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The CSO Budget Advocacy Academy:

Building an Ecosystem of Epidemic Preparedness Advocates

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In 2018, Resolve to Save Lives (RTSL) and the Global Health Advocacy Incubator (GHAI) began supporting African civil society organizations to increase domestic funding for epidemic preparedness. Over time, these efforts have yielded wins, demonstrating that strategic civil society mobilization can drive political commitments and increased national investments. Years of advocacy work, capturing learnings, and evolving the model, culminated in the 2024 launch of the CSO Budget Advocacy Academy, which sought to train and grow a continent-wide network of health security advocates.

> **Countries didn't know how much was being spent on epidemic preparedness, and very little of it was domestic money.** This motivated us to test an advocacy model to see if we could get results, including having governments investing in their own preparedness.
>
> - Marine Buissonnière, Senior Advisor, Prevent Epidemics, Resolve to Save Lives

Where the impetus came from

The Africa Region faces the greatest burden of health emergencies, with public health officials regularly managing concurrent outbreaks of diseases, including Ebola, Marburg, yellow fever, cholera, dengue, meningitis and malaria. The human and economic toll of these outbreaks is devastating and can cripple normal functioning of the healthcare system while an epidemic is ongoing. Yet despite the lower cost of preparedness compared to response, domestic investment often falls short.

> **It was nil. Zero. This year, even for response [Kalu Woreda] didn't allocate any budget.** But after having a discussion they understood the need and urgency for allocating for epidemic preparedness and response. Now they say they understand the use of preparedness funds and that is why they allocated this budget.
>
> - Yemisirach Tadesse Timihirte, Program Manager, Professional Alliance for Development

The need for additional domestic health funding has long been recognized, as encapsulated by the 2001 Abuja Declaration in which African leaders pledged to spend 15% of their budgets on the health sector. Though the HIV/AIDS and Ebola crises exposed global vulnerability to epidemics and spurred international financial and technical support to improve outbreak responses capabilities, they rarely led to greater domestic investment in epidemic preparedness. Public health budgets have remained heavily subsidized by bilateral and multilateral donors, leaving preparedness under-resourced and vulnerable to shifts in external funding priorities.

While there has been some donor funding for preparedness, particularly for increased surveillance capacities, data infrastructure, and training for field epidemiologists, the majority of international support has remained focused on responding to epidemics. Domestically, funds, when available, are often allocated only once an outbreak has happened. Due to these realities, the next step was clear: focus on domestic preparedness funding to prevent epidemics from happening in the first place.

Integrating Learning

From 2018 onwards, intensive advocacy efforts in Nigeria, Senegal, and Ghana, pioneered a model for epidemic preparedness budget advocacy. These years of advocacy imparted critical lessons in how to prepare and support civil society organizations to advocate to their governments for domestic epidemic preparedness funding. However, the early implementation phase also raised important questions about return on investment—whether advocacy infrastructure and operational costs over several years might exceed the funds ultimately mobilized for preparedness— sustainability, replicability and scalability. The original model,

though showing results, relied heavily on human, technical and financial inputs, making it difficult to scale across new countries or subnational jurisdictions.[1]

To create a more adaptable and sustainable approach, lessons from early efforts were synthesized into the Budget Advocacy Framework for Increased and Sustained Investment in Epidemic Preparedness, launched in September 2021.[2] Building on the Framework, the Budget Advocacy Toolkit was completed in June 2022, detailing key actions for each campaign step. In December 2023,[3] a Facilitator's Guide with 11 modules was released to train advocates in using the toolkit. The framework offers a high-level roadmap for political and civil society leaders, outlining four key phases—planning, implementation, accountability, and sustainability—with concrete steps for each. The hope in creating these tools was to lower the barriers to engaging in epidemic preparedness advocacy while enabling a larger audience, not necessarily affiliated with either RTSL or GHAI, to benefit from the learnings and implement their own efforts with fewer resources.

To further field test the new tools and understand how a lighter touch model could work in practice, a capacity building workshop was organized in Tanzania in July 2023. CSOs were invited from RTSL countries of interest–Ethiopia, Kenya, Rwanda, Tanzania, Uganda, Zambia, and Zimbabwe–to identify potential CSO partners in new geographies, using the newly developing model. The workshop covered modules from the tools and leveraged the experience of key actors from earlier campaigns including GHAI and RTSL staff and CSO partners like Nigeria Health Watch and the Legislative Initiative for Sustainable Development as faculty. It also sought to model a peer learning approach to create a sustained network of relationships that could support campaigners as they worked in their countries.

> **You have to understand the context.** That is one of the key strategies that GHAI's advocacy action guide teaches. You do mapping and analysis to understand what the intricacies are that you have to take on, and work based on what the findings are.
>
> - Abdullahi Hamza Hassan, In-country coordinator for Kano State, Nigeria and coordinator for Kenya, Global Health Advocacy Incubator

The Tanzania meeting demonstrated the value of intensive training, with participants expressing strong satisfaction and new CSO partners identified for less resource-intensive campaigns launched in Uganda, Kenya, and Zambia in 2023 and 2024. However, the workshop lacked sufficient background on epidemic

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[1] The initial campaigns in Nigeria, Senegal, and Ghana had budgets of USD 200-300k, while later campaigns in Kenya, Uganda, and Zambia had budgets of USD 50-70k. The costs were not sustainable long-term.

[2] https://www.advocacyincubator.org/news/2021-09-23-epidemic-preparedness-budget-advocacy-framework-unveiled-at-unga-side-event

[3] https://www.advocacyincubator.org/news/2023-12-13-raising-community-voices-for-prioritizing-domestic-resource-mobilization-for-health-security-ghais-impactful-event-at-cphia-2023

preparedness and allowed limited time for interaction. These insights informed plans for an expanded CSO Budget Advocacy Academy.

Scaling the Model: the CSO Budget Advocacy Academy

Recognizing the impact that well-trained CSOs could have, RTSL and GHAI sought to expand the ecosystem of CSOs dedicated to health security and provide them with small grants to carry out targeted budget advocacy projects via a proposed “CSO Budget Advocacy Academy”.

Development of the CSO Academy began in 2023 and was launched in 2024. The concept was to take all the learnings developed since 2018 and support a wider range of African CSOs to develop their epidemic preparedness budget advocacy skills. The focus countries varied only slightly from those targeted by the Tanzania meeting and included Ethiopia, Kenya, Nigeria, South Africa, Tanzania, Uganda and Zambia–countries of interest to RTSL, where deep technical work was ongoing with Ministries of health and/or National Public Health Institutes. A competitive process examined experience with budget advocacy and health systems and how the CSO would integrate Academy learnings into their ongoing work. This led to the selection of seven organizations–out of 169 applicants–to attend several months of online trainings and one in-person workshop. Each organization provided two staff members, explicitly supported by leadership, so that the Academy learnings would better permeate organizational culture and not be endangered if a single person left the organization. Executive directors of the organizations were engaged and attended key meetings to ensure ownership from the top level.

> **We didn’t want this to be another program where they join a webinar and go.** We want them to learn by doing.
>
> - Tayo Ajayi, Associate Director, Global Health Advocacy Incubator

> **What’s really unique is the combination of legal and financing technical assistance paired with grassroots advocacy** to make things that could take years or decades to happen in a much shorter time frame.
>
> - Catherine Cantelmo, Senior Technical Advisor, Domestic Financing, Resolve to Save Lives

The modules began with content from RTSL on the epidemic preparedness landscape including health security, legal dimensions of budgeting work, and health financing. The program then went on to GHAI-led sessions on the mechanics of budget advocacy, mirroring the road map identified in the Toolkit. Sessions were led by experts in their fields and participants presented case studies to ignite discussion on concrete examples of what was being learned. The Academy was rigorous, sessions had pre-reading and homework questions, and attendance mandatory for graduation and recognition.

After two-months of online webinars, in July 2024, an in-person workshop was held in Nairobi, Kenya to bring the CSO participants together to build relationships, delve more deeply into topics, and kick-off the process of planning capstone projects.

The Academy sought to move beyond hypothetical learning, so each CSO was charged with designing a capstone project supported by a modest US$10,000 grant to achieve a distinct outcome over a period of 6 months. Given the quick pace of the Academy, milestones for the capstone project needed to be achievable in a short timeframe. Participants used what was learned in the Academy to design the projects, including researching the background of epidemic preparedness in the target area, goals and objectives, and the approach for reaching those objectives. The plans also included devising key messages for different audiences, expected outcomes, and a timeline.

As support, each organization was assigned two mentors from the continent with experience advocating for epidemic preparedness budgets who accompanied them, first helping to devise the capstone project and then fielding questions in real time, holding regular check-ins, and offering advice as their short-term campaigns continued. The tailored model of accompaniment was instrumental in allowing CSOs to accomplish a great deal in a short timeframe.

> **We are good at advocacy. But as an organization, this academy brought us to a new frontier.** We have had a bit of work on health security, but the health security financing education is not something we could have gotten if we had not done this for a long time.
>
> - Tessy Nongo Maina, Health Communications Specialist, Network for Health Equity and Development

Implementing Advocacy Academy Capstones

Of the capstone projects, three–Ethiopia, South Africa, and Zambia–sought to create new budget lines for epidemic preparedness at the subnational level. Capstone projects in Kenya and Tanzania worked to create new guidelines and strategic plans for epidemic preparedness. A final group–Kano State, Nigeria and Uganda–worked for accountability and effective use of allocated funds.

> **Budgets are not just numbers but are the reflection of the aspirations of what we want to see in our communities.**
>
> - Marine Buissonnière, Senior Advisor, Prevent Epidemics, Resolve to Save Lives

CSO Budget Academy Capstone Project Outcomes

Ethiopia	Professional Alliance for Development	New EP funding line in Kalu Woreda, a local district
Kenya	Kenya Red Cross	Adoption of a One Health strategic plan in Tharaka Nithi County
Nigeria	Network for Health Equity and Development	Incorporation by Kano State of the Health Security Accountability Framework into its work in partnership with CSO coalition and signing of health security bills
South Africa	Lady of Peace Community Foundation	Work toward an EP budget line in Gauteng Province was not achieved but LOPECO continues work toward goal
Tanzania	Benjamin William Mkapa Foundation	National Multisectoral Workforce Surge Guideline for public health emergencies moving through process but not yet adopted
Uganda	Samasha Medical Foundation	Updated National Action Plan for Health Security and annual operating plan adopted
Zambia	Centre for Reproductive Health and Education	Lusaka District EP budget line not accepted but inroads made with parliament and work is ongoing

Budget Lines for Epidemic Preparedness

Ethiopia

In Ethiopia, the Professional Alliance for Development (PADet), which works to improve the conditions for children, young adults, and women, chose as their capstone project to work toward allocation to an epidemic preparedness budget line in Kalu woreda, a district level government in the Amhara region. The area is heavily impacted by infectious disease outbreaks and is particularly vulnerable to cholera outbreaks given a highly mobile population who come to the area for work, refugees from conflict, paired with poor access to clean drinking water.

It is possible to win if we do it in a strategic way and have good relationships with decision-makers and stakeholders. The government is not aware of everything. We need to make them aware and show them evidence, then it is possible to win on advocacy.

- Yemisirach Tadesse Timihirte, Program Manager, Professional Alliance for Development

A budget line for epidemic preparedness and response had previously been allocated but rarely disbursed. Leaders believed that funding was only needed for response and did not understand the importance of financial support for preparedness. By 2024, the woreda did not allocate any funding. PADet had other projects in the area and a deep level of trust with the government, allowing them to sign a memorandum of understanding with the Kalu woreda government on implementation of the project. They also organized a workshop that invited nearby governments who had dedicated budget lines to discuss how they used them. PADet engaged the media which kept the issue in front of officials and the public.

The leadership came to understand the importance of preparing for epidemic preparedness and allocated ETB 500,000 (US$ 4k) and opened an account that businesses and others could contribute to further augment funds. At a follow up workshop with PADet, the government identified gaps in preparedness and how the funds would be used, including by providing public education on how to prevent spread of cholera and malaria and to address recurrent measles outbreaks. PADet is staying engaged on plans for using the funds and received a letter of appreciation from the health office for their work.

South Africa

Lady of Peace Community Foundation (LOPECO), an organization dedicated to building resilient, peaceful communities, saw the Academy as an opportunity to expand into health security given the cross-cutting nature of their work. LOPECO saw their rootedness in communities as a unique strength. They chose to advocate for an epidemic preparedness budget line at the provincial level after conducting a landscape analysis that showed despite recent outbreaks of Mpox, cholera, and measles, Gauteng Province, South Africa does not have a dedicated epidemic preparedness budget line. Gauteng is home to Johannesburg and Pretoria, making it the densest province in South Africa, increasing the risk of rapid spread of outbreaks. The landscape further found that the government only allocated funding for epidemic response, which is far more costly than preventing an epidemic through preparation.

Every time I presented the epidemic preparedness budget line there was a fire drill or alarm, so I used it as a lesson. To respond to these alarms there is a fire marshal, there is a budget, there is planning, there are signs. At one meeting when we returned to the building after hours outside, I asked: what if we were prepared like this for epidemics in every community?

- Celeste Diale, Advocacy Officer, Lady of Peace Community Foundation

LOPECO identified that there was little awareness of the issue amongst the public or in the media, which also meant that epidemic preparedness was not high on the radar of political leadership. They engaged both traditional and social media, as well as communities and traditional leaders in local languages through trainings, newspapers, and WhatsApp to raise the public profile of the issue. These efforts were bolstered by a network of partners who were briefed on the issue and carried the messages to their own communities, representing the campaign even in LOPECO's absence.

LOPECO also directly engaged the provincial political leadership, presenting evidence-based arguments, undergirded by compelling story telling and a petition with 1,500 signatures. The leaders took note of their efforts and recognized LOPECO as an authority on health security in the province. This resulted in

invitations to the budget speech and State of the Province where LOPECO was able to pose questions and speak to the media about their hopes for a greater focus on epidemic preparedness.

Unfortunately, a budget line was not achieved during the brief campaign period. However, the government did increase the health budget and LOPECO is using budget analysis techniques learned through the Academy to analyze whether funds are being allocated to epidemic preparedness. LOPECO remains dedicated to working toward the goal, supported by the skills acquired through the Academy.

Zambia

Lusaka District, Zambia, which includes the country's capital, is prone to severe outbreaks of cholera, including an outbreak in 2023 and 2024 that sickened nearly 20,000, resulting in almost 700 deaths. And despite the health budget reaching 12% of the total budget in 2023, within striking distance of the Abuja Declarations pledge of 15%, neither the national nor district governments had epidemic preparedness budget lines. Following a landscape analysis, the Centre for Reproductive Health and Education (CRHE) identified this vulnerability and lack of funding, leading to a decision to work for the creation of a dedicated epidemic preparedness budget line in Lusaka District. These efforts complemented ongoing work at the national level undertaken by Zambia Health Education and Communications Trust to achieve a dedicated budget line and operationalize a public health emergency fund.

> **One thing that was unique that I took away from the academy was the importance of building strategic partnerships.** It is very crucial with budget advocacy because you not only improve by working together but it also amplifies diverse voices. And this creates stronger, more sustainable advocacy to achieve long term policy changes.
>
> - Mulenga Ching'ambo, Programs Manager, Centre for Reproductive Health and Education

To achieve their goals, CRHE mobilized a coalition, mapping CSOs working on health in Lusaka District and held a meeting to present their project and coordinate action. They also met with local officials at the district disaster management and response unit to further understand the local context and advocate for funding via a budget line. These partnerships proved crucial in amplifying and spreading their advocacy message to decision-makers. Their work was well received and CRHE was twice invited to present to parliamentary committees where they shared analysis of the 2025 budget based on skills learned through the Academy, along with recommendations. The committee took on the recommendation of setting aside dedicated funding for health emergencies, but this was not included in the final budget. Still, the national level work expanded CRHE's aim beyond the district-level goal to set the stage for national impact.

> **Epidemic preparedness will remain part of our workstream.** And we benefit by having this as an integrated issue because it affects the core work we've always done. If we stopped, we would have to come back to it, so it's better to stay focused on it so it doesn't impact our mainstream work.
>
> - Amos Mwale, Executive Director, Centre for Reproductive Health and Education

CRHE intends to continue its work to ensure that previous commitments to epidemic preparedness funding are prioritized in the next budget, particularly as they see effective epidemic preparedness as underpinning their other workstreams. There is particular urgency to have district funding for epidemic preparedness as health is being devolved away from the central government, putting greater responsibility on localities. Given CRHE's experience advocating to parliament regarding Lusaka District, they are also taking on advocacy for a budget line at the national level, as they have regularly met with government agencies and parliament, developing close working relationships.

New Guidelines and Strategic Plans

Kenya

Tharaka Nithi County, Kenya, faces a significant burden of zoonotic illness from anthrax, brucellosis, and rabies, among others. The One Health approach has become an important framework to combat zoonosis and other infectious diseases as it attempts to bring together all players involved in human, environmental, and animal health to mutually support the health of all of these systems. And in Kenya, this approach has shown success, as documented in Resolve to Save Lives report Epidemics That Didn't Happen. In Narok County, an outbreak of anthrax was quickly brought under control through a community surveillance program run by the Kenya Red Cross Society (KRCS) that identified signs of the illness in patients. This alerted health and veterinary authorities who were able to quickly vaccinate animals in the vicinity of the outbreak and support communities to avoid further infection.

> **We are in conversation with other counties to see how they can also adopt this approach.** From an advocacy point of view, you have to start from a conversation and then come up with a plan of how to put it into action.
>
> - Dr. Brian Ikala, Policy and Advocacy Lead, Kenya Red Cross Society

Influenced by the adoption of the National One Health Strategic Plan, the Kenya Red Cross Society saw an opportunity to support Tharaka Nithi County in adopting a costed local plan, tailored to the local context, and rooted in the realities of communities, which KRCS sees as key to the success of its programs. Work had begun on the plan but was stalled as advocacy was needed to ensure there was buy-in from political and technical stakeholders for allocating resources, finalizing, adopting, and implementing the plan. KRCS therefore chose to tackle adoption and institutionalization of the plan as their capstone project. The number of stakeholders was significant, given the nature of One Health, but the KRCS was supported by funding received via the Academy and modules on crafting effective advocacy messages.

KRSC's determined advocacy which included stakeholder workshops, resulted in adoption of the US$ 1.6m, five-year plan, which the County Governor noted was a key achievement in his December 2024 State of the County address. Given the broad scope of the plan and reductions in foreign assistance, particularly from USAID, KRSC continues to work with government agencies to fully operationalize and finance the plan. KRSC also plans to extend their work on adoption and implementation of One Health Strategic Plans to other Kenyan counties.

> **In Tanzania, the challenge during public health emergencies is not limited to just the availability of health care workers and essential responders.** While these professionals exist within the system, the government's ability to deploy them permanently or on a surge basis is hindered by budgetary constraints and the lack of a formalized deployment mechanism from the Ministry of Health. This gap highlighted the critical need for a national guideline to streamline and harmonize the coordination of emergency response efforts.
>
> - Mwajabu Hamisi Mbaruku, Programs Administrator, The Benjamin William Mkapa Foundation

Tanzania

Tanzania faces a chronic shortage of human resources for health (HRH), which prevents provision of basic healthcare in the best of times. During epidemics, these shortages exacerbate the ability of the health system to respond effectively. The ability to surge HRH to where they are needed to bring an outbreak under control is even more essential in this context, given that any locality will already be struggling with an HRH shortage. Indeed, in its 2023 WHO-led Joint External Evaluation of readiness to prevent, detect, and

respond to epidemics, Tanzania scored 1, the lowest score, for both “workforce surge during a public health event” and “activation and coordination of health personnel in a public health emergency.” This was because Tanzania had “no policy and strategic plan in place for workforce surge and no gap analysis has been conducted to identify a surge workforce for emergencies for all sectors.”

Benjamin William Mkapa Foundation (BMF), a CSO that works to improve the healthcare system, in particular through strengthening of the healthcare workforce, identified this gap during its landscape analysis. They saw it, along with sustainable funding for its implementation via its inclusion in the health sector priorities for 2025-2026, as an ideal target to bring together their work and the skills acquired via the CSO Academy to strengthen epidemic preparedness.

The team met with the chair of the human resources for health technical working group who welcomed BMF’s work as it aligned with their own work to create guidelines. And despite delays in securing meetings, further interactions with the Ministry of Health secured approval to create a national multisectoral health workforce strategy that includes workforce surge guidelines to be included in the health sector priorities and adoption of some recommendations developed by BMF. The USAID stop work order in early 2025 had a significant impact on the Mkapa Foundation and the guideline development as millions of dollars and a key partner disappeared, but they remain committed to seeing the process through.

Budget Accountability of Allocated Funds

Kano State, Nigeria

In September 2020, RTSL and GHAI began work on epidemic preparedness budget advocacy at the subnational level in Kano State, Nigeria, building on a campaign that had been going on at the national level since 2018. GHAI and Nigerian CSOs LISDEL, BudgIT, and Nigeria Health Watch were able to achieve significant wins in Kano, including a dedicated budget line for health emergencies at the state and local level. But some work remained unfinished.

The Kano State House of Assembly had made history in 2024 by passing the first state-level health security bill in Nigeria which covered critical aspects of how the state would manage and prepare for health emergencies and the Kano State Centre for Disease Control Bill establishing the first state level public health institute in Africa. However, neither had been assented to by the governor, leaving major gaps in epidemic preparedness and the newly established KNCDC without critical statutory powers. In addition, following an allocation of funds for epidemic preparedness, ongoing work was needed to track its use, identify and address bottlenecks, and ensure transparency and accountability to make the case for ongoing funding. To address this, LISDEL had created the Health Security Accountability Framework and worked with Kano State to gather the data needed to populate it. The end goal was to have the Kano state government integrate the framework into its own practices, but competing priorities had left this work unfinished.

> **We are talking to the media to highlight the importance of investments in health security.** And if we're going to be prioritizing investment in health security, then we must be accountable. Nobody's going to invest in a system where you do not have accountability.
>
> - Tessy Nongo Maina, Health Communications Specialist, Network for Health Equity and Development

The Network for Health Equity and Development (NHED), which focuses on improving public health, identified these gaps during their landscape analysis done as part of the CSO Academy and was connected with LISDEL to understand the Kano context. NHED then met with a wide array of Kano State officials to educate them about the importance for the governor to sign the health security bill. They also asked that the data needed to populate the Framework be made readily accessible and asked that the Framework be adopted and incorporated into Kano government workstreams to

ensure its sustainability. NHED engaged the media to give visibility to their campaign and keep the issue alive for policymakers.

NHED found that the bills had been sitting on the governor's desk and remain unsigned due to technical issues. For the Framework, health officials had seen the work as being owned by LISDEL, but NHED was able to work with leaders to validate the Framework and help them take greater ownership of the Framework outcomes. The government agreed to adopt the framework and now meets at regular intervals with a CSO coalition who populates the framework to discuss its findings and how to improve based on the findings. In addition, the governor assented to the Health Security Bill in January 2025, and the Kano State Centre for Disease Control Bill in February, establishing Kano State as a leader in epidemic preparedness in Nigeria.

Uganda

In recent years, Uganda has had a great deal of success in rapidly responding to outbreaks, led by the Uganda National Institute of Public Health (UNIPH) and the Public Health Emergency Operations Center (PHEOC). But while Uganda's dedicated public health workforce has spent made significant strides to improve epidemic preparedness, these efforts have relied heavily on donor support. Over half of the national health budget has been funded by foreign aid, including almost all UNIPH and PHEOC activities and staff, threatening sustainability.[4] Following campaigning by GHAI and local CSO partner Uganda National Health Consumer Organization, in May 2024, the Ugandan Parliament allocated UGX 57.8 billion (US$ 15.4m) for COVID-19 response and emergency preparedness.

> **We need stronger data systems to track and monitor these monies.** If we were able to get real time data, it would really be helpful even in terms of monitoring the budget cycles to start the conversations on where we need to increase the allocations.
>
> - Gift Akampurira, Program Officer, Samasha Medical Foundation

The allocation was a major win and was received with great enthusiasm. But it also raised major questions: Would the ministry of health be able to absorb such a large sum over a short timeframe? What were the priorities for spending the funds? The costed National Action Plan for Health Security (NAPHS) for 2024-2029 and Annual Operating Plan (AOP), which would set spending priorities for epidemic preparedness and response, had not been finalized at the time of the allocation. And completion of the costed NAPHS was a precondition for release of the preparedness funds.

> **There are a few CSOs globally, not just in Africa, who know the As, Bs, and Cs of budget advocacy and that's what I find unique for RTSL and GHAI.** That is what got me interested to see how I could bring my experience to bear and my background with SEND GHANA to help CSOs become good budget advocates. I really find it's very unique and I'm very proud to see the successes.
>
> - Emmanuel Ayifah, Regional Advisor, Health Security Budget Advocacy Academy, Global Health Advocacy Incubator

Samasha Medical Foundation, a Ugandan CSO that works to improve health outcomes through advocacy and accountability, initially intended to use their capstone project to advocate for the timely release of the US$15.4M that had been allocated by the government. But the project had to pivot: the deadline for finalizing the costed NAPHS continued to drag on, and Samasha saw the urgent need to provide technical assistance to the government to finish the NAPHS. Samasha had been involved in high-level dialogues regarding the NAPHS for months and so was well aware of the technical

[4] https://pmc.ncbi.nlm.nih.gov/articles/PMC10985018/#R22

issues under discussion and able to quickly shift to support finalization of the plan, which was launched in December 2024.

With the spending plan adopted, Samasha shifted back to their original goal of tracking spending but ran into issues given the weakness of budget data systems. Data released by the government is both delayed and lacks detail. In the absence of these details, Samasha hosted a dialogue with government stakeholders to understand what funding was being spent on, and found that by the end of December 2024, US$ 2M had been disbursed to support the Public Health Emergency Operations Centre and Mpox response. And along with government officials, Samasha has engaged international funders, the private sector, and other CSOs to create a united front, creating ongoing pressure to sustainably fund epidemic preparedness. As the allocation will continue into 2025, Samasha will continue its work to engage the government on how funds are being used.

There are a few CSOs globally, not just in Africa, who know the As, Bs, and Cs of budget advocacy and that's what I find unique for RTSL and GHAI. That is what got me interested to see how I could bring my experience to bear and my background with SEND GHANA to help CSOs become good budget advocates. I really find it's very unique and I'm very proud to see the successes. – Emmanuel Ayifah, Regional Advisor, Health Security Budget Advocacy Academy, Global Health Advocacy Incubator

Participant Reflections on the Academy

The academy wrapped up in April 2025 with a final exam and awards for the participant with the highest score, for exceptional implementation of a project, and for contributions by an individual to the course as chosen by their peers.

Those who attended the academy reported great satisfaction with what they learned and an increased capacity to plan and carry out a successful campaign. Participants cited increased ability to analyze the landscape, map and engage stakeholders, and understanding budget cycles. CSOs also noted appreciation for the well-designed curriculum, the mentorship and accompaniment during their capstone projects, and the network of advocates developed through the Academy.

> **With the increase in emergency outbreaks the government should be looking at more financing that is sustainable** and innovations on the accountability side to make sure the funds that are allocated are used effectively. We think this is work we will continue on our side. We are not dropping it any time.
>
> - Gift Akampurira, Program Officer, Samasha Medical Foundation

> **If there is one thing I know for a fact that helped me, it was stakeholder mapping.** The way it was taught to us in Kenya is to this day how I maneuver through my work. That was a groundbreaking moment. It has improved my advocacy strategy, thought process, and the language we use.
>
> - Celeste Diale, Advocacy Officer, Lady of Peace Community Foundation

If there is one thing I know for a fact that helped me, it was stakeholder mapping. The way it was taught to us in Kenya is to this day how I maneuver through my work. I figure out who needs to be talked to and in what language and how to package that messaging. Will this one receive a video well or an email or an in-person invitation? What are the buzzwords? Do they have influence or interest? That was a groundbreaking moment. It has improved my advocacy strategy, thought process, and the language we use. – Celeste Diale, Advocacy Officer, Lady of Peace Community Foundation

Participants also frequently noted the confidence gained by their participation in the Academy, creating enthusiasm to continue. And while many of the organizations worked on health, most did not work on

health security, which has now been incorporated into their long-term workplans.

Participants in the Academy were also given access to a long-term community of practice to stay in touch with and encourage peer-to-peer exchanges as well as membership in the Resilience Action Network Africa, a CSO network that supports African leadership in solving health challenges in Africa.

What was learned

First, with effective capacity building and mentorship, significant advocacy gains could be had in a short time with a limited budget. Though participating CSOs scaled goals to be achievable in a short timeframe, many nonetheless achieved significant, long-lasting change during the Academy and put in place relationships and campaign plans that will lead to increasing impacts as they continue their work.

Second, effective advocacy requires flexibility. As participants in the CSO Academy deepened their understanding of the situation on the ground, they sometimes had to nimbly shift priorities as happened in Uganda with a shift to supporting the finalization of the NAPHS. The underlying reality changed for all participants in early 2025 with the withdrawal of US government support, sometimes seriously impacting the work of the organizations themselves as happened with the Mkapa Foundation. Using the skills learned to reassess the landscape and adapt plans proved critical for making advances.

> **I previously thought advocacy was an ideal and didn't think the government would allocate funds or even listen. But on the ground, it is possible.** For me and our organization it is our first successful advocacy we've been able to implement in this amount of time and with this smaller budget. We will do more and more in the future.
>
> - Yemisirach Tadesse Timihirte, Program Manager, Professional Alliance for Development

> **I was happy about the academy leadership who did a great job following up with us with calls and emails.** They encouraged us and gave us resources and met with us to understand where we were in our projects.
>
> - Oluwatoyin Adeomi, Program Officer, Network for Health Equity and Development

Third, learning from advocacy efforts across many countries proved invaluable given similarities, but at the same time showed the importance of knowing the local context to adapt strategies appropriately. The partnerships and coalitions that CSOs created to advance epidemic preparedness succeeded because they had long histories of success and relationship building in their respective countries—assets that are not quickly acquired or replicated. At the same time, creating networks of learning and support across many African countries and ongoing efforts at peer-to-peer learning via the community of practice have proven especially valuable in challenging contexts, providing a trusted space for sharing strategies, troubleshooting common obstacles, and adapting solutions to local realities.

> **My key takeaway is the network we have created with the academicians.** This network is an important venue for exchange of experiences because the African landscape has similar challenges.
>
> - Dr. Brian Ikala, Policy and Advocacy Lead, Kenya Red Cross Society

Fourth, creating effective, evidence-based messages to advance advocacy goals is critical. CSO Academy participants learned skills in how to gather information and evidence to bolster their arguments and how to frame them to make an impact. Creating messages that transcend the health sector to make arguments to policymakers who have to make decisions for all sectors of a country were seen as particularly effective.

Finally, creating an ecosystem of players with the knowledge and dedication to carry out epidemic preparedness funding campaigns can have long-lasting effects. Many of the CSOs, despite facing the end of formal programming, plan to continue advocating for preparedness funding. Graduates of the CSO academy have expressed enthusiasm to build on their capstone projects and add domestic funding advocacy to their organizations' portfolios. This growing cadre of skilled advocates represents a durable foundation for sustaining momentum and advancing epidemic preparedness long after external support ends.

It is important to realize that we have built relationships. No one does advocacy by stepping into the space, saying two words, and stepping out. We have built relationships. We cannot abandon it.

- Tessy Nongo Maina, Health Communications Specialist, Network for Health Equity and Development

The rapid and deep funding cuts to US global health programs, including USAID, PEPFAR, the Global Fund, and WHO, along with ODA decline from other traditional donors, have created significant challenges for national health budgets in LMICs. In Uganda for example, the government must now cover millions of dollars for HIV/AIDS, malaria, TB, and health security suddenly withdrawn by the US, putting what remains of the US$15.4M for epidemic preparedness in danger as the government considers how to fill the budget gap and cover immediate needs in other health areas. Similar dilemmas are being faced across all the countries of CSO Academy participants. While domestic resources for health are likely to rise in response to gaps, governments may prioritize more immediate health needs over preparedness (the true success of epidemic preparedness lies in its invisibility) and less politically salient areas like health security. These disruptions have also led to major losses of funding for some of the CSO partners. In Tanzania and Zambia, CSO academy participants have been directly impacted by US cuts and have had to lay off staff and cut programs.

The Academy has led to the creation of an ecosystem of civil society that care about epidemic preparedness. We've moved from no constituency to a constituency that is inspired and knowledgeable on how to do this.

- Marine Buissonnière, Senior Advisor, Prevent Epidemics, Resolve to Save Lives

In this new reality, defined by calls for self-reliance, mobilizing domestic resources will be critical, making strategic budget advocacy more essential than ever. Growing the CSO epidemic preparedness funding advocacy ecosystem, which did not previously exist, continues to be an unchartered path as there is no natural constituency like those for people living with HIV or maternal and child health. Still, growing and backing the advocates in this space is a strategic investment as they will play a vital role in the years to come in supporting governments to make hard choices and championing smart, domestically funded investments in epidemic preparedness.