EDITORIAL

OUR CHRISTIAN CALLING TO ADVOCATE

ADVOCACY: IS IT JUST A CATCHY TERM OR A REAL GAME-CHANGER?

ADVOCACY TOWARDS ACCESS TO MEDICINES

ADVOCACY - CHANCE FOR CHANGE

WORKING TOGETHER ALWAYS HELPS!

BIBLE STUDY
The theme of this special edition of the Contact is such an inspiration to us as Christians. We know that we are saved through the greatest advocates of all time; Jesus Christ. The Bible puts it way better that I ever would: “My dear children, I am writing this to you so that you will not sin. But if anyone does sin, we have an advocate who pleads our case before the Father. He is Jesus Christ, the one who is truly righteous.” 1John 2.1

But I am also reminded that we are called to be like Jesus our Lord and that means we actually must be involved in advocacy one way or the other. There is always a voiceless person, a vulnerable person, a weaker person than ourselves and we must stand in the gap and speak for those who can’t speak or those who wouldn’t be heard even if they spoke.

I was just reading the reflection from World Council of Churches (WCC) General Secretary, Rev. Dr Olav Fykse Tveit, on the relevance of religion in today’s world from his speech at a sustainable development seminar in Rome on 4th May 2016, and his question was: “Is religion able to bring hope to people of today?” And I ask the same question though I already have an answer. Yes! Religion can bring hope and religion is bringing hope to a desperate world. It is definitely not possible to bring all the answers to the world’s problems but everyone can contribute to enlighten another person’s life. That’s where advocacy comes in.

But what’s advocacy really?
Who does advocacy?
To whom?
What has been done?
What is being done?

These are some of the questions that are addressed in this edition of the Contact magazine and answers are provided to a good extent. In this publication, we read from the Christian Connections for International Health, Churches Health Association of Zambia, Africa Europe Faith Justice Network (AEFJN), Mirfin M Mpundu the Executive Director for the Ecumenical Pharmaceutical Network (EPN), Astrid Berner-Rodoreda from Bread for the World and Dr. Andreas Wiegand_General Secretary of the German Pharmacists’Aid/ APOTHEKER HELFEN e.V. You will find a brief bio of each author on the last page of this document.

The EPN Secretariat has been involved in a number of advocacy activities in the past and together with our members, we will place a lot of emphasis on advocacy work as it’s actually a supporting pillar to our other focus areas of work. We will need a lot of support from our partners and members because together we can carry out life-changing advocacy ventures.

We are privileged to be in partnership with an organization as strong and supportive as the World Council of Churches (WCC) and EPN has enjoyed its support and council on many occasions. WCC is EPN’s mother organization and perhaps we should use this publication to say “happy mother’s day to WCC”.

Let’s work together!
Let’s strengthen our partnership!

Thank you!

Nice Fidélité
Communication Officer
Ecumenical Pharmaceutical Network

Advocacy originates from advocare, 'call to one's aid' or to speak out on behalf of someone, as a legal counsellor. Conceptually, advocacy fits into a range of activities that include organizing, lobbying and campaigning. Organizing is a broad-based activity designed to ensure that the views represented in advocacy come from those who are actually affected by the issue.

Lobbying derives from the Latin word loggia, a room where one would meet directly with decision makers to engage in (often private) quality discussions and debate. Compared to organizing, lobbying takes a more targeted approach and reaches out to fewer people. On the other end of the spectrum, the Latin origin for campaigning is campus, the wider battlefield. An advocacy campaign publicly promotes an agenda, involving platforms where a wide audience can hear the advocate’s message.

As Christians, we believe that advocacy is the fulfillment of Jesus Christ's call to be servants to others. The Gospel repeatedly highlights how Christ advocated for the marginalized in society through treating them with respect and love. He also did not shy away from clearly speaking out against injustice and pointing out when others used the law to their advantage against the less fortunate. Elsewhere in the Bible we see calls to action:

1. Proverbs 31:8-9 calls us to “speak out for those who cannot speak, for the rights of all the destitute. Defend the rights of the poor and needy.”
2. Isaiah 58:6-10 states: “Is not this the fast that I choose: to loose the bonds of injustice, to undo the thongs of the yoke, to let the oppressed go free, and to break every yoke? If you offer your food to the hungry and satisfy the needs of the afflicted, then your light shall rise in the darkness and your gloom will be like the noonday.”
3. Micah 6:8 reminds us: “He has shown you, O you, O mortal, what is good. And what does the Lord require of you? To act justly and to love mercy and to walk humbly with your God.”

Indeed, the Lord requires us to be a voice for the vulnerable by addressing matters of policy formation in our countries. We should identify, analyze and understand local problems so we can form a dialogue and find solutions with local and national leaders. While doing so, we must frame our issues in a way that can be understood in a secular environment yet still highlight Biblical truths of compassion, mercy and service to others. In the end, it is this desire to be a servant advocate that is the driving force of Christian advocacy. Esther reminds us in 4:14: “Who knows but that you have come to a royal position for such a time as this.” It is our time to prayerfully consider how we can help others by making power work for the poor and the powerless. Advocacy enables communities to get to the root causes of poverty, injustice, ill health and other dignity sapping realities. Without this approach development work would be restricted to managing symptoms.

Advocacy Challenges

- Advocacy takes a long time to show results;
- Some Advocacy outcomes such as a more assertive, vocal community are difficult to quantify;
- Advocacy is viewed as being political and this can cause reluctance to engage;
All advocacy efforts should be based on informed research and be guided by a deliberate, planned and sustained effort. The ultimate goal of advocacy is for people affected by a problem to advocate for themselves. However there is a realization that this ideal is attained after a lot of investments in community capacities. In this regard we believe that we can advocate for and with affected communities as we journey towards the ideal in which communities speak for themselves. We should all seek to build the capacities of institutions to facilitate the building of community capabilities in advocacy. This approach gives communities confidence to challenge injustices and speak truth to power.

The ultimate goal of advocacy is for people affected by a problem to advocate for themselves

The core of advocacy is educating and challenging ourselves and our leaders to change attitudes, behaviors and policies that perpetuate injustice. Our goal is to ensure health and wholeness for all. As faith-based organizations, we believe it is essential to give a voice to faith communities in secular environments. Faith-based organizations provide 30 percent or more of health services in many countries. As such, they need to be included in the decision-making processes of said countries. CCIH, its members and its partners participate in local, national, and international meetings as representatives of our communities. They frequently visit the offices of U.S. Representatives on Capitol Hill to inform staff of issues important to the faith community. CCIH partners in the Global South, such as CHAZ work closely with local and national governments - particularly the Ministry of Health - to ensure the voice of faith-based health providers is heard.
The January 2016 International Conference on Family Planning (ICFP) conference first ever Faith pre-conference is an example of the fruit of years of advocacy towards conference organizers and the success of also including a statement from the Faith community at the conference's closing plenary. Link to Facebook photo album on ICFP: https://www.facebook.com/media/set/?set=a.10153461798129226.1073741838.143016839225&type=1&l=1fa5ae8547 and link to article on ICFP: http://www.ccih.org/family-planning-a-reproductive-health/656-icfp-2016-faith-involvement.html

1. What are plans for the future? What do we wish to see?

   a. We hope that in the future FBOs will be having organizational advocacy strategies or advocacy goals and objectives as part of their strategic plans;

   b. That the Africa Christian Health Associations Platform (ACHAP) engages in specific advocacy activities, including, but not limited to discussing and adopting the draft 5-year advocacy and communications strategic plan during its next biennial conference;

   c. For resources on advocacy, how to design an advocacy strategy and hear from other Christians on what advocacy means to them:

      • K4Health Advocacy Toolkit: https://www.k4health.org/toolkits/family-planning-advocacy
      • Advance Family Planning: http://advancefamilyplanning.org/portfolio

      • In the closing plenary session at the CCIH 2015 Annual Conference, Jason Fileta, Director, Micah Challenge US discussed extreme poverty, how Christians can advocate for ending it and what advocacy means to the Micah Challenge and to Christians. Katie Kraft, Advocacy Coordinator, Healthy Families, Healthy Planet, General Board of Church & Society and the United Methodist Church addressed why Christians should advocate for those in need and in particular, for the protection of women and children through family planning. In conclusion, Yoram Siame, MPH, MSc, Advocacy Planning and Development Manager, Churches Health Association of Zambia discussed why Christians should have the courage to advocate and stand up for the rights of the marginalized. https://www.youtube.com/watch?v=8dvykYUpW_s
Advocacy is talked about by everyone these days and it has become an increasingly important issue for EPN, yet people do not understand the term in the same way. I will not attempt to give a new definition here but I will instead work with the definitions provided by dictionaries which describe advocacy as: ‘the act of pleading for, supporting, or recommending, active espousal’ (dictionary.com). Interestingly enough the term is not a 20th century term but dates back to the late 14th century! So, even in the Middle Ages, advocacy seems to have been an important concept. Advocacy is also used to describe activities which aim to change political, economic, and social conditions for particular groups. Often, advocacy is done by and for people who need to have their voices heard in order to defend and safeguard their rights.

For many years, activists on HIV issues have been very vocal on access to treatment issues. One of the most successful advocacy groups has been the Treatment Action Campaign (TAC) in South Africa. When they were formed in 1998, no treatment for HIV was available in South Africa and stigma was high and widespread. One of their first actions was to fight against stigma with the now famous HIV-positive T-Shirts and to call for a national prevention of mother to child transmission (PMTCT) programme.

In 1999 Thabo Mbeki became the 2nd democratically elected President of South Africa - unfortunately, he and his Health Minister subscribed to denialist views on HIV which made any progress on the issue of HIV in South Africa a real battle.

In April 2001 TAC joined the South African Government as ‘amicus curiae’ in a court case which the Pharmaceutical Manufacturers Association (PMA) had brought against South Africa on the basis of the South African Medicines and Related Substances Act of 1997 which allowed for parallel imports and compulsory licensing. The Act was in line with the TRIPS agreement by the World Trade Organisation, nevertheless the pharma companies tried to get South Africa to change this Act. TAC made the lawsuit known internationally and Zackie Achmat, the then Chairperson of TAC commented: ‘This case is about life or greed. It’s as simple as that: life or greed’. The statement was broadcast around the world and in the
same month that TAC was admitted as ‘amicus curiae’ supporting its Government against the interests of Big Pharma, the PMA withdrew the case. ‘Name and shame’ to this day remains one of the most successful methods of advocacy work.

Yet TAC did not stop there as the victory over the pharmaceutical companies did not change access to treatment in South Africa. In 2001 TAC started litigation against its own Government as there was no sign of any roll-out of PMTCT programmes. In July 2002, the Constitutional Court ruled in favour of TAC and stipulated that the Government must provide medicines for PMTCT to pregnant HIV-positive women. TAC also lobbied the South African Government to develop a national treatment plan which got adopted by the South African Cabinet in November 2003. Zackie Achmat had refused to take HIV medicines for his own health until they became available in the public sector. He almost paid for his committed stance with his life.

In April 2004 South Africa finally began rolling out treatment and this was largely if not wholly due to the tireless advocacy efforts by the Treatment Action Campaign.

Had TAC – instead of litigating against its own Government and mobilizing its own constituency as well as the faith based sector to march to Parliament or to the Courts – been contented to just offer its own solution of providing treatment, it would have had far less impact. It would have helped a few people to access treatment but it would not have changed the lives of millions of people. The fact that South Africa now has the largest anti-retroviral treatment programme worldwide with millions of people accessing the life-saving medicines is due to the unrelenting advocacy work by TAC. And this seems to me to be one of the most important issues about advocacy – one needs to change the overall conditions and not to be contented to be a stopgap for the shortcomings of Government or private industry.

Another factor is worth highlighting about advocacy work: TAC became known for its mass demonstrations, its court cases against its own Government (all of them were won by TAC) yet the success of TAC was also largely based on the consistent and high quality treatment literacy work which volunteers received on treatment issues, on their constitutional rights, as well as on national and international policies. Most of the volunteers were HIV-positive themselves. This enabled TAC to do advocacy work at all levels with well trained people who understood the issues and could speak out for their own rights.

It is impossible to do successful advocacy work without mastering the subject matter. One really needs to be well-informed about the issues one would like to see changed.

So for pharmaceutical advocacy work, one needs to know the ins and outs of the medicines that are produced by the respective firms, the terms and geographic scope of their voluntary licenses, patents, etc. And, of course, a major factor in successful advocacy work is to do it with and not just for the people for whom things need to change. Many other groups have done advocacy work with their own Governments as well as with the pharmaceutical industry. The German ‘Action against AIDS’ advocacy network has advocated for a fair contribution to the Global Fund by Germany since 2002. In 2008 Germany increased its contribution to the Global Fund from 80 Mio. Euros to 200 Mio. Euros p.a. Yet since then, the German
Government has, with a few annual exceptions, refused to increase the amount further.

It is often hard to say what might have been triggering the point of change – was it one particular group’s demands, one press release, one event? Has the total environment or public opinion changed? Usually, a number of factors are responsible for bringing about change, as we have seen with ACTA – the Anti-Counterfeiting Trade Agreement – which was rejected by the European Parliament in July 2012. Action against AIDS and other health advocacy groups had lobbied and advocated against signing the treaty as it would have had detrimental effects on access to generic medicines. Other groups were concerned about restricting the right to freedom of expression and information privacy. It was the concerted efforts, many demonstrations, many press releases and talks with political representatives that changed public opinion and the opinion of the MEPs.

What has all of this to do with EPN? As a network EPN can easily collect and supply information about the treatment situation in various countries, the extent to which we see resistance against HIV, TB, malaria and antibiotic medicines, the extent to which important diagnostics like viral load machines, gene-expert TB machines are available in countries, the extent to which newer medicines are available in countries or are exorbitantly expensive due to the medicines being patented, the extent to which men are included in testing and treatment (as we see that they are lagging behind women) just to name a few issues. This information can then be used to try and bring about change.

EPN would then be able to advocate for cheaper prices for diagnostics with the producers of diagnostics, for pharma companies to invest in developing new medicines and to license them to the Medicines Patent Pool, or for Governments to make more money available for research and development of newer medicines, for Least Developed Countries which do not have to implement the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement yet to invest in local production of these new medicines, for countries and faith based facilities to educate people better on adherence issues, for facilities to actively target men with the aim to improve their health-seeking behavior, etc.

The key to doing successful advocacy work is to gather relevant information and to know who to address the information to, forming meaningful alliances and using the tools that advocacy offers (press releases, petitions, lobby talks, publications, public events, etc.). At the end of the day, there is not only need to be an understanding of the issue among policy makers or stake holders of why things need to be changed, there is also needs to put enough pressure on these stakeholders to deal with the issue. Thus a combination of talks behind closed doors and public advocacy work has often worked best in bringing about change. There is certainly ample opportunity for EPN to engage in more advocacy work, as the network has access to so much information on the health situation in African countries. EPN is committed to working towards an improved health situation – advocacy is an important strategy to reach that aim.
Despite the major gains over the past several years towards the attainment of the Millennium Developmental Goals (MDGs), we fell short as a global community. Goals ranged from cutting extreme poverty by half and combating the spread of HIV, malaria and other diseases. Specifically the MDGs that focused on health included the following,

- Reduction in child mortality;
- Improving maternal health;
- Combating HIV/AIDS, malaria and other diseases.

On all these 3 MDGs; we made progress and yet more needed and needs to be done as we build sustainable developmental goals on these.

One of the key components of reducing child mortality, improving maternal health or combating HIV and other infectious diseases is having equitable access to quality medicines when patients need them. However, access to quality essential medicines remains a huge challenge and stumbling block in achieving health goals whether they are MDGs, or the adopted Sustained Developmental goals (SDGs). This mere access to health services remains a mirage, a dream and a far cry for many populations around the world, especially those in low and middle-income countries.

The Ecumenical Pharmaceutical Network (EPN), a network I work for, has a vision to be ‘a valued global partner for just compassionate pharmaceutical services for all’. This is built on the foundational premise that access to health and quality medicines is an inherent human right for all. Thus our advocacy
efforts are built around this goal of promoting access to quality medicines and supporting church health institutions so that they can provide just and compassionate pharmaceutical services.

We have many fronts to advocate from, for example, in Sub-Saharan Africa, the relative burden of child and maternal causes of morbidity and mortality have declined but remain the top drivers, along with communicable diseases, of health loss in most countries (IHME et al. 2013). Many millions of women and children die each year from preventable causes. The inequitable access to medicines and health supplies remains a major driver (UNFPA 2012). According to the UNFPA (2012), there are three main barriers to the access and appropriate use of medicines and health supplies: insufficient supply of high quality commodities; the inability to effectively regulate these commodities; and the lack of access and awareness of how, why and when to use them, resulting in limited demand.

The picture is no different in HIV/AIDS therapy with the UNAIDS reporting that in at least 14 countries in Africa, 80% or more of people who were estimated to be eligible for treatment under the 2013 WHO guidelines were not receiving antiretroviral therapy as of December 2012, further that of the eligible 12.2 million people living in Africa eligible for antiretroviral therapy in 2013, only 7.6 million people were receiving HIV treatment as of December 2012. This is an alarming, very disheartening and concerning picture.

The two examples just show us how the faith-based sector has more to do in terms of advocacy work towards the issues surrounding access to health. Of course we know the other challenges that the faith-based sector has to deal with from lack of health financing, poor infrastructure to the dearth of human resources. With millions of patients passing through the faith-based sector–health facilities, one would wish we could see more attention and investments given to this sector. We have to deal with emergencies such as we saw in Liberia, Guinea and Sierra Leone to dealing with infectious diseases like malaria and tuberculosis which are still claiming lives in most African countries.

The need for diagnostics, the fight against high prices of medicines, the mushrooming of counterfeit and substandard medicines, the high health care costs are all challenges we face today. We can all join in advocating within our countries to our governments, bilateral and multilateral partners, at regional levels and at the global level. Keeping quiet will not help and is no solution. God has endowed us with voices, knowledge and wisdom to use in bringing up the challenges we face, speaking for the patients in the last mile concerning the challenges and plight they face.

Yes we have the SDGs now, if there is one thing we learnt from the MDG era is that it takes more than words but more work and commitment, investment and concerted effort, to achieve developmental goals. Until equitable access is a goal, we should not rest!

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Advocacy is a process which aims at changing attitudes, actions, politics, and laws. If the Ecumenical Pharmaceutical Network, EPN, wants to use the instrument of advocacy, it needs to coordinate and combine the huge potential it has as a network. The overall aim is to improve the health of patients through the provision of better pharmaceutical services from the health facility.

Advocacy work tries to influence the society, the people, responsible personnel or any other structure in order to lead to change. EPN is a network of organizations that focus on key elements of programmatic work set out before the beginning of a new strategic area. However, as a network EPN has not done so much in terms of advocacy.

In the past EPN tried to support its members and other organizations by cooperating in advocacy work to raise the awareness on antimicrobial resistance, and to advocate and recruit church leaders to support HIV infected people in order to reduce stigma. It has done these activities mainly by traditional means of workshops, informative meetings with different other stakeholders and organizations, public lectures at universities, and practical project work. A few organizations have participated actively in these advocacy projects. But with respect to its number of members, EPN has not yet used the instrument of advocacy on multi-country level.

The material elaborated for activities of mentioned projects above was provided by the EPN Secretariat. What is needed to utilise the instrument of advocacy work to strengthen the change within one of the targeted areas where EPN is active? It can’t be the Secretariat alone as advocacy work is a network’s activity.

A clear commitment by its members is needed for the following elements of advocacy work:

- Responsible contact person of each member organisations for advocacy work
- Agreed target area (s) for a defined period of time;
- Define the target audience for advocacy activities?
• Who are possible allies?
• What are the resources for advocacy work?
• Creation of an action plan;
• Implementation, monitoring and evaluation.

German pharmacists’ Aid is a very small NGO and a fairly new member of EPN. Currently it’s trying to improve its means of communication in order to reach its main target population: the German pharmacists. it regularly reports about its projects in pharmaceutical journals, newsletters of pharmaceutical associations, a monthly electronic newsletter, its website and Facebook fan page. It also participates in different national pharmaceutical conferences, whether for retail pharmacists or colleagues from the hospital. Even small meetings, e.g. a group for quality assurance of pharmacists located in Munich, receives a talk about global health, the issues of pharmaceutical services in resource limited settings and how German pharmacists’ Aid tries to improve the situation.

German pharmacists Aid also tries to increase its network with other organizations to be able to start with real advocacy work. To advocate for health issues is a difficult task yet it must be done to influence politics who is one of the main supporters of even church organisations to run programs in development work.

The contact magazine has put different important issue into its focus of its last issues, e.g. Ebola, access to medicines an issue of social justice, HIV Aids in the new global era. It raises the voice for health in the environment of faith based organizations. It is one medium to reach a limited number of people. The WCC and EPN need to be more creative to identify more means of reaching target audiences to improve the health of the people.

Even health is defined as a basic human right, and Jesus is our most prominent testimonial who always cared for the health of people therefore we, as his followers, need to do more about it. Together we are stronger than each individual organization on its own. It’s upon us to decide whether we will use our network’s strength or not.

Many religious are involved in letter writing campaigns, protest marches or petition signing to draw the attention of political leaders and representatives to certain injustices and needs for political change. Their commitment is of the utmost importance!

AEFJN is a network (member of EPN) of 41 Roman Catholic religious congregations and societies, all of whom are deeply concerned about Africa and its people. Aware of the richness of our experience of Africa, we want to contribute actively to bring about more equitable relations between Europe and Africa and to take our place as a group among the many groups that form the new player on the political scene: civil society.

Advocacy and Lobbying

Advocacy is speaking in favor of an idea or on behalf of a group in order to raise political awareness about a given issue. Generally, advocacy precedes lobbying.

Lobbying is undertaken within the process of political decision making in order to influence the decision and the legislation that flows from it. It involves targeting the right persons at the right time and at the right level using appropriate communications effectively coordinated.

Lobbying can be either proactive or reactive. Proactive lobbying is practiced to encourage the Government or Parliament to produce a proposal concerning a specific issue. Reactive lobbying is necessary when the Government, a party or Parliament produces a “green paper” or discussion paper or holds a public hearing. These frequently anticipate a future law. They provide an opportunity to respond with reactions, ideas and suggestions.

Lobbying is a growth industry. Every sector of society has its representative body: business, trade unions, consumers, environmental groups, human rights groups, regions and yes, the Churches and missionaries too!

The problem for the Church is not whether it should get involved in politics, but how to come out into the open political arena and advocate boldly for gospel values in today’s society. Christians need to show that they are also part of Civil Society. As missionaries and Religious we are in the prophetic vanguard of the church and have a privileged position, which often enables us to lead the way!
Four good reasons why Religious should be involved with politics

As Religious we are well placed to command the respect of political decision makers.

Religious are mediators:
Religious vote!
Religious have 'grass-roots' experience:
Religious have many contacts

Four kinds of supporters in your community

Many of our men and women have a deep desire to work for justice. But only some are interested in politics. Create for them a forum where they can speak their mind freely and where their initiative and creativity can make the most appropriate contribution. But not all are the same:

- The “system people” are those who are familiar with their country’s political system. They are the best ones for advocacy work. They will play the political game and work for change from within;
- The “sympathizers” are ready to take part in an action provided the factual basis is convincing and clearly explained to them. They are happy to be involved if the action required does not appear to be too radical or “to rock the boat”. They spread the message through their contacts;
- The “prophets” are those who feel called to pass on the message through radical action: demonstrations, sit-ins, distributing leaflets and even getting arrested! They are a precious gift to our institutes. Support them and give them the space they need. They are not always, however, the best people to lead advocacy work!
- The “opposition people” are the ones that will refuse to become involved out of principle. They are only a minority, so do not spend too much energy on them as they will only hamper your work.
The Bible is full of stories about people who have engaged in advocacy – men and women, old and young, who loved God and his people, who spoke out against injustice, modeled an alternative society, challenged the misuse of power, confronted people in authority, influenced decision-makers, prayed for God to intervene and persuasively brought about change in society. Apart from Jesus, three of the most obvious advocates in the Bible are:

1. **Nehemiah (Nehemiah 1:2–4, 2:1–20, 5:1–13)**: The walls of Jerusalem, the city of God, were in ruins so Nehemiah went to King Artaxerxes, and then to the king’s officials to seek permission to rebuild the walls. He also confronted the Jews who were lending money to poor people, demanding repayment with high interest and seizing land, property and even people as security for their loans if the loans were not repaid. From Nehemiah’s example, we learn that advocacy involves:
   (i) Godly motivations – Nehemiah had a deep love for God and his people, and a longing to see God’s honor restored and his people repent;
   (ii) Choosing and researching the right issue – Nehemiah surveyed the broken walls in person and gathered first-hand evidence about the situation;
   (iii) Reflection and prayer – Nehemiah took time to bring the situation before God. He did not jump in and act without thinking;
   (iv) Seizing opportunities – Nehemiah was afraid when the king spoke to him, but he used his position of influence, requesting letters for the governors, which were granted;
   (v) Respect for those in authority – Nehemiah was polite and deferential to the king;
   (vi) Clear communication – Nehemiah knew what message he had to give to the king. He was clear in what he asked;
   (vii) Working with others – At every stage, Nehemiah involved the right people. He did not work on his own;
   (viii) Confronting opposition – Sanballat and Tobiah did not want the welfare of the people to be promoted. They mocked and ridiculed Nehemiah but he knew how to respond;
   (ix) Righteous anger – Nehemiah was furious about the injustice of what was being experienced by his fellow Jews;
   (x) Knowing the facts – Nehemiah was able to challenge the interest payments being demanded by his fellow Jews from each other because he knew the law that was being broken.

2. **Moses and Aaron (Exodus chapters 5–12 but particularly 6:13, 6:26–7:24, 11:1–10, 12:29–36)** During a time when God’s people were living in Egypt, oppressed and enslaved, God called Moses and Aaron to go to Pharaoh, the leader of Egypt, and to ask him to let his people go. From Moses’ example, we learn that advocacy involves:
   (i) Obedience to God’s call – Moses went to Pharaoh because God called him, having heard the cries of his oppressed people, and because God cares about those suffering injustice;
   (ii) Patience and perseverance – Moses had to keep going back to Pharaoh and repeat the
same message ten times;
(iii) Courage and risk-taking – Moses faced increasing hostility from Pharaoh in response to his requests;
(iv) Overcoming excuses – Moses had a speech impediment so God gave him Aaron to work with him and help him communicate;
(v) Working with others – Moses had access to Pharaoh but Aaron did the speaking. They were both advocates but played different roles;
(vi) Persevering even when we don’t see any progress and are confused by events – God warned Moses that Pharaoh’s heart was hardened. However, eventually Pharaoh let them go.

3. Esther and Mordecai (Esther 3:8–4:17, 7:1–8:8, 8:11–13). Just after Esther became Queen, a decree was issued demanding the annihilation of God’s people. Mordecai told Esther and urged her to enter the presence of her husband, the king to plead with him to save her people. From Esther’s example, we learn that advocacy involves:

(i) Godly motivations – Esther and Mordecai loved God and cared deeply about his people and this is what spurred them into action;
(ii) Awareness of the need – The advocacy issue was determined by the need of the people and Mordecai was aware of the need – indeed, he was directly affected;
(iii) Using our position of influence – Mordecai believed that Esther was in position in the royal palace for this specific time;
(iv) Courage and risk-taking – Esther knew that if the king did not raise his scepter she would die but she had to overcome her fear to enter his presence;
(v) The importance of timing – Esther waited until exactly the right moment to make her request to the king;
(vi) Working with others – Mordecai was the one who was aware of the need, Esther was the one who had access to the king, and the people were all able to pray and fast on her behalf;
(vii) Clear messages – Esther knew exactly what she wanted the king to do and how she wanted the new decree to be worded.

This is not a comprehensive list, but some of the other advocates in the Bible worth studying include:
• Abraham (Genesis 18:16–33) who pleaded with God to save Sodom;
• Samuel (1 Samuel 13:1–15) who rebuked Saul when he broke the law;
• Joseph (Genesis 41:1–57) who warned Pharaoh that there would be a famine and influenced him to plan ahead to reduce the risk of disaster;
• Amos (Amos 5:23–24), Micah (Micah 6:8) and other Old Testament prophets who spoke out against injustice and oppression.
Authors’ Biographies

Mona Bormet

Mona, MPH, serves as programme Director for Christian Connections for International Health (CCIH), currently managing grants focused on family planning and reproductive health. Mona organizes and implements CCIH’s annual conference and advocacy day, in addition to hill briefings and CCIH’s involvement in global health coalitions. Previously, Mona served as Advocacy programme Specialist for the Asian & Pacific Islander American Health Forum where she focused on national policy efforts to improve data collection and analysis for Asian American, Native Hawaiian and Pacific Islander populations, efforts to collect and share individual’s health care stories in the policy arena, and facilitated advocacy trainings. Mona has an MPH from the University Of Minnesota School Of Public Health and a BS from Illinois State University.

Astrid Berner-Rodoreda

Astrid has been working at Bread for the World (one of EPN’s main partner), a German church-based development agency for more than 20 years. She was Head of the Central and Southern Africa Desk until 2003 when she began to focus on the question of HIV and AIDS for the continent of Africa. She worked as HIV and AIDS Advisor for the Africa Team at Bread for the World from 2004 to 2010 and has since been the HIV Policy Advisor based in the Politics and Policy Section of Bread for the World. This has widened her advisory role to the continents of Asia and Eastern Europe as well as Africa and has strengthened her political and pharmaceutical advocacy role in Germany.

Astrid has been involved in political and pharmaceutical advocacy work since 2004. She has held many talks with the German Government on making more money available for the international response to HIV and health, ensuring that an ‘end to AIDS’ is taken up in the Sustainable Development Goals (SDGs) agenda and in particular to increase the amount given to the Global Fund. She has also been instrumental in setting up the pharma working group at Action against AIDS in Germany and has taken part in talks with the Association of Pharmaceutical Manufacturers in Germany as well as with a number of pharmaceutical companies.

Astrid is a social anthropologist and Africanist by training (MA Univ. of London, School of Oriental and African Studies, BA Hons. Queen’s University, Belfast). She has always been interested in cultural and gender issues and has felt for a long time that the sole focus on women in the area of HIV has not improved the situation of women. She has encouraged partner organizations to include men in their interventions in order to make gender relationships more egalitarian and ensure that there are improved health outcomes for both women and men. She also served on the UNAIDS Monitoring and Evaluation Reference Group of UNAIDS from 2007 to 2009 as the Faith Based Representative and was the Chairperson of EHAIA (Ecumenical HIV and AIDS Initiatives and Advocacy) between 2009 and 2015 where she was instrumental in having an impact study done on its work.
Mirfin Mpundu

Mirfin is the Executive Director of the Ecumenical Pharmaceutical Network (EPN) since March 2014. He is also the Coordinator for the Action Against Antibiotic Resistance (ReAct) Africa Node and programme Manager for the Empowerment, Engagement and Network (EEE) programme of ReAct, a programme hosted by EPN. He is a registered pharmacist in the USA and public health specialist with more than 20 years extensive experience in pharmaceutical systems, supply chain management; pooled procurement and procurement contract management. His experience also includes achievement in co technical assistance in pharmaceutical system strengthening, health product supply, quality assurance management for African health systems and global level experience and achievement in leadership in public health procurement and supply system practice, capacity building and skills transfer. He is a frequent participant and presenter on current pharmaceutical and other public health global issues including antibiotic and antimicrobial resistance, Noncommunicable diseases and supply chain management. His regional and global efforts include advocacy efforts on promoting access and rational use of medicines as core for EPN, supporting EPN members on systems strengthening, setting up Antimicrobial Stewardship programmes among other health programmes and supporting countries setting up antimicrobial resistance national action plans. He is passionate about equal access to quality pharmaceutical commodities and strengthening pharmaceutical systems. Mirfin holds a Master's Degree in Business Administration and a Degree in Pharmacy.

AFRICA EUROPE FAITH AND JUSTICE NETWORK (AEFJN)

AEFJN is a Faith-based International Network present in AFRICA and in EUROPE. It was established in 1988. It promotes economic justice between the European Union and sub-Saharan Africa so that the poor of Africa may look forward to a better future.

The AEFJN International Secretariat in Brussels (Belgium) coordinates the Antennae (or you may see them as branches or national groups) and it does advocacy work including lobbying the European Institutions on issues affecting Africa.

AEFJN ANTENNAE create awareness among Christians and other religious individuals and do advocacy and lobbying towards the national governments on issues relevant to Africa. There are 13 Antennae in 12 European countries: Belgium, France, Germany, Ireland, Italy, Malta, the Netherlands, Spain (Madrid and Barcelona), Poland, Portugal, Switzerland and United Kingdom.

It is one of EPN's member.

http://www.aefjn.org/