An Advocacy Guide for Policy Change Around MSM Health

2015

The African Men for Sexual Health and Rights (AMSHeR) is a regional coalition of men who have sex with men (MSM)/lesbian, gay, bisexual, transgender (LGBT)-led organizations in Africa. Through advocacy and capacity strengthening, AMSHeR works to promote non-discrimination, particularly based on sexual orientation and gender identity, and to advance access to quality health service for MSM/LGBT individuals in Africa. AMSHeR provides a platform for exchange, learning, and advocacy among grassroots MSM organizations, human rights organizations, national agencies, and other stakeholders working with and/or for MSM/LGBT communities in Africa.

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ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
AMSHeR	African Men for Sexual Health and Rights
ART	antiretroviral therapy
CBO	community-based organisation
CHRAJ	Commission on Human Rights and Administrative Justice (Ghana)
CSO	civil society organisation
EDL	essential drugs list
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	human immunodeficiency virus
HPP	Health Policy Project
LGBT	lesbian, gay, bisexual, transgender, and intersex
M&E	monitoring and evaluation
MSM	men who have sex with men
NSP	national strategic plan
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
STI	sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
USAID	U.S. Agency for International Development
WHO	World Health Organisation

ACKNOWLEDGEMENTS

INTRODUCTION

Setting the Stage

Throughout sub-Saharan Africa, stigma and discrimination have led to increasingly hostile environments for men who have sex with men (MSM). In many places, stigma and discrimination toward MSM have not only become social and cultural norms, but have been legitimised by regional, national, and/or subnational policies. Of the 76 countries around the world that criminalise same-sex sexual behaviour, 35 are within Africa (ILGA, 2015). These laws and other discriminatory practices and policies force an already marginalized community further underground, threatening their human rights, limiting their access to health services, and increasing their risk of sexually transmitted infections (STIs), HIV, mental health conditions, poor nutrition, and other health-related disparities (Population Council, 2014). Among other offenses, MSM throughout sub-Saharan Africa report arbitrary arrests by law enforcement, physical violence, and denial of health services, housing, and educational opportunities (Population Council, 2014).

In the face of these hostile conditions, advocacy organisations are working alongside MSM communities to support men who have sex with men through free HIV and STI testing, psychosocial support groups, and HIV care and treatment programmes. They are also working to address policy barriers at the regional, national, and subnational levels. These barriers range from the national laws that criminalise same-sex behaviours to policies that guide the operation of local health clinics. Addressing these barriers and advocating for policy change alongside impacted communities is the only way to achieve meaningful and lasting change and to ensure that MSM's rights are respected and that they have access to the healthcare and HIV-related services they need.

Advocacy for Policy Change the UTETEZI Way

In 2013, African Men for Sexual Health and Rights (AMSHeR), a regional partnership of 18 organizations from 15 African countries, partnered with the United Nations Development Programme (UNDP), the Southern African AIDS Trust (SAT), and the USAID-funded Health Policy Project (HPP). The partnership implemented a regional project in seven countries throughout sub-Saharan Africa to increase access to healthcare and HIV-related services among men who have sex with men (MSM) through policy advocacy. Named UTETEZI (meaning advocacy in Swahili), the project focused on partnerships to maximize resources for advocacy purposes, coordinate advocacy strategies, and harmonise advocacy activities with the following aims:

1. To increase and strengthen capacity for MSM and lesbian, gay, bisexual, transgender, and intersex (LGBT)–focused advocacy for policy change at the regional, national, and subnational levels

2. To develop and sustain relationships among government, healthcare providers, and civil society organisations to work together to improve access to HIV-related social services through policy development and eventual implementation, as well as other policy-related activities

3. To strengthen the capacity of MSM/LGBT organisations to devise and implement results-oriented advocacy initiatives for policy change

4. To increase knowledge and expertise among MSM/LGBT communities to strengthen capacity on health and rights programming

UTETEZI Project participants identified HIV and healthcare access issues, trained key stakeholders in policy and advocacy, developed local policy advocacy frameworks, and formed advocacy working groups to support the implementation of the policy interventions they identified—interventions informed by community-based directives and international guidelines and best practices. While progress on some policy issues can take years to accomplish, these initial efforts have proven to be important factors for future change.

The UTETEZI Project's work in seven countries (Ghana, Malawi, Tanzania, Zambia, Togo, Cameroon and Mozambique), led to the formation of advocacy working groups; identification of more than a dozen policy areas to address, ranging from the ministry level to the organisational level; and ultimately, formation of a broad-based coalition of allies to advance policy related to MSM health through advocacy efforts.

The UTETEZI Project is just one example of how global and regional stakeholders can work together to make a difference at the country level. Its uniqueness lies in the breadth of partners the approach seeks to engage and its focus on bottom-up advocacy for policy change:

- **Diverse stakeholders:** UTETEZI encourages advocates to expand their circle of stakeholders, seeking out nontraditional allies who are advocates for similar issues, such as women's groups or sex workers. By combining efforts and forging relationships that have a broader impact on communities and policy, advocates are able to increase their leverage and influence. UTETEZI also emphasises the importance of building advocacy for policy change campaigns from local actors.

- **Nothing about us without us:** At the center of the UTETEZI approach is the inclusion of affected communities from the outset of any advocacy for policy change. The UTETEZI Project conducted a series of community dialogues where MSM; lesbian, gay, bisexual, transgender, and intersex individuals (LGBT); sex workers; and other stakeholders identified issues, and then worked together to prioritise those issues and make recommendations on how to address them. No one knows the community needs better than community members!

- **Informed interventions:** The UTETEZI Project encourages advocates to develop interventions informed by international guidelines and best practices, community-based directives, and the experiences of local and regional allies.

Based on the UTETEZI Project curriculum, *Advocacy for Improved Access to Services for MSM: A Workshop Curriculum for a Multi-Stakeholder Policy Advocacy Project*, this advocacy for policy change guide is designed for use by MSM groups, community-based organisations (CBOs), civil society organisations (CSOs), and individuals working in HIV and MSM health to help them advocate regionally, nationally, and locally for improved HIV and health-related MSM policies. In particular, this guide can serve as an important tool for CSOs working on MSM issues in hostile legal environments.

HOW TO USE THIS GUIDE

This guide is aimed at advocates to help them take action on policies that affect access to HIV and health-related services for MSM. Each chapter offers detailed guidance on how to engage in advocacy for policy change, allowing users to build upon their existing knowledge and skills and adapt the tools and processes to their own contexts. Users can go through the chapters consecutively or use them as stand-alone guides. Throughout the document, the following icons give you extra ways to think about the particular topic. The icons are described below:

What You Will Learn: Learning objectives at the beginning of each chapter, clearly outlining what you can expect to learn.

Tools: Tools, tables and templates to help you work through the various steps of the advocacy for policy change process and to develop an effective advocacy strategy and monitoring and evaluation plan. A list of blank tools can be found in Annex C.

Did You Know?: Important information and tips to consider as you work through the advocacy for policy change process.

Let's Get Real: Real life examples from MSM advocates employing the UTETEZI model for policy change.

Dig Deeper: Key questions at the end of each chapter that are important to consider before moving on to the next step.

John Tamburai: Throughout the guide we follow the imaginary story of John Tamburai. After being refused treatment at a clinic because he has sex with men, John decides to advocate for change in his community. We follow his journey as we begin our own.

Pay attention to these icons throughout the guide as they provide valuable information. Refer back to this guide as much as you like and throughout your advocacy process.

CHAPTER 1

WHAT IS ADVOCACY FOR POLICY CHANGE?

Before starting advocacy for policies that positively impact MSM health, it is important to understand what we mean by policy; why advocating the creation, implementation, or elimination of certain policies can result in meaningful health-related changes for MSM communities; and how advocacy for policy change differs from other types of advocacy. It is also important to identify which policies could have the greatest impact on your issue and at which points in the policy process it would be most useful for MSM health advocates to engage.

In this chapter you will
- Learn the working definitions of "policy" and "advocacy for policy change" in the context of HIV-related services for MSM
- Understand the impact of policy on access to health and HIV-related services for MSM
- Learn how advocacy for policy change differs from other forms of advocacy
- Understand the different aspects and stages of advocacy for policy change

DEFINING POLICY

There are several definitions of policy. For the purposes of this guide we define it as a **high-level plan or set of action points which provides general goals and procedures to a government body or public institution**. These can include, "laws, statutes, regulations, guidelines, directives, protocols, [and] operational procedures that impact on health outcomes and the human rights environment" and can be made at different levels—national, provincial, institutional, or professional (AMSHeR, 2014). For example, policy can refer to a country's national AIDS strategic plan or operational guidelines used in a district clinic. Policies propose solutions to perceived problems; identify desired goals and specific objectives; plan for implementation and have an impact on the availability and accessibility of services. Table 1.1. gives examples of the types of policies that advocates can target at different levels of the policy environment. Policies have many purposes which can include creating a common vision, establishing the authority for an entity to act, legitimising programs, guiding action plans, providing a basis to mobilise resources, setting a framework for program evaluation or providing a basis for further action (Health Policy Project, 2011). Understanding the level at which a policy is crafted and implemented can help determine the type and level of advocacy that is needed. Using the table below, consider what different types of laws you area aware of in your own country and where they might lie within this table. This can include everything from a national AIDS strategic plan to the operational guidelines of your local clinic.

MEET JOHN TAMBURAI

After finishing school five years ago, John Tamburai left his home and family for the capital city to look for work. While he identifies as a gay man to his friends in the city, he has not told anyone back home or at work about his sexual orientation. John usually uses condoms during sex. One morning, after waking in excruciating pain, he visited his local public health clinic. Suspecting a sexually transmitted infection (STI), the clinic nurse began asking John questions about John's sexual history. Upon learning that he has sex with other men, the nurse berated him in the exam room and in the waiting rooms as he exited, refusing to treat him. Angry and embarrassed about how he was treated, John decided he wanted to do something about it. He suspected he was not the only person to experience such hostilities. First, he needed to understand how other men like him are treated at health facilities and what issues led to such treatment. He asked

- Was the discrimination I faced just at that hospital or was it related to something much bigger?
- What can I do to ensure that men like me are able to get the healthcare we need and be treated with respect?
- What policies are in place to protect the rights of MSM? Are there policies that threaten the rights or health of MSM?
- Who will listen to the issues I face and bring about change?
- How long will it take and how much will it cost?

POLICY TYPE	DEFINITION	POLICY OR POLICY IMPLEMENTATION
Legislation	Laws and other documents enacted or originated by the legislative branch of government, such as Parliament and the National Assembly. Is broadly inclusive of legal codes in many sectors.	Policy
Official policy	High-level documents issued by the executive branch of government, such as the president, prime minister, and other cabinet ministers. Includes edicts, presidential or ministerial decrees, national strategies, and programmes.	Policy
Legal decisions/ Judicial precedent	The history of court decisions and legal rationale that guide interpretation and implementation of legislation.	Policy
Regulations	Documents issued by line ministries and departments that specify how laws, decrees, and other high-level policies should be put into practice. Includes orders, resolutions, and rulings.	Policy Implementation
Guidelines and protocols	Published documents prepared by professional associations (e.g., medical, pharmacy, nursing, and dispensaries) that specify the content and delivery of services.	Policy Implementation
Operational plans	Published documents prepared by departments and programs (e.g., National HIV Treatment Programme), usually on an annual or biennial basis, that specify the type and number of program activities to be conducted, such as training events, supervision schedules, commodities, and/or purchases.	Policy Implementation
Operational protocols	Specific guidance on day-to-day operations and standards.	Policy Implementation

Source: AMSHeR, 2014

THE POLICY CIRCLE

Policies don't exist in a single context or happen in a linear pattern. Policies are dependent on a number of variables within a given environment that determine their outcome. Policy making occurs in varying political, social, cultural, and economic settings that affect how policies are developed and implemented. The policy process can be viewed through the lens of a "policy circle" which demonstrates the many key inputs around a given issue. The policy circle can also be used to address or analyse problems that require different levels of policy, including national and local policies, and sectoral and operational policies (Hardee, 2004). The policy circle consists of several moving parts, including the 6 "P's": problems, people/places, processes, price, paper, and programmes. In each sub-domain of the policy process, one can imagine the various ways these shifting spaces can significantly affect how a policy is determined.

Looking at the problem first, we identify the actual policy issue. Then we look at the political, social or economic setting in which the problem exists. We ask ourselves: Who oversees or has influence over that policy? How (by what process) will the policy be implemented? How much does it cost? What do the laws actually say? What has the policy implementation looked like and has it been successful? From here we can identify the many moving parts of policy and begin to think critically about policy itself and break down the different elements we must address as advocates for policy change.

Figure 1.1: The Policy Circle

People/Places — Policy Stakeholders and Institutions (government and nongovernment)

Process — Policy Development (problem identification, issue framing, agenda setting, dialogue, and formulation)

Political, Social, and Economic Setting/Context

PROBLEM ISSUE

Price — Resource Allocation

Programmes/Performance — Policy Implementation (including organisational structure, resources, and evaluation)

Paper (or Paperless) — Policies, Laws, Regulations (laws, explicit or implicit national and operational policies, resource allocation plans)

Source: Hardee, 2004

MSM AND POLICY

Policies have a direct impact on healthcare and health services, especially for MSM. "In 2010 UNAIDS report, 46% of government responses and 62% of civil society responses to the National Composite Increasing numbers of countries report the existence of laws and regulations that protect people living with or vulnerable to HIV from discrimination. According to nongovernmental sources, between 2006 and 2010, the number of countries reporting the existence of laws, regulations or policies protecting people living with HIV from discrimination increased by 30%" (UNAIDS, 2010, p. 5). These policies prescribe what HIV services are available in a country, who is eligible to receive those services, and where to access these services. In some instances, MSM and other vulnerable populations (e.g., women, children, transgender people, sex workers, orphans, etc.) are explicitly included in policies, affording them protections and/or services. In other instances, MSM and other marginalised groups are not included, or worse, their activities are criminalised, compounding their vulnerability.

Stigma and Discrimination

Exclusion of MSM from health policies and the criminalisation of their activities are forms of stigma and discrimination. "Stigma is a powerful social process of devaluing people or groups based on a real or perceived difference—such as gender, age, ability, sexual orientation, behavior, or ethnicity. Discrimination follows stigma and is the unfair and unjust treatment of an individual based on that socially identified status" (Health Policy Project, 2011). In our imaginary case following John Tamburai, the way that the nurse has judged John based on her personal beliefs is stigmatising.

Discrimination can be direct or indirect. It is direct when based on grounds such as race, gender, sex, etc. For example, MSM being denied service by healthcare providers, as in John Tamburai's case, as a result of his identification as a man who has sex with men. Other examples include MSM being arrested by police without having committed a crime other than being MSM, or when individuals are denied housing as a result of being identified as MSM.

DID YOU KNOW?

As of June 2015, 76 countries around the world still criminalize same sex sexualities. Making up more than half of that figure, sexual acts between persons of the same sex remain criminalized in 35 countries or nearly 70 percent of African countries. When countries enforce these types of laws they threaten public health often leading to more cases of untreated STIs, increased incidence of HIV, further spreading of drug-resistant HIV, and "decreased social connections and social capital among MSM, isolating them from support networks and services"

Source: Yogyakarta Principles: The Application of Internaitonl Human Rights Law in Relation to Sexual Orientation and Gender Identity, 2007

Indirect discrimination is when the result or impact of a formally fair situation are unfair to a certain group because there is no social, political, or economic apparatus that allows the full enjoyment of the same rights by all. In John Tamburai's case, the fact that the law does not recognise his status as an LGBT-identified person prohibits him from accessing MSM-friendly and knowledgeable health service providers. Other examples of indirect discrimination include the government refusing to design interventions tailored to the specific needs of MSM, or healthcare providers claiming they do not discriminate because they treat everyone equally—yet misidentify the unique needs of their clients.

This harms MSM in many ways and can lead to restricted access to health services, low self-esteem, isolation from social networks, violence, or even suicide. "Stigma and fear of stigma discourage people from getting tested for HIV, disclosing their HIV status, seeking care, and adhering to treatment. Stigma hinders prevention efforts, as prevention methods such as condom use are often seen as indications of HIV infection, immoral behavior, or lack of trust" (Health Policy Project, 2011). In fact, evidence has shown that not only do stigma and discrimination increase MSM's risk of HIV, "one-third to one-half of all vertical transmissions can be directly attributed to stigma" (Health Policy Project, 2011). Institutionalised stigma and discrimination of MSM can be found throughout the policy arena. In John's case, he may be discouraged from seeking services in the future as a result of the stigma and discrimination he faced from the nurse.

Policy Exclusion

When groups of people such as MSM are removed from or neglected in policies (e.g., HIV-related programming and procurement policies), those communities are marginalised. For example, in national laws that have broad protections for all persons, such as in Kenya, when MSM seek protections their identity is in question. In a recent court case the Kenyan government argued against the registration of an MSM organization, claiming that among other reasons "… sexual orientation was not listed as a prohibited ground of discrimination in article 27(4) of the Constitution." While the government lost this case and was ordered to register the organisation, this example shows how policy exclusion can have a negative impact on access to services or basic human rights protections. Similar instances were found in other countries like Burkina Faso and Togo. Policies should explicitly mention MSM and other marginalised groups as part of a human rights–based approach to promoting and protecting health. Ideally, policies would recommend standards of care for MSM and other marginalised groups and sensitivity training for healthcare providers along with other providers of public trust such as police, educators, etc. Measures to reduce stigma and discrimination should be enforced in all institutions, including recourse when rights are violated.

Criminalisation

The criminalisation of same-sex acts continues to erode the progress made towards reducing HIV and AIDS. Throughout sub-Saharan Africa and in many other parts of the world, policies informed by colonial laws created 100 years prior (known as the sodomy laws), create environments in which health interventions for MSM can be stifled. Many of these laws exist in "penal codes" in several African countries which criminalise sexual behavior between individuals of the same sex. Additionally, laws criminalising other behaviours, such as soliciting laws or other morality laws, are often used to harass and arrest MSM even if/when they are not committing any crime. In Uganda, legislation is still being debated that would criminalise individuals who do not report people they know to be MSM to the police. The same law also forbids the distribution of any educational materials that discuss MSM issues. In Nigeria, legislation was enacted which criminalises same-sex marriage, punishes same sex behavior with up to 14 years in prison, and makes it illegal to be a member of an LGBT organization. Criminalisation perpetuates a culture of fear, stigma, and discrimination in the region, even for those living in countries that have not passed anti-LGBT laws. These laws create a hostile environment for MSM, forcing already marginalised communities further underground, increasing their individual risk, escalating the HIV epidemic, and restricting health services (see Did You Know? box at right).

💡 **DID YOU KNOW?**

As of June 2015, 76 countries around the world still criminalize same sex sexualities. Making up more than half of that figure, sexual acts between persons of the same sex remain criminalized in 35 countries or nearly 70 percent of African countries. When countries enforce these types of laws they threaten public health often leading to more cases of untreated STIs, increased incidence of HIV, further spreading of drug-resistant HIV, and "decreased social connections and social capital among MSM, isolating them from support networks and services"

Sources: ILGA, 2015, p. 28; Population Council , 2014, p. 1

Identifying Policies and Their Effect on MSM

Before you can advocate policy change, you need to understand what policies are in place, which are missing, and how they may or may not affect MSM in your community. Use the matrix below (Tool 1.2) to identify policies or other national documents in your country and how they affect health-related services for MSM and other areas of MSM lives. These range from national HIV strategic plans and non-discrimination clauses written into documents like the constitution, all the way to budgetary guidelines related to the distribution and funding for condoms and lubricants. Once you have determined if a policy is in place that specifically mentions MSM [yes, no, or draft], determine if the law or absence of the law has a positive impact [yes], negative impact [no], or if it is unclear what the impact will be. Bear in mind that within the same policy document, you may find that certain portions are positive for MSM and others might be negative, as policies are complex. Where negative policies are found, they can be brought into line with the positive policies by pointing out this discrepancy through advocacy efforts, using those which align with international best practices for policy to justify the erasure of an ill-fitted or unjust law.

Tool 1.2: Identifying Policies and Their Effect on MSM

APPLICABILITY	POLICY							
	National strategic plan for HIV	National STI law	National law enforcement and prison policy	Constitution	National law on human rights	National reproductive health and family planning policy	National gender policy	Other
Yes (Policy in place specifically mentioning MSM)								
No (No policy in place mentioning MSM)								
Vague (Protections for individuals broadly mentioned, but does not specifically address MSM health)								
Effect on MSM (Negative, positive, or neutral)								

UNDERSTANDING ADVOCACY FOR POLICY CHANGE

Advocacy can be expressed in many different ways. For some, it means direct action in the form of protests and marches. For others it means social mobilisation or increasing awareness about an issue or problem through education campaigns and the media. Advocacy can also be directed at a wide range of people including the public, policymakers, consumers, and business owners. **For the purposes of this guide, we are specifically focusing on policies and advocacy for policy change.** In short, "advocacy for policy change is the deliberate advocacy process of informing and influencing decisionmakers to affect specific policy changes or improved implementation" of existing policies (AMSHeR, 2014, p. 8), whereas other advocacy efforts may not deliberately tackle issues pertaining to a specific policy. Thus, when advocating for policy change, a difference can be made in how a particular issue is governed or overseen.

In order to engage in advocacy for policy change, you must have a broad understanding of the entire policy environment, including your country's policy process, as well as having a targeted plan. To understand the policy environment, ask yourself what agency or institution is responsible for the policy or type of policy you want to target? Who are the decisionmakers? Are there MSM health champions you can call on to join your campaign? What other individuals or groups might be interested in joining your campaign, such as human rights champions? Health practitioners? Policymakers or researchers who understand the impact of adlicy on access to services and the impact of access to services on epidemics? Who is responsible for implementing the policy, operational guideline, protocol, or budget, including human and financial resources? What traditional laws and customs might affect your targeted

policy and/or decisionmakers? What cultural, political or social elements might stand in the way of you successfully advocating a policy change? Consider the "Policy Circle" section earlier in this chapter.

Don't forget about implementation; how your policy is implemented in practice is also critical. That is where the true impact of the policy change will be felt and seen.

To be an effective policy advocate for MSM health access, you must

Advocacy for policy change is the deliberate process of informing and influencing decisionmakers to effect policy change or improved implementation.

"Advocacy for policy change" means taking action to ensure EVERYONE'S needs are served by excellent policies, laws, regulations and other guidance. It also means making sure those policies are followed.

- **Be deliberate**
  Advocacy for policy change is a deliberate process which involves intentional actions. It requires planning and strategy. It is not effective if done in an ad-hoc manner. Before embarking on an advocacy for policy change process it is important to first identify who you are trying to influence and what policy change or improved implementation you wish to see.

- **Inform and influence**
  Advocacy for policy change is about informing or influencing people who make policy decisions, and it should be evidence-based. Evidence could be programme experience or data which demonstrate the impact of the policy in question on the change desired or the situation. Annex A provides a list of resources for use in your advocacy, including documents which provide some evidence on the benefits of MSM-friendly policies and services. It is important to note that advocacy need not be confrontational to be effective. The emphasis should be on meaningful engagement rather than confrontation.

- **Target decisionmakers**
  Decisionmakers are the primary targets of advocacy for policy change. These are the individuals (not institutions) who have the formal authority to effect policy change or improve implementation. Decisionmakers may be part of government structures, institutional leaders, or from the private sector, and they wield influence over policymaking processes (e.g., pharmaceutical company owners, government officials, or clinic directors).

- **Promote good policies, change adverse or contradictory policies, and ensure better implementation**
  The aim of advocacy for policy change is to establish effective policies that promote the health and well-being of MSM, change adverse or contradictory policies that affect MSM health (which may have presence in some but not all policies), and/or ensure better implementation for MSM health access. Policy change may be necessary due to the absence of a policy, an adverse or inadequate policy, or the improper enforcement of an existing policy.

- **Be flexible**
  The stages of advocacy for policy change do not always progress in a well-defined order where A leads to B; B to C; and so on. Rather, the process is about mixing many parts and finding the right ingredients where C will come before B and after A. In order to move forward one would have to revisit parts of both A and B. The process may include some stages that progress in order while others swirl around, constantly shifting as stakeholders, political will, and the policy environment change. In some instances, you may begin an advocacy intervention and, based on changes in the policy environment or political landscape, have to switch strategies, focusing on different kinds of interventions and activities. Additionally, effective policy work is often characterised by long periods of inactivity interspersed with brief windows of strategic opportunity.

ADVOCACY FOR POLICY CHANGE PROCESS

As mentioned in the previous section, advocacy for policy change is a deliberate process (see Figure 1.1). While some of the activities in the process will happen in order (e.g., you will need to identify your issue before you can develop key messages), others will occur simultaneously. In the coming chapters we will discuss in detail the stages of the advocacy for policy change process. For now, Figure 1.2 and Table 1.3 give you a general overview of what is involved in the process. In following chapters, these issues will be tackled more in depth.   Consider this big picture or birds eye view perspective as we take you into each component of the advocacy for policy change process.

Table 1.3: Stages of the Advocacy for Policy Change Process

Analyse the Issues and Policies
- Do your homework: establish a base line
- Identify the issues and policies
- Identify key actors and institutions
- Analyse the policy environment
- Identify options for policy change

Outline an Advocacy Strategy
- Define the advocacy for policy change goals
- Identify the stakeholders
- Select the target audience
- Develop a step-by-step plan
- Plan the advocacy for policy change intervention

Finalise the Advocacy Strategy
- Identify key messages
- Define advocacy activities
- Set a timeline
- Cost the intervention

Implement the Advocacy Intervention
- Implement the intervention
- Communicate effectively
- Anticipate pushback
- Prepare to change course
- Monitor and document progress

Evaluate the Advocacy Intervention
- Develop a way to evaluate your intervention
- Conduct monitoring and evaluation

Figure 1.2: The Advocacy for Policy Change Process

A circular process diagram with five stages connected by arrows:
- ANALYSE THE ISSUES & POLICIES
- OUTLINE AN ADVOCACY STRATEGY
- FINALISE THE ADVOCACY STRATEGY
- IMPLEMENT THE ADVOCACY INTERVENTION
- EVALUATE THE ADVOCACY INTERVENTION
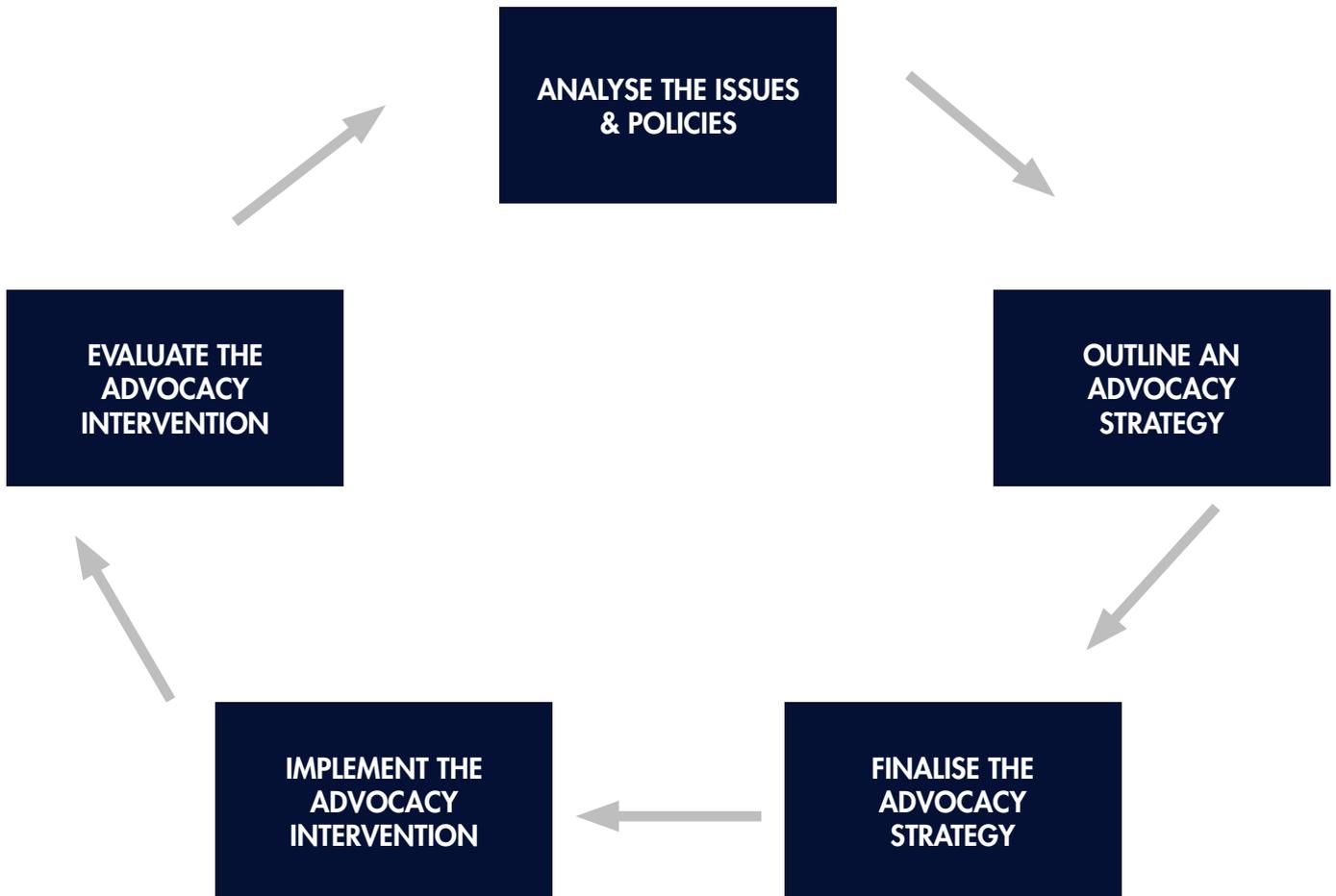
DIG DEEPER

Before moving on, ask yourself the following key questions:

- How do policies impact access to services for MSM?
- How does advocacy for policy change differ from similar concepts such as awareness campaigns, direct action, activism, or social mobilisation?
- Why is the emphasis of advocacy for policy change more on meaningful engagement than on confrontation?
- Why is evidence important for advocacy for policy change?
- Why is advocacy for policy change important for improving access to services for MSM?
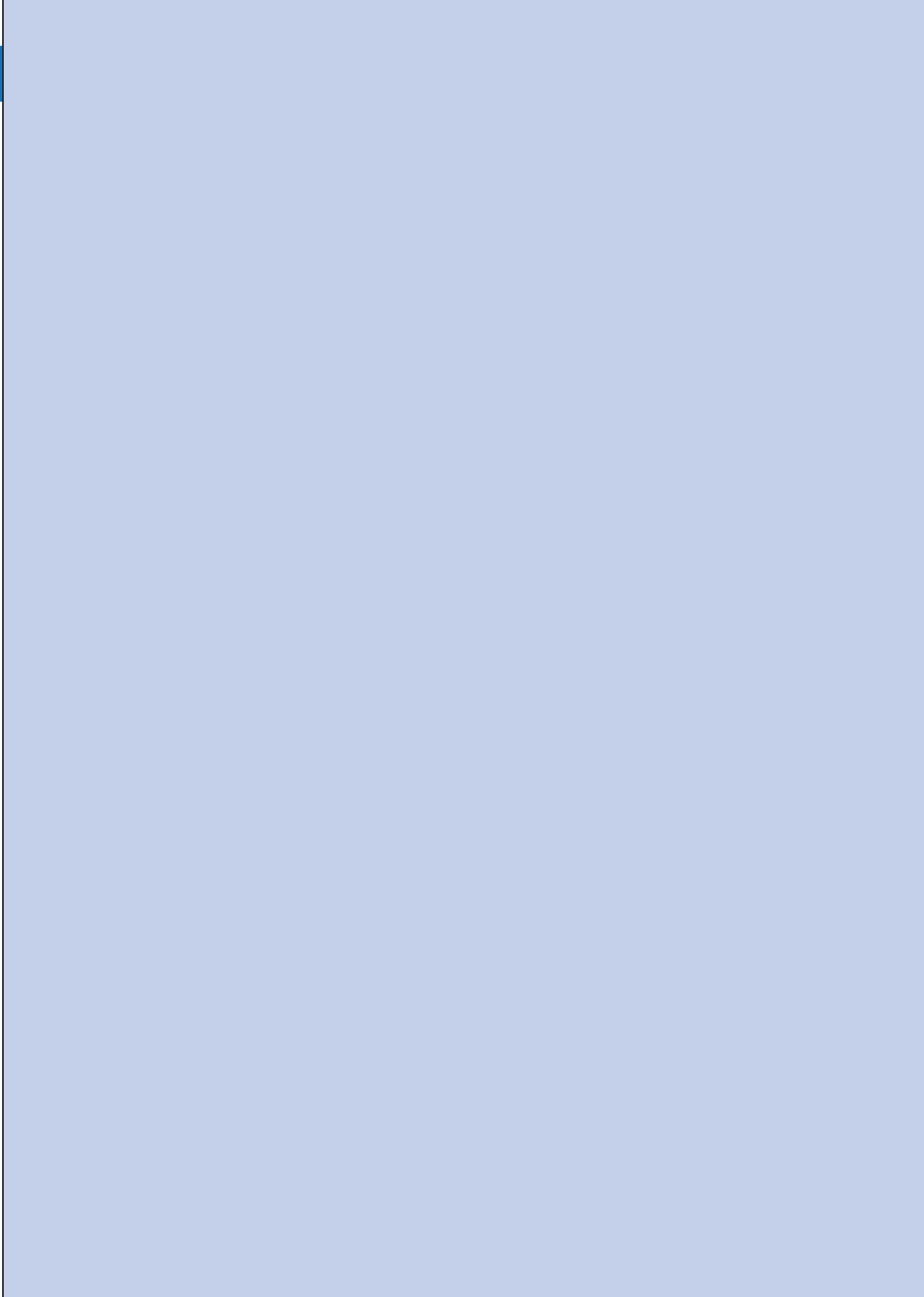
CHAPTER 2

NOTHING ABOUT US WITHOUT US

How to Engage MSM Communities

A critical component of the UTETEZI approach is the meaningful engagement and involvement of the MSM community from the outset. This involved community dialogues, focus group discussions, and relationship building long before the process even began. You cannot effectively advocate without the involvement, relationships, and buy-in of the people most affected by the situation you wish to change, in this case MSM. Don't forget that the MSM community itself is made up of a wide range of individuals with different life experiences, locations, needs, and wants. To truly understand MSM, you must respect the many different aspects of this community.

In this chapter you will

- Learn the importance of involving and engaging affected communities in every stage of the advocacy for policy change process.
- Identify strategies for engaging MSM or other affected communities meaningfully.
- Learn to engage many different kinds of MSM in order to get a full picture of a community.

"Nothing about us without us" is a common rallying cry for groups with diverse characteristics and agendas. What they share is a desire to be treated with respect and to be part of the process for change. This is critical for the MSM response throughout the continent. Advocacy efforts cannot be fully informed without the input and support of those most affected by the issue. Without this input your advocacy efforts will likely fail. Advocates addressing MSM health-related issues must have adequate input from multiple stakeholders to ensure advocacy interventions are effective and appropriate, and to help monitor and measure any resulting change (amfAR, UNDP, IAVI, and JHU-CPHHR, 2011). This approach also seeks to put an end to programmes being designed in a top-down fashion and "brought" to MSM communities for buy-in or community mobilisation without their effective ownership. Multiple stakeholders can include MSM communities, people who interact with MSM communities, or any other stakeholders who address issues pertaining to MSM health.

While there are several tools available for engaging MSM communities, the UTETEZI Project had great success in organising community dialogues among a wide range of MSM, and included them in community dialogues and focus groups to highlight the broad rights-constraining issues faced by MSM. The UTETEZI Project then brought together participants who would not traditionally collaborate for policy interventions. Stakeholders included government representatives, national/regional and international donors, with MSM leading the policy prioritisation processes. This allowed MSM to identify and prioritise their needs, consider solutions, and gain ownership over the advocacy for policy change process. The project built on the success of the dialogues by organising advocacy trainings where participants identified common issues and then formed advocacy working groups to advance those issues and put the advocacy for policy change process into action.

JOHN SEEKS CHANGE

John wants to know if others in his community have had similar experiences and/or share his concerns. He decides to bring together a group of people to talk about these issues and to see how widespread the problem is. He knows that it might be hard to have this conversation and even to find men who are willing to say they are MSM. He tries to think about the places he knows men like him go, particularly where they can be more open about their status as MSM. He also remembers a friend telling him about an HIV prevention programme that was working with MSM and decides to contact them for help in getting the word out about the meeting he wants to organise. Knowing that MSM aren't the only ones who experience discrimination, he decides to invite people from other groups who might have similar experiences (LGBT individuals, sex workers, women's health and rights advocates, human rights defenders, etc.). At the meeting they discuss

- Have others experienced the same kind of discrimination at health clinics that John did?
- Are there any health services that are more accepting of MSM and other groups that are often marginalised?
- Where else are MSM and others being discriminated against?
- What are the other pressing issues faced by MSM when seeking clinical services?

The UTETEZI approach counters traditional forms of advocacy that are limited to single issues and single groups and brings together a diverse range of stakeholders who are engaged in the process of addressing shared policy concerns. This approach ensures that the ultimate aim of local stakeholders is valued and matched to international standards within the context of community-led initiatives. The approach is important for several reasons:

- Advocates related their experiences as MSM to other groups' obstacles to accessing HIV-related services in an environment that was safe

- Conflicts of interest were acknowledged and did not overwhelm the ultimate goal of a successful policy aim; the issue took precedence over conflicts as participants agreed to focus on commonalities rather than differences

- MSM worked together with other policy actors to identify priorities among the several access issues and challenges

- Workshops provided participants with policy know-how, introducing them to the information and skills needed to comprehend different kinds of policy and levels of engagement

> …the MSM community is made up of a wide range of individuals with different life experiences, needs, and wants. To truly understand MSM, you must respect the many different facets of what makes up this community.

- Participants were able to work together to identify achievable interventions that could address the issue in the short or medium term

- A mentoring programme was put in place to oversee, assess, and advise the participants' process and to offer feedback and recommended tasks and actions that participants could take to implement the interventions they had identified

- Stakeholders including government representatives, national/regional and international donors, and other core issue groups, as well as MSM, built and strengthened relationships with national decisionmakers, gaining national trust

- Advocates were able to relate their lived experiences with HIV, stigma and discrimination, and other aspects of being a sexual minority to the international standards and best practices for addressing HIV among MSM which guided their work

LET'S GET PRACTICAL: THE UTETEZI APPROACH IN PRACTICE

The UTETEZI approach is a progressive way to work from the bottom up to bring attention to a cause. On one hand, it helps advocates gain access to policymakers and government stakeholders who, in other instances, probably would not have shared a platform with MSM. On the other hand, it helps policymakers and key stakeholders gain access to firsthand experience and stories of lived realities and challenges that are shared in a safe, friendly, and open dialogue among community members. UTETEZI did this by equipping advocates with the information needed to identify policy gaps and consider policy interventions that could fill those gaps, and the tools for identifying entry points for policy change. Working with the UTETEZI Project, the Centre for Popular Education and Human Rights Ghana (CPEHRG) and AMSHeR held policy and advocacy trainings where MSM and LGBT communities identified and agreed upon policy issues and goals. Based on this work, CPEHRG partnered with a diverse range of stakeholders to push the Commission for Human Rights and Administrative Justice (CHRAJ) to include abuses of MSM and LGBT individuals in its system for investigating alleged violations of fundamental rights and freedoms. Due in part to their efforts, CHRAJ has established a Key Populations Desk to handle the redress of human rights abuses of MSM, LGBT persons, and other marginalised groups. While there were many factors that enabled this action, it is important to note that CPEHRG was able to realise this intervention by working with other groups to understand what spaces within the environment were best to address at that time.

Whether you replicate the community dialogues or focus groups used in the UTETEZI Project or employ a different method, MSM and other affected communities should be involved early on and throughout the entire advocacy for policy change process. To ensure your advocacy for policy change efforts are appropriate, relevant, and effective, make sure these communities are actively involved in identifying the issues, potential solutions, and methods for change, as well as any follow up.

DIG DEEPER

Before moving on, ask yourself the following key questions

- How well do I know the MSM community?
- What is the MSM community's current capacity for advocacy for policy change work?
- What have I done so far to engage the MSM community?
- How will I involve the MSM community in all aspects of the advocacy for policy change process?
- What other groups have similar experiences to MSM that could relate to the issues being addressed?

CHAPTER 3

ANALYSE THE ISSUES AND POLICIES

In order to affect meaningful change, you must do a little homework by asking yourself some questions: What issues are MSM facing? Are MSM communities able to access health and HIV-related services? If so, what are their experiences? Are there policies in place that make it difficult for MSM to access services, that enable discrimination, or that otherwise put MSM communities at risk? Are there any policies in place that protect MSM health and rights? Are there protective policies in other countries or international guidance that MSM advocates in your country could learn from and/or use as leverage? How have MSM advocates in other areas effectively advocated change? It's okay if you don't know the answers to some or all of these questions, but it's important to ask them to identify what you do and don't know.

In this chapter you will

- Learn the importance of doing some ground work before embarking on advocacy for policy change interventions
- Learn how research can inform and assist in the development of your advocacy for policy change strategy
- Identify and prioritise key areas of concern that impact MSM in your community

DO YOUR HOMEWORK

At the center of MSM health access lie a wide range of policies and issues that have an impact on the environments in which MSM live. From the funding streams that pay for HIV programmes and services, to procurement laws that govern which medications are available, to the implementation (or lack thereof) of policies that directly impact MSM. Before you get started, take the time to do your homework. Explore the big picture: what is the range of issues that affect MSM? How do they affect MSM not only individually but at the community, national, regional, and even international levels? How do MSM experience these issues differently?

Barriers to accessing health services

Issues around MSM's access to HIV, rights, and health-related services are complex and often go beyond the health system. People may be kicked out of their homes for being accused of being MSM, they may fear disclosing their same-sex practices to their healthcare providers or to a law enforcement officer, and/or they may lack

JOHN BECOMES AN ADVOCATE

Now that John has learned that advocating for policy change might be the best way to improve the conditions for MSM at the health clinics and engage other MSM in his community, he needs to do a little homework. He asks himself these questions:

- Where is the policy located that can help me get service? Is it in the Ministry of Health, online, at a community clinic, etc.?
- Where do men seek out health services?
- What policies affect or can affect how healthcare providers interact with their patients?
- What cultural, social, and/or religious factors influence how healthcare providers engage or don't engage with MSM?
- What tools can be used to make my case (e.g., human rights and health guidelines)?
- What is public opinion on the matter of health [or on the specific issue] for MSM?

proper knowledge on how and why to get tested for HIV. All of these issues come together to affect how people will act, whether or not they will access health services, and how they will be affected by policy. For instance, as a result of the criminalisation of same-sex sexualities in many countries, MSM are less likely to access health services, preventing large numbers of men from getting tested and treated for STIs and HIV.

International guidance on MSM

Many international institutions, including the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM), the United States President's Emergency Plan for AIDS Relief (PEPFAR), UNAIDS, the Global Commission for HIV and the Law, and the World Health Organisation (WHO), have identified policy areas that influence MSM health access. Many of these same issues were identified by MSM during community dialogues organised by the UTETEZI Project:

- Lack of inclusive HIV messaging targeting specific populations, including MSM

- Lack of availability or inaccessibility of condoms and lubricants
- Discrimination towards MSM by healthcare workers and nurses when seeking health services
- Not registering MSM organisations for fear of victimisation and lack of recognition
- Criminalisation of same-sex sexual behaviour

DID YOU KNOW?

MSM are at far greater risk for HIV than the general population, yet global funding streams only cover one-tenth of the resources required to meet the needs of key populations in the fight against HIV.

Source: (Beyrer, 2013)

These international agencies all agree that addressing issues related to MSM health access is of vital importance to ending the global HIV epidemic and for honoring the rights of MSM everywhere. Guidelines issued by organisations such as GFATM, PEPFAR, UNAIDS, UNDP, and WHO can be important tools for understanding the larger context in which you're working and in conducting advocacy for policy change (see Annex A).

Human rights and MSM

Political and social attitudes towards MSM remain negative in most countries. Seventy-six countries around the world still criminalise same-sex sexual activity, including five countries that prescribe the death penalty (ILGA, 2015). Beyond criminalisation, many other policies serve to intimidate and infringe upon those who practice same-sex sex acts, and violate the basic rights of MSM (ILGA, 2015).

Fundamental human rights are at stake in these settings. As encoded in the Universal Declaration of Human Rights, all individuals, including MSM, have a core set of interrelated, interdisciplinary, interdependent, and universal rights that protect them. This not only includes the right to decent, fair, and adequate healthcare, but also to housing, education, employment, freedom of speech, freedom of assembly, freedom from torture, freedom from arbitrary arrests, freedom from illegal detention, the right to equal protection by and before the law, equitable access to justice, etc. Therefore, if someone is kicked out of their home or denied employment, education, or the ability to register their organisation because they are or are suspected of being a man who has sex with men, their human rights have been violated and the country has a duty to stop such violation, provide a remedy and take the necessary measures to prevent the same violations from reoccurring in the future (International Commission of Jurists, 2007).

Before you get started, take the time to do your homework. Explore the big picture: what is the range of issues that affect MSM? How do they affect MSM not only individually but on community, national, regional, and even international levels? How do MSM experience these issues differently?

IDENTIFY AND ANALYSE THE RELEVANT ISSUES AND POLICIES

Identify the Issues

Before building a advocacy for policy change strategy, it is important to research the many issues that influence health access for MSM and recognise that these issues occur at a number of different levels (Table 1.1). You've done your homework in understanding the environment and context in which MSM live, and how that affects their access to health and rights-related services. Now, it's time to dive deeper into the issues MSM face and how those effects are felt at various levels of policy (individual, social, community, and political). As noted in Chapter 2, you cannot identify these issues without the active involvement of MSM and other affected communities. Make sure a diverse range of stakeholders are involved in identifying these issues how they affect MSM communities in varied ways.

Individual

Many issues affect MSM directly, having a very real impact on their individual lives. Men who have sex with men, particularly those who live in unwelcoming environments, can suffer from internalised stigma. Internalised stigma is

the process of taking the stigmatising attitudes of a society onto oneself. This can harm a person's self-esteem, self-acceptance, and willingness to access healthcare services; it can also affect the way others perceive MSM-related issues. In the worst case scenario, this can lead to suicide.

Social and other relevant networks

Key issues for MSM often affect other populations. In order to explore which communities and stakeholders have a vested interest in the issues you care about, it's important to have regular engagements and dialogues with unlikely allies (see Let's Get Practical: Unlikely Allies on page 30). The level of alliance also needs to be assessed: some stakeholders will be ready to support your struggle and speak out against discrimination and denial of services as long as MSM issues are placed in the medical context of HIV. Others may value the human rights aspect of MSM issues, including the right to human dignity, freedom from discrimination, and the right to liberty (assembly, opinion, expression, etc.).

Society

Societal norms can also have significant consequences for MSM and HIV and health service delivery. Widespread stigma and discrimination can force MSM to live in silence. In the case of HIV, it becomes difficult to identify those in need of services and to track or monitor infections rates because people hide their status and sexual orientation. This could potentially lead to high HIV infection rates and limit prevention and treatment services.

Political context

Regional, national, and subnational policies and practices often increase the risk of discrimination, violence, HIV, and poor health for MSM and other marginalised communities. This is especially true in areas where same-sex sexual acts are criminalised. However, contradictory laws and policies or the exclusion of MSM from laws and policies can be equally damaging. For example, by not explicitly including MSM in a country's national AIDS strategic plan, MSM services will likely be limited and difficult to access, thereby increasing the incidence of HIV in the community. Also, when MSM and other marginalised groups are excluded from policies and laws, it often creates a culture of stigma and discrimination that is legitimised by the government through its silence.

Public health context

Often, issues that affect MSM communities also have an impact on public health. The evidence on this is clear. For instance, laws that criminalise same-sex behaviours force already marginalised MSM communities further underground, preventing them from accessing health and HIV services and making it difficult for public health programmes to identify at-risk groups.

Figure 3.1. Relevant Issues and Policies
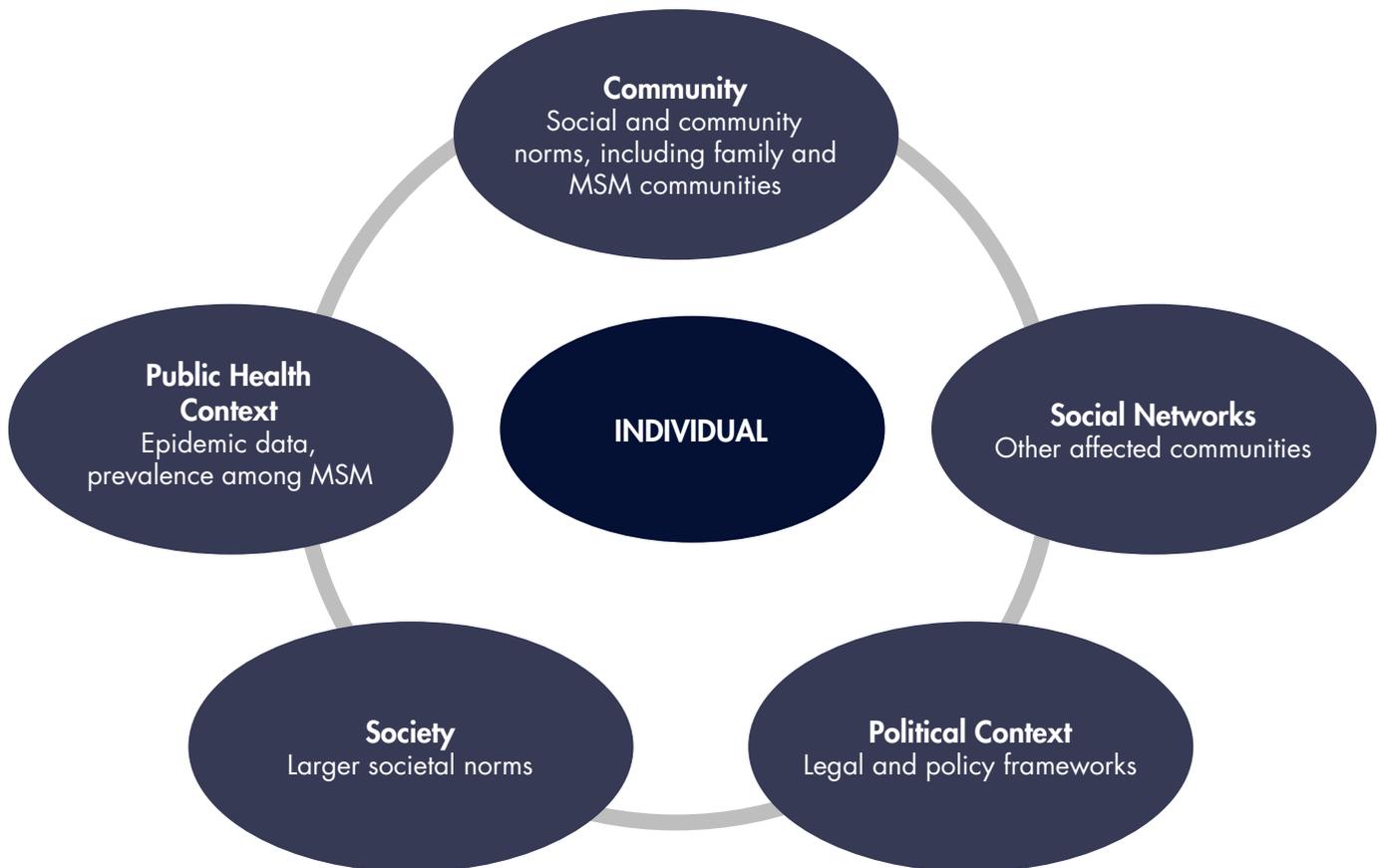
Identify the policies affecting MSM health access

Once you've identified the issue you will work on, you are ready to think through the related policies. We began doing this in Chapter 1 (see Tool 1.1) where you identified common policies that affect HIV related to MSM. Now, we will go a few steps farther. Ask yourself: What relevant policies exist? Are they supportive or do they adversely affect MSM's access to health and rights services? Are they being appropriately implemented or are there gaps in implementation? Are there policies that are missing that are vital for your particular issue? To examine what policies and practices exist, which are in line with international standards and best practices, which constitute a barrier to an effective HIV response, and which are missing, turn to government offices or CSOs doing policy work, or look online at government and watchdog policy websites. Some international bodies, such as UNAIDS, UNDP, and PEPFAR, have current country policies on their websites. Consider the many ways that these and other laws and policies influence the lives of MSM. Draw on international best practices and regional guidelines and get opinions from on-the-ground experts and local advocates and communities.

PAUSE AND REFLECT

Before you move farther into the guide, take the time to look up your national HIV policy. Read it over a few times and familiarise yourself with its contents. This will help you to understand what we are referencing when we talk about policy later in the guide. You can typically find these policies on your national Ministry of Health's website.

Analyse policies and how they relate to yourissue

The *Policy Analysis and Advocacy Decision Model for HIV-Related Services: Males Who Have Sex with Males, Transgender People, and Sex Workers* is a useful tool to analyse policies and the extent to which they include and meet the needs of MSM and other marginalised groups. The *Decision Model* breaks policies down into four main components: framework; community partnerships; legal environments; and intervention, design, and implementation. It then identifies international best practices policies which are considered to be ideal for addressing the wide range of issues faced by MSM. For a policy to have an effective and positive impact on health outcomes for MSM, it needs all four components. A brief overview of the *Decision Model* with examples of themes and issues to consider is shown in Tool 3.1. A complete analysis using the model is available in Annex B and the model itself is listed in the resources section (Annex A).

One primary policy document to consider as you begin to develop your advocacy strategy is your country's national AIDS strategic plan (NSP). NSPs are central to the coordination of the HIV response and stakeholders. Therefore, the exclusion of MSM in NSPs—both in the content and development of the plans—significantly weakens a country's HIV response. Using the tool below, how does your particular context match up against international guidelines and best practices?

PRIORITISE THE POLICIES AFFECTING MSM HEALTH ACCESS

Since it won't be possible to work on every issue you've identified, you will have to set some priorities. You will be most effective if you take the time to analyse and prioritise the issues, focusing your advocacy agenda. Also, by organising the issues, you will be better able to achieve short- and long-term goals. Working with MSM communities and partners to prioritise the issues, decide together which issue you will address first. This can be done by bringing together a wide array of key stakeholders to evaluate the issues and prioritise what is most important for the community, what aligns with international best practices, and what is most likely to be addressed successfully in your local context. Remember that even though your community may have prioritised an issue, you must evaluate the environment before raising the issue. If criminalisation is a top priority, but the environment in which you would address the issue would make it harder to address other issues in your community, then an alternative issue or approach would be necessary. In your discussions, ask the following questions:

- How can issues be prioritised given that they can affect our community differently?
- For CSOs, do the issues raised align with our organisational strategy?
- What tools exist (in our country, community, etc.) to support MSM health access?
- Are the resources (human, time, and financial) available to tackle an issue of this scale?
- What is the social, political, and cultural context in which you are taking on such an issue?
- Is it the right time or place to address the particular issue, or should it be considered at a later date?

 Use the matrix below (Tool 3.2) to help prioritise the issues you have identified. In the first column, you can list the criteria by which you will rank the various issues you and your community have identified. We have provided some examples, but you are free to add your own. Along the first row, list the issues you and others have identified as important. Then describe how they relate to the criteria that you have identified to help you prioritise those issues. Rank them on a scale of 1 to 5 (1 being the least critical/relevant and 5 being the most critical/relevant). Listed below are some sample criteria you may consider to determine which issues you will tackle first. See Annex C for a blank matrix.

Tool 3.1: Identify and Analyse Policies Using the Decision Model for HIV-Related Services

COMPONENT	DESCRIPTION	THEME (EXAMPLES)	POSSIBLE PLACES TO LOOK FOR RELATED POLICY	ISSUES TO CONSIDER (EXAMPLES)
FRAMEWORK	How HIV interventions and services are coordinated by various sectors, the integration of these interventions and services, how planning and budgeting decisions for HIV interventions are made and whether these are informed by data and evidence	Coordination and integration	■ Constitution ■ National public health law, policy, strategy, and guidelines ■ National health law, policy, strategy, and guidelines ■ National AIDS law, policy, strategy, and guidelines ■ National STI law, policy, strategy, and guidelines ■ National reproductive health and family planning law, policy, strategy, and guidelines ■ National law enforcement and prison law, policy, strategy, and guidelines ■ National gender policy ■ Sectoral strategies, ministry action plans, operational plans and reports on HIV, STIs, and reproductive health and family planning ■ National development plans and poverty reduction strategies	Integration of responsibilities for HIV services across various levels of government?
COMMUNITY PARTNERSHIPS	Community engagement and participation in policy design, programme implementation, and monitoring and evaluation, how community organisations are supported	Community engagement and participation	■ GFATM proposals ■ Donor partnership agreements ■ Decrees concerning the creation, attribution, organisation, and functioning of national councils for AIDS, STIs, and reproductive health and family planning ■ National public health law, policy, strategy, and guidelines ■ National health law, policy, strategy, and guidelines ■ National AIDS law, policy, strategy, and guidelines ■ National STI law, policy, strategy, and guidelines ■ National reproductive health and family planning law, policy, strategy, and guidelines ■ National law enforcement and prison law, policy, strategy, and guidelines ■ National public health law, policy, strategy, and guidelines ■ National health law, policy, strategy, and guidelines ■ National AIDS law, policy, strategy, and guidelines ■ National STI law, policy, strategy, and guidelines ■ National reproductive health and family planning law, policy, strategy, and guidelines ■ National law enforcement and prison law, policy, strategy, and guidelines	Are MSM represented on GFATM bodies funding HIV interventions in your country?

COMPONENT	DESCRIPTION	THEME (EXAMPLES)	POSSIBLE PLACES TO LOOK FOR RELATED POLICY	ISSUES TO CONSIDER (EXAMPLES)
LEGAL ENVIRONMENTS	The legal environment including (1) the laws that govern public health interventions and services and how public health legislation deals with authorisation, consent, privacy and confidentiality, and stigma and discrimination, and (2)the criminal law, how criminalised activities and behaviour impact health outcomes and the human rights environment, whether there are anti-discrimination provisions and other human rights guarantees in the law, access to legal service for accused persons, etc.	Domestic, sexual and gender-based violence	■ National public health law, policy, strategy, and guidelines ■ National health law, policy, strategy, and guidelines ■ National AIDS law, policy, strategy, and guidelines ■ National STI law, policy, strategy, and guidelines ■ National reproductive health and family planning law, policy, strategy, and guidelines ■ National law enforcement and prison law, policy, strategy, and guidelines	Can MSM access post-violence medical services including post-exposure prophylaxis?
INTERVENTION DESIGN AND IMPLEMENTATION	The process of intervention design and implementation and access, including procurement and supply management, eligibility criteria for various interventions, referral mechanisms, and other aspects of policy implementation that may affect health outcomes and human rights of MSM	Condoms and lubricant	■ National pharmaceutical procurement policy and guides for the public health sector ■ National List of Essential Drugs ■ National pharmaceutical strategic plans and regulations ■ Codes of ethics and regulations for public officials ■ National public health law, policy, strategy, and guidelines ■ National health law, policy, strategy, and guidelines ■ National AIDS law, policy, strategy, and guidelines ■ National STI law, policy, strategy, and guidelines ■ National reproductive health and family planning law, policy, strategy, and guidelines ■ National law enforcement and prison law, policy, strategy, and guidelines	How accessible are condoms and lubricants?

Source: Beardsley, 2013

Tool 3.2: Prioritising the issues

CRITERIA	ISSUE 1 e.g., lack of condom-compatible lubricants	ISSUE 2 e.g., acts of discrimination unrecognised and unreported	ISSUE 3 e.g., lack of knowledge of MSM health among healthcare workers	ISSUE RANKING
Level of concern for the MSM population (how critical is the issue)	3	5	2	Issue 2
The issue warrants a policy intervention to improve MSM access to health	5	3	4	Issue 1
Potential interconnectedness with other populations (SWs, TG people, etc.)	4	5	3	Issue 2
How does the intervention contribute to the long-term change	5	4	3	Issue 1
Add more criteria here…				
TOTAL	17	17	12	

Source: Adapted from VSO, 2009

What is your issue?

Now that you have prioritised your issue, how will you define it? Your advocacy issue should be specific and concrete. It should reflect the policy change you want to achieve.

Strong Example Issue: A budget line should be established for lubricants alongside condoms

Weak Example Issue: Contraceptives

Define your policy issue in the box below.

ISSUE:

IDENTIFY KEY ACTORS AND INSTITUTIONS

Once you've identified and prioritised your issue you will need to identify who you can work with to advocate the policy change you wish to see. Remember that there is power in numbers and to look beyond just MSM groups and other known allies. Also, consider the impact that your advocacy might have on others and other advocacy efforts.

Work in partnership

Use the power of groups and coalitions to leverage more influence over decisionmakers. This is a much stronger strategy than going it alone. A coalition built from strong relationships with a broad range of actors can exert a greater amount of influence and pressure on decisionmakers than an organisation working independently. Partnerships demonstrate to decisionmakers that a single issue affects many diverse groups of people and that those groups can work together for a common cause. They also help to generalise and legitimise the issue. Further, coordinating activities and sharing skills and experiences with other organisations that address common issues reduces the duplication of efforts and resources needed. It also helps build momentum and demonstrates to decisionmakers and other key stakeholders the urgency and importance of an issue. In Tanzania, Community Health Education Services and Advocacy (CHESA) used the UTETEZI approach to create ownership and increase the visibility and voice of an MSM organisation by providing important linkages with mainstream civil society, international donors, and government policy actors. CHESA ensured that the MSM organisation was the lead implementer of the policy intervention, thereby strengthening its influence. This approach created an opportunity for the government to consult key population actors as technical experts on issues pertaining to key populations in Tanzania. Similarly, the Centre for the Development of People (CEDEP) in Malawi built a sustainable alliance with a mainstream organisation called the Centre for Human Rights and Rehabilitation (CHRR) and received funding from the National AIDS Council to implement specific MSM interventions. These are just a few examples of how working with a diverse range of stakeholders can strengthen an advocacy for policy change effort.

Find common ground with unlikely allies

In many cases, issues that affect one group will influence others. The most strategic allies can be those who are most different from you. In Mombasa, Kenya, for example, the organisation PEMA Kenya developed a programme for religious leaders to come together to support HIV interventions. By reducing the amount of stigma and discrimination against members of the LGBT community through educating religious leaders on the impact of S&D on the HIV epidemic, their efforts reduced the number of religious demonstrations against HIV services. In other instances, limited access to condoms and lubricants negatively affects both MSM and women (Figure 3.2). In Mozambique, a focus group said that many young MSM were unaware of the risks of unprotected anal sex and did not know the importance of water-based lubricants in HIV prevention (WHO, 2014). Condoms and lubricants can be used by both women and MSM for STI and HIV prevention, and to prevent condom breakage. Further, some women engage in anal sex, for which lubricants are needed, in addition to birth control methods used in vaginal sex. Given this, women's health and rights groups may be interested in working with MSM groups to advocate that condoms and lubricants be added to a country's essential drugs list. Groups focused on the welfare of other key populations, such as female sex workers, could also be allies. This was the case in Zambia, where MSM groups aligned with a SW group to gain access to national level lawmakers to be able to organise for their rights. Many MSM groups find that working closely with female sex workers can serve as a bridge to forming their own organisations.

Consider the impact of your actions

It is also important to consider the potential impact of your advocacy for policy change on others in your community, country, and region. Politically, the anti-homosexuality laws in Uganda had a negative impact regionally for MSM groups as the widespread energy around the legislation influenced political leaders in other countries like Kenya to consider following suit. In other cases, as when South Africa wrote protections for gays and lesbians into its constitution, it created a legal precedent that has affected other countries in Africa and the rest of the world. There have also been cases of backlash against the LGBT/MSM community because of the type of advocacy undertaken did not consider the national or local context.

COUNTRIES	ISSUES/PROBLEMS	POLICY INTERVENTIONS
CAMEROON	Lack of information for and training of health service providers on MSM's specific needs	The adoption of training modules and information toolkit for health service providers on MSM-specific needs and problems
	Discrimination against MSM by healthcare providers: refusal of service provision due to the sexual orientation of the client	Directives on non-discrimination adopted by the regional authority instructing healthcare providers to comply with medical ethics and setting clear procedures and measures against reported cases of discrimination, especially against MSM
GHANA	No access to justice and ignorance of human rights of MSM	The establishment of a Key Populations Desk at the Ministry of Gender, Children and Social Protection for documenting human rights violations against KPs and, in collaboration with the Ghana Commission for Human Rights and Administrative Justice, investigating such violations
	Unavailability of lubricants	Inclusion of lubricants in the Essential Medicines List as an HIV prevention commodity
MALAWI	Lack of inclusive HIV prevention messages targeting MSM	Adoption of Operational Protocols by NAC & Ministry of Health on the development and dissemination of inclusive and targeted messages for MSM and other key populations
	Unavailability and inaccessibility of condoms and lubricants	Advocacy for the inclusion of lubricants in the Essential Drugs List (EDL)
MOZAMBIQUE	Unavailability and inaccessibility of lubricants as essential prevention commodities	Inclusion of lubricants on the essential medicines list as an HIV prevention commodity
	Lack of registration and official recognition of MSM organisations	Registration of key population organisations, specifically LAMBDA
TANZANIA	Unavailability of protective gear and health kits (lubricants and condoms, etc.)	Advocacy for the inclusion of compatible condoms and lubricants in National HIV/AIDS Policy and distribution of condoms and lubricants in collaboration with MSM organisations
	Stigma and discrimination	The inclusion of MSM-friendly and specific provisions in the Stigma and Discrimination Reduction Strategy for Key Populations in Tanzania
TOGO	Absence of MSM in the decision-making bodies in charge of key population interventions	Advocacy for the inclusion of a representative of MSM community in the CCM
	Lack of knowledge among and information for health service providers on MSM needs	Inclusion of MSM-friendly training modules in the training protocols for health service providers
ZAMBIA	Limited or zero data on the epidemiology of MSM in Zambia to inform policy for improved service	Ministerial endorsement of the country findings on Zambia from the PANOS SADC Sexual Minorities Study presented in Botswana
	Use of media to promote hate speech and discrimination	Issuance of a policy directive on hate speech in the Zambian media by the permanent secretary/Ministry of Information

Figure 3.2. Linking Uncommon Causes Through Common Issues

WOMEN'S GROUPS → Accessing condoms and lubricants ← MSM

💡 **LET'S GET PRACTICAL: UNLIKELY ALLIES**

In an UTETEZI community dialogue in Zambia, participants noted the inconsistent availability of lubricants. Recent World Health Organisation guidance on the essential package for MSM cites the significance of lubricants being provided alongside the use of condoms. While this may be seen as a typical MSM issue, it also impacts sex workers and women. It was revealed during the community dialogue that a PANOS sexual minorities study found that rural women have traditionally used anal sex as a type of contraception. This led to a discussion by the UTETEZI participants on the utility of framing the issue more broadly than just an MSM issue but as one that affects 'anorectal intercourse, including in heterosexual relationships'. Framing one's advocacy for policy change strategy may benefit other groups, so think of framing it in a way that brings 'unlikely allies' on board or minimises the potential to dismiss the issue as affecting only one group.

ANALYSE THE POLICY ENVIRONMENT

Analysing the policy environment is also critical for an advocacy for policy change intervention to be successful. Who are the decisionmakers? How is policy formed and who is involved? What is the political and social climate like? What are the different factors that influence MSM health and access to services? Who is already working on the issues you care about? Who is working on similar issues? Where are the points of entry for your advocacy for policy change work? Use newspapers/periodicals and conversations with policymakers, technical experts, and those directly affected, to analyse the policy environment. Ask the following questions:

Who is in control?

It is useful to understand the distribution of power among decisionmakers. Know who controls decisions around the policies and issues you care about, whether or not they are publicly recognised as policymakers, and who is affected by their decisions. Consider the location of the policy (i.e., what agency or authority is responsible for its drafting, adoption, and/or implementation).

Is the issue taboo?

Determine the extent to which an issue or policy is publicly discussed, and in what form. MSM issues are still sensitive, particularly in the context of criminalisation of same-sex sexual intercourse. The strategies for advocating on a publicly discussed issue will differ from the strategies for working on an issue that is more sensitive and not freely discussed in public. The level of political openness towards public dialogue in a country or province will also determine the choice of advocacy strategies.

What is the current social and political climate?

The policy environment can also be affected by the social and political climate in a country or province. It is important to be mindful of factors such as upcoming elections and the level of support for the government in different sectors of society. Are those running for office using MSM issues as a wedge to gain votes or deter the public away from another policy issue? such as in The Gambia, where MSM are often jailed and accused of immorality to distract the public away from corrupt practices of government officials (Senzee, 2014).

How are policies developed and where are the entry points for advocacy for policy change?

Knowing how policies are developed and the processes that are in place can help you identify points of entry for affecting change and exerting influence. Points of entry may include a constitutional review process, expiration of strategic plans, changes in government, Global Fund application processes, etc. How policies are developed will differ from context to context.

IDENTIFY OPTIONS FOR POLICY CHANGE

The next step is to determine your options for policy change. Use Tool 3.3 to identify your advocacy points. An advocacy point is the entry area in which you will address a particular policy advocacy issue. This will help you determine what action you need to take and how to focus your advocacy for policy change strategy. In other words, the advocacy points you identify here will serve as the main focus of your advocacy interventions. The advocacy point could be that there is a harmful or inadequate policy in place, no policy, or that an existing policy is not being implemented or is implemented properly.

Tool 3.3: Determine Your Advocacy Point

QUESTION	ANSWER	ADVOCACY POINT DERIVES FROM	ADVOCACY FOR POLICY CHANGE POINT
Does policy hinder the procurement and supply of lubricants as an HIV prevention commodity for MSM?	Yes	E.g., non-inclusion of lubricants in the national essential medicine/commodities list	Changing policy
Does policy promote the procurement and supply of lubricants as an HIV prevention commodity for MSM?	No	E.g., absence of a procurement and supply management mechanism for HIV prevention commodities	Policy formulation
Are policies that provide for the procurement and supply of lubricants as an HIV prevention commodity being properly implemented?	No	E.g., lubricant procurement is not informed by reliable demand and needs data, resulting in limited supply and persistent stockouts	Proper implementation of policy

DIG DEEPER

Before moving on, ask yourself the following key questions:

- What are the issues and policies that affect the lives of MSM and their access to healthcare?
- What policies and laws are missing or not being implemented that could help bring about positive change?
- Who are the policymakers and stakeholders who make decisions on this issue?
- To what extent is this issue being discussed publicly, or is it too sensitive to discuss in the public domain?
- What is the social and political climate in the country or province currently and how is this likely to affect policy advocacy on this issue?
- Are there any potential policy development paths that provide an entry point for policy advocacy?

CHAPTER 4

OUTLINE AN ADVOCACY STRATEGY

Once you've identified your priority issue, how it relates to policies that affect MSM, and what specific policy change you will advocate, you are ready to outline your advocacy for policy change strategy. In other words, to decide *how* you will advocate change.

In this chapter you will
- Define your advocacy goal
- Define your objectives
- Decide what type of intervention to undertake to address your issue
- Identify key stakeholders and target audiences
- Draft key messages

DEFINE THE ADVOCACY FOR POLICY CHANGE GOAL

Now that you have identified your advocacy for policy change intervention (i.e., how you will tackle your issue), you need to set clear and specific goals. When goals are not well articulated, the aim of the intervention can be interpreted differently, leading to confusion among stakeholders and poor implementation of your strategy. In setting goals, it is important to bear in mind the different types of goals you may be setting. These goals should be set along a realistic policy timeline between three and five years away.

Immediate policy action goals

Immediate policy action goals are the specific policy actions you expect policymakers to take to improve the lives of MSM communities (e.g., amend the EDL to add lubricants).

Intermediate policy action goals

Intermediate policy action goals refer to the changes (in systems or behaviours) that occur because of the advocacy intervention (e.g., for prevention commodities, lubricants are added; for treatment facilities, equipment for diagnosing and treating anal STIs is purchased; for care and support programmes, MSM-friendly centers are created).

Long-term policy impact goals

The long-term policy action goal refers to the overall change that is expected as a result of the intervention. Policy change itself is never the final goal of an intervention. Ultimately, policy change should translate into positive improvements in access to health services, health outcomes, and human rights for MSM (e.g., MSM HIV prevalence does not significantly exceed prevalence among the general population).

JOHN GETS ORGANISED

John brought together a diverse group of people to talk about the issues they face and how to address them. He and some of the other participants decided to form a working group to figure out how to use advocacy for policy change to improve their circumstances. They have identified their issue and figured out what policies relate to it. Now John and the others need to come up with a strategy and organise their work. They ask

- What action can we take? What is our strategy for changing the current situation (i.e., what should our advocacy for policy change intervention be)?
- What are our goals and objectives?
- Who should be involved?
- Who are the decisionmakers?
- Who should we target?

What is your advocacy goal?

Your advocacy goal builds on your advocacy issue (in Chapter 1 on page XXX) by adding who (e.g., person, institution, office) will make the policy change, how the policy change will be made (e.g., through a specific bill, guidance, regulation), and when it will be achieved. Set an attainable goal with a realistic time frame.

Strong Example Advocacy Goal: The Ministry of Health will create a budget line for the procurement of lubricants in the Essential Drugs List by December 2016.

Weak Example Advocacy Goal: The government will create a budget line for the procurement of lubricants.

Your Overarching Advocacy for Policy Change Goal:		
Immediate Policy Action Goal:	**Intermediate Policy Action Goal:**	**Long-Term Policy Action Goal:**

Source: Adapted from (Pathfinder International, 2011)

DEFINING ADVOCACY FOR POLICY CHANGE OBJECTIVES

Objectives are the smaller steps you must complete to reach your overall goal. They should be clear and focused, and should include: the change you want to see, who (e.g., person, institution, office) will make the change, and when it will be achieved. They should be limited in number (no more than three). Objectives for an advocacy intervention should be SMART: specific, measurable, achievable, realistic, and time-bound. They should clearly state what would change, who will make that change, by how much, and by when. SMART goals also make the evaluation of advocacy efforts easier, which we will learn about in Chapter 6.

DID YOU KNOW?

When setting objectives, it's important to make sure they're SMART:

Specific: Well defined and clear

Measurable: Know if the goal is attainable, by when, and be able to measure success

Achievable: Not too ambitious for the group of relevant stakeholders and available resources

Realistic: Achievable given the time frame, resources, and knowledge

Time-bound: Adequate time to realise the goals but with deadlines to measure success

Source: Haughey, n.d.

What are your objectives?

Your goal should be broken down into a few short-term objectives that will directly contribute to achieving your goal. This builds on the goal you just set. Note: If your objective is likely to take longer to achieve than your goal, it is not a good objective.

Strong Example Objective: Five high-level champions in the Ministry of Health's Reproductive Health Division will make public statements in support of adding lubricants to the EDL by June 2012.

Weak Example Objective: Build ministry support for adding lubricants.

Objective 1:
Objective 2:
Objective 3:

Source: Adapted from (Pathfinder International, 2011)

Identify the stakeholders you will target

Once you have decided on your intervention, goal and objectives, you are ready to identify your stakeholders:

- Who are the decisionmakers for the issue and policy you have chosen?

- Which technical groups and key stakeholders need to be engaged to help move the policy intervention forward?

- Which stakeholders pose a barrier or opposition to the issue and policy you have chosen?

- What are the primary interests of these decisionmakers, technical groups, and key stakeholders in moving this policy intervention forward?

- How are you currently engaging with these decisionmakers, groups, and stakeholders, and what are the opportunities for engaging with them?

The key objective is to enable stake-holders to agree on an intervention that will improve access to HIV and health-related services for MSM, thereby improving health outcomes and the human rights environment.

Once stakeholders have been identified, categorise them and determine their level of commitment. This will help with the planning process, particularly as it relates to time frames, budgets, and resources. Tool 4.1 provides a template to help you get started in identifying, categorising, and determining the commitment and added value of various stakeholders. When identifying stakeholders it is also worthwhile to discuss potential opponents to your advocacy agenda. That way you will be able to anticipate and prepare for controversy if and when it arises.

Stakeholders' participation can vary from full, to partial, consultation, or none. When considering stakeholders, it is also helpful to ask:

- What are the benefits of having the stakeholder participate?

- Are there any potential drawbacks in the list of stakeholders selected?

- At which stage in the process should the stakeholder be involved?

For this exercise to be successful and ensure that no relevant stakeholder is left behind, advocates need to broaden their search and identify all actors in the field who may play a direct or indirect role, positive or negative. Using the stakeholder matrix on the next page, consider stakeholders' roles in the policy process, their level of knowledge on the issue, their level of commitment, the resources available to them, and potential constraints in working with them.

Tool 4.1: Stakeholder Matrix

	STAKEHOLDER NAMES AND POSITIONS (John Doe, Cabinet Secretary Ministry of Health)	STAKEHOLDER DESCRIPTION (Primary purpose, affiliation, funding)	POTENTIAL ROLE IN THE POLICY PROCESS (Vested interest, role, responsibility)	LEVEL OF KNOWLEDGE OF THE ISSUE (Specific area of expertise)	LEVEL OF COMMITMENT (Do they support or oppose the intervention, to what extent, and why?)	AVAILABLE RESOURCES (Staff, volunteers, money, information, technology, influence)	CONSTRAINTS (Limitations: need funds to participate, lack of personnel, political or other barrier, etc.)
POLITICAL/PUBLIC SECTOR [Government officials, Minister, Minister's Advisors, Political Party, MPs, Government Technical Committee, relevant National Agencies]							
PRIVATE SECTOR [Private companies and corporations, major business persons, financiers of political parties or elected officials]							
CSO/NGO SECTOR [Other CSO actors interested in the issue, community representatives]							
DONORS, DEVELOPMENTAL PARTNERS AND AGENCIES [Global Fund, PEPFAR, UNAIDS, UNDP]							

Seek the support of advocacy champions

Advocating changes on contentious policy issues in MSM health and rights can be challenging. Seeking the support of advocacy champions—individuals who are highly visible, credible, and trusted by the public and political leaders—will lend credibility to your cause and help you get an audience with key decisionmakers.

SELECT THE TARGET AUDIENCE

Now that you've identified your stakeholders, it is important to determine your target audience. The target audience of an advocacy for policy change intervention is the person or group of persons who can help bring about the desired policy change you are advocating. There are two types of target audiences, primary and secondary:

- **Primary audiences** are those with the direct authority to make policy changes (e.g., the mayor of a city, the Minister of Health, the Director- General of the National AIDS Control Programme, members of Parliament, etc.). Informing and influencing your primary audience will be the centerpiece of your advocacy strategy.

- **Secondary audiences** are those that can influence the decisions of your primary audience (e.g., business leaders, interest groups, donors, local organisations, religious or cultural leaders, other government officials not directly linked to primary audiences, etc.). They are important because they can provide avenues to reach the primary audience that may not be directly available to you.

The more you know about your audience, the more successful your advocacy intervention is likely to be. It will also help you identify and craft your key messages, increasing the likelihood that those messages will be understood and effective. Now that you are familiar with primary and secondary audiences, revisit your stakeholder matrix (Tool 4.1) and determine which stakeholders you will target first (primary) and which you will target second (secondary). Also, use the two-people away (2PA) approach (Tool 4.2) with your stakeholders to identify ways you can reach your target audiences. This is a tactic used by the UTETZI Project to reach target audiences through the community. The 2PA approach is based on the idea that people are more connected than they know and that our relationships intersect more closely than is apparent.

TOOL 4.2: 2PA – TWO PEOPLE AWAY

2PA states that 'you are two people away from any audience you wish to reach,' i.e., if you need to reach your Minister of Health, you already know someone who knows someone who is close to the minister. So identify those two people. Ask stakeholders to think about your primary and secondary target audiences. Do they know anyone who knows them (e.g., a former schoolmate, a relative who attends the same church, or his brother)? Explore what connections you and your stakeholders have to your target audiences and how you might be able to reach them through these connections.

PLAN THE ADVOCACY FOR POLICY CHANGE INTERVENTION

Agreeing on an advocacy for policy change intervention among diverse stakeholders with competing interests can be challenging. While we emphasise the need to choose one advocacy intervention for the purposes of this guide, in practice you may identify different advocacy interventions that you prioritise and implement consecutively.

Involve all relevant stakeholders (e.g., MSM and other affected communities, national and provincial agencies and institutions, development partners, those charged with implementing a new policy, etc.) in choosing your advocacy intervention. The key objective is to enable stakeholders to agree on an intervention that will improve access to HIV and health-related services for MSM, thereby improving health outcomes and the human rights environment. Engage stakeholders in the process by examining the advocacy points you already identified and asking the following questions (see Tool 4.3):

- What is the relative contribution of the policy to solving the problem?

- What is the potential that the intended policy change will have a substantial impact on a large number of the affected population?

- What is the likelihood of success within the time frame?
- What are the potential risks?
- Do we have the capacity to implement the advocacy intervention?

Tool 4.3: Agree on an Advocacy for Policy Change Intervention

CRITERIA	ADVOCACY POINT 1 E.g., exclusion of lubricants from essential commodities list	ADVOCACY POINT 2 E.g., exclusion of MSM from Country Coordinating Mechanism	ADVOCACY POINT 3 E.g., absence of MSM health content in HIV training curriculum of healthcare providers in public health centres
RELATIVE CONTRIBUTION TO THE PROBLEM (WHICH PROBLEM?)	Data from research conclusively demonstrate the link between non-use of appropriate lubricant in anal sex and condom tears leading to infection		
POTENTIAL IMPACT ON A LARGE NUMBER OF THE AFFECTED POPULATION	Data from research demonstrate that the lack of access to appropriate lubrication and use with condoms contributes to 63% of new infections among MSM in Tikaland		
LIKELIHOOD OF SUCCESS WITHIN THE TIME FRAME	The recent study which provided data on the link between lubricants and rate of new infections was well received by the Ministry of Health and the NAC		
POTENTIAL RISK	Medium risk: Potential opposition by the Minister of State for Health who is averse to 'HIV commodities that promote homosexuality' and instigation of media frenzy on the issue		
CAPACITY FOR IMPLEMENTATION	Two participants from the group are members of National HIV/AIDS Task Force in the Office of the Prime Minister One participant is on the National Essential Medicines Committee		

DIG DEEPER

Before moving on, ask yourself the following key questions:

- What is the relative contribution of the policy to the problem?
- Is the policy change likely to impact a large number of those affected (in this instance, MSM)?
- What is the likelihood of success within the given time frame?
- Who are your primary and secondary stakeholders/audiences?
- Who are champions and allies?

CHAPTER 5

FINALISE THE ADVOCACY STRATEGY

Now that you've outlined the basics of your advocacy strategy (your intervention, goals, stakeholders, and target audiences), you are almost ready to put your plan in action. First there are a few more tasks you'll need to complete to finalise your advocacy strategy.

In this chapter you will
- Craft your key messages
- Identify specific activities to implement your advocacy intervention
- Set a realistic timeline
- Determine how much the intervention will cost and locate available resources

IDENTIFY KEY MESSAGES

A message tells your target audience what he or she is being asked to do, why it is worth doing, and how it will have a positive impact. An advocacy for policy change message should communicate:

- What you want to achieve
- Why you want to achieve it (and why others should want to achieve it)
- How you propose to achieve it
- What specific action you want the audience to take

A good place to start in identifying and developing key messages is to develop one overarching message and then adapt it to suit the different target audiences (Tools 4.2 and 4.3). It is important to remember that even with a favourable policy environment, an advocacy intervention may fail if the messages are not clear, simple, and appealing.

JOHN FINALISES THE PLAN

Before John and his teammates can put their plan into action, there are a few more points to consider. Working alongside their stakeholders they ask

- What do we want people to know and how will we communicate it?
- What are the individual pieces (i.e., activities) of our intervention?
- How long will it take?
- How much will it cost?

DID YOU KNOW?

Language and context matter. Consider how the meaning of the words and terms you use in your messages may differ between contexts and make adjustments as needed. For instance, in some sub-Saharan African countries 'utetezi' means advocacy. In others, it means promotion, which can have a negative connotation. In Tanzania, because of the use of the word 'utetezi,' the advocacy working group's media campaign was perceived to be promoting homosexuality instead of advocating for MSM rights and health. As a result, the government withdrew the lead organisation's registration. Since then, the group has successfully re-registered under a new name.

Messages should be short and simple. Don't overly complicate them. Simplify complex concepts or data so your audiences can understand your issue and message. Also, think about your context. Certain words and phrases may be sensitive or effective in some regions or countries, but not in others (see Did You Know? box above).

In short, your key messages should be:

- Clear and compelling. Avoid vague language and the use of jargon. Instead, use clear, simple language and keep messages short and concise.

- Delivered effectively. The aim of a key message is for your audience to agree with it and take action. How you deliver your message will depend on your audience. Explore the most effective way to deliver your message (e.g., a letter to the Minister of Health, an informal meeting with a business leader, a stakeholder meeting with civil society, etc.), including who should deliver it. Evidence-based details are important to include to support your argument. Real life examples can also help to drive home your points, showing the reality of how people are affected by your issue.

- Reinforced routinely. Delivering a message once is not enough. Repeating and reinforcing the messages provides an opportunity to clarify any concerns that your audience may have.

- Updated regularly. As you gather more information, remember to update and refine your messages to keep them relevant. Also, think through previous messages you've used and reflect on their impact. Did they work? If not, what were the challenges and how can you improve on them?

- Practiced. Finally, before delivering your messages to your target audiences, take the time to practice.

Using Tool 5.1 as an example, draft the overall message you plan to use for your advocacy for policy change strategy. Then adapt the message you create for each of your target audiences.

Tool 5.1: Outlining Key Messages for Target Audience

OVERALL MESSAGE	Let us ensure that lubricants are available as an HIV prevention commodity. Research shows that proper use of condoms and lubricants reduces the risk of HIV. Join our campaign to have lubricants included in the National Essential Medicines List.
TARGET AUDIENCE	**KEY MESSAGE**
PRIMARY AUDIENCE e.g., Minister of Health e.g., Director-General of the Tahitland National AIDS Commission, Mac Darling Fiscian	**Inclusion of lubricants in the Essential Medicines List will reduce the rate of new HIV infections.** New HIV infections among MSM are increasing at a rate of 6% annually in Tahitland. One aspect that the HIV prevention campaign in Tahitland has neglected is the provision and promotion of lubricant use with condoms. Lubricants are generally unavailable because they are not included on the National Essential Medicine List. However, lubricants have been demonstrated to reduce condom breakage during intercourse and are therefore an important HIV prevention tool. We are asking you to approve the inclusion of lubricants in the National Essential Medicines List as an HIV prevention commodity. This step will ensure that lubricants are more accessible and will contribute to a reduction in the rate of new HIV infections by 3%; a goal that the president has set for the Ministry of Health and the National HIV Control Programme.
SECONDARY AUDIENCE e.g., Ms. Conddie, CEO of Health Commodities International e.g., Health Commodities International is the sole supplier of HIV health commodities to the Government of Tahitland. Ms. Conddie is one of Tahitland's business leaders and a sister-in-law of the president of the Republic of Tahitland.	**Inclusion of lubricants in the Essential Medicines List will increase the profitability of your business and will also reduce the rate of new HIV infections in Tahitland.** Available data show that to effectively meet the government's obligation to provide lubricants for MSM in Tahitland, there should be a 5ml sachet of lubricant available for every 4 condoms supplied under the HIV prevention programme. As the national leader in HIV prevention commodities, supporting this campaign will raise your company's corporate social responsibility profile while increasing your profits. We are asking you to support the campaign for inclusion of lubricants in the National Essential Medicines List. This action will ensure that lubricants are more accessible and will contribute to a reduction in the rate of new HIV infections by 3%; a goal that the president committed to during his/her election campaign.

DEFINE ADVOCACY ACTIVITIES

Once you have developed your key messages and adapted them for your different audiences, the next step is to choose advocacy activities that will convey your messages. For instance, for key messages targeting the Minister of Health (see Tool 5.1), relevant activities may include submitting data on the link between the non-use of lubricant and HIV infection and/or presenting the relevant WHO and UNAIDS guidelines on lubricants as an essential commodity to the minister's advisors. Even in a situation where the same key message has been developed for two or more primary audiences, it may make sense to use different advocacy activities to deliver the message. Use Tool 5.2 to practice an "elevator pitch" or summary you can use if you speak to a primary audience member.

TOOL 5.2: DEVELOP YOUR ELEVATOR PITCH

An elevator pitch refers to the idea that you should be able to summarise your issue and key messages in the time it takes to ride an elevator, or about one minute. You will use your elevator pitch with a variety of audiences to quickly and simply define your issue, why it's important, the proposed solution, the policy change you are seeking, and what they can do to help. Make sure that your pitch is coherent, precise, and short; remember, you want to be able to communicate your main points clearly and effectively in less than a minute. An elevator pitch should be framed to speak to the listener's interests, not the interests of the speaker. It is the clarity of the presentation and its immediate connection with the listener's interests that keep the listener interested beyond the elevator.

What do you want to achieve (i.e., what's your issue)?
_____
_____
_____

How you propose to achieve it (i.e., what is the policy change you're seeking)?
_____
_____
_____

What specific action you want the audience to take (i.e., what they can do to help)?
_____
_____
_____

Be flexible

Defining your advocacy activities at the outset will help to focus your advocacy strategy and make it easier to identify and secure the resources you will need. However, you will need to remain flexible. Your planned activities may change as your advocacy gets underway. Prepare for these changes by having contingency plans in place. For instance, if you plan to target a certain decisionmaker regarding the right to register your organisation and find out that they are leaving office, be prepared to identify and target their replacement or target a different level of decision making. Wherever possible, outline alternatives for planned activities in your advocacy strategy so you can quickly reference them if and when necessary.

Tool 5.3 offers a menu of some common advocacy for policy change activities. This list is not exhaustive and we encourage you to be creative when planning your activities.

DID YOU KNOW?

A consultation report on HIV and AIDS among MSM issued by WHO, UNDP, and UNAIDS identified five categories of HIV prevention activities that should be considered as core components of comprehensive HIV prevention programmes for MSM.

These activities are represented and expanded upon in the UNAIDS Action Framework for MSM. PEPFAR supports these components, and has incorporated them into its core blueprint.

The core elements of a comprehensive package of HIV prevention services for MSM and their partners are

- Community-based outreach
- Distribution of condoms and condom-compatible lubricants
- HIV counselling and testing
- Active linkage to healthcare and antiretroviral treatment (ART)
- Targeted information, education, and communication (IEC)
- Sexually transmitted infection (STI) prevention, screening and treatment

Source: UNAIDS, 2009

Set a timeline

It is important to set a timeline before you begin implementing your advocacy strategy or any of the activities you've defined. Not all interventions will follow the same timeline. While it's important to set your timeline at the outset, like the activities themselves, it will likely shift as political events and other factors alter the policy environment. For instance, the situation of a target audience may change, an opponent may become an ally or the priorities of a key decisionmaker may shift. Conversely, unforeseen circumstances and changes in the policy environment may provide a window of opportunity that ensures the achievement of the policy goals within a shorter time than planned.

Therefore, it is important to build some flexibility into your timeline and be prepared to adapt to changing circumstances. To do this, advocacy activities must be continually monitored and carefully adjusted to changes in the policy environment.

Also, when setting your timeline, go back to your SMART policy objectives (see pp.37–38) to ensure that they can be met in the time frame you propose.

Gantt charts (see Tool 5.4) are an easy way to outline your activities and plan for the time they will take. Gantt charts can also point out potential bottlenecks and help with work flow. For instance, if you have eight activities or tasks planned for the month of April but only one in May and one in March, consider moving some of the April activities earlier or later to ensure you will have sufficient time and resources to complete each.

Cost the intervention

Because of the unpredictable nature of policy environments, estimating the cost of an advocacy intervention can be difficult. Mid-course corrections to your activities and timeline may be necessary and can result in higher costs. The initial costing of your advocacy for policy change intervention should be based on your advocacy strategy and the activities you plan to undertake (e.g., lobbying, media campaigns, etc.). To get the most accurate estimate possible, include all of your activities, even low-cost activities such as holding meetings, writing media commentaries, and arranging site visits. Consider the resources that will be required when plotting out your activities. This can include staff time, including salaries and benefits; training; office space; computers; telephone; airtime; postage; materials and supplies for planned events; etc. As you plan, include all possible activities, everything from briefing staff on the issue to a formal press conference. Consider where these resources will come from: donors; individual donations, including in-kind donations; your organisation's budget; etc.

Note: Advocacy for policy change interventions can be conducted with little to no financing if you have people willing to do the legwork and key allies. Resources can often be donated, depending on how well you manage messaging on your strategy. Many of the activities can be done with little or no funding, particularly those related to gender and sexual diversity issues in African countries where you may want to work more 'behind the scenes'.

TOOL 5.3. MENU OF ADVOCACY ACTIVITIES

- Use media to attract public interest and support; write op-eds, letters to the editor, and use radio
- Write letters, circulate petitions; start a letter writing campaign targeted to policy- or decisionmakers
- Organise meetings (formal and informal) with decisionmakers
- Use social media to get your message out
- Create information and education materials that use evidence to drive home your advocacy point
- Partner with organisations that have more clout and recognition
- Use personal testimonials in meetings with decisionmakers, in advocacy materials, and at events
- Hold community forums and other awareness-raising events

Tool 5.4. Advocacy for Policy Change Timeline

ACTIVITY	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Research link between non-use of lubricants and HIV infection	■	■										
Present research findings and international guidelines to ministry			■									
Follow-up calls and meetings with ministry and other decisionmakers			■									
Circulate letter/petition for inclusion of lubricants to stakeholders	■	■	■	■								

Tool 5.5: Identifying Resource Needs for Your Advocacy for Policy Change Strategy

ACTIVITIES	RESOURCES NEEDED	WHY IS THIS RESOURCE IMPORTANT?	WHERE/WHAT IS THE SOURCE?	POTENTIAL COST
Letter writing campaign to key decisionmakers	▪ Staff time ▪ Communication tools ▪ Materials ▪ Space rental	Need staff to run the letter writing campaign Need postage to send letters Need paper and pens to write with Need space to write the letters in	Donors and individual donations	$
			TOTAL:	

DIG DEEPER

Before moving on, ask yourself the following key questions:

- Have you written clear and compelling messages using short and simple language?
- Have you adapted your messages to each of your target audiences?
- What specific activities will you use to put your advocacy for policy change strategy and intervention into action?
- How long will it take and do you need to make adjustments to your timeline in order to realistically implement your intervention and achieve your goals?
- How much will it cost?
- What resources are available and how can you stretch your resources by partnering together with other groups and stakeholders?

CHAPTER 6

IMPLEMENT YOUR ADVOCACY INTERVENTION

Now that you have outlined and finalised your advocacy strategy, it is time to take action. Along the road of implementing your strategy you may encounter a number of barriers which you should be prepared to face. Being ready to adapt your strategy will be key to its success.

In this chapter you will

- Implement your advocacy for policy change intervention
- Consider effective communication strategies to use during your campaign
- Reflect on what opposition to your campaign might look like
- Prepare to change course on an intervention as other opportunities arise
- Document your process

Identify key messages

You have already identified all of the pieces of your advocacy for policy change intervention—the individual activities, stakeholders, target audiences, costs, timeline, and the key messages you will use. Now it's time to put it into action. Follow your plan. Work deliberately through your advocacy strategy, using your timeline to conduct the advocacy for policy change activities you've identified. Remember, some of these will occur one after another and some will happen simultaneously. As discussed in previous chapters, regular communication, contingency planning, and the ability to adapt and change course as the policy environment shifts will be the keys to your success.

Communicate effectively

When implementing an advocacy for policy change intervention, it is important to consider all of the individuals involved in the process and to ensure that they are informed of any decisions or changes that take place. Knowing when to push ahead and when to hold back is one of the keys to the success of an advocacy for policy change intervention. Having everyone on the same page helps to make sure your stakeholders know what phase you are in (pushing or holding), ensures that messages are consistent, and everyone is working towards the same goals. The time and effort needed for fostering effective and efficient teamwork through clear and consistent communication are often underestimated—but the consequences of neglecting this component are serious.

Using data in the right way

Data are critical for communicating information. Evidence-based approaches to policy change are often effective ways to influence key decisionmakers and target audiences. However, the way data are presented is important. Ensure that all of the information and research you have gathered to highlight the purpose of your policy intervention are presented in a manner that accurately reflects your evidence. Ensure that the data speak to the target audience by framing them around areas that your target audience will appreciate.

Additionally, be aware of using sensitive data and how they may affect the communities you are representing. For example, if you are using geospatial mapping to highlight the impact of HIV in MSM hotspots, that information could potentially be used to expose those communities to being targeted. Anticipate how the data you present will be used by others and adapt accordingly.

JOHN TAKES ACTION

John and his fellow advocates have come up with a strategy and now it's time to take action! They've set themselves up for success. They've done their homework and taken the time to craft a well thought out advocacy strategy. As they prepare to put their plan in action, they ask

- Are we confident in the activities and timeline we've outlined in our advocacy strategy?
- Do we have a plan in place for regularly communicating with partners and stakeholders?
- Are we prepared for opposition?
- What will we do if the policy environment shifts, our target audience leaves office, or other opportunities arise that we didn't anticipate at the outset?
- Do we have a plan in place for how we will document what we've done, what worked, and what didn't?

Anticipate pushback

It is always important to consider the perspectives of those who don't agree with you, especially when dealing with such sensitivities as MSM health issues. They may have their own advocacy agenda that is in opposition to your own. To counter pushback from opposition groups, pay attention to what they are doing and what messages they are putting out. When they do something that goes against your advocacy strategy, respond tactfully with sound, evidence-based arguments. Anticipate what your opposition might look like and prepare these counterarguments before you respond.

Prepare to change course

Don't be afraid to change course or put an intervention on hold. An intervention may lose momentum if the issues are being dragged out over a long period of time or lose traction in response to the media sensationalising the issues or presenting information in an unfair or biased way. Managing this effectively will ensure that your advocacy intervention, and more importantly the issue, is pushed forward, not backward. If things go badly and you feel the intervention is at risk of failing, stay calm. Consider if moving forward is going to be the most effective way of advancing your issue and your advocacy for policy change intervention. Is it best to push forward or would it be more strategic to put things on hold? Don't be afraid to step back and wait for the right time.

Sometimes during the course of an intervention, things shift. Elections happen, decisionmakers change, policies and laws are enacted, and other events occur that push new issues to the forefront. In response to these shifts, you may have to alter your strategy and intervention to adapt to these changes and/or focus on a new, more timely issue. See this as an opportunity to refocus your MSM heath advocacy agenda, rather than a setback to your planned intervention.

In Tanzania, the Advocacy Working Group that came out of the UTETEZI Project had developed two goals which they worked to develop and implement: 1) To advocate for the inclusion of compatible condoms and lubricants in National HIV/AIDS Policy and distribution of condoms and lubricants in collaboration with MSM organisations; and 2) The inclusion of MSM-friendly and specific provisions in the Stigma and Discrimination Reduction Strategy for Key Populations in Tanzania.

Sometimes during the course of an intervention, things shift…. See this as an opportunity to refocus your MSM heath advocacy agenda, rather than a setback to your planned intervention.

However, after going through the entire advocacy for policy change process outlined in this guide, an opportunity arose to move ahead with another policy intervention that would impact their other community concerns. A release of funds for reproductive health was being discussed that included a conversation on condoms and lubricants. During the advocacy for policy change process, all actors have to be on the lookout for "advocacy opportunities." There are "…unique opportunities that present themselves within the policy environment which facilitate the policy development or implementation process. Such opportunities may include a constitutional review process, expiration of timelines of strategic plans, change in government, new ruling party manifesto, etc." (AMSHeR, 2014). In Tanzania's case, the development of the condom strategy provided a unique opportunity to advocate for the inclusion of condom-compatible lubricants despite the fact that they had already prepared for another intervention.

Document the process

As you implement your advocacy for policy change intervention, remember to document what you are doing and how you are doing it. Documentation is a crucial but often overlooked part of the advocacy for policy change process. By documenting your process you will be able to tell the story of what you did, how you did it, what impact your work had, how it affected the lives of real people, and how you could have done it better. Efficient documentation can help inform future advocacy interventions, capturing best practices and common pitfalls, and will make monitoring and evaluation easier. You will learn much more about this in the following chapter on measurement and evaluation, but it's critical to note that this takes place both during and after your advocacy for policy change strategy. Task one person to document everything:

- Telephone calls, email, and letters
- Developments and activities in the policy environment that affected your intervention and how you adapted
- Changes in the policy environment including new elected officials or reshuffling of cabinet appointments

- Records of inception meetings and advocacy workshops
- Conversations with policymakers
- Work planning sessions of key agencies
- Campaign promises by politicians

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Before moving on, ask yourself the following key questions:

- How will we communicate with partners and stakeholders?
- Have we anticipated and thought through responses to opposition we might face?
- If new opportunities arise or the policy environment shifts, how will we respond?
- Do we have a system in place for documenting our process as we go along (not just after the fact)?
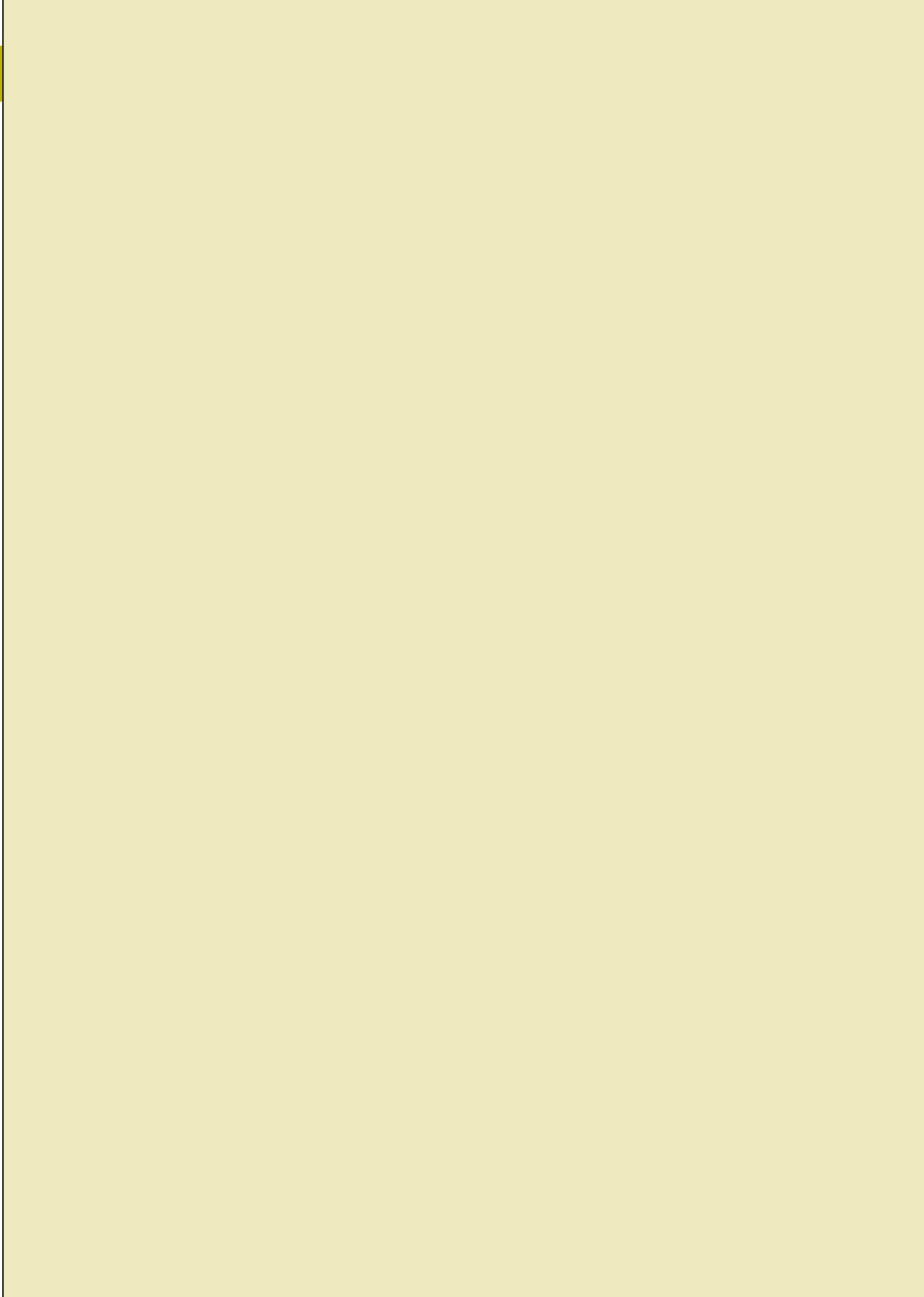
CHAPTER 7

MONITOR AND EVALUATE YOUR ADVOCACY INTERVENTION

As you implement your advocacy for policy change intervention it is important to not only evaluate your final impact, but to continually monitor and evaluate your progress and strategy, so you can adapt to the changing environment. While monitoring and evaluation (M&E) are often grouped together, they are different activities. Monitoring is an ongoing process of checking whether you are doing things the right way, evaluating is the exercise of checking whether you did or are doing the right things.

In this chapter you will

- Create a plan for monitoring and evaluating your intervention

- Establish a reporting and documentation process for your intervention

PLAN FOR MONITORING AND EVALUATION

Monitoring and evaluating your advocacy intervention is important for a number of reasons. These activites will help you

- Measure the extent to which your advocacy activities are aligned to your goals

- Learn whether or not you need to adjust your advocacy strategy and/or activities

- Inform the planning of future advocacy interventions by learning from this one

- Account for the resources you used

- Demonstrate your results

- Develop evidence-based approaches to advocacy work that can be used for future projects

When conducting an advocacy for policy change strategy, it can be important to look back on what was accomplished so that in future interventions, you can look back to see what was once successful and what was not successful. This can help you to make necessary course corrections during your intervention as well. For example, you may realise the way in which you have framed your key messages for your target audience is not effective. This could indicate that changing your messaging could help you to be more effective in accomplishing your policy objectives. Table 7.1 summarises the key differences between monitoring and evaluation. Consider these differences when deciding how you will monitor and evaluate your intervention.

JOHN BECOMES A STRONGER ADVOCATE

John knows the importance of learning from the past. He wants to become a stronger and more effective advocate—to improve his chances of creating positive change with this advocacy for policy change intervention and the next one. John's advocacy working group wants to make sure that they can improve their strategy as they go, and learn what to do and what not to do in their next advocacy intervention. They ask

- We know the importance of contingency planning but how do we know whether or not, and when, we need to adjust our advocacy strategy and/or activities?

- How can we inform the planning of future advocacy interventions?

- How will we know if and when we've succeeded and how can we demonstrate our results?

COMMUNICATE WITH STAKEHOLDERS

Monitoring and evaluation both rely on effective communication with stakeholders. This could be through regular meetings, reports, or other established channels of communication. Whatever the method, it's important for those working on the advocacy activities to meet regularly to determine if milestones (midway goals/outcomes) are being met. If they are not it may be useful to consider whether the advocacy for policy change strategy and/or activities need to be adjusted. You may want to ask: Have we identified the right stakeholders and/or target audiences? Are we using the most appropriate messages, activities, and messengers? Is there another way to approach the issue?

It is also important for stakeholders to have the most up-to-date information as you work through your advocacy strategy. One piece of an advocacy strategy often impacts many others. For instance, if a meeting was scheduled with the Minister of Health, but was later cancelled, this information should be communicated back to partners and stakeholders so they can make adjustments to other activities in the overall strategy (e.g., thank you letter to the minister, follow-up calls to his staff, etc.). In this way, the monitoring process can also serve as a check on whether the strategy is still on the right track (i.e., *are we doing things the right way* in order to achieve our set objectives?).

Table 7.1: The Differences between Monitoring and Evaluation

ACTIVITIES	MONITORING	EVALUATION
Timing	Continual throughout the project	Periodic review at significant points: midpoint of project, change of phase, end of project
Score	Day to day activities, outputs, indicators of progress and change	Assess overall delivery of outputs and progress towards objectives and goal
Main Participants	MSM civil society organisations, MSM communities, partners, stakeholders	External evaluators/facilitators, advocacy working group on MSM, donors
Process	Regular meetings, interviews, monthly and quarterly reviews, etc.	Extraordinary meetings, additional data collection exercises, etc.
Written Outputs	Regular reports and updates to MSM communities and organisations, partners, management, and donors	Written report with recommendations for changes to policy for access to health for MSM, presented in workshops to different stakeholders (policymakers, Minister of Health, etc.)

Source: Adapted from Water Aid, 2007

DEVELOP YOUR M&E SYSTEM

Evaluations are systematic and based on data (quantitative and/or qualitative). Think through the goals of each activity and how you will be able to measure whether you achieved the goal (indicators).

Ideally this type of evaluation will happen before you move on to the next component of your strategy so that you are able to improve as you go. For instance, if the activity is a one-on-one meeting with a key policymaker to persuade the policymaker of the need for MSM access to the policymaking process, or at least to engage with the issues, then the evaluation asks the following:

…continuously monitor and evaluate your progress and strategy, so you can adapt to the changing environment.

- Did the policymaker agree that there is a need for a policy and will s/he be supportive of this process?
- If not, as a second best option, did the policymaker agree to participate in an event with MSM organisations or population to be exposed to the issues?

If the activity did not achieve its intended objective, ask

- What was planned that did not happen?
- Was the messenger/message well articulated?
- Was the planning for the activity adequate?
- Did stakeholders understand the target audience correctly?

Advocacy for policy change related to HIV and MSM is often very dynamic due to the sensitive nature of the issues, the constantly changing attitudes and values of decisionmakers and stakeholders, and developments in the global policy arena that affect country-specific policy decisions. For these reasons, it's important to consider the following when designing your M&E plan:

- Evaluate your outcomes midway through your intervention in addition to your final (impact) goals
- Focus on contribution rather than attribution; it's not about who does what, it's about what they do
- Use your evaluation to strengthen your intervention during the advocacy for policy change process, not just as an end-of-project evaluation

- Find creative ways to measure success; measuring the success of advocacy can be difficult, but you can use numbers (quantitative data) as well as stories (qualitative data) to show your impact and measure success

EVALUATE FOR THE FUTURE

The only way to become a more effective policy advocate is to carefully monitor and evaluate your interventions with the aim of using what you learn to inform and improve future advocacy efforts. Document best practices and lessons learned as you go and review them before planning your next advocacy for policy change intervention.

DID YOU KNOW?

Advocacy for policy change is a difficult process. It's important to recognise that progress is being made even if it seems to be very slow. Continual monitoring and documentation, including documenting the short-term (or midway) achievements of each activity, in addition to the final outcomes, are crucial for informing future advocacy efforts and for making sure that stakeholders and affected communities remain engaged and informed.

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Before moving on, ask yourself the following key questions:

- What worked well?
- What did not work well and how can it be improved?
- How and where have the partners been helpful or a hindrance?
- What were the barriers to success (both internal and external)?

FINAL THOUGHTS

Advocacy for policy change aimed at improving access to rights and health-related services for MSM is challenging, but it is one of the most important ways to make a difference in your community. From laws criminalising your organisation of other advocates, to hostile decisionmakers, to resource and time constraints, you are likely to encounter many barriers. However, engaging a diverse range of stakeholders, including MSM communities, from the outset as partners in the advocacy for policy change process gives you the best chance at successfully building an advocacy for policy change effort from the ground up; one rooted in the real life experiences and varied needs of the MSM community. As you begin, remember to work through the stages of the advocacy for policy change process in an intentional order:

Analyse the issues and policies by doing your homework to explore the larger context; identifying and prioritising the issues and related policies; identifying key actors and institutions that will be important to engage; analysing the overarching policy environment; and identifying regular and unique opportunities and entry points for advocating and enacting change

Outline an advocacy strategy including planning your intervention; setting your goals and objectives (both short- and long-term); identifying the relevant stakeholders; and deciding whom you will need to target with your efforts

Finalise the advocacy strategy by ensuring all of the components are in place; identifying key messages and adapting them for each of your target audiences; finding champions and bringing them on board; deciding what activities you will use to implement your advocacy for policy change intervention; setting a timeline; making sure you are allowing adequate time for your intervention and individual activities; and deciding how much your intervention will cost and what resources are available

Implement your advocacy intervention by putting your strategy in action, continually communicating with partners and stakeholders, anticipating and preparing for pushback from opposition groups and the need to change course, and documenting your process as you go

Finally, monitor and evaluate your advocacy for policy change intervention and how you implemented it. This will help you improve your intervention and know when to change course as you go along, and will strengthen future advocacy efforts.

JOHN BECOMES A STRONGER ADVOCATE

In the end, John learned several valuable lessons which he will use in the future. Reflecting on his entire journey we remember that John

- Faced a denial of services and decided to do something about it

- Engaged in dialogue with his peers (community dialogue) to assess the extent to which the issues affect the MSM community and what else is related to it

- Partnered with a local entity with enough convening power to bring other stakeholders together to discuss and deliberate policy barriers inhibiting MSM access to services

- Identified and prioritised issues with community members and reanalysed and prioritised them from a policy point of view

- Drew up an advocacy plan and joined the Advocacy Working Group to carry out selected activities that will bring about change

- Decided to learn from the process, document all successes, challenges, and lessons

- Created a network he relies on in his daily activism

ANNEX A
RESOURCES

The following list of resources will be helpful to advocates engaging in advocacy for policy change to improve access to HIV and health-related services for MSM and other marginalised communities.

The Advocacy Sourcebook
www.wateraid.org/~/media/.../advocacy-sourcebook.ashx

Speaking Out: A Toolkit for MSM-led HIV & AIDS Advocacy
http://www.msmgf.org/files/msmgf/Advocacy/speakingout_global_web.pdf

The GLAM Toolkit: Advocacy to Improve Access to Safe, Condom-Compatible Lubricant in Africa, Version 2.0
http://www.rectalmicrobicides.org/docs/GLAM_Tookit%20E%20060313.pdf

Networking and Coalition Building for Health Advocacy
http://www.healthpolicyproject.com/pubs/195_NetworksBrief.pdf

Advocacy Tools and Guidelines: Promoting Policy Change
http://www.care.org/getinvolved/advocacy/tools.asp

The Public Health Impact of Anti-LGBT Laws in Africa
http://www.avac.org/sites/default/files/resource-files/Briefing_Document_Anti_LGBT.pdf

Policy Analysis and Advocacy Decision Model for HIV-Related Services: Males Who Have Sex with Males, Transgender People, and Sex Workers
http://www.healthpolicyproject.com/index.cfm?ID=HIVPolicyModels

UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People
http://data.unaids.org/pub/report/2009/jc1720_action_framework_msm_en.pdf

HIV and the Law: Risk, Rights & Health (Global Commission on HIV and the Law)
http://www.hivlawcommission.org/index.php/report

HIV and Human Rights in Southern and East Africa, 2014 Report
http://www.arasa.info/files/6714/0498/7909/ARASA_report2014_web_full.pdf

Respect, Protect, Fulfill: Best Practice Guidance in Conducting HIV Research with Gay, Bisexual and Other Men Who Have Sex with Men in Rights-constrained Environments
http://www.amfar.org/uploadedFiles/_amfar.org/In_The_Community/Publications/MSMguidance2011.pdf

Participatory Advocacy: A Toolkit for VSO Staff, Volunteers and Partners
http://www.intrac.org/data/files/resources/674/Participatory-Advocacy-A-toolkit-for-VSO-staff-volunteers-and-partners.pdf

ANNEX B
POLICY RESOURCES

COMPONENT	DESCRIPTION	THEME	ISSUES TO CONSIDER	WHERE SHOULD YOU LOOK?
Framework	This component is concerned with how HIV interventions and services are coordinated by various sectors and the integration of these interventions and services. It also is concerned with how planning and budgeting for HIV interventions are made and whether these are informed by data and evidence.	Coordination and Integration; and Data-informed planning and budget.	■ Are the levels of integration of responsibilities for HIV services across various levels of government? ■ Integration of HIV services into national development documents such as the National Development Plan ■ The level of coordination among related health programmes e.g. HIV prevention, care and treatment services and STIs diagnosis and treatment services E.g. Is the budget allocation to each programming adequate?	■ Constitution; ■ National public health law, policy, strategy, and guidelines; ■ National health law, policy, strategy, and guidelines; ■ National AIDS law, policy, strategy, and guidelines; ■ National STI law, policy, strategy, and guidelines; ■ National reproductive health and family planning law, policy, strategy, and guidelines; ■ National law enforcement and prison law, policy, strategy, and guidelines; ■ National gender policy; ■ Sectoral strategies, ministry action plans, operational plans and reports on HIV, STIs, and reproductive health and family planning; ■ National development plans and poverty reduction strategies ■ Estimations of Resource Flows and Expenditures ■ UNGASS Country Progress Reports ■ Health Statistics Yearbooks ■ Behavioral Surveillance Surveys ■ National laws on statistical activities

COMPONENT	DESCRIPTION	THEME	ISSUES TO CONSIDER	WHERE SHOULD YOU LOOK?
Community partnerships	This component is concerned with the community engagement and participation in policy design, programme implementation and monitoring and evaluation. It is also concerned with how community organisations are supported.	Community engagement and participation	■ Is MSM programming informed by scientific evidence e.g. epidemiologic profile, disaggregated data reporting, accurate size estimation, UNGASS indicator reporting and community services assessment? ■ Is there a clearly defined budget for MSM programming and is this allocation informed by data?	■ Global Fund proposals ■ Donor partnership agreements ■ Decrees concerning the creation, attribution, organization, and functioning of national councils for AIDS, STIs, and reproductive health and family planning ■ National public health law, policy, strategy, and guidelines ■ National health law, policy, strategy, and guidelines ■ National AIDS law, policy, strategy, and guidelines ■ •National STI law, policy, strategy, and guidelines ■ National reproductive health and family planning law, policy, strategy, and guidelines ■ National law enforcement and prison law, policy, strategy, and guidelines

COMPONENT	DESCRIPTION	THEME	ISSUES TO CONSIDER	WHERE SHOULD YOU LOOK?
	This component looks at the legal environment in two ways. Firstly it examines the laws that govern public health intervention and services and particularly how public health legislations deals with authorisation, consent, privacy and confidentiality, stigma and discrimination etc. Secondly it examines the criminal law, how criminalised activities and behaviour impact on health outcomes and the human rights environment, whether there are anti-discrimination provisions and other human rights guarantees in the law, access to legal service for accused persons, etc.	Authorization	■ Membership of MSM and MSM organizations on CCMs and multi-sectorial HIV coordination bodies; ■ Role of CSOs and NGOs in service delivery; ■ State support of the establishment and funding of CSOs and NGOs	■ National public health law, policy, strategy, and guidelines ■ National health law, policy, strategy, and guidelines ■ National AIDS law, policy, strategy, and guidelines ■ National STI law, policy, strategy, and guidelines ■ National reproductive health and family planning law, policy, strategy, and guidelines ■ National law enforcement and prison law, policy, strategy, and guidelines
Legal Environments		Consent for treatment and testing.	■ What agencies are authorised to provide HIV services? ■ What services require specific authorisation and from whom? ■ What are the roles and responsibilities of public health and law enforcement?	■ Charters for health services users/patient rights and responsibilities ■ Regulations for healthcare professionals ■ National public health law, policy, strategy, and guidelines ■ National health law, policy, strategy, and guidelines ■ National AIDS law, policy, strategy, and guidelines ■ National STI law, policy, strategy, and guidelines ■ National reproductive health and family planning law, policy, strategy, and guidelines ■ National law enforcement and prison law, policy, strategy, and guidelines

COMPONENT	DESCRIPTION	THEME	ISSUES TO CONSIDER	WHERE SHOULD YOU LOOK?
Legal Environments	This component looks at the legal environment in two ways. Firstly it examines the laws that govern public health intervention and services and particularly how public health legislations deals with authorisation, consent, privacy and confidentiality, stigma and discrimination etc. Secondly it examines the criminal law, how criminalised activities and behaviour impact on health outcomes and the human rights environment, whether there are anti-discrimination provisions and other human rights guarantees in the law, access to legal service for accused persons, etc.	Privacy and confidentiality	■ What are the policy provisions on consent for medical testing and treatment? ■ Are there provisions requiring spousal consent? Age restrictions? Who grants consent for minors and for what services? ■ Do policies spell out the requirement for informed consent on the nature of testing and treatment, risk and benefits, and the right to refuse intervention at any stage without punishment? ■ Are there provisions requiring mandatory testing and treatment?	■ Regulations on statistical activities ■ Guidelines for national health information systems ■ Codes of ethics and regulations for healthcare professionals ■ Laws concerning the protection of personal data ■ Charters for health services users/patient rights and responsibilities ■ National public health law, policy, strategy, and guidelines ■ National health law, policy, strategy, and guidelines ■ National AIDS law, policy, strategy, and guidelines ■ National STI law, policy, strategy, and guidelines ■ National reproductive health and family planning law, policy, strategy, and guidelines ■ National law enforcement and prison law, policy, strategy, and guidelines
		Stigma and Discrimination	■ Are there policies that regulate data collection by medical and non-medical registries e.g. for research or law enforcement databases?	■ Constitution ■ Norms and guidelines for working with people living with HIV (PLHIV), MSM, TG, or SWs ■ Codes of ethics and regulations for healthcare professionals ■ Charters for health services users/patient rights and responsibilities ■ National public health law, policy, strategy, and guidelines ■ National health law, policy, strategy, and guidelines ■ National AIDS law, policy, strategy, and guidelines ■ National STI law, policy, strategy, and guidelines ■ National reproductive health and family planning law, policy, strategy, and guidelines ■ National law enforcement and prison law, policy, strategy, and guidelines

COMPONENT	DESCRIPTION	THEME	ISSUES TO CONSIDER	WHERE SHOULD YOU LOOK?
Legal Environments	This component looks at the legal environment in two ways. Firstly it examines the laws that govern public health intervention and services and particularly how public health legislations deals with authorisation, consent, privacy and confidentiality, stigma and discrimination etc. Secondly it examines the criminal law, how criminalised activities and behaviour impact on health outcomes and the human rights environment, whether there are anti-discrimination provisions and other human rights guarantees in the law, access to legal service for accused persons, etc.	Criminalization	▪ Are there explicit anti-discrimination policies and what are the protected categories? ▪ Are there clear channel for challenging discrimination n accessing services – medical and legal?	▪ Constitution ▪ National penal code ▪ National family law ▪ National public health law, policy, strategy, and guidelines ▪ National health law, policy, strategy, and guidelines ▪ National AIDS law, policy, strategy, and guidelines ▪ National STI law, policy, strategy, and guidelines ▪ National reproductive health and family planning law, policy, strategy, and guidelines ▪ National law enforcement and prison law, policy, strategy, and guidelines

COMPONENT	DESCRIPTION	THEME	ISSUES TO CONSIDER	WHERE SHOULD YOU LOOK?
Legal Environments	This component looks at the legal environment in two ways. Firstly it examines the laws that govern public health intervention and services and particularly how public health legislations deals with authorisation, consent, privacy and confidentiality, stigma and discrimination etc. Secondly it examines the criminal law, how criminalised activities and behaviour impact on health outcomes and the human rights environment, whether there are anti-discrimination provisions and other human rights guarantees in the law, access to legal service for accused persons, etc.	Monitoring and enforcement of human rights	▪ Are there policies prohibiting torture etc and punishing perpetrators? ▪ Is there recognition of torture in healthcare settings and are there clear legal processes for redressing this? ▪ Is reparative and correction therapy for homosexuality legally prohibited and punished? ▪ Are there rehabilitation services for torture survivors?	▪ Constitution ▪ Laws and regulations applicable to public servants ▪ Codes of ethics and regulations for healthcare professionals ▪ Treaties/conventions ratified ▪ National penal code ▪ National public health law, policy, strategy, and guidelines ▪ National health law, policy, strategy, and guidelines ▪ National AIDS law, policy, strategy, and guidelines ▪ National STI law, policy, strategy, and guidelines ▪ National reproductive health and family planning law, policy, strategy, and guidelines ▪ National law enforcement and prison law, policy, strategy, and guidelines
Intervention, design and implementation [PSM]	This component examines the process of intervention design and implementation as well as access. It examines such areas as procurement and supply management, eligibility criteria for various interventions, referral mechanisms and other aspects of the intervention implementation that may impact on the health outcomes and human rights situation of MSM.	Procurement and supply management	▪ What agencies have oversight for PSM, and are MSM involved? ▪ Does the essential drug list include commodities such as condoms [male and female], lubricants? ▪ Are MSM involved in selection of commodities? ▪ Are there efficient processes for quantification of supplies and dealing with stock-outs?	▪ National pharmaceutical procurement policy and guides for the public health sector ▪ National List of Essential Drugs ▪ National pharmaceutical strategic plans and regulations ▪ Codes of ethics and regulations for public officials ▪ National public health law, policy, strategy, and guidelines ▪ National health law, policy, strategy, and guidelines ▪ National AIDS law, policy, strategy, and guidelines ▪ National STI law, policy, strategy, and guidelines ▪ National reproductive health and family planning law, policy, strategy, and guidelines ▪ National law enforcement and prison law, policy, strategy, and guidelines

COMPONENT	DESCRIPTION	THEME	ISSUES TO CONSIDER	WHERE SHOULD YOU LOOK?
	This component examines the process of intervention design and implementation as well as access. It examines such areas as procurement and supply management, eligibility criteria for various interventions, referral mechanisms and other aspects of the intervention implementation that may impact on the health outcomes and human rights situation of MSM.	Overall SRHR, STI and HIV services design	■ How integrated are SRHR, STI and HIV services? ■ How efficient are inter-service referral systems? ■ Continuity of care? ■ Do training content for relevant officers and service providers [law enforcement, healthcare workers, social workers etc.] include HIV, human rights, inter-services referral?	■ National Penal Code ■ Behavioral surveillance surveys ■ National quality assurance guidelines for health ■ Norms and guidelines for working with PLHIV, MSM, TG, or SWs ■ National pharmaceutical procurement policy and guides for the public health sector ■ National public health law, policy, strategy, and guidelines ■ National health law, policy, strategy, and guidelines ■ National AIDS law, policy, strategy, and guidelines ■ National STI law, policy, strategy, and guidelines ■ National reproductive health and family planning law, policy, strategy, and guidelines ■ National law enforcement and prison law, policy, strategy, and guidelines
Intervention, design and implementation		HIV Counseling and testing [HCT]	■ Does ART protocol provide access to MSM? ■ Does the eligibility criteria for ART services inadvertently exclude MSM?	■ Reports on resource estimates and expenditures ■ National quality assurance guidelines for health ■ Codes of ethics and regulations for healthcare professionals ■ HCT guidelines ■ Norms and guidelines for the medical care of PLHIV ■ Norms and guidelines for working with PLHIV, MSM, TG, or SWs ■ National public health law, policy, strategy, and guidelines ■ National health law, policy, strategy, and guidelines ■ National AIDS law, policy, strategy, and guidelines ■ National STI law, policy, strategy, and guidelines ■ National reproductive health and family planning law, policy, strategy, and guidelines

COMPONENT	DESCRIPTION	THEME	ISSUES TO CONSIDER	WHERE SHOULD YOU LOOK?
	This component examines the process of intervention design and implementation as well as access. It examines such areas as procurement and supply management, eligibility criteria for various interventions, referral mechanisms and other aspects of the intervention implementation that may impact on the health outcomes and human rights situation of MSM.	Condoms and lubricant	■ How accessible are condoms and lubricants? ■ Are these commodities planned for, budgeted and funded by the State?	■ Reports on resource estimates and expenditures ■ National quality assurance guidelines for health ■ National pharmaceutical procurement policy and guides for the public health sector ■ Codes of ethics and regulations for healthcare professionals ■ Norms and guidelines for working with PLHIV, MSM, TG, or SWs ■ National public health law, policy, strategy, and guidelines ■ National health law, policy, strategy, and guidelines ■ National AIDS law, policy, strategy, and guidelines ■ National STI law, policy, strategy, and guidelines ■ National reproductive health and family planning law, policy, strategy, and guidelines
Intervention, design and implementation		Sexually transmitted infections [STI]	■ Does the eligibility criteria for STI services inadvertently exclude MSM? ■ Are there free STI services? ■ Availability of/ and access to hepatitis A, B, and C vaccination	■ Reports on resource estimates and expenditures ■ National quality assurance guidelines for health ■ National pharmaceutical procurement policy and guides for the public health sector ■ Codes of ethics and regulations for healthcare professionals ■ Norms and guidelines for working with PLHIV, MSM, TG, or SWs ■ National public health law, policy, strategy, and guidelines ■ National health law, policy, strategy, and guidelines ■ National AIDS law, policy, strategy, and guidelines ■ National STI law, policy, strategy, and guidelines ■ National reproductive health and family planning law, policy, strategy, and guidelines

COMPONENT	DESCRIPTION	THEME	ISSUES TO CONSIDER	WHERE SHOULD YOU LOOK?
Intervention, design and implementation	This component examines the process of intervention design and implementation as well as access. It examines such areas as procurement and supply management, eligibility criteria for various interventions, referral mechanisms and other aspects of the intervention implementation that may impact on the health outcomes and human rights situation of MSM.	Information, education and communication [IEC]	▪ Does HIV IEC materials contain appropriate messaging for MSM? ▪ Does policy place restrictions on content of IEC materials? ▪ MSM involvement in developing national and provincial IEC content.	▪ Reports on resource estimates and expenditures ▪ National quality assurance guidelines for health ▪ Norms and guidelines for working with PLHIV, MSM, TG, or SWs ▪ National public health law, policy, strategy, and guidelines ▪ National health law, policy, strategy, and guidelines ▪ National AIDS law, policy, strategy, and guidelines ▪ National STI law, policy, strategy, and guidelines ▪ National reproductive health and family planning law, policy, strategy, and guideline
		Outreach Programs	▪ Do policies provide for outreach programs to MSM? Is there state funding of MSM outreach programs? ▪ How does the legal environment [especially criminalization] impact on outreach programs?	▪ Reports on resource estimates and expenditures ▪ National quality assurance guidelines for health ▪ Norms and guidelines for working with PLHIV, MSM, TG, or SWs ▪ National public health law, policy, strategy, and guidelines ▪ National health law, policy, strategy, and guidelines ▪ National AIDS law, policy, strategy, and guidelines ▪ National STI law, policy, strategy, and guidelines ▪ National reproductive health and family planning law, policy, strategy, and guidelines

Source: Adapted from MSM, SW, TG Decision Model- Beardsley, 2013

ANNEX C
SELECTED TOOL TEMPLATES

Tool 1.2: Identifying Policies and Their Effect on MSM

APPLICABILITY	POLICY							
	National strategic plan for HIV	National STI law	National law enforcement and prison policy	Constitution	National law on human rights	National reproductive health and family planning policy	National gender policy	Other
Yes (Policy in place specifically mentioning MSM)								
No (No policy in place mentioning MSM)								
Vague (Protections for individuals broadly mentioned, but does not specifically address MSM health)								
Effect on MSM (Negative, positive, or neutral)								

Tool 3.2: Prioritising the Issues

CRITERIA	ISSUE 1	ISSUE 2	ISSUE 3	RANKING
Level of concern with the issue to MSM population (how critical is the issue that it must be addressed)				
The issue warrants policy intervention for MSM population access to health				
Potential interconnectedness with other populations (SW, TG, etc.)				
How does the intervention on this contribute to the long-term change				
Add more criteria here…				
TOTAL				

Source: Adapted from VSO, 2009

Tool 3.3: Determine Your Advocacy Point

QUESTION	ANSWER	ADVOCACY POINT DERIVES FROM	ADVOCACY FOR POLICY CHANGE POINT
Does policy hinder the procurement and supply of lubricants as an HIV prevention commodity for MSM?			
Does policy promote the procurement and supply of lubricants as an HIV prevention commodity for MSM?			
Are policies that provide for the procurement and supply of lubricants as an HIV prevention commodity being properly implemented?			

Tool 4.1: Stakeholder Matrix

	STAKEHOLDER NAMES AND POSITIONS (John Doe, Cabinet Secretary Ministry of Health)	STAKEHOLDER DESCRIPTION (Primary purpose, affiliation, funding)	POTENTIAL ROLE IN THE POLICY PROCESS (Vested interest, role, responsibility)	LEVEL OF KNOWLEDGE OF THE ISSUE (Specific area of expertise)	LEVEL OF COMMITMENT (Do they support or oppose the intervention, to what extent, and why?)	AVAILABLE RESOURCES (Staff, volunteers, money, information, technology, influence)	CONSTRAINTS (Limitations: need funds to participate, lack of personnel, political or other barrier, etc.)
POLITICAL/PUBLIC SECTOR [Government officials, minister, minister's advisors, Political Party, MPs, government technical committee, relevant national agencies]							
PRIVATE SECTOR [Private companies and corporations, major business persons, financiers of political parties, or elected officials]							
CSO/NGO SECTOR [Other CSO actors interested in the issue, community representatives]							
DONORS, DEVELOPMENTAL PARTNERS, AND AGENCIES [Global Fund, PEPFAR, UNAIDS, UNDP]							

Tool 4.3: Agree on a Advocacy for Policy Change Intervention

CRITERIA	ADVOCACY POINT 1	ADVOCACY POINT 2	ADVOCACY POINT 3
RELATIVE CONTRIBUTION TO THE PROBLEM (WHICH PROBLEM?)			
POTENTIAL IMPACT ON A LARGE NUMBER OF THE AFFECTED POPULATION			
LIKELIHOOD OF SUCCESS WITHIN THE TIME FRAME			
POTENTIAL RISK			
CAPACITY FOR IMPLEMENTATION			

Tool 5.1: Outlining Key Messages for Target Audience

OVERALL MESSAGE	
TARGET AUDIENCE	**KEY MESSAGE**
PRIMARY AUDIENCE	
SECONDARY AUDIENCE	

TOOL 5.2: DEVELOP YOUR ELEVATOR PITCH

An elevator pitch refers to the idea that you should be able to summarise your issue and key messages in the time it takes to ride an elevator, or about one minute. You will use your elevator pitch with a variety of audiences to quickly and simply define your issue, why it's important, the proposed solution, the policy change you are seeking, and what they can do to help. Make sure that your pitch is coherent, precise, and short; remember, you want to be able to communicate your main points clearly and effectively in less than a minute. An elevator pitch should be framed to speak to the listener's interests, not the interests of the speaker. It is the clarity of the presentation and its immediate connection with the listener's interests that keep the listener interested beyond the elevator.

What do you want to achieve (i.e., what's your issue)?

_____
_____
_____
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_____
_____

How you propose to achieve it (i.e., what is the policy change you're seeking)?

_____
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What specific action you want the audience to take (i.e., what they can do to help)?

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_____

Tool 5.4. Advocacy for Policy Change Timeline

ACTIVITY	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Research link between non-use of lubricants and HIV infection												
Present research findings and international guidelines to ministry												
Follow-up calls and meetings with ministry and other decisionmakers												
Circulate letter/petition for inclusion of lubricants to stakeholders												

Tool 5.5: Identifying Resource Needs for your Advocacy for Policy Change Strategy

ACTIVITIES	RESOURCES NEEDED	WHY IS THIS RESOURCE IMPORTANT?	WHERE/WHAT IS THE SOURCE?	POTENTIAL COST
Letter writing campaign to key decisionmakers	▪ Staff time ▪ Communication tools ▪ Materials ▪ Space rental	Need staff to run the letter writing campaign Need postage to send letters Need paper and pens to write with Need space to write the letters in	Donors and individual donations	$
			TOTAL:	

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