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Does advocacy work?: A qualitative study exploring the perceived impact of advocacy work

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List of Acronyms

ICRC	International Committee of the Red Cross
M&E	Monitoring and Evaluation
MSF	Médecins Sans Frontières (Doctors without Borders)
NGO	Nongovernmental Organization
WHO	World Health Organization

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Abstract

Does advocacy work? A qualitative study exploring the perceived impact of advocacy work.

Introduction/Background: The nongovernmental sector has become an important factor in public health that is actively working to influence and change health policies through advocacy work. This study examines the perception of advocates within a nongovernmental organization (NGO) on the impact of their advocacy work on health policies. Médecins Sans Frontières (MSF), an internationally renowned humanitarian organization, was chosen to be a case study of this study. Through this exploration, this study aims to inform NGOs in public health about their impact on health policies to help formulate influential advocacy work

Method: A purposive sampling and snowball technique were used to recruit a diverse group of MSF employees involved in advocacy work to participate in semi-guided interviews. Special attention was paid to including a diversity of participants when it comes to seniority, tasks, hierarchical level, background, and gender to capture different perspectives within the organization. Finally, the analysis of interviews was conducted throughout March and May 2024 with the software N-Vivo and both a categorized and tally matrix were used to identify common among the participants' answers.

Results: The analysis of 13 interviews explored the roles, strategies, and impact of advocacy within MSF. Participants defined advocacy as a set of activities aimed at inducing change, though there was no clear consensus on its definition. The study uncovered challenges advocates faced within the organization, that were either external due to the political context, or internal to the NGO, revealing a certain form of frustration in carrying out such work. Two profiles emerged: policy-driven participants focused on long-term change and operations-driven participants prioritizing immediate, field-level impact.

Conclusion: The study concludes that while advocacy work is perceived as impactful for driving change in health policy, it can also lead to mixed feelings and frustration within NGOs due to internal friction and challenges. These challenges are on two levels, one for assessing the impact of advocacy work, and another one because of the diversity of opinion on advocacy work. can be alleviated by creating a unified organizational identity, clearly defining roles and tasks, creating a monitoring and evaluation system, and balance between grassroots and advocacy work. These challenges should be addressed before NGOs implement advocacy work to be informed about their impact and guided toward impactful advocacy work.

Keywords: Advocate; Advocacy; Health Policy; Humanitarian; Monitoring and Evaluation; Nongovernmental organization.

Introduction

1/ Context and background

"We are not sure that words can always save lives...But we know that silence can certainly kill"⁽¹⁾ pronounced Dr. James Orbinski in 1999 while receiving the Nobel Prize for peace on behalf of the non-governmental organization (NGO) Médecins Sans Frontières (MSF). The second part of his sentence was extensively discussed, but his speech not only emphasized the pivotal role of humanitarians in shaping public opinion by speaking out against violations of human dignity but also, subtly, raised doubts about the efficacy of such actions in affecting political change and policy implementation, thereby prompting a challenging question regarding the perception and assessment of advocacy impact which is the topic of this study.

The factors influencing the content and formulation of health policies are often intricate, obscure, and multifaceted^(2,3), posing challenges in accurately gauging the true impact of initiatives aimed at catalyzing change. Various methods are employed to exert influence, ranging from direct engagement with policymakers, such as participating in prominent conferences, to indirect strategies like boycotting such gatherings as a form of protest⁽⁴⁾. Furthermore, policy transformation can hinge on public sentiment, often mobilized through targeted campaigns spotlighting specific issues^(5,6). Notably, all these diverse approaches fall under the umbrella of advocacy work, a commonly employed strategy among numerous Non-Governmental Organizations (NGOs) such as MSF.

Defining NGOs is a near-impossible task, but they could be referred to as heterogeneous, organized, independent, societal organizations dedicated to advancing commonly shared goals at a national or international level, playing significant roles in world affairs⁽⁷⁾. The number of NGOs has grown exponentially since the nineties, as reflected by the number of registrations to the United Nations⁽⁸⁾. With 893 registered NGOs in 1990, the number has risen to 5253 in 2020, representing a total growth of 588,24% in 30 years, making it a sector hard to ignore and bypass.

There are numerous views on the true power of NGOs in the realm of international relations theories. For example, realist theorists believe that the power of NGOs is negligible compared to that of States; liberals consider them as secondary accompanying and non-shaping international institutions; pluralist constructivists merely consider a flow of Society towards the State through NGOs' work, and lastly, the opposite, globalists constructivists cherish this idea of a top-down flow from international norms toward the State⁽⁹⁾.

However, as this nongovernmental sector has expanded, NGOs have begun either inviting or forcing themselves into the public debate, thus imposing themselves into high-level policy discussions. In public health, a striking example is the crucial role NGOs played in shaping the politics and worldwide response to the HIV/AIDS pandemic⁽¹⁰⁾. This shift in power dynamics has been described as a form of “New Age Governance” through the constructivist lens⁽¹¹⁾ emphasizing the role of social structures, ideas, and identities in shaping the behavior of States and other actors in the international system⁽¹²⁾. Evidence supporting the pertinence of this theory can be seen in the proximity between NGOs and policymakers. For instance, NGOs are currently the strongest and most represented group of influence in the European Council and Commission for example⁽¹³⁾. As of May 2024, there were 3484 non-governmental platforms registered as lobbying groups for the European Union⁽¹⁴⁾. Public Health, the 14th topic on the agenda at the European Union, is particularly influenced by NGOs on topics such as health access^(15,16).

One of the main tools NGOs use to influence health policy is advocacy work⁽¹¹⁾ which is recognized as an important component of health promotion according to the World Health Organization’s Ottawa Charter in 1986 (WHO) ⁽¹⁷⁾.

While the term “advocacy” is polysemic, it generally refers to actions taken by an individual or a group to represent, promote, or defend an interest or opinion ⁽¹⁸⁾. According to the WHO, Health advocacy involves actions to gain political commitment, policy support, and social acceptance for a health goal or a program⁽¹⁹⁾. Advocacy is anchored in power dynamics and influence as it pushes for a political agenda or an issue. The use of the term in the international aid sector goes back to the nineties and has gained popularity in the last 20 years as many NGOs created advocacy departments ⁽¹¹⁾. It is striking to note the parallel in tendencies in the use of the terms “advocacy” and “NGO”⁽²⁰⁾ as shown in *Figure 1* below :

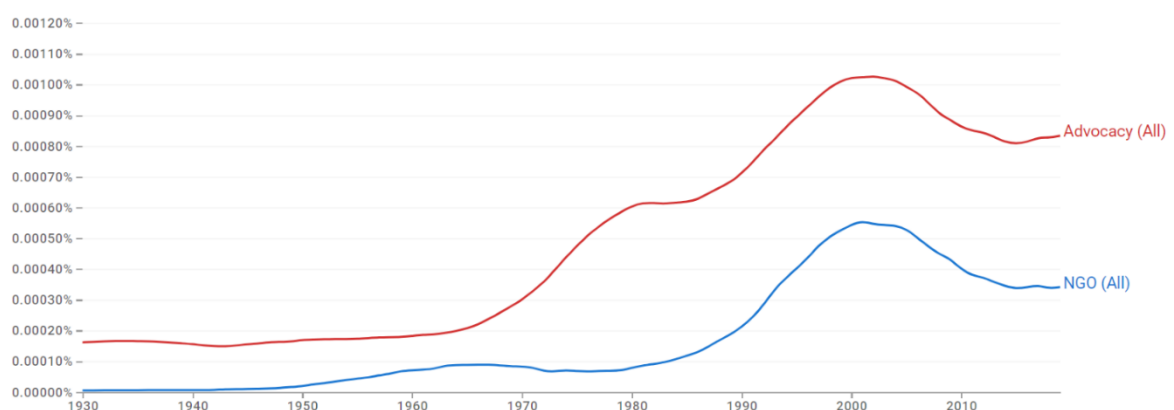


Figure 1 Tendencies in the use of the terms “Advocacy” and “NGO” in printed sources.

This graphic tracks the use of “NGO” and “Advocacy” found in printed sources since 1930 with the Google Ngram Viewer tool⁽²⁰⁾ performed with case sensitivity and smoothing of 4. Both tendencies have been following almost the same trajectory since 1990, with a rapid increase in popularity followed by a recent decrease in usage.

With growing research on advocacy and the development of different NGO toolkits^(21,22,23) advocacy work has evolved into a wide span of activities, ranging from understanding the environment the organizations are working in, to implementing numerous series of strategies. It is important to note that advocacy can overlap with other forms of influence, such as communication when it comes to sharing information to persuade^(24,25). Despite its popularity, an interesting editorial was found to critique advocacy work⁽¹¹⁾ stating that the “professionalization of advocacy work” through the increase of the advocacy departments within NGOs and the recruitment of advocates tend to drown out certain messages to make them more aligned with the overall political system in which they operate.

Whether NGO advocacy work succeeds at achieving its aims is questionable, and the literature tends to highlight the difficulty of advocacy impact assessment⁽²⁴⁾. Yet, one historical study found that the birth of France’s Universal Healthcare coverage and social protection for undocumented foreigners is partially attributed to advocacy work made by NGOs, such as MSF and Médecins du Monde⁽²⁶⁾. However, this significant implication, documented in France, is very specific and questions the generalization to other domains or countries. For example, it wasn’t possible to objectify in the literature other causal relationships between NGOs’ advocacy work and health policies.

2/ The Médecins sans Frontières case study

The origin myth of MSF goes back as far as the Biafran war from 1967 to 1970, during the “first broadcasted famine” when media were massively used for the first time, by both the NGOs operating during the war and by the Biafran authorities, to influence Western audiences and thus gain popularity, signing the birth of the Media-NGO couple ⁽²⁷⁾.

A handful of doctors working for the International Committee of the Red Cross (ICRC) decided to speak out and publicly bear witness to what they had seen, labeling it as a “rebellious act” against ICRC's silence⁽²⁸⁾. Later, the doctors were joined by a group of journalists and they

founded Médecins Sans Frontières in 1971 under two watchwords: Curing and Testifying, « *Soigner et témoigner* »⁽²⁹⁾.

MSF is considered a pioneer in what has been called “second-generation humanitarianism.” referring to a new understanding and ways of practicing humanitarianism in a post-ICRC era⁽³⁰⁾. MSF has come a long way since its creation treating 16.272.300 outpatients and 1.422.600 emergencies in over 77 countries as of 2021⁽³¹⁾, thanks to 6 different operational centers independent from one another in the decision-making and implementation of activities⁽³²⁾. In addition to the Nobel Peace Prize in 1999⁽³³⁾, the organization received the Bloomberg Public Service Award in 2015⁽³⁴⁾, and the Hamdan Award for Volunteers in Humanitarian Medical Services in 2016⁽³⁵⁾ for its effective relief operations.

A robust communication culture supports these operations with a modus operandi of “speak out” and “tell it like it is”^(36,37), a form of witness-bearing that gives voice to the patients, populations under MSF’s care, and employees to alert on crises. MSF has released a series of podcasts and case studies detailing notorious instances of speaking, examining the dilemmas faced and its role as a whistleblower^(38, 39) thereby emphasizing this aspect to the organization.

When it comes to advocacy, MSF emphasizes that bearing witness is central to its mission⁽⁴⁰⁾. The organization leverages this principle to advocate to governments, armed groups, United Nations agencies, international organizations, and other influential groups to alleviate and avoid the suffering of the people it oversees by creating a change in strategies and policies⁽⁴⁰⁾. A notable example of MSF advocacy is the Access Campaign, launched with the Nobel Prize monetary award, which focused for more than 20 years on bringing down prices and access to medicine worldwide^(41,42). MSF’s complex architecture involves analysis and reflection units within different operational centers, which function as internal think tanks guiding its operation, communications, and advocacy efforts, in addition to a Humanitarian Representation Team that advocates for the organization’s interests at the international level, such as with the European Commission and The United Nations⁽⁴³⁾.

MSF is now recognized to be a large worldwide influence in the global health architecture, with an intent to improve health, intent to ensure and advocate for public goods⁽⁴⁴⁾.

Given MSF’s legitimacy and this advocacy architecture built on its myth of speaking out and whistleblowing, one might expect MSF’s work to be rooted in advocacy work, however, this is not the case. According to several senior MSF employees⁽³⁷⁾, the organization has faced numerous dilemmas regarding its advocacy work throughout its history. Indeed, initially, the

organization's first charter prohibited taking a public position in addition to the fact that MSF operated without a mandate, meaning that it is neither obligated to intervene nor to advocate which appears to contradict its watchword of *testifying*. In 1978, only 7 years after its creation, an internal conflict arose among the founding members regarding the "right to speak out". Some within the organization were concerned about becoming "*bureaucrats of misery, technocrats of charity*" ^(45,46). This debate over the use of media left a lasting impact on the organization.

In 2007, requested by MSF and carried out by external evaluators was published the organization's understanding and execution of advocacy work⁽⁴⁷⁾. This report, based on interviews, questionnaires, and advocacy reports, highlights the non-existence of an advocacy framework in the organization, but also the underutilization of its global presence to achieve long-lasting change through concrete efforts, a lack of balance between their long and short-term visions, and poor coordination at the global level. The report also made several recommendations, such as developing a clear purpose for advocacy work; improving coordination; increasing the number of advocates on the field; creating a pattern of monitoring and evaluation of advocacy work; and mapping advocacy resources.

MSF's global reach, historical "speak-out" culture, and critical stand on advocacy make it an intriguing case for examining perceptions and practices of advocacy. The relevance is underscored by current events, notably the recent testimony of the MSF Secretary-General on February 22nd before the United Nations Security Council concerning the humanitarian situation in Gaza, Palestine⁽⁴⁸⁾. This development has rekindled the debate on the interplay between the humanitarian sector, NGOs, and political decisions.

As there are no standardized frameworks or toolkits for advocacy at MSF, understanding what falls under the purview of "advocacy work" requires speaking directly with the people involved in it. Moreover, advocates, the central figures in carrying out advocacy work, were found to have mixed feelings and lacked consensus on their work⁽⁴⁹⁾. Thus, despite limited causality in the effectiveness of advocacy work, it is important to explore the perceptions advocates have about the work they do, as a perceived sense of utility is still crucial to job satisfaction, particularly in the humanitarian and non-governmental sectors^(50–52). As the report on MSF's advocacy did not explore this angle qualitatively⁽⁴⁷⁾ and having conducted my internship at MSF, this was an ideal opportunity to examine this issue further by questioning in-house advocates about how they perceived the effectiveness of their work, and shedding light on the activities they perform in general, as well as document successes, and unintended consequences and look at their general feelings. Such data can serve to foster the

understanding of the role of advocacy in public health and help NGOs develop more effective strategies to advance political agendas and achieve global health milestones.

3/ Purpose of the study

With a principal objective of exploring advocates' perceptions of their advocacy work and impact, this study aims to inform NGOs in public health about their impact on health policies to help formulate impactful advocacy work. The specific objectives are to:

- Define advocacy work.
 - Identify and categorize advocacy strategies carried on by the advocates.
 - Determine factors of success, limitations, and unintended consequences of the advocacy work.
 - Identify perceived changes in national and supranational policies following advocacy efforts.
 - Analyze advocates' stances on the "professional advocate" figure in pushing for a cause.
-

Methods:

To explore MSF advocates' perceptions of their work and impact on health policies a qualitative study using semi-structured interviews with MSF staff was conducted between March and May 2024.

1/ Sampling methods and inclusion/exclusion criteria

First, purposive sampling was conducted using MSF's contact list to reach out to key people. The participants were contacted because they were either directly or indirectly in charge of advocacy work and held key positions in the MSF structure in the decision and/or recommendation-making. After the first interviews, recruitment began adopting the snowball technique as the interviewees started referring me to other relevant informants. To ensure a sufficient and diverse sample capturing different perspectives within the organization, staff working in different operational sections at MSF were recruited and special attention was paid to ensure that these participants had different missions, either at headquarters or in the field, came from different backgrounds, were at different hierarchical levels, and various levels of seniority (with 5 years of experience within the organization acting as a threshold between junior and senior status). Additionally, careful consideration was given to ensure gender representation.

The inclusion criteria included being a current or previous MSF employee and being directly or indirectly involved in advocacy strategies related to healthcare access to the populations MSF oversees. Excluded from the interviews were staff working in emergencies and war zones as the complexities of their working environments make it more challenging to access these staff members but also more difficult to assess change.

2/ Data collection

An interview guide (presented in Appendix 1) was developed using the report on MSF's advocacy⁽⁴⁷⁾ and previous qualitative study literature⁽⁵²⁾ to avoid reporting bias. However, no specific framework was used to develop this guide due to the lack of an existing one for MSF.

After securing their approval and before the interviews the participants were asked for their socio-demographic characteristics and details about their work positions. During the interview, participants were first questioned about their work at MSF and then they were asked to describe their perceptions regarding their impact on policy, first in general, then more specifically. Some questions were adjusted to the person's work specificities.

The semi-structured interviews were conducted in person at the MSF France headquarters or online through Microsoft Teams from March to May 2024. The interviews were led in either French or English, were recorded, and automatically transcribed with participants' consent using Microsoft Teams. Each transcript was then reviewed with the corresponding recording.

The end of the data collection was planned when the data saturation was reached for the study's objectives.

3/ Ethical consideration

In conducting this research, careful attention was paid to ensure the protection and respect of all participants involved, especially because the participants were working for the same organization. The study adhered to the principles of informed consent, confidentiality, and voluntary participation. Participants were fully informed about the purpose of the research, the process, and their right to withdraw at any time. Confidentiality was maintained by anonymizing personal data when recorded, as numbers were attributed to each participant, thus ensuring that no identifying information of the participants or other persons was disclosed in the findings. As some of the participants knew each other (snowball sampling) the demographics could constitute identifying information and therefore were not included in the results.

At the end of the study, the records were deleted, and the Results section was shared with all the participants when finalized to secure their consent once again.

4/ Data analysis

The steps involved in data analysis were guided by E. Groenland's work on matrix (53). A codebook was created with 9 number topical codes according to the themes of the interview guide, and then 4 number interpretative codes were added as new themes emerged throughout the analytical process, as shown in Appendix 2. To enhance the coherence between English and French terms, the codebook was developed in English, and French terms were extracted and added directly to the codes.

All the interview transcripts were uploaded into the N-Vivo software as files and the demographics as case classifications. To uncover common patterns, a first matrix was created with all the interviews as columns and the themes as rows, and then the matrix was filled using a summary of the data collected. After this first visualization of the data, a categorized matrix with an eclectic approach was conceived. Common themes were categorized together to identify the shared ideas that could constitute distinct profiles within MSF. Finally, to understand the profiles and discuss an eventual narrative, a tally matrix was created based on the demographics of the interviewees to investigate the commonality between these demographic data and opinions, as presented in Appendix 3.

Results

In this chapter, the main findings from the interviews are presented. This section is structured first around the description of the characteristics of the participants. Secondly, the findings are described through the main themes that emerged throughout the interviews which are: the definition of advocacy and advocates, the strategies, the impact of advocacy work, and the matrix uncovering two predominant profiles is presented using case studies. The case studies serve to highlight the nuances between the two profiles in terms of their perceptions regarding advocacy work, the aims, as well as their motivations to join the organization. Both theme and profile are structured around participants' narratives and enhanced with direct quotations and illustrations.

1/ Overall participants' characteristics

A total of 13 individuals, both current and past MSF employees were interviewed, 9 females and 4 males. All participants contacted agreed to answer. The interviews lasted around 45

minutes to 1h30 with candidates working in 4 different operational centers of MSF (out of a total of 6 centers, MSF Spain and MSF West and Central Africa aren't represented in this sample) in addition to MSF International. Regarding professional experience, there were 8 senior and 4 junior employees, using 5 years of experience within the organization as a threshold. 6 were based in the headquarters, and 7 were in the field. Only one participant had a medical background (a Medical Doctor). There were 4 males and 9 females in the sample.

It is important to note that not all the participants are labeled or label themselves as advocates. 8 are indeed advocates, as mentioned in their job description, and are the ones conceptualizing advocacy projects and carrying out the work. Among the 8 advocates in the sample, only 2 were senior staff and only 1 was a male. The advocates are both advocating for specific causes and MSF. The other non-advocates take part either in the reflection around the pertinence of advocacy work in the reflection units (Researcher) or the approval of advocacy work by managing teams or formulating the advocacy needs (Head of Mission, former President). The participants' socio-demographic characteristics are compiled in *Table.1* below:

Participant	Workplace	Type workplace	Position/ Job title	Seniority	Gender	Nationality
1	MSF France	Headquarter	Research/Analysis	Senior	M	French
2	MSF International	Headquarter	Advocate	Senior	F	French
3	MSF International	Headquarter	Advocate	Junior	F	Spanish
4	MSF France	Field	Advocate	Junior	F	Italian
5	MSF France	Field	Advocate	Junior	F	French
6	MSF International	Headquarter	Advocate	Senior	F	French
7	MSF Switzerland	Field	Advocate	Junior	M	Indian
8	MSF France	Headquarter	Former President	Senior	M	French
9	MSF France	Field	Head Mission	Senior	F	French

10	MSF Switzerland	Field	Advocate	Junior	F	French
11	MSF France	Field	Head Mission	Senior	M	French
12	MSF Netherlands	Headquarter	Research/Analysis	Senior	F	French
13	MSF Belgium	Field	Advocate	Junior	F	Brazilian

Table 1: Socio-demographic characteristics of the 13 participants in this study

2/Main findings

The main themes that emerged are presented here, encompassing how participants define advocacy and their role as advocates, the strategies employed, and the impact of advocacy. Vignettes are utilized to delve deeper into advocates' narratives and specific positions, highlighting key points that arise. The primary findings conclude with the profiles identified in the categorized matrix.

a/ What are we doing? Advocacy definition and advocates' place within MSF

There was no clear consensus among the participants when defining advocacy, many of them evoking the *blurriness* of their work (Participants 3; 4; 7; 10; 12; 13). However, there was a general tendency to qualify advocacy as “a set of activities” that produce a “change” (participants 1; 2; 4; 6; 7; 9; 10; 12; 13) aligned with the organization's beliefs. Participant 2, the most senior advocate officer at MSF with 20 years of experience, states: “*There is no official definition of advocacy. It's a diversity of actions, the elaboration of a strategy of action with this number of activities to induce a change in policy, norms, standards, policy... It is the implementation of a strategy to influence norms, practices, and behaviors [...] Advocacy is about achieving a change, otherwise, it's not advocacy*”. Other participants (10; 5) defined advocacy as a work of *influence*.

When asked about how they distinguished advocacy from other activities, such as communication, some participants evoked the overlapping nature of the two, seeing the sharing of information publicly as a constituent tool of advocacy (Participants 3; 12; 8). However, others viewed communication as a separate concept with a different definition that only intersects with advocacy when it comes to actions involving publicly spread information, in MSF's case translating into bearing witness or speaking out, « *témoignage* », used for

whistleblowing (Participants 5; 4; 8). *Figure 2* below exposes a visualization of both perspectives:

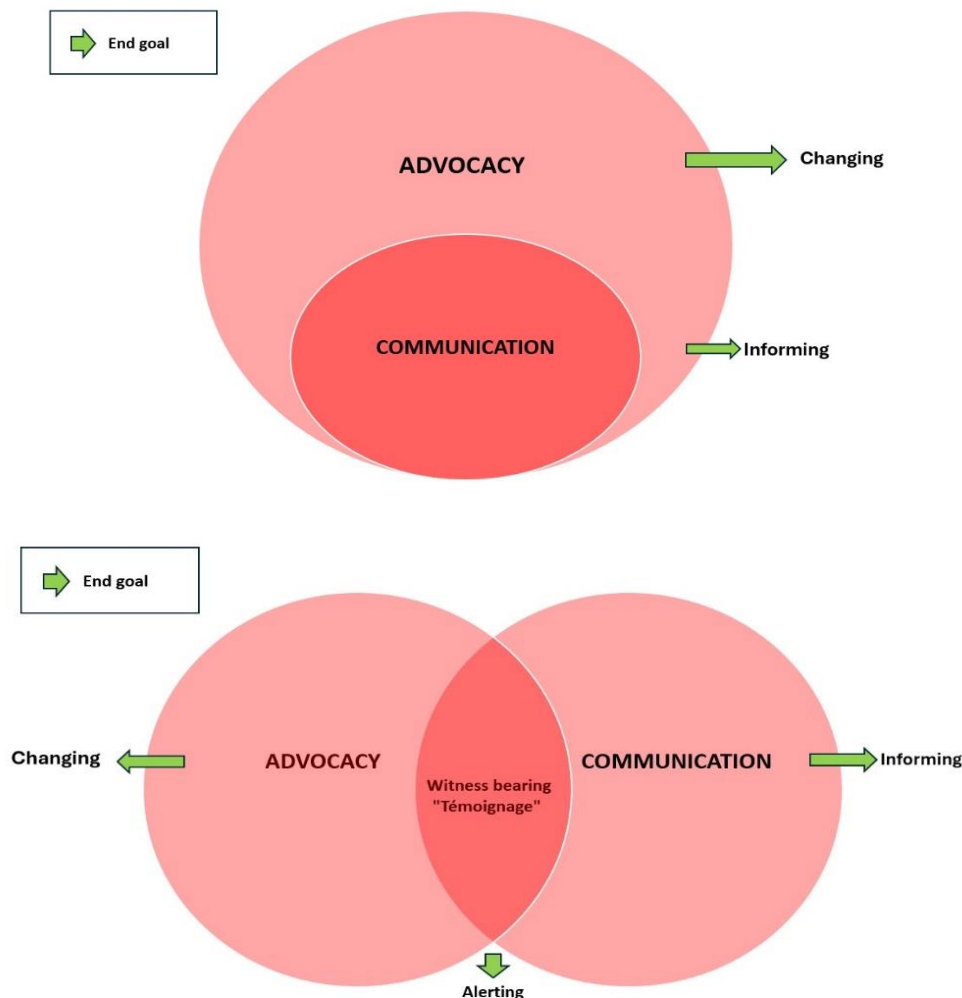


Figure 2: Two understandings of interaction between advocacy and communication roles

The graphic at the top shows the understanding that communication aimed at sharing information is itself a tool or a form of advocacy aiming for change. At the bottom, the understanding of advocacy and communication as two separate concepts that intersect to witness bearing that aims to alert on a situation for both activities.

Although lacking in consensus and having several activities that overlap with other roles, the participants agreed that advocacy work nonetheless requires specific qualifications. Thus, the idea of having “professional advocates”, meaning someone hired specifically for the sake of advocating for MSF, was welcomed by most of the participants (1; 3; 4; 5; 6; 7; 9; 11; 13) while

Participant 1, with 25 years of experience within MSF and currently working as a researcher in a reflection center, agreed to the hiring of professionalized advocates, he expressed some reservations about this practice. His point was that multiplying the number of professional advocates, which is what is commonly understood as the professionalization of advocacy, could lead to bureaucracy instead of real professionalization, quantity over quality advocacy: *“Advocacy is a job, it is all about competencies, do we know what to do? [...] So professionalization, as such, doesn't mean much. It's not so much a question of professionalization, of seriousness, as it is of bureaucracy. Advocacy positions, which are multiplied as a norm, are not thought through”*.

Vignette 1: Overlapping definitions and internal confusion within teams

All the advocates agree that the overlap between communication campaigns and advocacy work is a source of confusion within teams. Participant 7 explained this internal friction with the communication team as follows: *“Some people see advocacy as other people doing your job, they feel threatened in some ways”*; In addition, Participants 4; 5; 10; and 13 all junior advocates, shared how they were repeatedly asked to carry on with communication campaigns they did not consider to be within the remit of their advocacy work.

b/ How are we doing? Advocacy strategies used by the advocates within MSF

The participants described the steps involved in their advocacy work. First, the efforts would start with an overall understanding of the context through monitoring of the political context, actor mapping, and problem identification (Participants 4; 5; 6; 7; 10; 12; 13). Some participants shared that at this point, advocacy work required that the team decide whether the topic was relevant or not (Participants 1; 6; 9; 11), and if found so, strategic planning of the activities would take part within the teams to set goals, define messages, and target audiences. Finally, the last step was implementing the plan using either public actions such as press releases; public campaigns; conferences, or private actions as bilateral meetings and negotiations (Participants 1; 4; 5; 6; 7; 8; 10; 12; 13). The actions most commonly cited were the release of reports and the bilateral meeting. Participant 6 shared that MSF wasn't comfortable engaging in private meetings and negotiations with policymakers as it made *“their hands dirty”*.

When asked about the challenges preventing advocacy work from achieving its goals, several constraints were expressed. The political context and the multiplicity of actors were often the first factors to be mentioned (Participants 1; 2; 3; 5; 10; 9; 11), which are understood as external

limitations of advocacy work. However, surprisingly, the participants, of whom most advocates (3; 4; 5; 6; 7; 10; 12; 13), spent more time reflecting on the internal barriers that interfere with the conception of advocacy work within the organization, such as the lack of coordination within the organization and lack of global vision. It seems that while the external constraints were an expected and integrated part of the advocates' work, the internal barriers were less comprehensible, especially at the beginning of their careers, thus leading to feelings of frustration common to all the advocates.

Vignette 2: The struggle of advocates early in their advocacy career at MSF

When asked about their concerns and frustrations in their current roles, Participant 6, a senior advocate, shared how one needs “to advocate to do advocacy work” at MSF, stating that the importance and value of advocacy work were not shared by all employees. Participant 7 shared that “some people just see advocacy as a hindrance [...], which goes to show that there's a lack of training among senior management to understand what advocacy is”. Overall, the advocates felt unheard and not taken seriously by the other members of the team, especially by the Head of Mission, the team's manager.

The steps involved and techniques used by the participants in advocacy work, as well as the constraints at each step, are illustrated in *Figure 3* below:

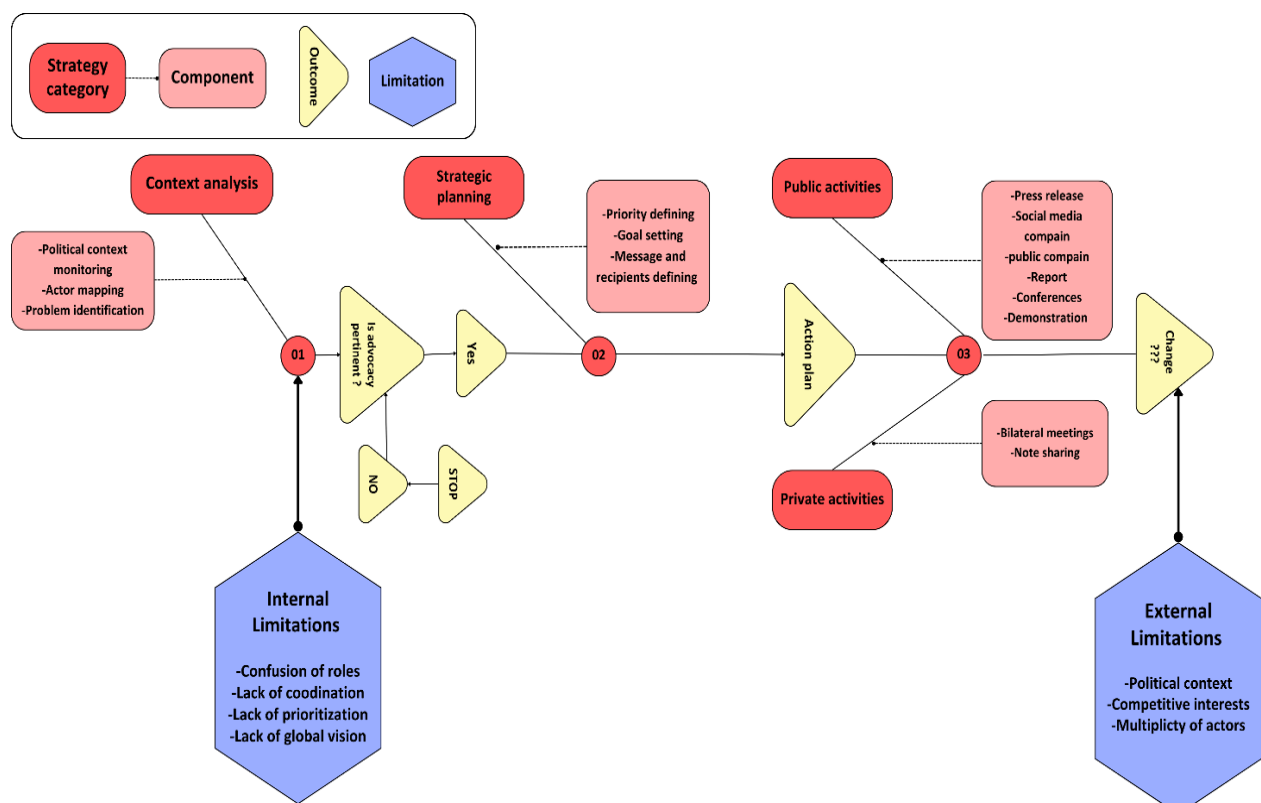


Figure 3: Steps and strategies of advocacy work as shared by the participants

4 types of strategies have been identified (red) with different components (pink), that lead to different outcomes (yellow). The first outcome is questioning the relevance of the advocacy work, and therefore, engaging or not in the next steps which are the advocacy strategic planning and the implementation of private and public actions.

The limitations (in blue) threat advocacy work at different stages, since the internal ones challenge the conception of the work, and the external ones challenge the impact (change).

c/ Why are we doing this? Impact of advocacy work

All the participants agreed that advocacy work could be impactful. They distinguished two possible objectives of advocacy work, each with its temporalities. One was aimed at meeting short-term goals, often at the local level and patient-facing, while the other aimed at meeting long-term goals, involving changing policy at the national or international level. Both sets of objectives had very different timelines. Participant 1 captured the stake of this temporality by stating: *“There are at least 2 levels: a local and cyclical; and a global and structural level. The local level is cyclical, it's about facilitating access to care for people for whom MFS is responsible, perhaps an individual case or a group of patients, a group of people directly under the responsibility of MSF within the framework of a project. Advocacy can also have a more global, national, or even international scope, when it is a question of maintaining this objective, of improving the health care of people, through changes of a normative, regulatory, or legislative nature, or in the type of political and administrative practices... which will apply to populations much broader than those of patients or people directly under the care of MSF”*, suggesting that the temporality is also linked to the scope of the action, as more individuals benefit from long-term structural changes.

When it comes to achieving short-term goals, outcomes were much clearer to determine. Participants described goals aimed at the facilitation of fieldwork through obtaining tangible work material and tools from different actors (authorities; private companies...), such as obtaining an agreement to access and treat a population; providing medical supplies; facilitating transportation...etc. These goals were perceived as easier to achieve and in a shorter timeframe since they are more concrete and directly correlated to advocacy work. This was evoked by Participant 6, whose work is about helping MSF missions run correctly from

headquarters, who pointed out: *“We see results when we're out in the field, you see, it's much more tangible there”*.

When it comes to long-term goals, the participants found it harder to point to long-term successes, like policy change, that came because of advocacy work. The results are often described as *blurry* and *slow* said all the advocates adding that many actors were involved and that it wasn't possible to link an achievement to one specific organization. Some participants suggested that the long-term results were indirect, and some participants even argued that it was impossible to measure the impact of advocacy work (Participants 3; 7). This could be linked to the frequency of doubting advocacy impact in the long run evoked by Participant 3, a young advocate who shared their questioning of advocacy practices: *“Working in the shadows, invisible results... Maybe we're useless and everything's fine, who knows?”*.

Vignette 3: The ambiguous outcomes of advocacy work

The ambiguity expressed when determining the long-term impacts of advocacy work could be related to the lack of a clear definition of what such results might look like. The organization's expectations of advocacy work were mentioned by Participant 7, a junior advocate who recently returned from his first mission within MSF, stating: *“I don't know if I'm achieving anything, I don't know what I'm expected to achieve”*. On the other hand, Participant 6, a more experienced advocate seemed to have a better understanding of her role and what was asked of her: *“It's not going to change all the rules right away, but for me, advocacy is a bit like climbing a wall, but very slowly, it's one stone after another and sometimes a few of them fall over and you put one back on and then another and it's more or less fragile and it goes back up and that... It is not as simple as that, but it takes time to change a standard”*. Participant 1 had an interesting perspective, suggesting that advocacy had an *“obligation of means, trying to create spaces for discussions”* rather than an obligation of results.

Despite the ambiguity surrounding the impact of their advocacy work, it was possible to identify some indicators of long-term success as summarized in *Table 2* below

Indicators of long-term change	Causality with advocacy	Example and quotation
		- Blocking a change

Policy changes	Direct	<p><i>"We tried and blocked the migration pact for a very long time; we put pressure on the left and on all possible players to say that this pact is not possible. It's going to get a lot worse [...] It's another kind of advocacy, sometimes, advocacy isn't so much about how I've managed to change this law, but it's also about how I've managed to block this law".</i> Participant 3.</p> <ul style="list-style-type: none"> - Influencing a change <p><i>"Can we change a small part, can we include some amendments, can we add these? Yes, and we've done it... humanitarian exemptions for example in the treaty on pandemics, finally, by the World Health Organization...The European Commissioner for Health told us: "We're going to include your humanitarian requests in our proposal." Participant 3.</i></p>
Raising awareness about an issue	Indirect	<ul style="list-style-type: none"> - Organizing events on the topic: <i>"It was the first conference on the topic, with all the major representatives of UN agencies and us and then the member states".</i> Participant 3. - Appearance on the agenda of international organizations: <i>"The town where we said the issue was, is now on the UNHCR map online"</i> Participant 4. - Increased number of journalists: <i>"To attract journalists, well, you see, we're not going to take the place of journalists, but we want to get the word out, because this is newsworthy".</i> Participant 4.
Increase in funding (for other NGOs)	Indirect	<i>"The European Union has added double the funding to what they had planned".</i> Participant 3.

Increased number of NGOs working on the field or the issue	Indirect	<i>"More NGOs are working there, we leave".</i> Participant 7.
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Table 2: Long-term direct and indirect success indicators of advocacy work with quotes and examples

To make an impact, the participants also shared the qualities of good advocacy work to achieve the goals, such as knowing how to formulate clear data-driven messages (Participants 2; 4; 5; 7). The most salient quality all participants insisted on is that advocacy should be anchored in the field needs, pointing out that the strength and legitimacy given to MSF by policymakers were precisely because MSF *"talk only about what we see on the field"* (Participant 4). This avoids empty messages, as pointed out by Participant 6, *"We don't advocate for the sake of advocating, and that's what I sometimes explain to colleagues who write pretty texts that look just like United Nations resolutions, and in fact, it's pointless to write a nice document that 15,000 other people have written"*.

Participants opposed this MSF's way of advocating and working with other organizations. For example, OXFAM⁽⁵⁴⁾ was cited 2 times as an organization primarily focused on advocacy rather than work (Participants 1;2). The United Nations was also mentioned 3 times as a less good example of advocacy work and bureaucratization (Participants 3;5;6).

Vignette 4: MSF perceived as an action-driven organization

Overall participants shared a strong positive feeling toward MSF, highlighting how the organization was, many times, the only relief actor in a delicate situation. This is reflected in its way of advocating which would differ from other organizations. Participant 11, a team and Mission manager with a long experience within MSF states: *"It's, first of all, because we do, that we allowed ourselves to speak"*.

d/ Who is involved? Participants' profiles:

An analysis of the data and a categorized matrix uncovered two distinct perceptions of advocacy work, respectively named Profile A and Profile B:

	Profile A: Policy-driven (Participants: 3;4;5;6;7;10;12;13)	Profile B: Operations-driven (Participants 1;8;11)
Advocacy aim	Targeting structural changes and helping operations	Helping operations first, eventually leading to structural changes
Opinion on implementing advocacy work	Very much in favor	Not so much in favor
Expectations toward health authorities	High expectations, hopeful about changes	Low expectations, nuanced about changes
Aim of engagement at MSF	"To make a change"	"To do things"
Opinion on advocacy work at MSF	There is a lack of advocacy work	There is probably too much advocacy work
Feeling	Frustrated by the lack of advocacy	Fear of too much advocacy

Table 3: Two dominant participant profiles regarding their opinion on advocacy work

It is important to highlight that Participant 2 and Participant 9 didn't fit in either profile A or B, as their profiles were too specific. Participant 2 advocates mostly to private companies, therefore, her position isn't directly related to health policies. Participant 9 is a team leader that did advocacy during her mission, but it wasn't possible to capture her opinion on operations or advocacy. This may suggest that data saturation wasn't reached as discussed in the limitations section.

-Profile A: Policy-driven

Participants falling under this category are very much in favor of advocacy work. They argue that advocacy serves as a political lever to address issues and the only way to achieve sustainable change is through meeting long-term goals:

"MSF cannot exist without advocacy because our end goal of advocacy is long-term change [...]. We are treating these many patients, but are you going to stay there for a long time? What about sustainability? What about longevity? What about what after you leave? What will happen, you know? For me, advocacy brings that

long-term thinking [...] I have always criticized MSF for not paying attention to long-term thinking. They just think like, oh...We go there are two patients, a bullet wound, done and go. It's much more than that. Of course, that will be what we do. That's a very big part of what we do. But we are also living in a world where there are a lot of other factors that impact that bullet wound, not just treatment. [...] I think advocacy is the political, social, and economic, like this environment that we live in that helps the patient. It's not just about treating".

Participant 7.

As just suggested, this profile's end goal is structural change. They have high expectations when it comes to the health authorities. They believe that advocacy work is primarily political work aimed at politicians and that it is possible to have more impact on health policies if the organization were to prioritize more advocacy. The advocates who reflect this profile embarked on this career with the desire to be impactful and achieve structural change. All advocates fell into this category regardless of seniority level, as found in the tally matrix (Appendix 3). The narrative of this profile A is represented in *Figure 4* below:

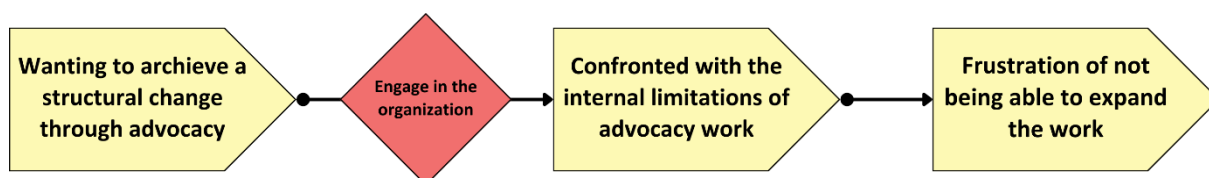


Figure 4: Narrative of Profile A, from their engagement in the organization to their frustration caused by the lack of advocacy work

Case Study Profile A: Ms. A, the changemaker

Mrs. A is a junior advocacy officer, who graduated in political sciences and has worked in several local NGOs. She had the objective of joining a nongovernmental organization to have an impact on a large scale on the issues she cares about. Currently, she oversees the advocacy strategy in a humanitarian setting but has been disappointed about the lack of work she can carry out. She complains that she is not taken seriously by the other members of the team who view her work as secondary. Her work seems more like that of a “communication officer”. Ms. A strongly believes that NGOs could achieve more structural changes and influence health policy if more resources, such as time and employees, were invested in

advocacy work. Ms. A believes that, since humanitarian crises can only ever be solved through political change, NGOs must be more engaged in political debates.

-Profile B: Operations-driven

Participants who fall into this category are more skeptical when it comes to advocacy work and are more critical about it. Their main concern is that advocacy might become too bureaucratic and thus create a form of diversion away from relief actions, which according to them, should be the focus. As facilitators of the organization's field missions, these candidates are more interested in what advocacy might be able to bring to the field, focusing on the short-term goals first. Structural change is not absent from their perspectives, and they do believe in a possible change, however as their expectations for health authorities are low, they believe advocacy work should be primarily about helping to carry out the mission, instead of putting too many resources on long-term goals that are difficult or impossible to assess:

"I'm not fundamentally reserved about advocacy. But I am fundamentally convinced that we are an action-oriented organization...and that's what makes MSF so rich. When we feel we have the capacity to remove blockages in terms of people's access...access to treatment...effectively improving our action, I think advocacy is a virtuous thing. But I think MSF must stay in its place, in the place we've given ourselves. It's not its place, it doesn't exist in essence, it's all a choice, but in any case, that's the choice I'll make. We don't have a lot of resources to waste building an advocacy architecture [...] There's also a cost-benefit issue to be assessed because advocacy can involve a lot of work and a major investment [...] There are also trade-offs to be made on, I would say, the appropriateness of carrying out the activity. To be satisfied with having filled your day with meetings that ultimately serve no purpose whatsoever [...] The question of expectations...I confess I don't have many now, and I think we're at a point where our expectations of the State need to be lowered. Once again, to avoid disappointment. So, it's not a question of giving up on questioning the State about the responsibility it gives itself or that we give it, but precisely, I think we need to know if we would like the State to give itself this responsibility. Because more and more, the State is no longer giving itself this responsibility".

Participant 1.

This profile opposes long-term to short-term goals because they are concerned that putting more material effort (time, human resources; studies...) into long-term advocacy work will ultimately affect their ability to meet their short-term goals, thus negatively impacting their projects in the long run and MSF credibility. Thus, a choice of implementing advocacy work within a project has to be thought through, not only in terms of pertinence but also as cost-benefit of the actions. Their main reason for becoming involved in a humanitarian organization was to be involved in implementing impactful programs. Interestingly, only senior managers and researchers among the participants fell under this category as shown in the tally matrix (Appendix 3). The narrative of this profile B is represented in *Figure 5* below:

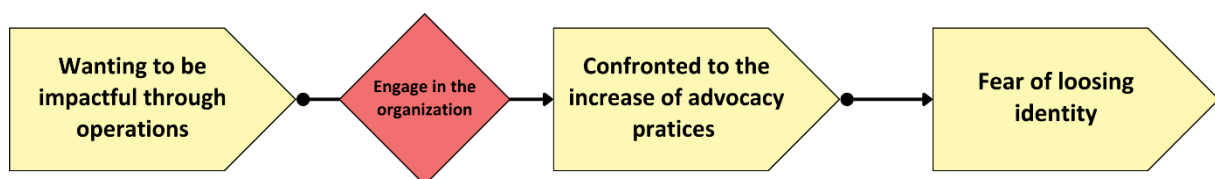


Figure 5: Narrative of Profile B from their engagement in the organization to their fear of too much advocacy work

Case Study Profile B: Mr.B, the doer

Mr.B is a senior Head of Mission and has been an active member of his organization for the last 25 years. He has been involved in several different missions around the world, conducting different types of work, and knows the organization's history very well. He joined the organization because he wanted to help people in need and feel useful. He currently leads a large team, including an advocacy officer. Mr.B believes that advocacy could be important, but that the main strength of an organization is its ability to take actions such as medical assistance. He worries that diverting too much from these actions in favor of advocacy could lead to the downfall of these essential operations and ultimately lead to a lot of suffering. Without these tangible actions, humanitarian organizations will only be left with an empty message

Discussion

The main objective of this study was to explore NGO advocates' perceptions about the impact of their work. The results highlight different interpretations of advocacy work and the strategies used, in addition to identifying two distinct profiles: those aiming for structural changes and those focusing on operational support. We will now discuss the ambiguity of advocacy work, the tensions that can exist within an organization in terms of advocacy work, and the different perceptions of "professional advocates".

The participants in this study saw advocacy as a "*set of activities that produce a change*", much like the definition described in the literature^(57,58) and coherent with the WHO which positions health advocacy as part of health promotion when it comes to influencing health policies⁽¹⁷⁾. Advocacy was also defined as being context-dependent, combining both public activities (addressing a large audience) and private activities (targeting policymakers). This has also been supported by Cohen et al. who describe advocacy as multifaceted work⁽⁵⁷⁾ requiring flexibility and adaptability to increase the likelihood of success^(52,58).

As found in another study⁽⁵⁹⁾, the participants perceived these tactics as influencing health policies. Yet, while the different tactics they employed were found to be influential by Brinsden⁽⁵²⁾, advocates also reported difficulty linking their work to a change given the slowness of the process and the diversity of actors, making it difficult to answer the first question of this study on the effectiveness of advocacy on health policies. This left the advocates with mixed feelings and frustration. Both reasons (the slowness and the diversity of outcomes) and the feelings of frustration have also been reported in the literature^(61,62). However, these negative feelings seem to be the combined result of blurry expectations on the one hand, and the challenges they face within their organization on the other hand. In other words, there were two levels at which advocates felt challenged: the first related to the uncertainty in terms of outcomes difficult to assess, and the second related to internal friction uncovered within an NGO.

Addressing the first level requires first better understanding of the impact NGOs want to achieve. Once targets and objectives have been set, then impact assessment can be evaluated using a Monitoring and Evaluation system (M&E)^(27, 54). This M&E system can help track advocacy actions, learn from successes and failures, and inform and guide further actions^(60,61). This system, as suggested by Glass⁽⁵⁹⁾, weaves systematic learning into advocacy practice so organizations will better understand and grasp their impact and ultimately bring clarity to advocates' expectations. Yet despite its importance and application in many organizations, the monitoring and evaluation system was reported as lacking in this study and

other NGOs^(24,62). One difficulty of implementing M&E is the definition of outcome, as there are both short-term and long-term goals to consider.

As evoked in this study and the literature, short-term outcomes are easier to assess and demonstrate a correlation with their actions. Thus, NGOs tend to focus on these rather than on long-term structural outcomes risking having visionless messages that don't aim for larger missions or goals^(63,24). Indeed long-term goals are important, as they provide a vision and a perspective that broadens NGO's action^(24,63); keeping them on the right course of action. Therefore, NGOs shouldn't oppose short-term to long-term goals but rather understand both temporalities as part of a political cycle, as suggested by Keck & Sikkink⁽⁵⁸⁾ and Brinsden (2020)⁽⁵²⁾ who explain that both must be planned for and assessed to achieve impactful advocacy. NGOs can formulate their outcomes on both temporalities and define their activities accordingly using Gen et Wright's⁽⁶⁴⁾ template, which covers both types to overcome this challenge and balance the expectations that can coexist within an NGO.

The second level to address is the internal debates that can arise when NGOs implement advocacy work. The study uncovered several internal dynamics and perspectives on advocacy work explored in the vignettes, in addition to uncovering two different profiles with distinct approaches to advocacy work. The first challenge that emerged in Vignette 1 is the close alignment between advocacy and communication which can lead to internal friction. The use of media to advance public policy initiatives through speaking out and bearing witness has already been described by both Wallack and Jernigan and Wright as "*media advocacy*"^(65,66) a practice of "storytelling" aimed at empowering groups of individuals⁽⁵⁷⁾. This study found two managerial approaches when it comes to handling both tasks. When communication is viewed as a tool for advocacy, one team handles both tasks, using media to drive change. When communication and advocacy are distinct roles, separate teams work towards different goals that converge with media advocacy. NGOs therefore must choose the design best adapted for their purposes and make efforts to clearly define the role of each when there are two teams. Unfortunately, no literature was found to support the implication of this overlap.

Vignettes 2 and 3 illustrate the frustration experienced by advocates who perceived their advocacy work is underestimated. While Ringsing et Leeuwis showed that multiple views and expectations on advocacy can be found in the same NGO for multiple reasons⁽⁶⁷⁾, it is important to prevent misalignments by reaffirming the NGO's position through a solid "organization identity" on its advocacy work^(68,69,70). This organizational identity serves as a mission statement that clarifies *what*, *how*, and *why* the NGO is advocating for. Having this clear

position allows members to connect to achieve the organization's higher goals. Moreover, it creates a framework to refer to when internal confusion arises around advocacy^(69,70). As suggested by Jäger and Schröer⁽⁶⁹⁾ and as noted in this study, an organization can build this identity by distinguishing its work from other organizations.

The misalignment noted in this study may also be attributed to a generational gap, as advocacy is relatively a recent term that could raise suspicion among the older generation. The age difference was also found to influence the reasons cited for engagements in NGOs, with the older generation being more interested in engaging in NGO activities while the younger individuals were more interested in achieving structural change. Unfortunately, no literature was found to support this finding. In any case, it could be interesting for an NGO to evaluate the position of its advocates and employees through surveys and questionnaires to define their advocacy strategy.

The last challenge highlighted in Vignette 4 is the question of legitimacy. Grassroots work is perceived by both our participants and supported by Hudson, as bringing legitimacy to an NGO⁽²⁴⁾ yet is often put in opposition to advocacy work. The challenge isn't so much about how to make sure advocacy doesn't overpower grassroots, but rather, how to create impactful advocacy rooted in operational work through a bottom-up approach.

Both levels of challenge need to be addressed by NGOs for advocacy to be impactful and to ensure advocates find meaning in their work. The levers of action are compiled chronologically from bottom to top in *Figure 6* below:

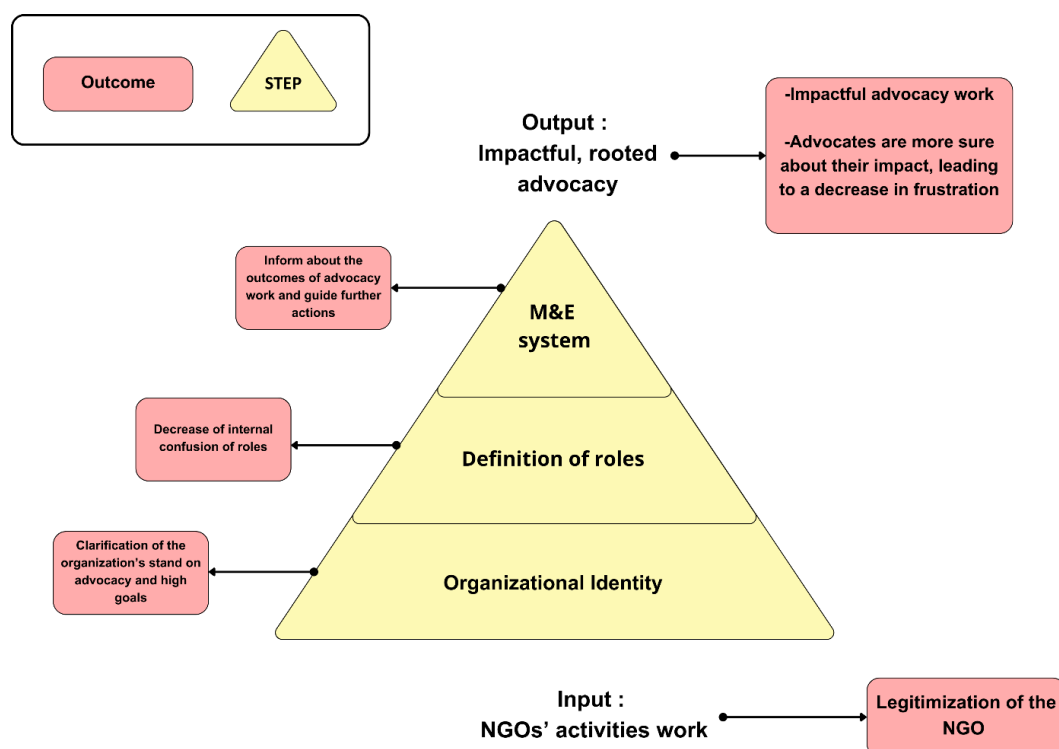


Figure 6: Steps and levers of action for implementing NGO advocacy work

The input of impactful evidence-based advocacy is the activities the NGO carried out. The architecture to produce advocacy work addresses the challenges that can arise within organizations.

A final word should be said about the professionalization of advocacy. Some of the participants in this study shared how advocacy required specific qualities and therefore welcomed the idea of having “professional” advocates. An editorial⁽¹¹⁾ has suggested that advocacy work tends to “tone down arguments” due to NGOs’ reliance on public grants as monetary contingencies will be put on organizations. The results from this study do not support this. This may be specific to MSF, as the organization is funded by small private donors, providing it with greater autonomy and freedom to challenge public policies. As other sources need to be investigated in this process of “toning down” argumentations, this finding suggests that NGOs involved in advocacy should carefully examine their funding sources to avoid conflicts of interest that could influence their advocacy efforts. This demonstrates a need for greater transparency in funding mechanisms to ensure alignment with the NGOs’ true interests.

Takeaway from the findings:

- Advocacy is a complex ambiguous term, consisting of a multiplicity of actions, that are perceived as important for making a policy change.
- Advocacy brings a lot of debates around its outcomes, impact assessment, and legitimacy, which is why the organization must define itself and its work to clarify its end goal.
- Advocacy has both long-term and short-term goals.
- Grassroots work brings legitimacy to NGOs.
- A system of monitoring and evaluation is important to bring clarity to the work advocates do and inform further advocacy work.

Implications for NGOs’ advocacy

The results from this study underscore that advocacy is perceived as a powerful tool that NGOs can leverage, however, it can also be found to be at the origin of internal friction and frustration

among its employees. To ensure advocacy work is as effective as possible, NGOs must question their position, and communicate the “why” of their mission to create an understanding that is shared with its employees. NGOs should also pay careful attention to building a monitoring and evaluation system that will allow them to record their impact, both in terms of short- and long-term goals, help guide their future actions, and ultimately have more impactful advocacy.

Careful attention should be given to defining similar roles, such as advocacy officers, and other roles, such as communication officers to avoid any confusion. Finally, NGOs should remember that, to be legitimized by policy actors and other actors, advocacy needs to find an anchor in grassroots work.

Strengths and limitations of the study

One of the primary strengths of this study is its comprehensive sampling of staff members from a prominent international NGO that provides a broad range of perspectives, ensuring that the study captures a variety of viewpoints on advocacy work. Additionally, this study addresses a methodological gap in the existing literature by focusing on perceived advocacy efforts using a qualitative approach. This is particularly valuable as previous research has often overlooked the nuanced, subjective experiences and perceptions of individuals engaged in advocacy within large organizations. By highlighting these individual perspectives, this study contributes to a deeper understanding of the complexities and challenges inherent in advocacy work.

Despite these strengths, this study also has several limitations. The study focuses on one single humanitarian organization which may limit the transferability of the findings to other NGOs, especially non-humanitarian ones that are funded primarily through grants and public funds. The study also focused on the perception of health policy influence in general without specifying subthemes that can play a significant role in the perception itself. The qualitative approach, although providing depth, introduces subjectivity and potential researcher biases, and the focus on perceived advocacy efforts may result in varied interpretations that do not necessarily align with actual outcomes. Furthermore, 2 participants were not able to be categorized in the matrix of the identified profiles as their answers were slightly different than the rest of the participants, suggesting that data saturation hadn't been reached yet. Finally, the study may not fully capture the diverse cultural and geographical contexts of advocacy work, as the nationality of the participants wasn't taken into consideration to assess a difference between the perception of the participants that advocate in their birth country.

Recommendation for future study

Future studies should aim to expand the sample by including a broader range of NGOs and a larger sample and include a comparison between advocacy tactics and perceived impact, enhancing the transferability of the findings. When it comes to the question of the impact of advocacy work, it would be interesting to include policymakers in the sample and question NGOs' influence on their decision-making. Integrating quantitative measures, such as surveys, alongside qualitative insights would allow for a more balanced and objective assessment of advocacy effectiveness, in addition to including secondary data, like activity reports and register of advocacy efforts.

Additionally, capturing diverse cultural and geographical contexts (for example local advocate perception compared to expatriated advocate perception) and focusing on one subtheme of advocacy work (such as advocacy for women's health; migrant's health; access to healthcare for minorities...) could bring a more holistic view of advocacy work and in-depth exploration of topics. The generational gap that this study suggests is also important to explore to assess a difference in understanding of advocacy work and bring coherence to future NGO advocacy strategies.

Conclusion

The results from this qualitative study conclude that, despite being perceived as impactful and an important lever for change, advocacy work can cause mixed feelings and frustration in an NGO because of internal friction and challenges. The first challenge regarding the uncertainty of outcome could be addressed through the implementation of a solid architecture of monitoring and evaluation. The second challenge regarding different opinions on advocacy work could be eased by creating a unified organizational identity, defining the roles and tasks of everyone within the NGO, and ensuring the right balance between grassroots work and advocacy work. By bridging the identified gaps and easing the ambiguities of advocacy work, NGOs would be able to better grasp their impact on health policies and therefore, engage in more effective advocacy work that will achieve public health milestones in the long run.

References

1. The Nobel Peace Prize speech | MSF [Internet]. [cited 2024 Jun 14]. Available from: <https://www.msf.org/nobel-peace-prize-speech>
2. Harmer A. Understanding change in global health policy: Ideas, discourse and networks. *Global Public Health*. 2011 Oct;6(7):703–18.
3. Shearer JC, Abelson J, Kouyaté B, Lavis JN, Walt G. Why do policies change? Institutions, interests, ideas and networks in three cases of policy reform. *Health Policy Plan*. 2016 Nov;31(9):1200–11.
4. MSF to pull out of World Humanitarian Summit | MSF [Internet]. [cited 2024 May 22]. Available from: <https://www.msf.org/msf-pull-out-world-humanitarian-summit>
5. Une campagne pour les 50 ans de MSF | Médecins sans frontières [Internet]. [cited 2024 May 22]. Available from: <https://www.msf.fr/actualites/une-campagne-pour-les-50-ans-de-msf>
6. Ads of the World™ [Internet]. [cited 2024 May 22]. Doctors Without Borders: Beyond • Ads of the World™ | Part of The Clio Network. Available from: <https://www.adsoftheworld.com/campaigns/beyond>
7. Martens K. Mission Impossible? Defining Nongovernmental Organizations. *Voluntas: International Journal of Voluntary and Nonprofit Organizations*. 2002;13(3):271–85.
8. The Growth in the Number of ECOSOC NGOs [Internet]. [cited 2024 May 4]. Available from: <https://www.staff.city.ac.uk/p.willets/NGOS/NGO-GRPH.HTM>
9. Törnquist-Chesnier M, DeMars WE, Dijkzeul D. Review of The NGO Challenge for International Relations Theory, DeMarsWilliam E., DijkzeulDennis. *European Review of International Studies*. 2017;4(2+3):92–4.
10. Parker R. Grassroots activism, civil society mobilization, and the politics of the global HIV/AIDS epidemic. *Brown Journal of World Affairs*. 2011 Jan 1;17:21–37.
11. Éditorial: Critique internationale. 2015 May 27;N° 67(2):5–6.
12. Wendt A. Anarchy is what states make of it: the social construction of power politics. *Int Org*. 1992;46(2):391–425.
13. Topics | European Parliament [Internet]. 2018 [cited 2024 May 4]. Transparency register: who is lobbying the EU? (infographic). Available from: <https://www.europarl.europa.eu/topics/en/article/20180108STO91215/transparency-register-who-is-lobbying-the-eu-infographic>
14. World Advocacy - The world's premier source of advocacy groups [Internet]. [cited 2024 Apr 20]. Available from: <https://www.worldadvocacy.com/>
15. Piotrowicz M, Cianciara D. The role of non-governmental organizations in the social and the health system. *Przegł Epidemiol*. 2013;67(1):69–74, 151–5.
16. Besançon S, Sidibé A, Sow DS, Sy O, Ambard J, Yudkin JS, et al. The role of non-governmental organizations in strengthening healthcare systems in low- and middle-income countries: Lessons from Santé Diabète in Mali. *Glob Health Action*. 15(1):2061239.

17. First International Conference on Health Promotion, Ottawa, 21 November 1986 [Internet]. [cited 2024 Jun 17]. Available from: <https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference>
18. 2.1 Defining policy advocacy | Making Research Evidence Matter [Internet]. [cited 2024 May 4]. Available from: <https://advocacyguide.icpolicyadvocacy.org/21-defining-policy-advocacy>
19. Advocacy and Partnerships to protect human health from climate change [Internet]. [cited 2024 Jun 17]. Available from: <https://www.who.int/activities/awareness-raising-to-protect-human-health-from-climate-change>
20. Google Books Ngram Viewer [Internet]. [cited 2024 May 5]. Available from: https://books.google.com/ngrams/graph?content=NGO%2CAdvocacy&year_start=1930&year_end=2019&corpus=en-2019&smoothing=4&case_insensitive=true
21. Young E, Quinn L. Making research evidence matter: a guide to policy advocacy in transition countries. Budapest: Open Society Foundations; 2012.
22. Action contre la Faim [Internet]. [cited 2024 Jun 14]. Action against Hunger Advocacy Toolkit. Available from: <https://www.actioncontrelafaim.org/en/publication/acf-advocacy-toolkit/>
23. English R. Influencing for Impact Guide: How to deliver effective influencing strategies.
24. Hudson A. Advocacy by UK-Based Development NGOs. Nonprofit and Voluntary Sector Quarterly. 2002 Sep;31(3):402–18.
25. Geyer Y. ADVOCACY AND COMMUNICATION.
26. Izambert C. « Soigner les étrangers ». L'État et les associations pour la couverture maladie des pauvres et des étrangers en France des années 1980 à nos jours: Thèse soutenue le 21 novembre 2018. acrh [Internet]. 2018 Dec 31 [cited 2024 May 4]; Available from: <http://journals.openedition.org/acrh/9241>
27. O'Sullivan K. The NGO moment: the globalisation of compassion from Biafra to Live Aid. Cambridge New York, NY Port Melbourne New Delhi Singapore: Cambridge University Press; 2021. 273 p. (Human rights in history).
28. Desgrandchamps ML. Revenir sur le mythe fondateur de Médecins sans frontières : les relations entre les médecins français et le cizr pendant la guerre du Biafra (1967-1970): Relations internationales. 2011 Jul 1;n° 146(2):95–108.
29. Médecins Sans Frontières Access Campaign [Internet]. 2021 [cited 2024 May 4]. 50 years of bearing witness, 50 years of speaking out. Available from: <https://msfaccess.org/50-years-bearing-witness-50-years-speaking-out>
30. Torrelli M. From humanitarian assistance to “ *intervention on humanitarian grounds* ”? Int Rev Red Cross. 1992 Jun;32(288):228–48.
31. 2021 in figures | MSF [Internet]. [cited 2024 May 4]. Available from: <https://www.msf.org/international-activity-report-2021/2021-figures>
32. 2021 MSF Governance.pdf [Internet]. [cited 2024 May 4]. Available from: <https://www.msf.org/sites/default/files/2022-09/assohistory/2021%20MSF%20Governance.pdf>

33. NobelPrize.org [Internet]. [cited 2024 May 23]. The Nobel Peace Prize 1999. Available from: <https://www.nobelprize.org/prizes/peace/1999/summary/>
34. Williams CL. Leading the charge: Médecins Sans Frontières receives the 2015 Lasker~Bloomberg Public Service Award. *J Clin Invest*. 2015 Oct 1;125(10):3737–41.
35. Médecins Sans Frontières - Sheikh Hamdan Bin Rashid Al Maktoum Award for Medical Sciences - HMA [Internet]. [cited 2024 May 23]. Available from: <http://hmaward.org.ae/profile.php?id=1853>
36. MSF communication tips_English version_20130130_Final.pdf [Internet]. [cited 2024 May 4]. Available from: https://inside.ocb.msf.org/sites/insideocb.com/files/kcfinder/files/MSF%20communication%20tips_English%20version_20130130_Final.pdf
37. Gorin V. Witnessing and Témoignage in MSF's Advocacy. *Journal of Humanitarian Affairs*. 2021 Nov 11;3(2):28–33.
38. Speaking Out case studies | MSF [Internet]. [cited 2024 Jun 14]. Available from: <https://www.msf.org/speakingout>
39. Speaking Out Podcast | MSF [Internet]. [cited 2024 Jun 14]. Available from: <https://www.msf.org/speakingout/podcast>
40. Advocacy [Internet]. [cited 2024 Jun 14]. Available from: <https://msf.org.uk/advocacy>
41. Access Campaign accomplishments 1999-2002 | MSF [Internet]. [cited 2024 May 4]. Available from: <https://www.msf.org/access-campaign-accomplishments-1999-2002>
42. Access to medicines in depth Access Campaign | MSF [Internet]. [cited 2024 Jun 14]. Available from: <https://www.msf.org/access-medicines-depth-access-campaign>
43. Analysis, reflection and evaluation | MSF [Internet]. [cited 2024 Jun 14]. Available from: <https://www.msf.org/analysis-reflection-and-evaluation>
44. Hoffman SJ, Cole CB, Pearcey M. Mapping Global Health Architecture to Inform the Future.
45. msf-crash.org [Internet]. [cited 2024 May 23]. L'angélisme mystificateur. Available from: <https://msf-crash.org/fr/acteurs-et-pratiques-humanitaires/langelisme-mystificateur>
46. msf-crash.org [Internet]. 2012 [cited 2024 May 5]. II. Histoire longue. Available from: <https://msf-crash.org/fr/agir-tout-prix-negociations-humanitaires-lexperience-de-msf/ii-histoire-longue>
47. REVIEW OF MSF ADVOCACY 2010 - 2015 | MSF Intersectional Evaluation Group [Internet]. [cited 2024 Jun 14]. Available from: <https://evaluation.msf.org/evaluation-report/review-of-msf-advocacy-2010-2015>
48. MSF briefing on Gaza to UN Security Council | MSF [Internet]. [cited 2024 Jun 15]. Available from: <https://www.msf.org/msf-briefing-gaza-un-security-council>
49. Fayoyin A. Advocacy as a Strategy for Social Change: A Qualitative Analysis of the Perceptions of UN and Non-UN Development Workers. *Journal of Social Sciences*. 2013 May;35(2):181–93.

50. Bassous M. What are the Factors that Affect Worker Motivation in Faith-Based Nonprofit Organizations? *Voluntas: International Journal of Voluntary and Nonprofit Organizations*. 2015;26(1):355–81.
51. Tassell N, Flett R. Motivation in humanitarian health workers: a self-determination theory perspective. *Development in Practice*. 2011 Sep 1;21(7):959–73.
52. Brinsden H. What makes effective advocacy? An exploration of public health nutrition advocacy in England.
53. Groenland E. Employing the Matrix Method as a tool for the analysis of qualitative research data in the business domain.
54. Oxfam GB [Internet]. [cited 2024 Jun 15]. Oxfam GB | History of Oxfam. Available from: <https://www.oxfam.org.uk/about-us/history-oxfam/>
55. Fagen MC, Reed E, Kaye JW, Jack L. Advocacy Evaluation: What It Is and Where to Find Out More About It. *Health Promotion Practice*. 2009 Oct;10(4):482–4.
56. Montilla MD, Reid E. Exploring Organizations and Advocacy. 2001;2(1).
57. Cohen D, Vega RD Ia, Watson G. Advocacy for Social Justice: A Global Action and Reflection Guide. Kumarian Press; 2001. 378 p.
58. Keck ME, Sikkink K. Transnational advocacy networks in international and regional politics. *Int Social Sci J*. 1999 Mar;51(159):89–101.
59. Glass J. “Advocates Change the World; Evaluation Can Help”: A Literature Review and Key Insights from the Practice of Advocacy Evaluation. *Canadian Journal of Program Evaluation*. 2017 Mar;32(1):46–64.
60. Reisman J, Gienapp A, Stachowiak S. A guide to measuring advocacy and policy. 2007;
61. McIntyre J. Learning from change: Issues and experiences in participatory monitoring and evaluation. *Evaluation Journal of Australasia*. 2002 Aug;2(1):62–3.
62. Almog-Bar M, Schmid H. Advocacy Activities of Nonprofit Human Service Organizations: A Critical Review. *Nonprofit and Voluntary Sector Quarterly*. 2014 Feb;43(1):11–35.
63. Roche C. Impact assessment for development agencies: learning to value change. Reprinted. Oxford: Oxfam [u.a.]; 2002. 312 p. (Oxfam development guidelines).
64. Gen S, Wright AC. Policy Advocacy Organizations: A Framework Linking Theory and Practice. *Journal of Policy Practice*. 2013 Jul;12(3):163–93.
65. Wallack L. Media advocacy: a strategy for empowering people and communities. *J Public Health Policy*. 1994;15(4):420–36.
66. Jernigan DH, Wright PA. Media Advocacy: Lessons from Community Experiences. *Journal of Public Health Policy*. 1996;17(3):306–30.
67. Ringsing B, Leeuwis C. Learning about Advocacy: A Case-Study of Challenges, Everyday Practices and Tensions. *Evaluation*. 2008 Oct;14(4):413–36.

68. Johansen TS, Nielsen AE. Constructing Non-profit Identity in the Midst of Stakeholder Complexity. *International Studies of Management & Organization*. 2016 Oct;46(4):216–27.
69. Jäger UP, Schröer A. Integrated Organizational Identity: A Definition of Hybrid Organizations and a Research Agenda. *Voluntas*. 2014 Oct;25(5):1281–306.
70. Pianezzi D. We are what we tell: an enquiry into NGOs' organizational identity and accountability. *Accounting, Auditing & Accountability Journal*. 2021 Jan 1;34(8):1824–50.

Appendices

1/ Interview guide

Questions: (RQ = Research Question; IQ = Interview Question)

-RQ 1: What is advocacy?

Q 1.1: How would you define advocacy and what does it mean to you?

IQ 1.2: What is your exact role in advocacy work?

IQ 1.3: What are strategies used in your advocacy work?

-Probe 1: What strategies have you used in the past or are you using currently?

-Probe 2: If the answer includes something about 'making a change' => probe "Did you engage in this career to make a change?" (Otherwise, ask it later).

IQ 1.4: Who initiates advocacy work and sets priorities?

-Probe 1: Should it be field driven?

IQ 1.5: what do you aim for through advocacy?

-Probe 1: What about changing health policy?

-RQ 2: How do advocates perceive their advocacy and what is the framework of a successful advocacy?

IQ 2.1: What makes an advocacy successful?

IQ 2.2: How effective do you think advocacy work is in general regarding health policies?

-Probe 1: At which level?

-Probe 2: Is there any importance of an advocacy effort regardless of its success (raising awareness, the NGO agenda...)?

IQ 2.3: How do you evaluate the effectiveness of advocacy work?

IQ 2.4: What do you consider to be the most successful strategies in advocacy work?

-Probe: Have you personally witnessed any successes in your advocacy work?

-RQ 3: How do advocates perceive themselves and their impact?

IQ 3.1: What is your thought on the professionalization of advocates?

-Probe1: Are there any risks or benefits for the causes of this professionalizing advocacy work?

IQ 3.2: To what extent achieving a change/having an impact is important to you?

-Probe 1: Did you engage in this career to make a change?

-Probe 2: Does it give your job or yourself a meaning?

-Probe 3: Did achieving success matter more at the beginning of your career or after?

Probe4: Did your belief in advocacy work change throughout your career?
Stronger or Weaker?

-RQ 4: What are the limits of advocacy work in general?

IQ 4.1: What has been difficult about your job as an advocate?

-Probe1: Can you share an example of a limitation or a failure during your job?

-Probe2: Are these external or Internal limitations?

-Probe3: What about monitoring and evaluation?

IQ 4.2: Have you witnessed any adverse effects in your advocacy work?

-Probe1: have you personally experienced any adverse effects?

-Probe 2: How do you prepare for adverse effects?

-Probes 3: What about the adverse effects on yourself? Like Burnout; Cynicism?
Compassion fatigue?

IQ 4.3: What are the levers of action of these limitations? For both advocacy work and you.

2/ Codebook

Codes referred to with an “ * ” have child code that it wasn’t possible to report here because of space.

Parent Code	Child Code	Code Type	Decisional rules
Definition	Definition General	Topical	Use this code if the participant defines advocacy.
	Nuance Communication	Topical	Use this code if the participant shares a nuance between advocacy and communication.

	Nuance Negociation	Topical	Use this code if the participant shares a nuance between advocacy and negotiations.
Argumentation positive	Pros- Argument	Topical	Use this code if the participant shares an argument in favor of advocacy
	Sustainability		Use this code if the participant sees advocacy as a sustainable solution
Argumentation negative	Cons- Arguments	Topical	Use this code if the participant shares an argument against advocacy
	Bureaucracy		Use this code if the participant sees advocacy bureaucratic
Professional advocate perception	Positive perception PA	Topical	Use this code if the participant is in favor of professional advocates/advocacy
	Negative perception PA	Topical	Use this code if the participant is against professional advocates/advocacy
Strategies	Strategy General	Topical	Use this code if the participant shares about advocacy tactic
	Strategy Private*	Topical	Use this code if the participant shares about private actions (shared with specific individuals)
	Strategy Public*	Topical	Use this code if the participant shares about public actions (shared to a large public)
Impact of Advocacy	Yes	Topical	Use this code if the participant sees advocacy as impactful on health policies
	No	Topical	Use this code if the participant doesn't see advocacy as impactful on health policies
Changes	Positive changes	Topical	Use this code if the participant shares an example of a positive outcome following advocacy work
	Negative changes	Topical	Use this code if the participant shares an example of a negative outcome following advocacy work
	Unintended consequence	Topical	Use this code if the participant shares an example of unintended consequence following advocacy work

Limitations	Context*	Topical	Use this code if the participant shares limitations on the impact of advocacy work (external)
Engagement in MSF	Change	Topical	Use this code if the participant engaged in MSF to achieve a change
	Actions	Topical	Use this code if the participant engaged in MSF to achieve implement actions
Feeling	Frustration	Interpretative	Use this code if the participant shares feelings of frustration because of limits
	Doubt	Interpretative	Use this code if the participant doubts the impact of advocacy work
	Fear/change	Interpretative	Use this code if the participant sees advocacy as a threat to operations. "Fear".
	Cynicism	Interpretative	Use this code if the participant shares feelings of cynicism
Internal limitations	Internal limits*	Interpretative	Use this code if the participant shares internal limits in the implementation of advocacy work
Expectations	Yes	Interpretative	Use this code if the participant has clear expectations toward authorities
	No	Interpretative	Use this code if the participant doesn't have expectations from authorities
Action driven	Yes	Interpretative	Use this code if the participants see MSF as an action-driven organization
	Legitimacy	Interpretative	Use this code if the participant sees the fieldwork as legitimizing the organization (by policymakers/public opinion.

3/ Tally matrix

	Profile A	Profile B
<u>Seniority at MSF</u>		
Senior	2	3
Junior	6	0
<u>Function</u>		
Advocacy work	7	0
Non-Advocacy work	1	3
<u>Workplace</u>		
HQ	3	2
Field	5	1

Abstract in French

Le plaidoyer est-elle efficace ? Etude qualitative explorant l'impact perçu du travail de plaidoyer.

Introduction/Contexte : Le secteur non gouvernemental est devenu un acteur important de la santé publique et influant sur les politiques de santé, cela par le biais d'activités de plaidoyer. Cette étude examine la perception qu'ont les plaideurs d'une organisation non gouvernementale de l'impact de leur travail de plaidoyer sur les politiques de santé. Médecins Sans Frontières (MSF), une organisation humanitaire de renommée internationale, a été choisie comme cas d'étude. Grâce à cette exploration, cette étude vise à informer les ONG de santé publique de leur impact sur les politiques de santé afin de les aider à formuler des actions de plaidoyer influentes.

La méthode : La sélection de participants ainsi qu'un échantillonnage en « boule de neige » ont été utilisés pour recruter un groupe diversifié d'employés de MSF afin de participer à des entretiens semi-directifs. Une attention particulière a été portée à la diversité des participants en termes d'ancienneté, de tâches, de niveau hiérarchique et de sexe afin de saisir les différentes perspectives au sein de l'organisation. L'analyse des entretiens a été réalisée entre mars et mai 2024 à l'aide du logiciel N-Vivo et de matrices ont été utilisées pour identifier les points communs entre les réponses des participants.

Résultats: L'analyse de 13 entretiens a permis d'explorer les rôles, les stratégies et l'impact du plaidoyer au sein de MSF. Les participants ont défini le plaidoyer comme un ensemble d'activités visant à induire un changement, bien qu'il n'y ait pas eu de consensus clair sur cette définition. L'étude a mis en lumière les défis auxquels les plaideurs sont confrontés au sein de l'organisation, qu'ils soient externes en raison du contexte politique ou internes à l'ONG, révélant une certaine forme de frustration dans l'accomplissement de ce travail. Deux profils de participants ont émergé: les participants axés sur les politiques de santé, se concentrant sur le changement à long terme et les participants axés sur les opérations, qui donnent la priorité à l'impact immédiat sur le terrain.

Conclusion: Le plaidoyer est perçu comme ayant un impact sur l'évolution de la politique de santé, mais peut également susciter de la frustration au sein des ONG en raison de frictions et de défis internes. Ces défis se situent à deux niveaux : l'un concerne l'évaluation de l'impact des activités de plaidoyer et l'autre est dû à la diversité des opinions sur les activités de plaidoyer. La création d'une identité organisationnelle unifiée, la définition claire des rôles et des tâches, la mise en place d'un système de suivi et d'évaluation et l'équilibre entre les activités régulières et les activités de plaidoyer peuvent atténuer ces difficultés. Ces défis doivent être considérés par les ONG avant la mise en œuvre effective des activités de plaidoyer afin qu'elles soient guidées vers des activités de plaidoyer efficaces.

Mots-clés : Humanitaire ; Organisation non gouvernementale ; Plaidoirie ; Plaidoyer ; Politique de santé ; Suivi et évaluation.