

Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD) Actions for Advocacy

The **Government Steps and Actions** listed below are taken from the [Integrated Global Action Plan for Prevention and Control of Pneumonia and Diarrhoea](#) (Titled “List of key actions to implement and scale up coordinated country work on pneumonia and diarrhoea protection, prevention, and treatment.”) The suggested **Advocate Actions** are intended to be collaborative with government actions, and bring together multiple partners, stakeholders, and key leaders to prioritise the focus on diarrhoea and pneumonia.

The **Advocate Actions** listed in the table are a guideline for advocates and implementers who will be engaged with government officials and key decision-makers to integrate the recommendations outlined in the Action Plan into national and subnational plans, policies, and priorities. The **Advocate Actions** are not exhaustive and will require some adaptation for the individual country context. The **Advocate Actions** can be used as a framework for engaging with diverse stakeholders and sectors to ensure an integrated national framework targeting a reduction to child pneumonia and diarrhoea.

In some cases, depending on the country context, all **Advocate Action** steps may not be necessary. The **Advocate Action** column provides a menu of options and opportunities to engage with government decision-makers.

Government Step	Government Action	Advocate Actions	Additional Thoughts
Generate political will	<p>Make informed decisions; identify actions for overcoming country or regional specific barriers</p> <p>Publicise credible estimates of the local economic costs of pneumonia and diarrhoea</p> <p>Work with advocates to update strategies and prioritise the implementation of new programmes</p>	<p>Identify relevant policymakers and decision-makers at all levels of government</p> <p>Hold meetings with relevant policymakers and decision-makers to discuss child health and promote the integration of GAPPD recommendations</p> <p>Identify potential “diarrhoea and pneumonia champions” who can help advocate for updated strategies at a high level</p> <p>Support dissemination of diarrhoea and pneumonia evidence and mortality data</p> <p>Develop clear messages around diarrhoea and pneumonia using evidence and data, highlighting the problem and proposing solutions</p>	<p>Advocacy messages and template materials in this toolkit are intended to help initiate conversations and disseminate information between advocates and government officials</p>

Government Step	Government Action	Advocate Actions	Additional Thoughts
Coordinate planning and implementation of interventions			
<p>Develop and update a situation analysis for pneumonia and diarrhoea (in most countries this can be done in collaboration between the government and the existing working group on child health and child survival)</p>	<p>Review estimates of population coverage by intervention and the support available</p> <p>Identify current barriers to accessing and scaling up interventions, and ways to overcome them</p> <p>Assess and evaluate the context in terms of vulnerabilities, hazards, and capacities at various levels and across interventions</p> <p>Identify policy issues that need to be addressed in order to go forward</p> <p>Conduct formative research on behaviours that are essential for prevention</p> <p>Discuss appropriate interventions to be immediately scaled-up and those that will take longer or will need additional support</p>	<p>Determine if there is an existing child health working group or mechanism for advocacy in your country</p> <p>Attend working group meetings and focus discussions on implementing the GAPPD framework</p> <p>Support the review current strategic plans to identify key gaps and needs</p> <p>Identify relevant policy gaps that prevent adequate coverage of diarrhoea and pneumonia interventions and present analysis to policy-makers for consideration in strategic planning</p> <p>Identify key bottlenecks and barriers by working with partners to identify areas of low coverage and inequitable access to care</p>	<p>Use GAPPD framework to identify relevant diarrhoea and pneumonia interventions</p> <p>Base gaps and bottlenecks on evidence; many organisations generate data that can be used to identify this information</p> <p>Other relevant data sources include:</p> <ul style="list-style-type: none"> • Demographic and Health Surveys • Multiple Indicator Cluster Surveys • State of the World’s Children reports • Countdown to 2015 • Lancet Childhood Pneumonia and Diarrhea series <p>Relevant policies may include reference to:</p> <ul style="list-style-type: none"> • Integrated Management of Childhood Illness (IMCI); integrated case management (ICM)/community case management (CCM); community health workers • ORS, zinc, amoxicillin, commodities • Vaccine introduction and coverage • Access to water, hygiene, and sanitation

<p>Prioritise and implement a package of interventions cross-linked to current maternal and child health plans</p>	<p>Develop and implement a package of interventions that address key protective, preventive, and treatment factors</p> <p>Make decisions on introduction of new vaccines based on disease burdens</p> <p>Identify geographic or population groups that need to receive particular attention in order to enhance equity</p> <p>Communicate decisions to various programmes, sectors, and levels to ensure resource allocation</p>	<p>Hold meetings with key government officials, stakeholders, and influencers to ensure a strong focus on equity and improving access to diarrhoea and pneumonia interventions in hard-to-reach communities</p> <p>Identify relevant policy changes that will enhance the integrated package of interventions outlined in the GAPPD framework</p> <p>Hold meetings with relevant local government officials and approval boards to ensure policies are implemented at a sub-national level to improve access to care</p>	<p>Relevant initiatives include:</p> <ul style="list-style-type: none"> • Global Strategy for Women’s and Children’s Health • UN Commission on Life-Saving Commodities for Women and Children • Committing to Child Survival: A Promise Renewed • Declaration on scaling up treatment of diarrhoea and pneumonia • WHA Resolution 63.24 (16) • Global Vaccine Action Plan • UN’s 2000-2015: International decade for action “water for life” and sustainable sanitation <p>More initiatives are listed on page 11 of the GAPPD</p>
<p>Develop and update a costed or budgeted multiyear plan for accelerated action</p>	<p>Using GAPPD recommendations, create or review multiyear plans to ensure costs estimated and milestones for progress at the national and subnational levels</p> <p>Costed plans should emphasise service integration across reproductive, maternal, newborn and child health programmes</p> <p>Ensure coordinated budgets, cost sharing, and resource mobilisation with other plans</p>	<p>Identify other working groups and coalitions (malaria, reproductive health, maternal, family planning, ICM/CCM)</p> <p>Work with other groups to identify areas of similar work and coordinate plans and activities to eliminate duplication of outreach and interventions</p> <p>Work with government to update national budgets to include NGO engagement and advocacy activities</p> <p>Identify opportunities with donors and private sector for advocacy around resource mobilisation and highlight need to fund integrated diarrhoea and pneumonia interventions</p>	<p>Work with government stakeholders to identify potential sources of funding for scaled-up diarrhoea and pneumonia interventions</p> <p>Work closely with government officials and implementation partners on resource mobilisation</p> <p>Based on recommendations in the Paris Declaration and Accra Agenda for Action, promote a budgeted or costed plan to donors and foundations; highlight harmonisation and country ownership</p>

<p>Identify areas of harmonization and collaboration between programmes and sectors</p>	<p>Look at government structures and multiagency and department partnerships and see where opportunities for coordination exist</p> <p>Identify opportunities for modification of structures if possible</p> <p>Establish a government-led multiagency working group to share ideas and information</p> <p>Document best practices and lessons learnt in working between programmes or sectors</p>	<p>Contact non-health working groups and advocates from other sectors to identify and align child health agendas and ensure coordination outside government structure</p> <p>Develop best practice documentation and share lessons learnt by holding meetings with government officials; help disseminate this information</p> <p>Develop and disseminate integrated messaging that highlights need for GAPPD to key decision-makers, influencers, and community stakeholders</p>	<p>When coordinating between CSO and NGO partners, include health and non-health partners that work across diarrhoea and pneumonia interventions (e.g. latrine construction companies, water supply companies)</p> <p>Engage partner organisations in a coordinated manner</p>
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Coordinate planning and implementation of interventions

<p>Designate and review membership of a national working group or other appropriate existing group for pneumonia and diarrhoea prevention and control</p>	<p>Ensure there is a coordinating body at national level specifically focused on diarrhoea and pneumonia (This group may already exist in some countries)</p> <p>Ensure body has a clear mandate for pneumonia and diarrhoea and includes various ministry officials, United Nations (UN) agency representatives, CSO/NGO partners, private- sector partners, and academics</p> <p>Lead or appoint leadership to partner NGOs and ensure a terms of reference is developed and implemented</p>	<p>Work with government to formulate a national body on diarrhoea and pneumonia and ensure relevant partners at the table (CSOs/NGOs should have dedicated, consistent seat at the table)</p> <p>Provide inputs into the drafting of Terms of Reference; clearly outline key members, tasks, outputs, and meeting objectives and frequency</p>	<p>CSO/NGOs should be seen as key partners and stakeholders</p> <p>Ensure the TOR has an accountability mechanism and that all partners are clear about responsibilities</p> <p>Key messages and “asks” are included in the toolkit</p>
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<p>Develop a resource mobilisation plan and mobilise resources</p>	<p>Work with the national working group to ensure resource mobilisation</p> <p>Oversee use of national resources to priority interventions; leverage funds from various sources</p> <p>Target potential sources of support with the costed multi-year plan, and an outcome-oriented action plan</p> <p>Coordinate resources activities between sectors</p>	<p>Work with government officials to identify most hard-to-reach communities and ensure activities are prioritised to these areas</p> <p>Work with government to develop a resource mobilisation plan to seek funds for the implementation of GAPPD protect, prevent, treat recommendations</p> <p>Conduct meetings with donors to share country plans and framework for coordinated resource mobilisation</p>	<p>Use situational analysis and disease burden to identify most at-risk populations. DHS, MICS and Countdown data will also be useful</p> <p>Attend network meetings for other sectors</p> <p>Write letters to the ministry of health and other government officials to highlight the need to align activities and resources</p>
<p>Increase coverage for key interventions</p>	<p>Conduct a risk assessment to identify and target fragile and at-risk populations</p> <p>Work to expand roles for lay health workers, task-shift to lower level workers, reduce financial barriers, increase human resource availability, geographical access, and use of the private sector</p> <p>Promote social mobilisation and community engagement to ensure care-seeking</p> <p>Ensure support from national working group to develop a concrete plan on how to increase coverage in an equitable manner</p> <p>Improve outreach and service linkages with communities</p>	<p>Hold meetings with government officials on national health plan to ensure equity and prioritisation of hardest-to-reach communities</p> <p>Generate evidence and develop case studies on task- shifting to advocate for the importance of community health workers in improving access to interventions</p> <p>Identify a spokesperson from at-risk subnational region who can speak with local and national officials about resource and intervention needs</p> <p>Organise community outreach and social mobilisation activities to increase awareness on care seeking and create an enabling environment for integrated programming</p>	<p>Key areas include: health system strengthening, health workers, financing, facilities, commodities, information systems, and planning</p> <p>Use media resources (including radio spots, newspaper op-eds) to increase awareness of issues within communities</p>

<p>Apply lessons from other integrated disease prevention and control efforts</p>	<p>Catalyse collaborative actions amongst different sectors and ministries</p> <p>Institutionalise collaborative groupings and change policies and programmes</p>	<p>Identify programmes and circumstances where integrated programmes were successful, and develop case studies to highlight success, generate evidence, and support scale-up</p> <p>Organise meetings with relevant government departments and working groups to present the case studies</p>	<p>Some case study examples to consider:</p> <ul style="list-style-type: none"> • Integrated diarrhoea and pneumonia programmes • ICM • HIV and TB • HIV and Family Planning • Integrated WASH programmes • Vaccines and child health days
<p>Track execution and progress</p>	<p>Incorporate common and key indicators into district and national systems to improve data collection</p> <p>Use information to modify national plan as needed</p>	<p>Conduct a gap analysis focused on identifying where changes need to be made or updates implemented to improve the coverage of prevention and treatment services</p> <p>Hold WG meeting with government to determine responsibility and accountability for results and for monitoring and evaluation</p> <p>Advocate for alignment between CSO/NGO indicators and government plan</p>	<p>Potential data sources include:</p> <ul style="list-style-type: none"> • DHS • MICS • Integrated Disease Surveillance and Response Systems • World Health Organization (WHO) data • Joint Monitoring Programme

<p>Take and/or assign accountability for action</p>	<p>Develop an Accountability Framework</p> <p>Take accountability for action by:</p> <p>Monitoring progress by finding out what is happening where, and to whom</p> <p>Review whether or not commitments have been kept</p> <p>Take remedial action by recommending actions to stakeholders on how to address areas in need of improvement</p>	<p>Hold governments accountable by ensuring development of an Accountability Framework</p> <p>Work with government officials to draft framework and ensure effective implementation</p> <p>Support citizens and communities to improve their health and to hold local governments accountable through interpersonal communication, social media, and community outreach</p>	<p>Accountability Framework documents and language</p>
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Engage and embed critical partners in the overall work plan and/or approach

<p>Involve other programmes and sectors</p>	<p>Identify “other” national working groups and taskforces and join the group</p> <p>Involve non-health programmes in conversations and planning</p>	<p>Create a cross-cutting working group that includes health and non-health NGO/CSO actors to align messages and ensure complementarity</p>	<p>Potential technical areas to consider: malaria, vaccines, WASH, neglected tropical diseases, nutrition</p>
<p>Involve the private sector, NGOs, and civil society</p>	<p>Include doctors, nurses, pharmacists, drug sellers, traditional healers, manufacturers, and other private-sector entities in planning</p> <p>Develop public-private partnerships and other linkages where appropriate to leverage different sector strengths</p>	<p>Conduct mapping of private-sector entities involved in diarrhoea and pneumonia programmes or interested in funding such programmes</p> <p>Based on mapping, suggest relevant private-sector organisations that could be representatives on national working group</p>	

Engage the UN agencies and donors	<p>Solidify partnerships between implementing agencies and donors</p> <p>Utilise WHO/United Nations Children’s Fund (UNICEF) for technical support and guidance and for monitoring progress</p>	<p>Develop a “mapping” of UN agencies and identify other possible donors and sources of resource mobilisation</p> <p>Hold meetings with UNICEF, WHO, and donor missions to ensure that GAPPD recommendations are being coordinated and integrated into national plans</p>	
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Other recommended actions

Be open to innovations	<p>Integrate proven interventions and innovations to eliminate barriers to health and produce better outcomes</p> <p>Identify innovative ways of working together between programmes and sectors and include these opportunities in planning</p> <p>Identify innovative approaches to financing, both for service and product providers and users</p>	<p>Bring GAPPD conversations to national and local child health events</p> <p>Hold meetings with government to identify opportunities for innovative funding opportunities</p> <p>Reach out to non-traditional donors (private sector, corporate social responsibility programmes) for funding</p>	<p>A list of potential events happening in country is available as an appendix to the toolkit</p> <p>Some innovative ideas include:</p> <ul style="list-style-type: none"> • E-learning tools • New vaccines • Task-shifting • Targeting private sector for resource mobilisation
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<p>Generate demand and ensure supply</p>	<p>Share information, education, and communication with health workers, the private sector, the general public, and families</p> <p>Carry out formative research around the barriers and other factors around risk, care seeking behaviour, etc.</p> <p>Engage experts in relevant fields to ensure that communications are evidence-based, consistent, relevant, and correctly targeted</p> <p>Ensure increased demand for services is met – monitor progress in uptake of interventions, and ensure mechanisms are in place to review and availability and distribution of resources</p>	<p>Host and attend promotional and information sessions throughout the year to improve community awareness and care-seeking behaviour</p> <p>Work with partners and government officials to identify key opportunities to promote the GAPPD recommendations during A Promise Renewed events, new vaccine introductions, child health days</p> <p>Identify relevant policy changes that will improve demand and supply and continue to hold meetings, roundtables, and other events to encourage policy change</p> <p>Develop promotional materials that can be used to share information and improve understanding of pneumonia and diarrhoea</p>	<p>A list of potential events happening in country is available as an appendix to the toolkit</p> <p>Potential policy changes include:</p> <ul style="list-style-type: none"> • Over-the-counter zinc • Amoxicillin as first-line treatment • Comprehensive WASH • IMCI
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