The COVID-19 pandemic defined 2020 for PATH and for the world. As COVID-19 case numbers grew over the first half of the year and access to routine health services decreased, we knew we needed to act quickly to help protect health equity for all. The health of our communities—as well as the hard-won gains of the past several years of health advocacy—were at risk. With support from the Bill & Melinda Gates Foundation, PATH pivoted many of our planned efforts to focus on protecting essential health services and helping governments respond to the pandemic—all while keeping our goals for the future top of mind. This case study highlights some of the new tactics we took on, and lessons learned, in this unprecedented year.

The challenge and opportunity

In 2020, PATH staff across the organization closely monitored the impact of COVID-19 on essential health services in the more than 70 countries where we work, including maternal and newborn care, routine immunization, sexual and reproductive health services, and diagnosis and treatment of HIV, TB, malaria, and non-communicable diseases. Even early in the pandemic, routine data collection revealed disruptions in service delivery across many countries: missed immunization visits, declines in TB diagnoses, interrupted medicine supply chains, and more.

Early efforts to control the spread of coronavirus by social distancing and limiting movement inadvertently became a barrier to health system access; for example, in some countries—such as Uganda—pregnant women in labor faced hurdles accessing health centers to deliver their babies. In addition, the rise in misinformation negatively impacted people’s perceptions and behaviors regarding how they adhered to COVID-19 safety protocols, such as social distancing and mask wearing, not to mention how to safely access essential health services.

At the same time, PATH saw some countries taking swift and strong stances to protect vital services—carrying forward lessons from the 2014-2016 Ebola outbreak in West Africa, which showed the devastating consequences when these services are not safeguarded. Sitting at many of the tables where decisions were being made, governments consistently turned to PATH as a trusted partner to help advise them on the response. Knowing we needed to act quickly to minimize the impact of the pandemic, PATH’s Advocacy & Public Policy team worked closely with PATH technical teams and partners in ministries of health to identify and implement needed advocacy and communications activities.

CASE STUDY
Adapting health communications and advocacy tactics during COVID-19

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In Kenya, PATH used mobile public address systems to broadcast key messages about coronavirus prevention in local languages. PATH/Melissa Wanda.

“Within semi-rural and rural [areas] like our county of Kakamega, knowledge within the community is often passed through gossip... “[Misinformation thrives] mostly because the common channels that pass information aren’t fully compatible with the communities’ needs.”

— Edward Anyanda, Coordinator, Kakamega County MNCH Civil Society Alliance in Kenya
How we pivoted

Health communications

Recognizing the urgent need for reliable information, PATH undertook efforts to reach key populations with simple, targeted health messages. To ensure the messages were received by the audiences that needed them most, PATH prioritized elevating the voices of trusted leaders, such as faith leaders and representatives of local government, as messengers. By building lasting partnerships with local and national-level news outlets and journalists, PATH secured primetime spots on national TV in Uganda, Kenya, and South Africa to hold interviews with key Ministry of Health officials on the importance of maintaining essential health services through COVID-19. One of the more productive relationships was a partnership with national station NTV in Uganda that resulted in our television messages around COVID-19 prevention, maternal and child health, routine immunization, and gender-based violence during the pandemic airing more than 84 times throughout the year. We also worked to educate members of the media on COVID-19 and essential health services by hosting media trainings and briefings. For example, in DRC, we held a breakfast with media leaders where they were able to voice concerns around how government was handing down COVID-19 messages for distribution without engaging them in the development of these messages. This feedback allowed PATH to advise the government on adjusting its approach.

In a locked down world, social media became a key avenue for reaching communities—even as the space was more crowded than ever due with COVID-19 messaging (both accurate and not). In the DRC, we created a video featuring local champions sharing messages about the importance of hand washing, social distancing, and wearing masks that we disseminated through influencers on WhatsApp to expand its reach. In Kenya, PATH supported a communications consultant embedded directly in the Director-General for Health’s office, through whom we were able to elevate messages about essential services via official MOH Twitter channels and even secure public statements of support from key health leaders.

In rural areas where many of our traditional communications tactics were insufficient—even the traditional print media, which saw significant declines in readership during lockdowns—we leveraged more innovative tactics to access hard-to-reach populations. For instance, in Kenya PATH used mobile public address systems—loudspeakers mounted on vans—to drive through rural communities broadcasting messages in local languages about COVID-19 prevention and control. During this outreach activity, we were able to identify and correct misinformation about the availability of essential health services. In the DRC, Uganda, and Kenya, we emphasized local radio, notably partnering with the Hirondelle Foundation in the DRC to develop and broadcast messages in local languages about COVID-19 and essential health services across several provinces. In Uganda, we helped design and disseminate graphic posters to reach underserved deaf and semi-literate populations with picture-based messages on COVID-19 prevention.

By using all the tools at our disposal and working directly with ministries of health and community leaders, we ensured that evidence-based messages were disseminated when they were urgently needed.
Advising governments on COVID-19 and essential health services

PATH provided targeted technical advocacy support to governments through our seats on high-level national task forces, including hosting the DRC President’s COVID-19 Task Force at our office in Kinshasa, serving on national risk communications advisory groups in Uganda, DRC, and Kenya, and on committees for COVID-19 vaccine rollout in Uganda and Kenya. In each of these settings, our technical expertise and role as a trusted advisor ensured we were able to participate in a valuable way.

We also partnered with governments to help develop guidelines for protecting essential health services—including immunization and maternal, newborn, and child health—in DRC, Kenya, and Uganda. Key to our success was our work to disseminate the same policies we helped develop to the county and sub-county levels. Some of this dissemination happened via virtual training sessions with subnational-level health officials; although we found decision-makers were willing to embrace digital tools due to the virtual work environment, we also quickly learned that virtual approaches were not sufficient for all community-level dissemination due to limited internet connectivity and lack of familiarity with video-conferencing in some places. In the DRC, we held Zoom trainings with county health officials, with the recognition that building this skill would increase their ability to connect to national stakeholders in the long-term; in Kenya, we worked to disseminate guidelines by email or by printing materials and having them delivered by courier. In Uganda, we held trainings-of-the-trainers sessions to cascade guidelines in five districts, reaching nearly 1,700 health workers.

As we fielded frequent requests early in the pandemic for sample COVID-19 response policies, PATH created a data dashboard cataloging how governments in LMICs were making policies around essential health services during the COVID-19 pandemic. This effort, undertaken alongside WHO and with the support of the Bill & Melinda Gates Foundation, included the development of an online portal, an in-depth policy analysis, a sprint analysis on essential health service disruptions, case studies for five countries, and training videos to ensure the dashboards were easily usable. These resources gained traction as decision-makers and advocates sought much-needed policy information.

To support these response efforts around the globe—and to enhance efforts to prevent the next pandemic—PATH advocated for funding from the US government for global health security and R&D, specifically for COVID-19 tools appropriate for use in LMICs, in the yearly appropriations process and coronavirus supplemental bills. As a result of this advocacy, Congress authorized $4 billion to Gavi for the COVAX facility, $3.5 billion for the Global Fund’s ACT Accelerator support, $905 million for bilateral and multilateral global health programs that will enable the first sizeable contribution to CEPI, and billions of dollars for global health security and R&D through USAID, CDC, and BARDA.

We also elevated the issue of protecting gains in maternal and child health with US government audiences. A short animated video we produced became the centerpiece of a social media campaign we hosted during Child Health Week, which gained the participation and public support of 22 members of Congress. This campaign also featured PATH’s analysis, first published in Axios, that highlighted the potential loss of a decade of progress in reducing under-five mortality rates worldwide as a result of MNCH service disruptions during the pandemic.

Factors for success

The pandemic has transformed the world around us—shifting priorities, repurposing resources, accelerating policy development, and more. In this new environment, tried and tested advocacy tactics like face-to-face interactions, ad hoc hallway conversations, and
informal tea/coffee chats are no longer options. As we adapted to the “new normal,” we learned:

- **Offer help—there is no time to waste:** Since the onset of the pandemic, policies have been developed and implemented with unprecedented speed—often taxing already overstretched governments. When we identified gaps in policy or service provision, our offers to address them by producing the zero draft of a policy or organizing policy dissemination were often accepted readily by governments.

- **Use all available methods:** In the digital age, it is tempting to focus primarily on disseminating health messages through modern methods. However, traditional media forms such as TV and radio, and even more community-based communication forms such as “loud hailing” and word-of-mouth played a strong role in connecting at risk populations to credible information.

- **Keep an eye on the end goal of health for all:** As we responded to the urgency of the moment, we knew we must continue to maintain a long-term vision in our advocacy strategies, balancing efforts to focus on both short-term needs for COVID-19 response and longer-term health system improvements. This was especially true in high-income countries where decisionmakers often over-index on emerging infectious threats and fail to address the secondary impacts that stem from lack of access to essential services.

- **Pivot traditional partnerships into catalytic ones:** Key to success was all partners setting aside institutional egos and asking ourselves: Who is the most important messenger? Who has the most influence? We took a critical eye to when our involvement could move things forward and when the public needed to hear credible messages from government or another authoritative leader.

- **Take tactics virtual—but do not lose community voices:** We put more time and effort into the development of creative assets to promote our advocacy agenda virtually this year. Thinking innovatively about how to leverage new and existing communication tools was useful for communicating with policymakers, expanding interfaces with communities, and combating the spread of misinformation. However, we made sure not to lose key community voices in the process and worked to capitalize on the democratizing effect of virtual engagements.

- **Continue holding governments accountable:** During 2020, we found ourselves sitting at the table with governments, leveraging our technical advocacy approach to influence the development of plans and supporting implementation. We found that partnering directly with governments and using that access to ensure links with and feedback from those working at the community level ultimately allowed us to ensure policies were impactful and governments were responsive to local needs.

### Looking forward

COVID-19 has precipitated significant changes in the last year, but one thing has not changed: PATH continues to serve as a trusted advisor to governments and a valued partner within civil society. The pandemic has given us the momentum to deploy more tools and the inspiration to think innovatively about how we maintain this role. Our pandemic-era efforts and tactics will not be contained to 2020—but will continue to serve us as we reaffirm our commitment to advancing health equity through COVID-19 and beyond.

*The DRC Presidential COVID-19 Taskforce was housed in PATH’s offices during 2020. PATH/Yves Zihindula*

**PATH’s 10-Part Approach to Advocacy Impact**

Successful policy advocacy is guided by systematic analysis and pragmatic processes. PATH’s 10-part framework, outlined below, is a methodical approach to policy change that has helped over 600 individuals in more than 100 organizations in countries around the world achieve health policy change.

- Identify the advocacy issue
- State the policy goal
- Identify decision-makers and influencers
- Identify the interests of the decision-makers and influencers
- Clarify opposition and potential obstacles facing your issue
- Define your advocacy assets and gaps
- Identify key partners
- State the tactics you need to reach your goal
- Define your most powerful messages
- Determine how you will measure success

For more information and resources, and to find out how we can help, visit [http://sites.path.org/advocacyandpolicy](http://sites.path.org/advocacyandpolicy).