
What is
ADVOCACY AT
MÉDECINS DU MONDE ?

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WHAT IS ADVOCACY ?

Familiarity with the correct advocacy strategy terminology is key to understanding the implications of this endeavour and avoid any confusion. The first requirement is to share a common definition of what advocacy is - and is not - to properly distinguish it from other modes of action.

Advocacy has become one of the fundamental pillars of Médecins du Monde - Doctors of the World - and has been an explicit and integral part of the organisation's Associative Project since 2015.

Médecins du Monde's official definition of advocacy, as approved by the Board in 2007, is the following :

« An activity that consists in using a number of different channels to influence decision-making bodies. It aims to bring about long-lasting changes in policy and practice having a direct impact on the health of population groups targeted by Médecins du Monde's programmes. »

Advocacy is a process that aims at influencing decision-makers, i.e. people who have the power to make a change in policies and/or practices for the benefit of the populations targeted by our projects.

Influencing means striving to raise the awareness of specific influential people on how it can be relevant for them to evolve and adopt the position we are guiding them towards. We glimpse the possibility of an actual change when the decision-makers realise that it is in their best interests to achieve the changes we are pushing for ●

WHY IS ADVOCACY CRUCIAL ?

Although delivering medical services and empowering populations to take action are fundamental to foster long-term access to universal healthcare and human rights, another important means to ensure the sustainability of our actions in the field is to drive forward positive changes to policies and practices that impact the health of vulnerable populations.

Advocacy seeks to trigger these sustainable changes, which can involve :

- Adopting new policies and/or practices to improve the health of the population groups targeted by our projects;
- Questioning, revising or amending existing policies and/or practices detrimental to the health of the people targeted by our projects;
- Enforcing existing policies or laws that are not being applied but which could improve the health of the population groups targeted by our projects.

The term **policies** encapsulates several realities: it can refer to a law, a strategy, guidelines (on HIV prevention, treatment and care for key populations, for example) or a regulation issued by a government or affirming a commitment taken within a regional or international institution.

Practices correspond to the ‘ways of doing’ of both medical and non-medical actors that directly or indirectly affect people’s health: caregivers, but also the various stakeholders in charge of housing, health coverage, social work, etc.

Examples of advocacy aimed at a change in practices: to include specific training modules into the caregivers curriculum on how to deliver proper care to people who use drugs, to ensure they acquire the skills in line with recommended practices, i.e. without discrimination nor stigmatisation; in France, to enforce in centres communaux d’action sociale (Community Social Support Centres, CCAS) the existing legal provisions regarding the residence status of homeless people (2014 ALUR Law), to enable their rights to be integrated into the social security system.

Advocacy may be dedicated to a change in policy or practice, or both. At the same time, it is crucial to pay attention to both aspects if we want to bring about changes that are actually beneficial to the health of the population groups targeted in our programmes ●

HOW IS ADVOCACY CONDUCTED ?

Médecins du Monde's legitimacy in conducting advocacy stems from the experience and knowledge acquired in our projects. Advocacy builds on life experiences, on the knowledge of people involved in our projects, on sharing with partners and allies and on insightful analysis of national and international policies impacting health. It also relies on facts and data that result from painstakingly documented research. Once data has been analysed, it contributes significantly to the credibility of our advocacy and the alternative policies we put forward.

In practice, advocacy relies on the definition and implementation of strategies of influence. These strategies fine-tune the changes we want to seek (goals) and the intermediate steps to achieve them (to be determined depending on the context and added-value of Médecins du Monde). They also identify the people involved in achieving said changes (targets) and the combination of different activities designed to influence these people and reach our goals.

The activities include direct lobby of decision-makers, asserting our views, mobilising and challenging our targets through our presence and visibility in mainstream and social media, and participating in national, regional and international policy

and technical conferences. We value alliances with other civil society stakeholders, to extend the reach of our influence and pool our skills and assets. Lastly, organising awareness-raising campaigns to mobilise public opinion can make the public more committed to our actions and put pressure on policy-makers.

When these activities fail to bring about the expected results, legal action can also be a useful and decisive option. The decision to take legal action is made with the support of our Legal Unit and after giving due consideration to various criteria, such as Médecins du Monde's legitimacy, the best interests of the people whose rights we are defending, the chances of success, and a risk assessment and potential impact on the continuity of our activities.

Advocacy does not consist in one-off events (celebrating an international day or participating to a conference, for example) or a sum of punctual activities. **It is rather a process that can be effective only if articulated and structured along the lines of a strategic reflection, with concrete and realistic advocacy goals.** Moreover, the strategy needs to be flexible and adapted to realities on the ground.

ADVOCACY LEVRS



EXPERTISE

Testimonies, monitoring and analysis of policies, studies based on reliable data, etc.



ALLIANCES

Host community group/network events, draw up joint position paper, capacity-building, etc.



MEDIA TOOLS

Press release, social media, opinion column, public display, etc.



PUBLIC OPINION MOBILISATION

Petitions, demonstrations, campaigns, etc.



LOBBYING

Meetings with decision-makers, participation to political and technical conferences, etc.



LEGAL ACTION

(depending on various criteria)
To defend the rights of the population groups targeted by our program.

Furthermore, by promoting existing alliances and initiatives, Médecins du Monde's advocacy stays true to one of its founding principles. While conducting our projects, it is crucial to maintain a balance between our pursuit of visibility among decision-makers, which is a guarantee of our legitimacy and influence, and the advocacy work carried out with our local partners. This balance enables us to demonstrate multilateral support, mutually strengthening the impact and legitimacy of our joint and separate actions. Broadly speaking, advocacy is more effective when our influence is sub-

tle and publicly endorsed by policy- and decision-makers.

Specific advocacy goals and the different means to achieve them apply to each country, programme and situation.

Advocacy tools must be adapted to given political and security contexts ●

WHO IS IN CHARGE OF ADVOCACY ?

Anyone can contribute to the advocacy process, especially those confronted daily with the realities on the ground.

People who benefit from our projects, project teams and partners, volunteers and employees, at headquarters Operations departments, Communication Unit, Health and Advocacy Department, Legal Unit...: advocacy initiatives are more effective and our messages more powerful when they are the result of a cooperative effort. Advocacy professionals are essential as they bring specific skills, including to fathom decision-making processes and leveraging tools, analyse issues and translate them into policy goals or political change, power relationships, networks of influential figures, etc.

For advocacy to be effective, it is crucial to determine from the beginning who is actively involved in advocacy and what the responsibilities and prerogatives are of each actor, within Médecins du Monde and partner organisations. The lack of human resources dedicated to advocacy is a recurrent barrier to achieving our goals. Advocacy requires time and consistency, which is why it is wise to make the necessary investment. The ideal would be to have at least one dedicated advocacy staff member per project (advocacy officer/coordinator) who is in charge of drawing up a strategy

and action plan and ensuring its proper implementation across all activities. Adequate human resources would ensure our actions are not hampered due to fragmented organisation, unnecessary duplication or contradictory messages. Without dedicated advocacy staff, one member of the team must be appointed focal point on all advocacy matters ●

DO NOT MIX UP

While sometimes mistaken for other modes of action, **advocacy is different from :**

- **communication:** it is important to understand the difference between 'institutional' communication, which is meant to enhance the visibility of our organisation and our actions, and the use of communication tools for advocacy. In the latter case, communication tools are important and integral to our advocacy strategy. We embark on advocacy when we start thinking about 1) the phrasing of our messages and the way we can make them heard by pre-identified and targeted people who have the power to make decisions or have sufficient influence to drive the changes we are advocating for; and 2) which media we should call on to reach our target. This approach requires the person in charge of advocacy to work hand in hand with the Communication Unit.

Communication tools (briefing journalists to incentivise them to write articles on our topics, publishing opinion columns, social networking, issuing press releases, organising press visits, etc.) constitute a range of tools that are essential for disseminating our position and putting pressure on decision-makers. Social media burst on to the scene several

years ago and have since become a major advocacy tool. Today, Twitter and Facebook are regularly used in advocacy strategies as levers to challenge decision-makers.

For example, during the event '*Place de la Santé*' held in 2017, five presidential candidates were invited to present their programmes on health and welfare. The audience and web users were able to challenge the candidates on specific matters using social media. The journalist, Audrey Pulvar, who was hosting the debate and who we had targeted on Twitter, brought up one of our questions twice to the right-wing candidate François Fillon. Twitter provided an opportunity for us to break into the debate, establish our position on matters such as access to health for vulnerable people and directly challenge the candidates (and their campaign teams).

- **testimony:** testifying is a factual, one-off activity that gives an account of a situation to draw attention to a specific topic. It can be essential to understand the reality of a given situation but does not constitute, in itself, an advocacy action from which long-term policy or practice change could result. Médecins du Monde has gradually come to realise that speaking out about a situation does not

systematically lead to change and is not sufficient to meet the organisation's policy goals. This does not mean that advocacy excludes testimony; on the contrary, it can be a useful starting-point for raising the awareness of the general population and decision-makers about a given situation that we want to change or see evolve.

- **lobbying**: lobbying is the direct interaction with policy-makers (during a meeting with the minister of health, the cabinet secretary and a member of parliament, for example) to convince them to implement the changes we are advocating for. Although lobbying is often an important part of advocacy, it is only one among other advocacy levers that include a combination of activities to mobilise the media, public opinion and create alliances, all of which are essential to attract attention, win the argument and make a difference.

- **awareness-raising and information meetings and actions** : drawing the attention of individuals/groups to certain matters is a major issue if we want them to understand and embrace our advocacy. Advocacy is not limited to testifying and lobbying. In the same way, awareness-raising alone does not constitute advocacy nor enables to obtain changes to policy and/or practice. Raising awareness may be a core activity of advocacy if our

targets are likely to directly or indirectly influence political processes and policy changes, by putting pressure on decision-makers for example.

For example, raising young people's awareness on family planning is crucial but is not advocacy per se. However, strengthening young people's capacity to build advocacy goals that will enable them to voice their own needs and demands and influence decision-makers is advocacy.

All Médecins du Monde's teams working in the field have, at some point, to convince or influence decision-makers to ensure their project(s) move(s) forward. They do so via activities such as fund-raising or signing a Memorandum of Understanding (MoU) with the authorities. These activities differ from advocacy in that the scope of advocacy is broader and more long-term. Advocacy pushes for definitive changes to policy and/or practice that go beyond the mere objectives of Médecins du Monde's project(s).

For example, negotiating with different actors to obtain additional funding for our project is not advocacy. However, influencing the Ministry of Finance to raise budgets for vulnerable populations' healthcare is ●

Médecins du Monde upholds numerous causes to advance sustainable policies and practices that foster fair and effective access to healthcare, such as :

- Exposing the negative impact of restrictive and repressive migration policies on health and fundamental rights;
- Fighting all forms of violence perpetrated on people who use drugs, sex workers and sexual and gender minorities;
- Making a case for sexual and reproductive rights and ending impunity;
- Advocating for the respect of international humanitarian law in conflict zones;
- Influencing decision-makers to limit the sources of pollution in living or working environments.

Examples of advocacy work : As part of its sexual and reproductive health programme in Ivory Coast, Médecins du Monde supports the civil society who mobilises to defend effective access to prevention and management of unwanted pregnancies. This advocacy work led to the Ivorian government financing a supply of contraceptive products to an unprecedented extent (500 million francs CFA - over the national 2018 budget).

In France, Médecins du Monde denounces the lack of protection for thou-

sands of unaccompanied minors on the territory and calls the government to grant sufficient financial resources for children's welfare, and to grant them unconditional sheltering, in accordance with their fundamental rights ●

- **ADVOCACY : THE ESSENTIALS** -

- 1- Advocacy aims to **influence decision-makers** to implement changes to policy and/or practice over the long term and thereby contribute to **ensuring the sustainability of our actions in the field** and beyond our projects.
- 2- Advocacy is a **process** – not the sum of separate activities – that requires data, evidence and an in-depth analysis of the context, decision-making mechanisms, involved stakeholders and opportunities.
- 3- Elaborating an **advocacy strategy** and its **concrete action plan** is fundamental. It is developed with Médecins du Monde's team, people targeted by our programs, as well as partners and allies. We foster **coalitions of common causes**.
- 4- Make sure your **advocacy goals** are **Specific, Measurable, Attainable, Realistic and Time-framed** (SMART) in so far as is possible. Otherwise they can be hard to achieve, and you may find it difficult to manage your resources and activities.
- 5- **Less is more!** Do not set unrealistic goals you do not have the means to achieve. **Try to prioritise and dedicate one member of staff or advisor to each advocacy project you undertake.**
- 6- You will obtain the best results by **combining a variety of activities and levers** underpinned by a comprehensive strategy to reach your target.
- 7- To be effective, pay attention to overseeing the context and potential developments. **Adapt your strategy accordingly and make regular re-assessments.** Do not stop putting pressure on your target!
- 8- Above all, remember that **advocacy works!**



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