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

<table>
<thead>
<tr>
<th>Topic</th>
<th>Research question</th>
<th>Source of information</th>
<th>Research method</th>
<th>Who will conduct the research?</th>
<th>When will the data be available?</th>
</tr>
</thead>
</table>

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?

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**Sample research planning tool**

<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Malaria in Pregnancy</strong></td>
<td>What percent of pregnant women receive at least one dose of intermittent preventive treatment in pregnancy (IPTp)?</td>
<td>Government statistics, Demographic and Health Survey (DHS) Reports, Malaria Indicator Survey (MIS) Reports, National Malaria Strategic Plan</td>
<td>Literature review</td>
<td>Identify a colleague responsible for the research</td>
<td>The date may depend on work time or if the data is not yet published.</td>
</tr>
<tr>
<td></td>
<td>What are the barriers to accessing IPTp?</td>
<td>Health system staff, Focus groups of women</td>
<td>In-person or telephone interviews, and focus groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>How are IPTp drugs procured?</td>
<td>Ministry of Health (MoH) and National Malaria Control Programme (NMCP) staff, Published policy documents</td>
<td>In-person or telephone interviews and literature review</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>African Leaders Malaria Alliance (ALMA) Scorecards&lt;br&gt;Available at: <a href="http://www.alma2030.org/">http://www.alma2030.org/</a></td>
<td>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.</td>
</tr>
<tr>
<td>Demographic and Health Surveys (DHS)&lt;br&gt;Available at: <a href="https://dhsprogram.com/">https://dhsprogram.com/</a></td>
<td>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.</td>
</tr>
<tr>
<td>Malaria Indicator Surveys (MIS)&lt;br&gt;Available at: [<a href="http://www.malaria">http://www.malaria</a> surveys.org/](<a href="http://www.malaria">http://www.malaria</a> surveys.org/)</td>
<td>The MIS contain more malaria-specific indicators than the DHS along with sociodemographic characteristics of the respondents.</td>
</tr>
<tr>
<td>National Malaria Strategic Plan (NMSP)&lt;br&gt;Usually available from each country’s National Malaria Control Programme.</td>
<td>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.</td>
</tr>
<tr>
<td>President’s Malaria Initiative (PMI) Malaria Operational Plans (MOPs)&lt;br&gt;Available at: <a href="https://www.pmi.gov/resource-library/mops">https://www.pmi.gov/resource-library/mops</a></td>
<td>The PMI MOPs outline the status of malaria interventions and policies in the countries where PMI invests.</td>
</tr>
<tr>
<td>Malaria Journal&lt;br&gt;Available at: <a href="https://malariajournal.biomedcentral.com/about">https://malariajournal.biomedcentral.com/about</a></td>
<td>An open-access scientific journal dedicated to malaria.</td>
</tr>
<tr>
<td>Malaria SBCC Evidence Database&lt;br&gt;Available at: <a href="https://healthcommcapacity.org/malaria-evidence-database/">https://healthcommcapacity.org/malaria-evidence-database/</a></td>
<td>An evidence database featuring literature reviews that describe the impact of various social and behaviour change communication (SBCC) programmes.</td>
</tr>
<tr>
<td>Multiple Indicator Cluster Surveys (MICS)&lt;br&gt;Available at: <a href="http://www.childinfo.org">www.childinfo.org</a></td>
<td>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.</td>
</tr>
<tr>
<td>Other Academic Journals</td>
<td>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.</td>
</tr>
</tbody>
</table>

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?