Re-establishment prevented	Re-establishment prevented	Re-establishment prevented
Annual financing required (GTS)	US$ 6.5 billion	US$ 8 billion	US$ 9 billion

Source: Catalytic Framework to End AIDS, TB, and Eliminate Malaria in Africa by 2030[1] *and WHO Global Technical Strategy for Malaria 2016–2030*[2]

1 African Union. (2016). *Catalytic Framework to End AIDS, TB, and Eliminate Malaria in Africa by 2030*. Addis Ababa.
2 World Health Organization. (2016). *Global Strategy Framework for Malaria 2016–2030*. Geneva.

- advocating for an increase in external and domestic funding for malaria elimination, including through innovative funding mechanisms and the private sector;
- Increasing awareness and ownership at the community level; and
- Providing mission-critical support to malaria-endemic countries through a hands-on "Zero Malaria Starts with Me Toolkit" and on-demand technical assistance.

The campaign draws inspiration from a grassroots movement in Senegal, where all parts of society—including the country's President, major companies, and community champions—pledged to take personal responsibility for the malaria fight. Momentum grew in support of the country's goals, and in 2016, Senegal was one of only five countries that reduced cases by more than 50,000 per year, in a year when more than 24 malaria-affected countries saw significant increases in cases as reported in WHO's World Malaria report 2017.[3]

The Zero Malaria Starts with Me approach

The Zero Malaria Starts with Me approach recognizes that everyone has an interest in ending the burden of malaria on their family, their community and their country, but may not know how best to work together. By building a coalition of communities, companies, and political and social leaders, the campaign creates lasting relationships, commitments and momentum for the fight to end malaria. The approach outlined in this toolkit can heighten political will for the malaria fight, raise new domestic funding sources to increase access to life-saving tools to prevent and treat malaria, create grassroots ownership of these tools, and ensure that successes are celebrated and setbacks are met with action.

Zero Malaria Starts with Me focuses on three groups of stakeholders critical to a sustainable and ultimately successful fight against the disease: political leaders, the private sector, and communities. Each group has a unique yet complementary role in the fight. The campaign seeks to identify each group's interest in malaria elimination and unite them for action towards a shared vision. Examples of what might motivate members of each group are listed below, but remember that these could be different in each country.

Motivations and actions of key actors to fight malaria

	Political leaders	Private sector	Communities
Motivation for malaria elimination	○ Care for their constituents ○ Increase economic growth and attract foreign investment ○ Encourage tourism ○ Promote cooperation with neighbouring countries ○ Demonstrate successful leadership	○ Care for their employees and customers ○ Increase productivity ○ Attract foreign investment ○ Build a positive brand	○ Care for their family, friends, and neighbours ○ Improve local schools and clinics ○ Reduce household health spending
Actions to fight malaria	○ Prioritising malaria in decision-making ○ Support public spending on malaria interventions ○ Adopt policies conducive to the malaria fight ○ Coordinate efforts with neighbouring countries	○ Integrate malaria prevention and care into workplace policies and use campaigns to raise awareness among employees to take steps to protect themselves their families and colleagues ○ Provide employees with life-saving malaria prevention and treatment tools, e.g., LLINs/ mosquito nets ○ Coordinate malaria education and distribution of malaria prevention and treatment tools with the national programme ○ Contribute funding for malaria education campaigns and access to malaria prevention and treatment	○ Take action to avoid getting malaria and seek appropriate treatment ○ Share malaria prevention and care information with neighbours and colleagues ○ Advocate for more attention and funding to end malaria's impact on your community and country

3 World Health Organization. (2017). *World malaria report 2017.* Geneva.

By transforming anti-malaria programmes into signature policy initiatives, advocacy campaigns using this approach can raise the stakes and encourage Presidents, parliamentarians, mayors, and other elected officials to take a personal interest in the performance of malaria interventions.

Private companies can often gain tangible benefits from reducing malaria, through a healthier and more productive workforce, healthier and possibly more prosperous customers, and a positive reputation. Many companies already invest in anti-malaria programmes for their employees, but these initiatives are not coordinated with national efforts. The role of a Zero Malaria Starts with Me campaign is to resolve this coordination problem by giving companies a platform to learn about and participate in shared objectives and an opportunity to fund discrete pieces of work.

Individuals, families, and communities affected by malaria are at the centre of successful campaigns. They alone can apply knowledge about malaria prevention and care to change behaviours and attitudes in a way that makes the disease scarce. Zero Malaria Starts with Me provides guidance on how to share this critical information as well as empower interested individuals to become community champions, leading grassroots anti-malaria efforts in their area.

Most importantly, initial efforts to set up a Zero Malaria Starts with Me campaign will build the relationships and motivation that will sustain efforts. The greatest threat to the fight against malaria is inaction and complacency. This can be the generation to see the end of this debilitating disease. Resurgences have been documented in over 60 countries due to funding gaps, so it is critical that groups continue the fight until it is finished.

Section 2: Understand the malaria challenges in your country

Before beginning any malaria advocacy campaign, you will need to spend time studying the issues before deciding how to get involved. Whether you are new to malaria or have experience working on the disease in government, non-governmental organization (NGO), or private sector roles, these tools can help you broaden your understanding and gain ideas for your approach.

The tools and guidance contained in this section will help you build an **evidence base** of malaria data, **identify current and potential stakeholders** that you can engage, understand the **external factors** that may influence the project, and **visualize pathways** currently causing the problems you will identify.

Develop a research plan

Successful advocacy is grounded in evidence. Before you choose goals and targets for your campaign, you will need to understand the malaria issues in your country. Later, when you are ready to build partnerships and convince influential actors to support your approach, the evidence points that you gather will help you build powerful arguments for malaria elimination. Thankfully for those working on ending malaria, today there are many resources available, and much research can be done using data that has already been published.

To organize research effectively, many advocacy organizations use simple research planning matrices. These simple tables organize research tasks by topic and specific question (for example, the topic could be "Malaria in Pregnancy" and the research question could be "How many women have access to drugs for preventing malaria in pregnancy?"). The tool then asks users to identify where they will find the information and how they will access and analyse it.

Research planning tool

Topic	Research question	Source of information	Research method	Who will conduct the research?	When will the data be available?

Adapted from WaterAid 'The Advocacy Sourcebook' (2007) London and UNICEF 'Advocacy Toolkit' (2010) New York

Below is a sample of some of the questions an advocate for improving malaria in pregnancy might ask. Note that they have developed very specific research questions and identified various methods for collecting the data, helping them build a robust evidence base to guide their policy objectives.

Initially, your research should help you develop a clear picture of the malaria landscape in your country to prioritize issues and plan actions (see Module 2). The specific research questions may vary greatly by country–malaria has a very different impact in countries with thousands of cases per year than in countries with just hundreds–but to be effective, all advocates will need a clear picture of their country's **malaria burden**, **current anti-malaria efforts**, **access to interventions, political commitment to the malaria fight**, **funding for malaria programmes**, and **level of awareness of malaria prevention and care**.

Consider using the following guiding questions as a starting point, adding additional research questions whenever necessary.

Guiding questions for malaria research

Malaria burden: The health, economic, and social consequences of malaria in a country.

- How many cases and deaths are caused by malaria each year?
- When are malaria cases most common? Is transmission seasonal or year-round?
- Which regions are most affected by malaria?
- What are the socio-economic characteristic of the populations most affected by malaria?
- What is the impact of malaria on investment and economic growth in your country?
- What is the impact of malaria on poverty in your country?
- What is the impact of malaria on education in your country?

Malaria interventions: What is currently being done to fight malaria.

- What is the current and historic coverage of preventive measures (long-lasting insecticidal nets (LLINs), indoor residual spraying (IRS), intermittent preventive treatment in pregnancy (IPTp), seasonal malaria chemoprevention (SMC), etc.
- What is the current status of access to treatment and diagnostic testing (including the public and private sectors and at the community level)?

Political commitment: To what extent do leaders prioritize the malaria fight.

- What are the nationally-defined malaria targets?

Sample research planning tool

Topic	Research question	Source of information	Research method	Who will conduct the research?	When will the data be available?
Malaria in Pregnancy	What percent of pregnant women receive at least one dose of intermittent preventive treatment in pregnancy (IPTp)?	Government statistics Demographic and Health Survey (DHS) Reports Malaria Indicator Survey (MIS Reports National Malaria Strategic Plan	Literature review	Identify a colleague responsible for the research	The date may depend on work time or if the data is not yet published.
	What are the barriers to accessing IPTp?	Health system staff Focus groups of women	In-person or telephone interviews and focus groups		
	How are IPTp drugs procured?	Ministry of Health (MoH) and National Malaria Control Programme (NMCP) staff Published policy documents	In-person or telephone interviews and literature review		

- Is the national malaria strategic plan up to date?
- How has the government demonstrated its public commitment for malaria programmes?
- Does the President and other high-level political figures know about and talk about the impact that malaria has on the country?

Funding: To what extent are sufficient financial and other resources directed to the malaria fight.

- Where do funds used to fight malaria in your country come from?
- What is the level of domestic funding for fighting malaria? What are the sources of domestic funding?
- What is the outlook for funding in the coming years? Are there significant gaps?
- What is the amount of international funding for fighting malaria in your country? How secure are those funds (e.g., are those commitments made annually or secured for a specific number of years?)
- Is international funding contingent on your country meeting certain funding requirements, e.g., The Global Fund requires countries to contribute a percentage of funds to secure the full grant amount)

Awareness and Action: To what extent are those at-risk of malaria aware of how to prevent and care for it?

- What proportion of those with access to preventive tools (LLINs, IPTp, etc.) actually use them?
- What proportion of fever cases are tested for malaria?
- What cultural, behavioural and economic barriers, if any, prevent people from seeking care?
- How easy (or hard) it is to get bed nets, for your family, your community? Access to preventive treatment for pregnant women? Is your community benefitting from having your homes sprayed against mosquitoes? How far do you have to go to access malaria treatment?
- Do the health workers in your community know how and do they have the tools to rapidly diagnose malaria?
- Are there marginalised populations that require special attention with regards to malaria in your country (refugees, migrant workers, internally displaced persons, etc.)?

The answers to many of these questions can be found in the resources listed below. Others can be found in government databases or will need to be researched independently through interviews. If significant gaps in data exist, that learning in itself could become an advocacy objective.

Identify malaria stakeholders

One essential piece to understanding malaria in your country is to identify and describe the groups or individuals that influence policy about anti-malaria efforts, are affected by malaria, or have a potential to make an impact-defined here as "stakeholders". The success of the Zero Malaria Starts with Me approach depends on building a coalition of partners working across sectors to create a united front against malaria. Without the support of these key actors, creating change is unlikely.

In malaria, these stakeholders can be roughly grouped as follows:

- **Government actors** working on or influencing the fight against malaria (e.g., how much priority it gets, how much funding is dedicated to the efforts), their leaders, and key constituent groups. These could include the Ministry of Health, the Ministry of Finance, the Ministry of Foreign Affairs, Parliamentarians, and their staff.
- **Civil society and multilateral actors** interested in ending malaria specifically, or health and poverty more generally. These may include NGOs, donors, United Nations agencies, Global Fund Country Coordinating Mechanism members, faith-based actors, and more.
- **Private sector actors** currently supporting anti-malaria efforts, companies whose business interests are affected by malaria (such as mining and other labour-intensive industries), and companies whose clients are affected by malaria (tourism, rural enterprises, telecommunications firms, money transfer firms, and more).
- **The communities** most affected by malaria, described by their geographic and socioeconomic characteristics, or individuals advocating for anti-malaria efforts in their area.
- **Other relevant actors** interested in malaria or whose participation may have an impact. Be creative—this could include celebrities, artists, religious leaders, journalists, and more.

Once you have identified some of the key or potential actors in the fight to end malaria, it is often helpful to list some of their attitudes that will be relevant for your work. Stakeholder analysis tools are a common and adaptable framework for helping advocates determine what approach to use with each actor and how to prioritize their efforts for maximum impact.

Below is an adaptation of the stakeholder analysis tool designed to support a Zero Malaria Starts with Me campaign. List some of the organizations or individuals you have

Publicly-accessible resources for malaria research

Resource	Description
World Malaria Report Available at: http://www.who.int/malaria/publications/world_malaria_report/en/	Published annually by the World Health Organization, the World Malaria Report describes current global trends while including nationally and regionally disaggregated data and estimates.
African Leaders Malaria Alliance (ALMA) Scorecards Available at: http://www.alma2030.org/	The **ALMA Scorecard for Accountability and Action** tracks targets for commodity financing, implementation, and other indicators. It is updated quarterly available in English and French.
Demographic and Health Surveys (DHS) Available at: https://dhsprogram.com/	The DHS capture sociodemographic information as well as key indicators for malaria in many countries, including the coverage and use of preventive tools and access to treatment.
Malaria Indicator Surveys (MIS) Available at: http://www.malariasurveys.org/	The MIS contain more malaria-specific indicators than the DHS along with sociodemographic characteristics of the respondents.
National Malaria Strategic Plan (NMSP) Usually available from each country's National Malaria Control Programme.	Each country's NMSP is a valuable source of information regarding current efforts to fight malaria. They generally contain information about national targets, interventions used, and more.
President's Malaria Initiative (PMI) Malaria Operational Plans (MOPs) Available at: https://www.pmi.gov/resource-library/mops	The PMI MOPs outline the status of malaria interventions and policies in the countries where PMI invests.
Malaria Journal Available at: https://malariajournal.biomedcentral.com/about	An open-access scientific journal dedicated to malaria.
Malaria in Pregnancy Library Available at: http://library.mip-consortium.org/	An open-access database of published and unpublished literature related to malaria in pregnancy.
Malaria SBCC Evidence Database Available at: https://healthcommcapacity.org/malaria-evidence-database/	An evidence database featuring literature reviews that describe the impact of various social and behaviour change communication (SBCC) programmes.
Multiple Indicator Cluster Surveys (MICS) Available at: www.childinfo.org	Nationally representative, population-based household surveys developed by UNICEF to support countries in filling critical data gaps for monitoring the situation of children and women.
Other Academic Journals	Malaria epidemiology and interventions are common topics in many of the top medical journals. Try: The Lancet, BMC Public Health, The British Medical Journal, and The American Journal of Tropical Medicine and Hygiene.

identified and try to describe their characteristics based on the following dimensions:

- **Interest:** Does the stakeholder currently care about ending malaria, or do they have other priorities?
- **Alignment:** Would the stakeholder support more investments and partnerships for ending malaria, or might they oppose them? If they manage their own anti-malaria activities, do they work in coordination with the national plan?
- **Influence:** How much power does the stakeholder have? This could be in terms of financial resources or important relationships that affect anti-malaria efforts.
- **Potential for engagement:** What could their role be in a malaria partnership?

Stakeholder analysis tool

Stakeholder	Interest	Alignment	Influence	Potential for engagement

Adapted from WaterAid 'The Advocacy Sourcebook' (2007) London and UNICEF 'Advocacy Toolkit' (2010) New York

Below is a sample Stakeholder analysis tool filled in with fictional organizations and individuals. Use these tools as an inspiration, but feel free to adapt them to best suit your needs.

Sample stakeholder analysis tool

Stakeholder	Interest	Alignment	Influence	Potential for engagement
Ministry of Finance	Moderate. Controls public spending on malaria interventions and interested in poverty reduction.	Negative. They are currently trying to reduce public spending.	High. The President and Parliament listen to their advice about new spending programmes.	The Ministry of Finance will need to support new investments in malaria. They will need to be convinced of the poverty-reducing potential of these interventions and the importance of domestic spending to complement aid.
Bauxite Mining Co.	High. Malaria is harming their workforce. They are looking for a new approach to reduce the diseases impact.	Neutral. They are most interested in reducing malaria at their mines rather than nationally.	High. They are one of the largest companies operating in the country and have a large budget for health.	Bauxite Mining Co. could become an important partner for the campaign. They will need to be shown the potential impact of large-scale malaria programmes on their work.
A famous musician	Moderate. They have enjoyed a successful career and are looking to give back to their country.	Positive. They have previously spoken about how their country needs to get rid of malaria.	Moderate. They are well known and respected by millions of fans but have limited experience working with the government.	The musician could become a spokesperson for the campaign and use their influence to convince others to participate.

Contextualize malaria evidence

Before beginning a new project in the public sphere, many project managers use the PEST (Political, Economic, Social, Technological) analysis tool to understand what external factors might influence its success or failure. The PEST tool will help you take a broader look at current developments and will help guide future actions and timing.

The PEST tool asks users to brainstorm relevant external factors in the following categories:

- **Political:** What is the current political climate like and how might that affect your ability to bring political leaders on board?
- **Economic:** What is your country's economic situation? How healthy is its budget? What is the current strategy for poverty reduction?
- **Social:** What is the state of most people's knowledge about malaria? Which demographic groups are most affected?
- **Technological:** What are the current tools your country uses to fight malaria, both in the field (LLINs, diagnostic tests) and behind the scenes (data analysis software, rapid reporting systems)?

PEST tool

Political factors	Economic Factors
Social factors	Technological factors

Identifying areas for action

At this point, you know the status of malaria, its impact, and what is being done to fight it in your country. You have identified the main stakeholders in this area as well as some potential players to consider, and you understand the broader context. Now, it is time to use this evidence to identify how a campaign approach could support anti-malaria efforts in your country.

An easy way to look at the "big picture" of a problem is through the *Problem and solution tree* tool. A Problem and solution tree is simply a flowchart with the "Problem" in the middle showing how certain situations contribute to causing the problem and then visualizing the primary and secondary effects of the problem. The problem you choose for this exercise can be anything you are interested in–from a large, multifaceted problem like "malaria exists in my country" to a more specific issue such as the "financing gap for malaria programmes."

Problem and solution tree

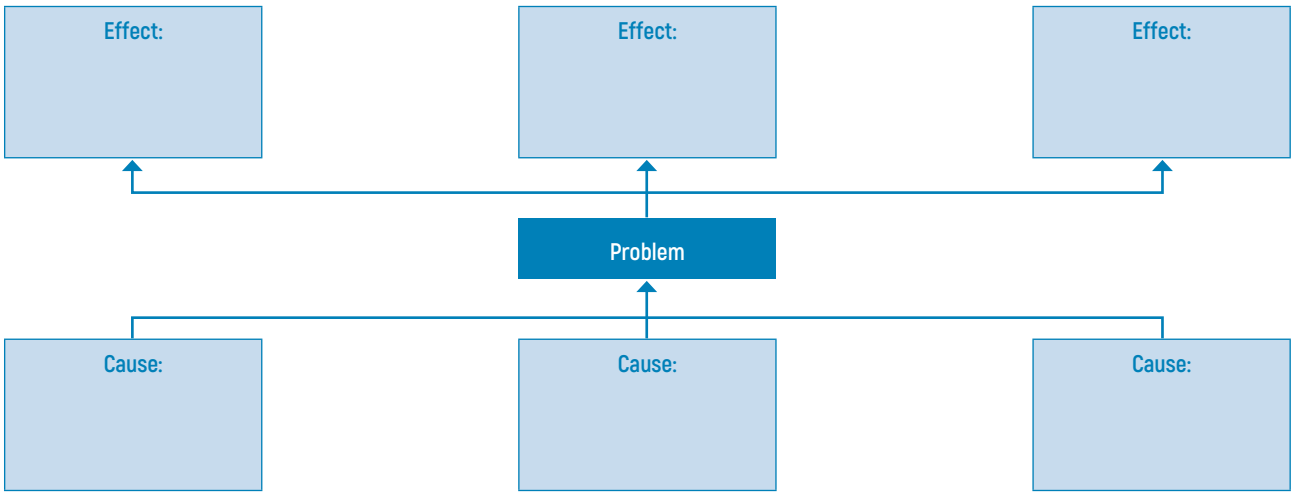


Figure 3: Problem tree. Adapted from: Roll Back Malaria Partnership. August 2014. RBM Advocacy for Resource Mobilization (ARM) Guide. http://endmalaria.org/sites/default/files/ARMGuide_Final_May_2015.pdf

This exercise is best when brainstorming in a group and after developing evidence. Here is a guide for creating your own problem and solution tree, corresponding with the sample tree below.

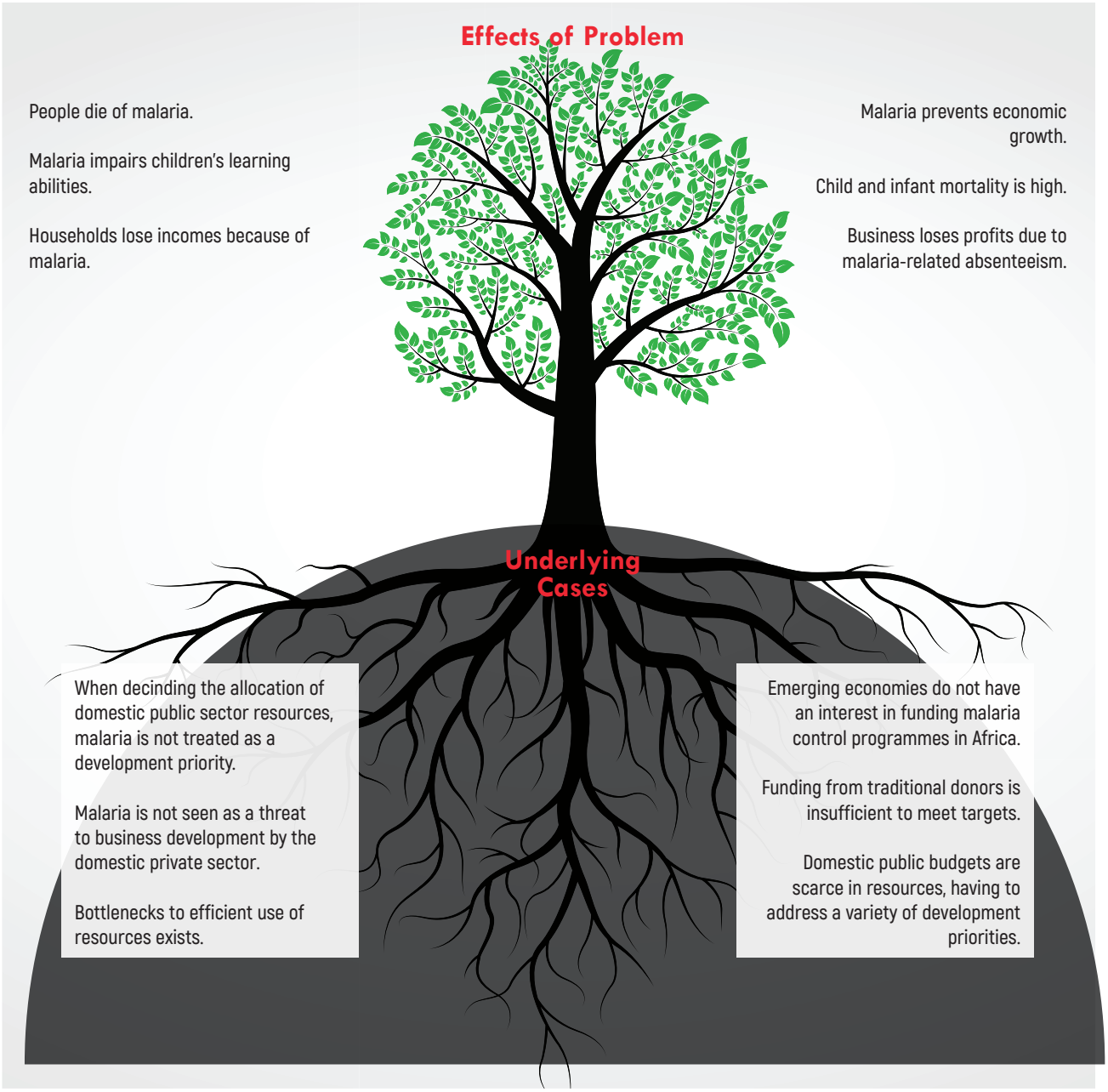
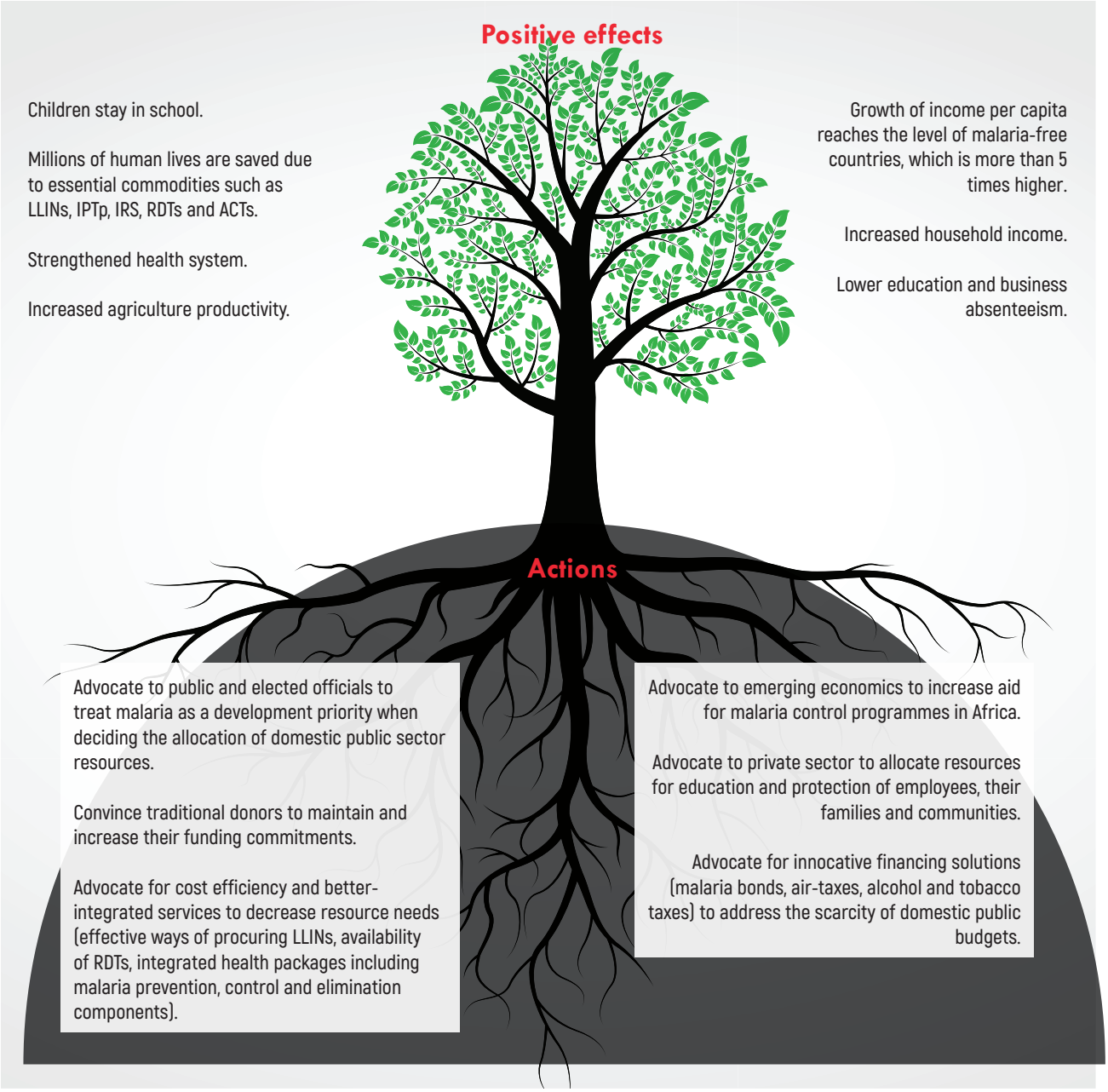
Problem tree

1. Start by defining the core problem—in this case, the malaria programmatic and funding gaps. Consider developing a tree for each commodity gap (e.g., LLINs, artemisinin-based combination therapies (ACTs), rapid diagnostic tests (RDTs), etc.). (Tree Centre).
2. List the effects of the core problem. For example, one effect of a lack of access to malaria commodities is increased child mortality. (Tree Branches).
3. List the underlying causes of the problem. For example, one cause of the funding gaps might be that it isn't a high priority for policy makers to solve since most health funding comes from donors in the form of grants. (Tree Roots).

Solution tree

4. Translate the core problem into a solution. Identify solutions by rewriting negative statements into positive ones. For example, "Global and domestic actions are taken to increase funding and fill gaps." (Tree Centre).
5. List the effects of the solution. With guidance from the NMCP, identify the malaria control commodities and services that are needed but not funded. (Tree Branches).
6. List potential advocacy interventions. Determine the advocacy actions that need to be taken to solve the problem. (Tree Roots).

Sample problem tree



Sample solution tree