Engaging Innovative Advocates as Public Health Champions

SUMMARY: A "champion" is a "charismatic advocate of a belief, practice, program, policy and/or technology."[1] It is a champion's unique combination of skills—passion, persistence, and persuasiveness—that distinguish him or her from other advocates. A 2007 Cochrane review concluded that the use of opinion leaders can successfully promote evidence-based practices.[2] Engaging influential opinion leaders can be an effective advocacy approach for advancing social, economic, political, or public health issues.

KEY POINTS

Engaging influential individuals to promote change is an innovative and evidence-based advocacy strategy.

Since 2004, FHI has designed and managed champion initiatives in several countries to encourage application of underutilized contraceptive technology or reproductive health research findings through partnerships with local stakeholders.

Additional research is needed to identify the most cost-effective models for this type of advocacy and mechanisms for effectively monitoring and evaluating their impact.

A unique advocacy model

Closely associated with the "diffusion of innovations"[3] model that theorizes how innovative individuals spread new technologies or ideas through social systems, the champions advocacy model is meant to increase the likelihood that a new or underutilized strategy will become standard practice.

Most often, a public health champion is an influential political leader, health care provider, or other authority figure who uses his or her expertise and professional contacts to facilitate the application of a new research finding or other innovation into a policy or program. The level or type of change that a champion creates will vary depending on his or her sphere of influence, so it is most useful to engage a range of champions with varying degrees of influence who can help to facilitate and institutionalize change at multiple levels.

Although the value of using champions is proven and well documented (see the additional resources section on page 4), attributing specific changes in policy and practice to a champion's efforts can be difficult, especially when using traditional monitoring and evaluation methods. Additional data are needed on how much and which type of support they require, how long they should be engaged to sustain change, and the most effective ways to monitor and evaluate their impact.

Using champions is a cross-cutting advocacy strategy that may apply to multiple global health themes. While sometimes used in international public health treatment and prevention campaigns (e.g., HIV/AIDS or malaria), the strategy is particularly common within reproductive health advocacy efforts, where champions are often needed to reposition and mobilize support for family planning (FP) programs (see Table 1 for a list of organizations that have recently engaged champions for this purpose).

Case study: FHI's Network of Champions project

Since 2004, and with support from the U.S. Agency for International Development (USAID), FHI has designed and managed several champion initiatives. One such project, the Network of Champions (NOC), engaged participants from eight countries in sub-Saharan Africa and South Asia to promote awareness and application of underutilized contraceptive technology and reproductive health research findings through partnerships with local stakeholders such as health professionals, policy makers, and advocacy groups.

The first phase of the NOC (2004–2006) supported seven champions from Ethiopia, India, Nigeria, Pakistan, Tanzania, Uganda, and Zimbabwe to advance the reproductive health topic of their choice. Each champion had successes in influencing policies or practices in their respective countries; however, their achievements tended to be narrow in scope due to limited time and resources. At the close of the project's original funding cycle in 2006, FHI evaluated the project and made recommendations for a second phase.

USAID approved the proposal for the second phase (2007–2010) of the NOC project. This phase involved a concentrated geographic focus (the original seven countries were reduced to four; each of the four remaining countries was in Africa) and a common theme of promoting FP/HIV linkages.

THE SCIENCE OF IMPROVING LIVES

Table 1: Organizations that have recently engaged champions to promote family planning programs

Organization/Initiative	Activity
Advance Family Planning (AFP) http://www.jhuccp.org/ node/1361	AFP is leveraging the voices of champions from developing countries to demand revitalization of FP/reproductive health agendas and to create a platform for greater South-to-South cooperation in achieving the Millennium Development Goal target of universal access to reproductive health care.
AED, Communication for Change (C-Change) program http://c-changeprogram.org/	In Albania, C-Change has trained journalists to be FP champions who dispel myths about modern contraceptive methods. The journalists incorporate messages into media coverage that promotes healthy reproductive behaviors and lifestyles.
EngenderHealth www.engenderhealth.org	EngenderHealth supports champions who focus on repositioning FP as a national health priority and increasing male involvement in preventing the spread of HIV in Tanzania; promoting FP for healthy living in Ghana; and using community, peer education, provider, and policy maker champions to promote HIV/AIDS prevention and treatment in Uganda.
FHI www.fhi.org	FHI engages regional, national, and global champions to advocate for FP as a cross-cutting development strategy; community-based access to injectable contraception; the introduction of new and low-cost contraceptive technologies (e.g., Sino-implant [II]); and the integration of population, health, and environment programs.
Health Policy Initiative (HPI) www.healthpolicyinitiative.com	HPI designed a guide to help FP champions—including civil society and nongovernmental organizations (NGOs), international and donor organizations, and interested government officials—and other stakeholders to promote the inclusion of FP issues and programs into Poverty Reduction Strategy Papers.
HPI with the Centre for Development and Population Activities (CEDPA) www.healthpolicyinitiative.com www.cedpa.org	HPI convened FP providers, researchers, and government officials from eight countries for a three-week program to reinvigorate their leadership and advocacy of FP and reproductive health. The workshop, implemented by HPI partner CEDPA, was designed to turn committed women leaders into skilled policy champions.
IntraHealth International www.intrahealth.org	To support the solidification of Rwanda's political commitment to population and FP, IntraHealth collaborated with Rwandan partners to train district mayors and other local authorities to become FP champions.
Management Sciences for Health (MSH) www.msh.org	MSH's Leadership, Management & Sustainability program conducted a one-week study tour that convened a group of eight FP champions from Southern Sudan to Rwanda. These champions saw first-hand the achievements of a program that faced similar post-conflict challenges and learned from the successes, challenges, and failures experienced by their Rwandan colleagues.
Pathfinder, Extending Service Delivery (ESD) Project www.pathfind.org	ESD's Healthy Timing and Spacing of Pregnancy (HTSP) Champions Network community is a group of organizations and individuals committed to promoting and encouraging the adoption of HTSP among decision makers, program managers, practitioners, and leaders in health and non-health sectors within the community.
Population Council www.popcouncil.org	Population Council facilitated a policy champion initiative to increase the use of operations research findings in reproductive health policy and programs in the Philippines.
Population Reference Bureau (PRB) www.prb.org	To reenergize FP programs in West Africa, PRB helped to train 36 professionals from eight West African countries. These professionals approached high-level policy makers and opinion leaders to advocate for strengthening FP services. The training was co-hosted by the West Africa Health Organization and the World Health Organization's Africa Regional Office, with technical assistance from PRB's BRIDGE Project and AED's Africa 2010 Project.

Table 2: NOC project activities, 2007–2010

Nigeria: The executive director of a public health NGO conducted targeted advocacy for state-level policy makers and providers, provider trainings, and national-level strategic planning.

Tanzania: The executive secretary of a private nurse-midwife association oversaw a community needs assessment, provider trainings, integrated service provision with ongoing M&E, and advocacy for national-level policy makers.

Uganda: A national-level policy maker developed a rapid assessment of service delivery mechanisms, advocacy workshops for program managers, and service delivery protocols. In addition, this champion effected a national policy change.

Zambia: An HIV/AIDS program manager conducted a facility needs assessment, provider trainings, and post-intervention assessment and advocacy.

Four champions in Nigeria, Tanzania, Uganda, and Zambia received funding and technical support from FHI to advance the integration of FP and HIV/AIDS services in their respective countries.

NOC project champions were strategically selected to represent a range of opinion leaders, including a local program manager, two private-sector program directors, and a national-level policy maker. The champions designed activities that matched their strengths; as a result, each portfolio reflected the type of change expected from that particular level of opinion leader (see Table 2).

FHI evaluated the second phase of the NOC to understand the program's overall advantages, challenges, and impact. The evaluation included three distinct assessments of the program's theory, processes, and outcomes. The results revealed a number of lessons learned that can be applied to inform future champion initiatives.

Strengths
- The use of champions can be characterized as an evidence-based strategy, a rare advantage for an advocacy approach. An evaluation of the NOC project determined that the design was appropriately grounded in key principles documented in the literature on the use of opinion leaders as champions.

- Mechanisms to support champion activities were found to be well designed and implemented. Champions reported receiving vital financial support that included capacity building and other technical assistance from FHI and field office staff during the project.

- All champions advanced FP/HIV integration in their respective countries, both at the policy and program levels. These achievements mapped appropriately to each individual's scope of influence.

Challenges
- Several key informants felt that engaging only one champion per country was insufficient. They theorized that providing support to multiple champions per country could accelerate the achievement of desired public health objectives.

- One objective of the NOC was to facilitate an active network among the champions, which would allow for sharing resources, exchanging ideas, and providing feedback and support. Although all of the champions felt that having a network was important, they often found it difficult to maintain connections with champions in other countries.

Lessons learned
- Levels of individual influence vary and have impact limits. A champion may be very successful at facilitating change at one level (e.g., community, national, or regional) but not at others. When possible, champions should be engaged at multiple points of influence to prevent advocacy bottlenecks and to amplify their collective effect.

- Pioneering an advocacy effort requires a significant amount of buy-in from a variety of stakeholder groups, and champions should engage key players from all aspects of their particular spheres of influence, from planning to implementation and evaluation.

- Financial or in-kind support may enhance the likelihood that project objectives will be achieved, not only to fund advocacy activities but also to ensure that the champion feels supported and recognized. A range of incentives could include formal recognition and acknowledgment, transport stipends, capacity-building opportunities, and skills certificates.

- Strategies to prevent or address fatigue are crucial. Due in part to their passion and commitment, champions are often busy. Over time, they may not be able to balance advocacy with everyday responsibilities. Organizations that support champions should maintain an open dialogue with them about how to sustain a consistent level of effort while avoiding fatigue.

- Facilitating an externally managed network approach to champion initiatives may not be the most effective or cost-efficient model in certain settings. Networks should be established and maintained on a case-by-case basis.

Questions for further consideration
As public health programs continue to engage advocacy champions, additional program assessments are needed to answer questions such as:

- Can public health organizations influence existing champions or opinion leaders such that they adopt and successfully advocate for an additional thematic area?

- As typically designed and implemented, are champion initiatives as cost-effective as other advocacy models?

- Which types of champion models achieve the greatest impact and under which circumstances? For example, what is the value of facilitating a local peer network approach?

- What types of monitoring and evaluation methodologies will best document the overall efficacy of champion activities?

Recommendations for future champion initiatives
- Use strategies documented in scientific literature to identify and recruit champion candidates. The selection of individuals who are current opinion leaders may increase the likelihood that they become effective champions for a specific public health agenda.

An advocacy effort focused on using champions may work best when individuals who are already considered influential within their spheres are engaged to promote an issue. It is likely that their standing as opinion leaders is more important for creating impact than their original level of support for the issue. Thus, engaging influential people to take up a specific cause may be more effective than engaging known supporters of an issue who are not considered opinion leaders.

- Ensure that the level and type of champion corresponds to the desired advocacy outcome(s). For example, the portfolio of activities appropriate for a community-based champion (e.g., a nurse-midwife or peer educator) should not be equivalent to the advocacy conducted by a prominent and powerful national-level champion, such as Tanzania's former President Julius Nyerere, a champion for FP in the 1980s and 1990s.

- Remain mindful of the type of advocacy you are asking a champion to conduct. For example, it may be more feasible to engage high-level champions as general supporters rather than implementing specific project-bound activities more suitable for mid- to lower-level individuals.

- When possible, engage more than one champion per country or region to maximize the impact of the project.

- Carefully assess the time frame needed to achieve the intended outcomes. Certain goals, especially those linked to policy change, may require a longer duration of advocacy than others.

- Consider providing multiple types of support to champions, including access to financial, technical, and capacity-building assistance.

- Avoid a "consultant syndrome" by encouraging champions to internalize the program's purpose and long-term vision rather than operating as a time-bound, grant-supported project manager.

- Implement deliberate and creative strategies to prevent or address fatigue among champions.

- As an alternative to creating an externally facilitated network dependent on regional or international exchange, encourage champions to develop a local network of supportive peers. ■

ADDITIONAL RESOURCES

Using Champions and Opinion Leaders as a Research Utilization Strategy: Annotated Bibliography. FHI. 2008. http://www.fhi.org/en/RH/Programs/RtoP/index.htm.

Family Planning Champions: Harnessing the Innovative Advocate [PPT]. Petruney T, Rademacher K, Smith JB. International Conference on Family Planning: Research and Best Practices, Kampala, 2009. http://www.fpconference2009.org/media//DIR_169701/15f1ae857ca97193ffff82d4ffffd524.pdf.

Fostering Change in Health Services [e-Learning Module]. USAID Global Health eLearning Center. www.globalhealthlearning.org.

Repositioning Family Planning: Guidelines for Advocacy Action. WHO/USAID/AED/PRB. 2008. www.who.int/reproductivehealth/publications/family_planning/fp_advocacy_tool/en/.

A Guide for Fostering Change to Scale Up Effective Health Services. International Best Practices Consortium. 2007. www.who.int/reproductivehealth/publications/health_systems/fostering_change/en/index.html.

Strengthening Family Planning Policies and Programs in Developing Countries: An Advocacy Toolkit. USAID/POLICY Project. 2005. http://www.policyproject.com/pubs/manuals/Family%20Planning%20Toolkit%20final.pdf.

Women Lead as Family Planning Policy Champions. USAID/HPI/CEDPA. 2009. http://www.healthpolicyinitiative.com/Publications/Documents/1152_1_WomenLead_Brief_acc.pdf.

Champion Stories: Integrating Family Planning with HIV Services in Uganda. EngenderHealth. 2008. http://www.acquireproject.org/archive/files/5.0_community_engagement_marketing_and_communications/5.2_resources/5.2.5_stories_from_the_field/uganda_champion_stories_final.pdf.

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P.O. Box 13950

Research Triangle Park, NC 27709 USA

tel 1.919.544.7040 *toll-free* 800.919.7038

fax 1.919.544.7261 *web* WWW.FHI.ORG

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