ADVOCACY UNDER PRESSURE

Redesigning advocacy for challenging times

What still works and what needs to change



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An important need must become a priority

Advocacy influences decisions about funding, policies and services.

THE ENVIRONMENT

1. Unfavourable politics
2. Scarce resources
3. Unclear responsibility

THE ADVOCACY PROCESS

4. Different stakeholder priorities
5. Attention without commitment
6. Limited capacity to keep going

The six difficulties structure this presentation. Their importance varies across countries and organisations.



1. An unfavourable political environment

Political instability and polarisation can reduce attention to health and disability. Immediate pressures can displace lifelong needs.

WHY THIS HAPPENS

Policy windows: opportunities depend partly on political conditions. Strong evidence alone cannot create a favourable moment.

WHAT ADVOCATES CAN DO

- Build relationships across political groups.
- Pursue opportunities at different levels.
- Protect commitments and keep proposals ready.

Kingdon (1995). Agendas, Alternatives, and Public Policies, 2nd ed.

2. Scarce resources and competing needs

THE PROBLEM

Decision-makers recognise the need but allocate limited resources elsewhere.

WHY THIS HAPPENS

Political priority depends on organised support, the way the issue is understood and credible solutions.

WHAT ADVOCATES CAN DO

- Choose the change to pursue now.
- Set out costs, benefits and the consequences of leaving the need unmet.
- Prepare a full proposal and a feasible first step towards it.

Shiffman & Smith (2007). The Lancet, 370, 1370–1379.

3. Unclear responsibility

Organisational change disrupts contacts and leaves requests without an owner.

Distributed power

Approval, funding and delivery may sit with different people.

WHAT ADVOCATES CAN DO

Identify who can approve, fund and deliver.

Ask contacts to connect you with those responsible.

Record commitments and confirm who takes over when staff change.

Cairney & Oliver (2017). Health Research Policy and Systems, 15, 35.



4. Different ideas about what matters

Stakeholders may support the broad cause while disagreeing about priorities and what counts as success.

WHY THIS HAPPENS

Framing: how people understand a problem shapes which responses they consider appropriate.

WHAT ADVOCATES CAN DO

- Agree the improvement in everyday life sought.
- Connect it to each stakeholder's responsibilities.
- Discuss trade-offs and protect essential needs.

Entman (1993). Journal of Communication, 43(4), 51–58.

5. Attention without commitment

WHY PROGRESS STALLS

Evidence and personal accounts can generate sympathy without a decision.

Action also needs a workable proposal and an opportunity to decide.

WHAT ADVOCATES CAN DO

- Connect evidence and experience to one request.
- Identify the next budget, policy or service review.
- Seek a named next step and date. Clarify what blocks a refusal.

Cairney & Oliver (2017), doi:10.1186/s12961-017-0192-x; Kingdon (1995), Agendas, Alternatives, and Public Policies.

6. Limited capacity to keep going

Small organisations and volunteers face repeated requests, slow progress and too many activities.

WHY THIS HAPPENS

Organised support: cohesive networks need a shared goal and coordinated contributions.

WHAT ADVOCATES CAN DO

Agree a manageable priority and divide the work.
Share evidence, materials and contacts.
Review what advances a decision and focus effort.

Shiffman & Smith (2007). The Lancet, 370, 1370–1379.



Four contributions to a stronger case

Contribution	What it brings to advocacy
Evidence	What is known about the need and possible responses
Lived experience	Everyday consequences and overlooked barriers
Health literacy	Understandable messages and navigable support
Strategic communication	The right people, responsibilities and opportunities

Cairney & Oliver (2017); WHO (2022). Teaching synthesis. Each contribution supports the same clear goal.



Trust and follow-up sustain impact

TRUST

Represent experience faithfully. Explain evidence, uncertainty and relevant interests.

RESPONSIBILITY

Record who will act, what they will do and when.

DELIVERY

Check that resources and promised changes follow.

ACCESS

Check that people can understand and obtain support.

Cairney & Oliver (2017); WHO (2022), Health literacy development.

What works, and what needs to change

What still works	How it adapts under pressure
Raising awareness	Connect attention to a specific request
Providing evidence	Address the decision and its constraints
Lived experience	Identify the barrier and improvement needed
Relationships	Reach approval, resources and delivery
Working together	Agree priorities and divide responsibilities
Securing commitments	Follow implementation and access

When progress stalls, identify the obstacle before increasing the effort.

“Not everything that is faced can be changed; but nothing can be changed until it is faced.”

James Baldwin
“As Much Truth As One Can Bear,” 1962.

Main references

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