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## A HEALTHY INFLUENCE

How Oxfam convened partners to influence Zambia's elections with the campaign message 'vote health for all' – and saw a 45 per cent boost to the national health care budget

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**Seizing upon a crucial political opportunity, Oxfam worked with national partners in the lead-up to Zambia's 2011 election to campaign for better access to health care. The 'vote health for all' campaign supported communities to raise their concerns about health care at a national level and pressed for increased health spending. Oxfam's investment of \$83,000 has helped bring about a \$126m rise in Zambia's health care budget.**

## **1. What change(s) was this programme intending to influence through its leverage strategy?**

The closely contested presidential and parliamentary elections in Zambia in September 2011 were identified as a key moment to press for change in access to healthcare. Oxfam Zambia worked with several national partners to launch the 'vote health for all' campaign in August 2011. The campaign aimed to support communities to raise their concerns about health care at a national level, helping people to discuss key issues with aspiring candidates and those already in power. The campaign set out to ensure that health care – especially access to medicine and the removal of user fees – was placed at the top of the political agenda in the run-up to polling day and beyond. But it also aimed to persuade all parties to promise to increase health spending in line with the Abuja Declaration on Health, which committed African governments to 15 per cent of their budgets on improving the health sector.

## **2. What, if anything, was new, innovative or different about the approach through which this programme attempted to bring about change?**

The election was seen as a potential 'breakthrough moment' of accelerated change. A detailed power analysis underpinned the strategy, with a focus on the most closely contested ('battleground') constituencies. Significant work was done with communities to identify the key health issues that most resonated with them, which fed into the strategy and campaign messaging. This 'bottom-up' approach meant it was relatively easy to engage communities in target constituencies as well as local decision makers. The campaign was multi-layered, working at both grassroots and national levels, and supported by the regional centre, staff in Oxfam House in the UK, and Oxfam Germany.<sup>1</sup>

## **3. Recognizing that leverage can be achieved in different ways, how did the programme leverage change?**

Leverage was achieved using a broad range of campaign tools. At a community level, local artists and musicians helped to spread the campaign's messages through song, drama, and poetry. Oxfam's partners also organized a series of local meetings for voters to discuss health issues with parliamentary candidates. During these meetings, candidates were invited to make a public pledge to improve health care if they were elected. At a national level, the campaign was launched with a large concert in the capital city of Lusaka. The launch was backed up by media coverage highlighting the challenges that Zambian citizens face in accessing health care. Other activities included a press conference with the presidential candidates and the release of a policy report that caught the attention of many high-profile political figures.

## **4. What worked well and not so well with efforts to leverage change through this approach?**

The elements that worked well included:

- Learning from previous election campaigns: The Essential Services

team had experience of supporting national election campaigns, including in Malawi, Nigeria, and Liberia. A key member of the Malawi office, now based at Oxfam GB's head office in the UK, joined the 'Friends of Zambia' team specifically to share the learning from the Malawi experience.

- A multi-disciplinary team formed to support the national campaign, including staff from the country office, regional centre, Oxfam House, and Oxfam Germany. Leadership and decision-making remained with the country team, but clear roles and responsibilities and ways of working allowed them to draw on the strengths of affiliates and the region.
- Extensive 'groundwork' was undertaken by the country team and regional office, running workshops with community groups and partners to identify the core issues that would form the backbone of the campaign.

What did not work well:

- Convening the coalition required time and energy from the country team. While this was successfully achieved, it diverted the team's attention from building the capacity of partners to effectively lead the coalition. This lack of capacity, in addition to the decision to place the Campaign Manager within the Oxfam office, meant that Oxfam ended up playing a co-ordination role as well as the 'convener'.
- Oxfam bureaucracy and procedures slowed down the decision-making process, which was challenging given the tight timeframe. As Monica Mutesa, Health Care Programme Manager for Oxfam in Zambia, said, *'we need transparent and accountable systems, but it should not stand in the way of delivering campaigns'*.
- Although planning for the campaign began well before the elections were announced, most of the activities were carried out in a short space of time. This created significant pressure and meant that consultation with partners, particularly in delivering some activities, was not as comprehensive as it could have been.

## **5. What capabilities, knowledge or skills were helpful when implementing this approach?**

In-depth knowledge of the national context was provided by the country team and partners. With support from the regional centre, they led a 'bottom-up' approach to developing the campaign strategy, and provided insights into the political dynamics and processes to exploit.

The multi-disciplinary team was essential to the success of the campaign. From policy officers' support with developing policy briefings, to developing a campaign brand through Oxfam GB's design team, the country team was able to draw on the resources and skills from across the confederation.

## **6. What has changed as a result of the programme and how have**

**you measured this? (Where possible, quantify the scale of programme success in terms of outcomes and reach, and relate this to inputs and cost.)**

Concrete policy changes were announced by the incoming government. The new leader of the country, President Sata, had already expressed his support for the campaign in the run-up to polling day. Soon after the election, the new government committed to increasing spending on health care by 45 per cent in its first budget. This translated into a \$126m increase in the health budget. Given that Oxfam's investment (both financial and in terms of human resources) totalled \$83,000, this was a substantial return on investment. The country's Minister of Health also set a 90-day deadline to remove user fees from all health centres, and pledged to end stock-outs of vital medicines in clinics across the country. The minister also pledged that the new government would cover the costs of training an additional 2,500 health workers.

The Zambian Civil Society Health Forum undertook field research in the six-month period after the elections, to assess whether the election promises had translated to improvements in health access and delivery on the ground, with a particular focus on the removal of user fees. They conducted research in five districts, and found that access to services had improved in all of the health centres surveyed. However, the additional take-up of health services resulted in increased pressure on the already fragile health system. In many cases, it has led to deterioration in the quality of service provision, and particularly in the availability of medicines. They concluded that the benefits of the government's health commitments had not been fully realised because of the underlying challenges in the health system, the pace of reforms, and because the commitments were not matched by a sufficient increase in the health budget.

**7. Can you describe (or measure) Oxfam's contribution to that success?**

Oxfam made a crucial contribution to the success of the campaign. Oxfam convened the campaign's coalition, bringing together its long-term partners like the Civil Society Health Forum with the Zambian Platform of Fair Play for Africa, a pan-African network that Oxfam helped to establish. It facilitated planning workshops with partners, supported the development of the strategy, and provided all of the financial resources to deliver activities, as well as enabling the recruitment of a Campaign Manager.

While a campaign report was written after the elections, a comprehensive evaluation that measured impact and attribution was not undertaken. However, evidence suggests the campaign did achieve impact. The campaign was acknowledged by the then-leader of the opposition, Michael Sata. Five of the incoming ministers signed the campaign's pledge-card, including the new Minister of Health. The Zambia team are also in the process of gathering more informal feedback from partners about Oxfam's contribution to the coalition, and interviewing policy makers about the campaign's impact on the government's post-election

policy announcements.

## **8. Are there any other lessons you have learnt about how to effectively leverage change?**

Identify opportunities to achieve accelerated change – ‘planned shocks’ – which can be leveraged for maximum impact. Recognize that change is deeply political, and have conscious pre-meditated engagement with the political process as a result. A careful and extensive power analysis needs to underpin the strategy, that focuses resources on battleground constituencies and swing voters that can affect the election result.

Extensive groundwork with communities will ensure strong community activism during the campaign, and help lay the foundation for wider active citizenship goals. Groundwork with partners is equally important, and capacity building with partners early in the planning process will ensure that they can hit the ground running when the campaign gets into full swing. Begin the process of development of policy positions and strategy early in the process, to ensure the buy-in and ownership of the campaign by partners.

Retain leadership and ownership with the country team, but maximize support from regional staff and affiliates with clear co-ordination points.

**By Adam Musgrave, Senior Global Campaigner, Essential Services**

<sup>1</sup> Oxfam Germany has a health policy advisor who is part of the Oxfam International health team and had been working with Oxfam in Zambia for some time (before the Single Management Structure).

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This case study was written by Adam Musgrave, Senior Global Campaigner, Essential Services. It is part of a series of papers and reports written to inform public debate on development and humanitarian policy issues.

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