



Stop TB Partnership

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DRAFT



Stop TB Advocacy & Communication Strategy

Supporting the Global Plan to Stop TB

5 February 2002

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Executive Summary

The Stop TB Advocacy and Communications Strategy has been prepared to ensure that the main objectives in the Global Plan to Stop TB can be achieved by 2005. These objectives are to expand DOTS diagnostic and treatment services, meet the emerging challenges of HIV and drug resistance, improve existing tools by developing new diagnostics, drugs and vaccines, and strengthen the STOP TB Partnership. The STOP TB Advocacy and Communications Strategy has three main components:

Community mobilization is required to detect 70% of all infectious TB cases nearly three times as many as currently detected. This mobilization will reduce stigma associated with the disease and promote healthy behaviour.

Private sector partnerships provide a means of building greater and more sustainable support for the eventual global elimination of TB. These partnerships will expand and diversify capacities for research, service delivery, community mobilization and advocacy, and are of vital importance in developing new tools and meeting the challenges of TB/HIV co-infection and multidrug-resistant TB(MDR TB).

Global advocacy is required to ensure significant increases in political commitment and financial support for achieving the global targets for DOTS expansion. Global advocacy is also needed to increase commitment for the development of improved TB diagnostics, drugs and vaccines. Global advocacy will create the political accountability and social pressure required to help attract over \$4 billion in new funding for TB control by 2005.

Objectives

The main objectives of the STOP TB Advocacy and Communications Strategy are described in the following table:

OBJECTIVES	TARGETS	BUDGET
Community Mobilization 1. Mobilizing local communities 2. Promoting healthy behaviour 3. Mobilizing patients 4. Providing training to health officials		
<ul style="list-style-type: none"> • Develop health promotion and health behaviour best practices in each of the 22 high burden countries (HBC) to permit the detection of 70% of symptomatic TB cases in DOTS by 2005. • Encourage community ownership and people's participation in demanding, developing and providing DOTS services where currently none are offered. • Enable TB patients and health care workers to be influential voices in promoting TB control in each high burden country, helping to reduce stigma associated with the disease. 	2002 Develop Communications for Behavioural Impact (COMBI) plans for each high burden country. 2004 Create TB patient organizations (PROFIT Networks) in each HBC by 2004, involving them in national TB control planning in most HBCs. 2005 Establish Community TB Watch groups in 100 districts not currently providing DOTS services. 2005 Equip 700 leading health officials with advocacy and communications skills.	6,010,000

Private Sector Partnerships		
5. Involving NGOs & civil society in STOP TB 6. Involving business 7. Enhancing web & electronic information sharing		
<ul style="list-style-type: none"> Build a larger and more sustainable base of public and political support for TB control by involving civil society organizations (CSOs) in service delivery, increasing public awareness and reducing stigma. Engage the corporate sector as leaders in the fight against TB and as active contributors to the Global Plan. Involve new private sector partners in developing new tools and expanding clinical trial networks. 	<p>2002 Identify and actively involve at least three corporate champions.</p> <p>2004 Secure secondment of at least three full time equivalent private sector employees to Stop TB and other partners, and secure production of advertising materials and donation of air time of \$1 million in value.</p> <p>2005 Actively involve three new non-health CSOs, one AIDS NGO and one faith-based NGO in each donor-country and HBC.</p> <p>2005 Double number of annual visits to STOP TB web site.</p>	2,000,000
Global Advocacy		
8. Branding, marketing and monitoring 9. World TB Day & other publicity campaigns 10. Involving celebrities 11. Increasing media coverage 12. Political advocacy		
<ul style="list-style-type: none"> To develop a 4 year campaign with one defined target, to detect 70% of people with infectious TB and ensure that 85% of those detected are successfully treated by 2005. Double donor funding from current levels for global TB control and research efforts. Double financial support for DOTS expansion in HBCs. 	<p>2002 Establish global TB Media Relations Network covering all regions.</p> <p>2003 Establish TB Political Advocacy Networks in 30 donor and HBC country.</p> <p>2003 Issue first <i>State of the Global Effort to Stop TB</i> report.</p> <p>2003 Actively involve at least three major global and 10 national music, sports or film celebrities as TB champions.</p> <p>2005 Double the number of organizations involved in World TB Day (WTBD) and the amount of politically significant TB coverage in leading global and national media.</p>	11,990,000
TOTAL		\$20,000,000

Activities

In addition to increasing the Partnership's effectiveness in a range of core advocacy and communications activities such as its web site, World TB Day, advocacy training and partnership building activities, a number of new tools will be developed over the next four years to help achieve the objectives of the Global Plan. These will include:

- Creation of local **Community TB Watch Groups** which have the responsibility of bringing the need for local TB control to the attention of city, district, state and national decision-makers -- especially those communities currently without DOTS services -- and to monitor subsequent implementation of TB control activities. These groups will also assist in delivering medicines to patients and ensuring that the DOTS strategy is being followed.

- Use of the **COMBI Strategy** (Communication for Behavioural Impact) to increase case detection. COMBI is a behaviour-focused social mobilization and communication programme that can be used to prompt individuals with a persistent, hacking cough in districts providing DOTS services to visit health centres for TB diagnosis.
- Establishment of **PROFIT Networks** (Patients and Relatives Organized to Fight Infectious TB) in each high burden country. Drawing upon lessons learned from people living with HIV/AIDS organizations, these TB patient organizations would work to reduce stigma associated with the disease and serve as political advocates.
- Publication of a **State of the Global Effort to Stop TB** every World TB Day, transparently highlighting national and global progress in reaching the 2005 goals.
- Development of a **Global TB Media Relations Network** of experienced public relations and media relations professionals based in each region to promote coverage of news stories as they emerge from the Partnership.
- Development of national **TB Political Advocacy Networks** in key donor and high burden countries. These networks would involve a wide range of partners, not only TB NGOs but also social justice and human rights advocacy organizations. National networks would be linked together through periodic conference calls, electronic networks and planning workshops.

Budget

\$20 million over four years is required for implementation of the STOP TB Advocacy and Communications Strategy. Projects in high burden countries, financed by this strategic plan are intended to be catalytic, providing models and best practices that can be scaled up in additional countries through funding designated in national plans. This is supplemented additional resources at country level for national advocacy and communications activities, in line with the working groups DOTS Expansion, TB/HIV etc

Introduction

It is a rare occasion when the world suddenly finds itself poised to make quick and decisive impact against a formidable and long-standing threat. Yet that time is currently at hand against the global tuberculosis epidemic.

- **Targets have been set** for the control of TB by the year 2005, targets which the world's governments and health officials agree are both achievable and measurable.
- Cost-effective **control programmes have been established** in most of the worst-affected countries. Since 1995, the DOTS strategy used by these programmes has repeatedly proven effective in curing over 2 million TB patients. New means for addressing multidrug-resistant TB and the HIV/TB co-epidemic are being developed.
- Detailed **national plans have been developed** for scaling up control measures in each of the 22 countries at greatest risk from the disease, with specific benchmarks to monitor progress.
- **Implementation costs have been calculated** and found to be surprisingly affordable.
- A broad-based **coalition has been organized** among governments, UN agencies, NGOs and the private sector to help move these plans forward.
- New **international support mechanisms have been established**, including the Global Fund to Fight AIDS, TB and Malaria, the Global TB Drug Facility and the Global Alliance for TB Drug Development.

Yet it will take an enormous amount of political and social commitment to achieve the global targets. DOTS services will need to expand at four times the current rate in order to achieve a global 70% case detection and 85% cure rate by the year 2005. New means must be found to hold HIV co-infection and drug resistance at bay. New tools must be developed to make our strategies for TB prevention, diagnosis and treatment even more effective. An estimated US\$1 billion in new support each year for fighting TB will be required to reach the global targets – nearly double the amount currently available worldwide for fighting the disease. Such action is unlikely to be catalyzed without an exceptional amount of public pressure and demand.

Our greatest requirement now in stopping TB is in skillfully influencing the behaviour of people: patients and practitioners, as well as the public and politicians. The paramount task is to effectively utilize communications messages and interventions to bring about the desired conditions for influencing healthy behaviour, policies and funding.

A New Era of TB Communications Priorities

Communications strategies promoting the global control of TB have evolved over the past 15 years. Following on the increasing neglect of the epidemic that began in the 1970s and the subsequent dismantling of many national TB control services, those concerned about the epidemic emphasized the **documentation** of the severity of the global crisis and the effectiveness of specific control measures. During this period, peer communication among individual TB control officials and public health opinion leaders was emphasized and served to establish a credible base of consensus among experts concerning most central issues for controlling TB.

Increasingly, in order to create a broader and more sustainable base of social and political support, a much wider array of media were deployed, with messages segmented to appeal to a diversity of institutional audiences, particularly governments, foundations and public health institutions. Pivotal to this **agenda setting** phase was the World Health Organization's determination that the control of TB had now become more of a political and management challenge than a scientific challenge. This resulted in WHO dedicating a significant share of its TB resources toward advocacy and declaring that TB was a "global emergency." The period of 1993 to 1998 witnessed a rapid expansion of institutional commitment and capacity to address TB, as well as the active involvement of new governments, donors and implementing organizations.

Coordination among the new array of stakeholders has most recently become a principal consideration, signaled with the formation of the Stop TB Partnership in 1998. This phase has sought to utilize the comparative institutional advantages of various partners toward developing and implementing a common plan. This has culminated in the preparation of a *Global Plan to Stop TB*, including plans for all 22 high burden countries.

Now, plans must be implemented. Commitments must be transformed into action. In spite of all previous activities to date, the majority of the world's TB patients continue to live in districts that have yet to provide DOTS services, and the majority of countries using DOTS are detecting less than half of symptomatic TB patients.

The current challenge is to create much greater demand, accountability and support for the control of TB. This will require the involvement of a far greater diversity of audiences. The general public, along with many new champions outside the field of health, must become involved in an **intensive social mobilization** and community participation phase that stimulates demand for the control of TB.

This phase recognizes that, without sufficient social pressure, the best laid plans and most effective strategies usually go unimplemented. It acknowledges an extensive body of evidence that targeted and well-conceptualized communications strategies can successfully change social and political behaviour on most social concerns. It calls for specific and measurable steps for mobilizing society to affect the behaviour of tuberculosis risk groups and decision-makers who can take actions to assist them.

A New Era of TB Communication Priorities

1985 to 1993

Documentation

- Karel Styblo demonstrates the effectiveness of his new TB control management system in Tanzania and with subsequent large-scale success in China (1985 -1991).
- During a well-documented TB outbreak in New York City, the old disease displays new power through its deadly collaboration with HIV, which increases TB's ability to quickly spread in drug-resistant forms (1991).
- The World Bank issues a report on "Investing In Health" which confirms the extensive global burden of tuberculosis and the cost-effectiveness of its control (1993).

1993 to 1998

Agenda Setting

- WHO declares a "Global TB Emergency" (1993).
- Branding and marketing of the DOTS strategy initiated (1995).
- Threat of multidrug-resistant (MDR) TB in Russian prisons is publicized (1997).
- World TB Day observed as official UN Day (1998)

1998 to 2001

Coordination

- The Stop TB Partnership is formed (1998).
- Amsterdam Ministerial Conference (2000).
- DOTS expansion plans are prepared for high-burden countries (2001).
- First STOP TB Partnership Forum and "Washington Commitment" (2001)
- Launch of the Global Partnership (2001)

2002 to 2005

Social Mobilization

- Community mobilization of at-risk populations.
- Private sector partnerships with previously uninvolved institutions.
- Global advocacy and sustainable social engagement and pressure upon decision-makers.

In developing countries, the value of investing in grassroots participation in TB control also goes beyond advocacy and health communications. As the DOTS strategy has demonstrated, trained networks of health volunteers can provide significant support to over-stretched public health services. Mobilizing people's networks in support of DOTS services provides a basis for organizing additional volunteer out-patient support for other diseases, including malaria and AIDS.

Equipping the Partnership to Mobilize Society to Stop TB

The STOP TB Advocacy and Communications Strategy recommends specific activities to change social and political behaviour so that the global TB targets can be achieved by 2005. It is a strategy for bringing about measurable changes in the actions of symptomatic patients, health workers and decision-makers - actions that have a direct bearing on the detection and cure of TB patients, including those with MDR-TB and HIV co-infection.

An investment of \$20 million over four years is required for STOP TB Partnership advocacy, communications and social mobilization. This is in addition to other communications resources already identified in other sections of the Global Plan to Stop TB. This investment will serve to create global mechanisms in support of both donor and high burden country advocacy and social mobilization initiatives, and develop models and best practices that can then be extended to other high burden countries with national resources available for DOTS expansion.

The following twelve sections of this document describe how political pressure and social demand will be created to help achieve these goals.

1. Mobilizing Local Communities

A. Rationale Grassroots ownership of an initiative is the surest way to build sustainability and to create demand. In countries where government health services have been slow to expand DOTS, local communities must become increasingly involved in demanding the provision of quality TB treatment services. The lessons learned from communities that successfully mobilized to demand DOTS services need to be widely disseminated. Given the wide array of social issues that effect poor people, the process of enabling and empowering a community to address one set of concerns is a viable end in itself, as it can equip vulnerable communities to address other important health and welfare concerns.

B. Current Obstacles and Opportunities The majority of symptomatic TB cases occur among illiterate people, with little political voice, who are subjected to many forms of exploitation and seldom organized within communities. There is also much superstition and stigma in communities related to disease. In small rural communities, TB can appear to be a rare event compared to other diseases, affecting perhaps only one or two people each year in a village of 1,000. However, efforts to address polio and the HIV/AIDS epidemic have demonstrated that there are many means for communities to successfully take initiatives in creating demand for health services. Many community organizations that have developed successful tactics for mobilizing to secure better education, housing, employment, and human rights can now be convinced to take up the issue of demanding provision of quality TB control services for their community.

C. Objective Encourage community ownership and people's participation in demanding, developing and providing DOTS services where none are currently offered.

D. Strategies

- Involve community organizations, businesses and local leadership to stimulate provision of quality TB control services.
- Involve beneficiary groups, empowering the poor to work for their health.
- Develop linkages between community organizations and government health services, promoting greater responsiveness to increasing demand for TB control services.
- Improve the ability of community members to understand the disease process and the interventions required.
- Disseminate "best practices" for mobilizing local communities to successfully demand TB control services.

E. Activities

- Identify principal community implementers and form "Community TB Watch" groups that have the responsibility to bring the need for local TB control to the attention of city, district, state and national decision-makers, and to monitor subsequent implementation of TB control activities.
- Conduct a local baseline survey to determine the extent of the problem in the community, organize awareness programmes and planning meetings, make the control of TB an issue in local elections, and establish linkages with government and other organizations working in the same field.
- Encourage and organize provisional community-based care and support and rehabilitation for those who are affected with TB, (Upon establishment of DOTS services, Community TB Watch groups can assist in delivering the drugs to the patients and also ensure that the DOTS strategy is being followed).
- Involve Community TB Watch groups in facilitating site development for clinical research trials.
- Document and disseminate lessons learned from district projects to further involve additional communities.

F. Timeline

2002 Potential implementers identified and initial materials prepared. Beginning in 2002, 25 new district-wide 2- to 4-year projects will be initiated each year in regions of countries slow to offer DOTS services.

2004 "Lessons learned" materials disseminated.

G. Budget

Programme management:	\$ 300,000
Compilation of database of community activist organizations in non-DOTS districts in HBCs.	\$ 100,000
Creation of Community TB Watch groups and support for awareness and mobilization programmes in 100 districts (average of \$10,000 over two to four years):	<u>\$1,000,000</u>
Total:	\$1,400,000

(NOTE: An additional \$1.5 million over four years is currently budgeted by STOP TB for material preparation and training workshops required for community mobilization activities).

H. Measurable Outcomes

- Establish Community TB Watch groups in 100 districts not currently receiving DOTS services by 2005.
- Ensure district-wide provision of DOTS services in 75% of these districts within three years of group formation.

I. Means of Evaluation

- National TB Programme monitoring of provision of DOTS services for the districts.
- Bi-annual reports from Community TB Watch groups.

J. Main Links With Other Components of the Advocacy and Communications Strategy

Mobilizing Patients. People living with TB will play a leading role in stimulating community-based activity.

Enhancing Web and Electronic Information Sharing. The information platform will be designed to reach, involve and inform community organizations in non-DOTS districts, best practices in mobilizing local communities will be disseminated via the web.

World TB Day and Other Publicity Campaigns WTBD activities will contribute to community mobilization efforts.

Involving NGOs and Civil Society in the STOP TB Partnership National CSOs will be encouraged to mobilize local Community TB Watch groups.

Providing Advocacy Training to Health Officials Health officials trained in advocacy skills can become catalysts for organizing Community TB Watch groups.

K. Benefit to Other Health Initiatives The means adopted in helping to expand DOTS programmes can provide an effective way of helping to create pro-poor, sustainable health care systems. The knowledge and capacity developed to organize community members to demand DOTS services is transferable for demanding other health and community services. For example, Community TB Watch groups could eventually function as the community health implementers for malaria control, sexually-transmitted infections (STI) detection and control, Integrated Management of Childhood Illness (IMCI) and reproductive health.

2. Promoting Healthy Behaviour

A. Rationale While significant attention has been devoted to perfecting treatment management strategies that can secure an 85% cure rate, far less emphasis has been placed on developing health promotion strategies that can provide 70% case detection. If the global TB targets are to be met by the year 2005, much more needs to be done to ensure that those with a persistent hacking cough (who reside in districts where DOTS services are offered) visit a health centre for diagnosis of possible TB. Pilot projects need to be established for this purpose.

B. Current Obstacles and Opportunities Countries that have extensively implemented DOTS are often lacking integrated communication programmes directed specifically at behavioural outcomes for detecting TB cases. It is a commonly held belief that once services and drugs are in place, people will “actively” seek treatment, even when years of experience have indicated that this does not occur. Additionally, the lack of funds for such health communication programmes enforces the misconception that strategic, integrated and effective communication programmes can be done quickly and cheaply. However, an emerging communication planning methodology is well-suited to the behavioural challenges of TB case detection. “COMBI” (Communication for Behavioural Impact) is a behaviour-focused social mobilization and communication programme that has proven successful in the prevention of lymphatic filariasis in Zanzibar and India, and dengue prevention and control in Malaysia. COMBI draws on the 100-year experience of the private sector in consumer communication, and incorporates the many lessons gathered from the past 50 years of public health communication work. The skilled personnel for designing and implementing COMBI Programmes are readily available.

C. Objective Prompt individuals with a persistent, hacking cough in districts providing DOTS services to visit health centres for TB diagnosis.

D. Strategies

- COMBI begins and ends with a sharp focus on the behavioural results expected. It is rooted in people’s knowledge, understanding and perception of their own health and the recommended behaviour. The “market/community” is intimately involved from the outset through practical participatory community research and situation analysis relating desired behaviours to expressed or perceived needs/wants/desires. This situational analysis also involves listening to people and learning about their perceptions and grasp of the proposed behaviours, the factors that might constrain or facilitate their adoption, and people’s sense of the costs (time, effort, money) in relation to their perception of value of the recommended behaviours to their lives. People are then engaged in a review and analysis of the suggested healthy behaviours through a judicious blend of integrated communication actions in a variety of settings, appropriate to the “market” circumstances and based on the community research, recognizing that in public and personal communication there is no single magic intervention. The blend of communication actions includes the following:

Public Relations/Advocacy/Administrative Mobilization (intended to put TB and its cure on the public agenda, via the mass media – news coverage, talk shows, soap operas, celebrity spokespersons, discussion programmes, and mobilizing those who will offer the services through meetings/discussions with various categories of government and community leadership, service providers, administrators).

Community Mobilization (including use of participatory research, group meetings, partnership sessions, traditional media, music, song and dance, road shows, community drama, leaflets, posters, pamphlets, videos, home visits, and involving all school children in simple take-home educational exercises).

Sustained Appropriate Advertising (in M-RIP fashion – Massive, Repetitive, Intense, Persistent, via radio, television, newspapers and other available media, done in a sequential series of “flights”, engaging people in reviewing the merits of the recommended behaviours vis-à-vis “cost” of carrying them out)

Personal Selling/Interpersonal Communication/Counseling (via trained individuals at the community level, in homes and particularly at service points, with appropriate informational literature and additional incentives, and allowing for careful listening to people’s concerns and addressing them).

Point-of- Service Promotion (emphasizing easily accessible and readily available TB diagnosis and treatment at distinctly marked service centres).

- Two COMBI pilot projects will be initiated, one in Asia and another in Africa.
- Initial results from the pilot projects will be promoted to all HBC to encourage inclusion of COMBI in DOTS expansion plans.

E. Activities

- Assign COMBI Planning Teams to two TB high burden countries (HBC).
- Plan programmes as described above for achieving desired behavioural outcomes. This should be done in close collaboration with various Ministries, local private sector communication agencies (where available), and other non-governmental organizations.
- Manage the implementation of the COMBI programmes, including their impact evaluation components, in collaboration with various Ministries, communication agencies and NGOs.
- Document and promote initial results to other HBCs.

F. Timeline

2002 Q3	Design two three-year COMBI plans
2002 Q4	Plan implementation of COMBI
2003 - 2005	Implement COMBI plans
2003	Begin dissemination of preliminary results of best practices to other HBCs

G. Budget

Design 2 COMBI Plans @ \$50,000 =	\$ 100,000
Implement 2 COMBI Plans @ \$250,000 x 3 years:	<u>\$ 1,500,000</u>
Total:	\$ 1,600,000

(NOTE: An additional \$14.4 million will be sought from the DOTS Expansion Plan for implementation of COMBI strategies in 18 other HBCs.)

H. Measurable Outcomes

- Design and implementation of COMBI plans by target dates.
- 70% of symptomatic TB cases detected in DOTS districts in 22 high-burden countries by 2005.

I. Means of Evaluation

- Reporting by National TB Programme.
- Tracking sample survey of those under treatment.

J. Main Links With Other Components of the Advocacy and Communications Strategy

World TB Day and Other Publicity Campaigns. Campaigns will promote case-detection messages.

Increasing Media Coverage. Media campaigns will contribute to dissemination of appropriate case detection messages.

Involving NGOs and Civil Society in the STOP TB Partnership. National organizations will promote case detection through their networks.

Involving Business. Businesses will promote case detection in the workplace.

Involving Celebrities. Celebrity involvement will help reduce stigma and communicate the message that "TB can be cured."

K. Benefit to Other Health Initiatives Demonstration that behavioural change can be achieved for TB will pave the way for applying the COMBI approach to achieve behavioural results with other communicable diseases.

3. Mobilizing Patients

A. Rationale Engaging TB patients as activists is a credible way to catalyze social change. As other successful social causes instruct us, once TB becomes the avoidable plight of one person with a name, a face and a family -- rather than the plight of nearly 9 million anonymous new cases each year -- it will begin to become an issue worthy of more serious public attention. Moreover, TB patients need to feel that they have a degree of control over their disease and decisions about its treatment. Open discussion of the disease within their families and community is often limited due to the stigmatization of TB. Treatment services can also fail to engender a feeling of personal control and therefore can make people feel rebellious against the programmes. When patients own the process of treatment they can take greater responsibility for their wellness and are more willing to curb the danger of spreading active TB to their families and communities.

B. Current Obstacles and Opportunities As with many other infectious diseases, TB afflicts the poorest within society who often fall outside existing community and civic organizations. However, much can be learned from the successes of TB patients in Peru and other countries, and specific organizations, such as people living with HIV/AIDS (PLHA). These groups have experience to share in involving people affected by such conditions as the primary source of personal knowledge and understanding, advocacy and the capacity to mobilize healthy behaviour. This would include specific experiences in the area of advocacy for the provision of adequate and qualitative treatment and care services, promotion of a human rights-based approach to all aspects of TB control, as well as lessons regarding potential approaches for reducing the stigma associated with these diseases. This will draw upon national case studies from countries heavily affected during the early stages of the AIDS epidemic, such as from Uganda, and existing modules for promoting peer support among PLHAs.

C. Objective Enable TB patients to be influential voices in promoting TB control, reducing stigma and advocating for the development of new tools in high burden countries.

D. Strategy

- Develop a framework for involving former patients in local TB control efforts.
- Provide support to regional and country TB programmes and NGOs, encouraging them to embrace the involvement of TB patients in TB control.
- Make visible use of former and current TB patients to communicate that TB is curable and to reduce stigma surrounding the disease.
- Equip former and current TB patients to present important advocacy messages to decision-makers, especially regarding drug resistance and TB/HIV co-infection.
- Take advantage of networks and experiences created by PLHA organizations.

E. Activities

- Develop module for "Involving TB Patients" in advocacy, communications and control activities.
- Identify at least one patient spokesperson from each HBC and provide with advocacy and communications training.
- Prepare positive images that "TB is curable" to help remove some of the sources of stigma that prevent TB patients from seeking treatment. Use positive, healthy-looking, hopeful happy images of ex-TB patients who have moved on to a productive life.
- Enlist celebrities from a variety of continents and regions and other notable figures who have had TB and have been cured (e.g. Nelson Mandela, Bishop Desmond Tutu, Tom Jones, Tina Turner, Ringo Starr, etc.).
- Establish TB patient organizations in each HBC, known as PROFIT networks (Patients and Relatives Organized to Fight Infectious TB) to support national advocacy and health promotion efforts.
- Develop a step-by-step programme that will be used by health and community workers to help patients complete TB treatment. These patients will in turn be able to provide support at a later stage to other TB patients using the same programme.

F. Timeline

2002 Develop module for involving TB patients in local and national control efforts.
Include training on modules in international and regional meetings.

- 2003 Identify at least one patient spokesperson from each HBC and provide with advocacy and communications training.
Create video and photo exhibit.
- 2004 Establish PROFIT Networks (TB patient organizations) in each HBC.

G. Budget

Develop and disseminate modules	\$200,000
Train patient spokespeople	\$250,000
Create visual promotional materials	\$250,000
Support for PROFIT Networks and other TB patient organizations	<u>\$200,000</u>
Total:	\$900,000

H. Measurable Outcomes

- Dissemination of modules to 500 TB control organizations by 2003.
- Identification and training of one TB patient spokesperson in each HBC by 2003.
- Creation of global e-mail network of past and current TB patients by 2003.
- Creation of PROFIT Networks of TB patients in each HBC by 2004.
- Significant reduction of stigma associated with TB -- tied to local baseline indicators -- by 2004.
- Involvement of TB patient organizations in PLHA organizations and national TB control planning of 70% of HBCs by 2005.

I. Means of Evaluation

- Baseline measurements on stigma related to TB.
- Independent evaluation of PROFIT Networks.

J. Main Links With Other Components of the Advocacy and Communications Strategy

Mobilizing Local Communities. Patients will play a leading role in helping communities demand better TB treatment services through Community TB Watch groups.

Promoting Healthy Behaviour. Ex-patients will testify that TB is a curable disease.

Increasing Media Coverage. TB patients will serve as media spokespeople.

Enhancing Web and Electronic Information Sharing. Global e-mail patient network will be managed using the e-forum capacity developed under this component, and discussions archived for future reference on the web.

Involving Celebrities. Celebrity spokespeople who have formerly suffered from TB will be identified.

Political Advocacy. TB patients will be involved as advocates to policy-makers.

K. Benefit to Other Health Initiatives Collaborative activities and opportunities for mutual sharing of relevant lessons should be developed with PLHA organizations.

4. Providing Advocacy Training to Health Officials

A. Rationale Advocacy includes both general public information/education as well as specific political advocacy and lobbying. Health officials are usually in the best position to know what is needed to control TB in their country or district and to advocate for it. Yet they may be unskilled in advocacy and may not view it as an appropriate role. It is critical that health officials work internally within government structures and provide guidance to partners from the non-governmental sphere who can provide specific political advocacy.

B. Current obstacles and opportunities There are real and perceived barriers to advocacy on the part of government officials. These include a lack of opportunities to advocate, a lack of recognition of opportunities to advocate, a lack of reliable information on which to base advocacy, and a lack of skills in framing and delivering advocacy messages. These skills can be taught and the necessary information can be provided.

C. Objective Improve public and political support for TB control by assuring that health officials and concerned medical sector representatives (private, academic, NGO, etc.) have necessary skills in advocacy and reliable information on which to base these activities.

D. Strategies

- Provide training in advocacy to at least three health officials and three representatives of the private medical sector from each high burden country (HBC) each year, train at least 40 officials and private sector representatives from non-HBC each year. Organize sessions on advocacy and advocacy training at professional meetings and develop committees on advocacy within professional organizations.
- Include key TB control staff from STOP TB Partners (e.g. bilateral donors and WHO country office staff) in advocacy training workshops.
- Build cohesion in the TB community's advocacy messages regarding the effectiveness of currently available tools for making significant progress against TB, coupled with the urgent need for developing new tools to lead to the eventual elimination of the disease.

E. Activities

- Conduct needs assessment to identify the skills to be developed and the subject matter to be discussed in the training.
- Identify developing countries to assist in developing materials.
- Develop/modify materials on advocacy/media relations that can be used in all settings and adapt for distance learning techniques.
- Develop materials on advocacy/media relations tailored for use in individual (country/regional) settings.
- Promote mentoring and skills development to build capacity of developing country officials to generate country-specific advocacy materials.
- Conduct four advocacy workshops each year in different regions/countries (approximately 40 participants per workshop).
- Organize advocacy sessions at annual global and regional meetings of WHO and the IUATLD; regional/national meetings of TB Programme Managers, and other relevant professional meetings.
- Develop advocacy committees/work groups within global and regional organizations.
- Work with AIDS and malaria advocacy organizations to develop joint advocacy efforts.

F. Timeline

2002 Q2	Needs assessment; develop materials; plan 1 st workshop
2002 Q3	1st workshop; plan 2nd workshop
2002 Q4	2nd workshop; plan 3rd workshop; professional meeting
2003 Q1	3rd workshop; plan 4th workshop; professional meeting
2003 Q2	4th workshop; plan 5th workshop; professional meeting
2003 Q3	5th workshop; plan 6th workshop; professional meeting
2003 Q4	6th workshop; plan 7th workshop; professional meeting
2004 Q1	7th workshop; plan 8th workshop; professional meeting

2004 Q2	8th workshop; plan 9th workshop; professional meeting
2004 Q3	9th workshop; plan 10th workshop; professional meeting
2004 Q4	10th workshop; plan 11th workshop; professional meeting
2005 Q1	11th workshop; plan 12th workshop; professional meeting
2005 Q2	12th workshop; plan 13th workshop; professional meeting
2005 Q3	13th workshop; plan 14th workshop; professional meeting
2005 Q4	14th workshop; professional meeting

G. Budget

2002	needs assessment	\$ 60,000	
	materials development	\$ 25,000	
	workshop planning (3)	\$ 60,000	
	workshop (2)	\$ 200,000	
	professional meeting	\$ 25,000	\$ 370,000
2003	workshop planning (4)	\$ 80,000	
	workshop (4)	\$ 400,000	
	professional meeting (4)	\$ 100,000	\$ 580,000
2004	workshop planning (4)	\$ 80,000	
	workshop (4)	\$ 400,000	
	professional meeting (4)	\$ 100,000	\$ 580,000
2005	workshop planning (4)	\$ 80,000	
	workshop (4)	\$ 400,000	
	professional meeting (4)	\$ 100,000	\$ 580,000
Total:			\$2,110,000

H. Measurable Outcomes

- Equip 700 leading health officials with advocacy and communications skills by 2005.
- Actively involve 200 trained health officials in local TB political advocacy networks.

I. Means of Evaluation

- Output measures will include numbers of mentions in the media and numbers of articles in professional journals citing recently trained advocates.
- Process indicators will include numbers of persons trained, feedback from participants (both immediate and follow-up), evaluations of training, inclusion of advocacy on agenda at professional meetings, and formation of advocacy committees/workgroups in professional associations.

J. Main Links With Other Components of the Advocacy and Communications Strategy

World TB Day and Other Publicity Campaigns will provide advocacy opportunities for spokespeople.

Increasing Media Coverage will utilize trained health officials as spokespeople.

Involving NGOs and Civil Society in the STOP TB Partnership Health official advocates will play a leading role in involving new organizations in TB advocacy efforts.

Involving Businesses Health officials trained in advocacy techniques will play a leading role in involving businesses in TB control efforts.

Political Advocacy Health officials trained in advocacy techniques will be actively involved in guiding the efforts of national TB political advocacy networks.

K. Benefit to other health initiatives Sharing advocacy skills and strategies will serve as the nidus for broader advocacy activities.

5. Involving NGOs and Civil Society in the STOP TB Partnership

A. Rationale Civil Society Organizations (CSOs – including a large range of a range of actors from international NGOs and large national NGOs, to local community-based organizations, faith-based organizations and social fund programmes) have an important role to play in advocacy for the STOP TB Partnership effort. CSOs will help strengthen outreach, and offer the following clear advantages for both advocacy and service delivery:

- CSOs have local contacts well suited to strengthen participation.
- CSOs can reach the poor.
- CSOs are flexible and creative.
- CSOs are well suited to working in politically difficult areas.
- CSOs – especially faith-based organizations – are effective in drawing public attention to issues of morality and justice.
- CSOs are deeply involved in HIV/AIDS and can integrate TB into those programmes.
- Local government capacity can be improved through partnerships with CSOs.

B. Current Obstacles and Opportunities Governments may not welcome a role for CSOs as partners but view them as challengers or competitors. CSOs and communities may lack awareness of effective TB treatment options and how to be effective partners in advocacy and service delivery. They may not see the links between their principal area of concern and TB. However, by integrating CSOs as partners in national TB and local TB plans for service delivery and advocacy, TB control can be framed as a positive health issue. By using themes like “We want our community to be healthy,” an avenue can be provided through which CSOs can help in raising awareness and reducing stigma. These opportunities can be fostered by research and outreach, and by linking TB to specific interests of CSOs, such as TB and women, TB and human rights, and TB and the environment.

C. Objective Improve public and political support for TB control by involving CSOs in service delivery, increasing public awareness, reducing stigma and promoting the development of new tools.

D. Strategies

- Strengthen the STOP TB Partnership’s capacity to engage and support CSOs.
- Identify current and potentially relevant global CSOs, as well as key catalytic CSOs in each of the 22 high burden countries.
- Provide support and training for CSOs on both national and regional level, providing “hands-on” tools for CSOs to become engaged proactively in the fight for TB control.
- Create an effective feed-back loop for CSOs to communicate to the TB community, providing a “middle-up”, versus a “top-down” communication.
- Help Ministries of Health develop and strengthen ties with CSOs.
- Encourage identification of a national focal point for developing CSO partnerships and development of an explicit strategy and programme in national TB strategies for engaging civil society, especially in 22 high burden countries.
- Establish relations with global, regional and national offices of various religious denominations and faiths.
- Support existing CSO AIDS programmes to integrate TB control.

E. Activities

- Assign a full time staff person within the STOP TB secretariat to spearhead the effort of involving CSOs.
- Assess the most pressing needs of CSOs for scaling up TB involvement as well as CSO best practice examples in TB advocacy and service delivery, including integration of TB and AIDS programmes.
- Conduct regional CSO meetings/workshops, including linking CSOs with TB programme managers.
- Recruit regional managers to work with CSOs within an assigned region, providing support/assistance to CSOs as needed.
- Develop public information brochures on TB and women, TB and human rights, TB and HIV/AIDS, TB and the environment, etc. and encourage dissemination through relevant CSOs and meetings.

- Create a modular tool kit with customization potential for use by CSOs.
- Publish CSO good practice examples on a web site and in booklet form.
- Encourage operations research to develop more effective strategies and mechanisms for community-based DOTS.

F. Timeline

2002 Q2	Hire full-time staff in STOP TB secretariat for CSO relations. Develop materials to provide information (brochures, advocacy and tool kit)
2002 Q3	Research / needs assessments
2003	Research and development for new information (reports, scripts, investigations)
2002 – 2005	Regional and local meetings/training with CSOs

G. Budget

Research/Needs Assessment	\$ 80,000
Regional Meetings for CSOs, \$50,000/region X 6 regions	\$ 300,000
Public Information Brochures	\$ 100,000
Tool kits	\$ 250,000
Good Practice Booklet	\$ 50,000
Staff Position	\$ 400,000
Total	\$1,180,000

H. Measurable Outcomes Active involvement of three new non-health CSOs, one AIDS NGO, and one faith-based organization in each donor country and high burden country by 2005, in which TB control comprises at least 25% of the organization's budget for either advocacy, the promotion of healthy behaviour, or provision of DOTS.

I. Means of Evaluation

- Numbers of persons trained.
- Feedback from CSOs and governments.
- Inclusion of TB awareness, advocacy, service delivery on agenda of CSOs meeting/committees/work groups.
- Number of CSO AIDS programmes to which TB control was integrated.

J. Main Links With Other Components of the Advocacy and Communications Strategy

Mobilizing Local Communities. Involve local chapters of national organizations in demanding TB control services.

Promoting Healthy Behaviour. Support the dissemination of healthy behaviour messages in DOTS districts.

World TB Day and Other Publicity Campaigns. Conduct mobilization activities in support of global advocacy and awareness-raising events.

Political Advocacy. Give support to national advocacy coalition efforts.

K. Benefit to Other Health Initiatives CSOs can quickly adapt advocacy skills learned to other health issues. Cultivating the interest of CSOs in health issues via concrete achievements in TB, and other priority areas such as HIV/AIDS, can encourage CSO involvement in other health campaigns.

6. Involving Business

A. Rationale In recent years, many multi-national corporations have become champions for health issues. In addition to employing a significant percentage of the work force, corporations also can influence government decisions, the activities of small and medium enterprises, and popular behaviour. They have extensive communications, advertising, financial, distribution and marketing networks. They also have in-house expertise in a wealth of areas valuable for increasing the effectiveness of a sustained campaign, including strategic planning, target setting, implementation management and procurement. They have access and say with politicians and others in positions of power. The business community is a key channel to succeed in making the issue of fighting TB “mainstream.”

B. Current Obstacles and Opportunities One of the main obstacles to involving the private sector in health issues has been in convincing business leaders and decision-makers that the health status of the population is directly related to their bottom line. Corporations working in high burden countries for HIV/AIDS, such as Coca-Cola and Heineken, have demonstrated the importance of providing good health services to their work force. The recent focus of prominent businessmen such as Bill Gates, George Soros and Ted Turner on major health issues has opened the door for engaging other private sector leaders. One example is the recently formed Global Health Initiative (GHI) of the World Economic Forum. The GHI works with its membership of thousands of key business leaders and decision-makers to fight TB, HIV/AIDS and malaria. The Global Business Council has also been successful in mobilizing businesses in the fight against AIDS, involving MTV and the music industry in extensive awareness campaigns each World AIDS Day.

C. Objective Engage the corporate sector as leaders in the fight against TB and as active contributors to the Global Plan.

D. Strategies

- Develop a series of outreach activities for the Stop TB partnership to attract corporate members (develop profiles of best practice in business, offer awards to recognize corporate effort, provide easy access on technical issues, etc).
- Advocate for greater pharmaceutical industry effort, including collaboration with the public sector to develop improved drugs, diagnostics and vaccines for TB.
- Advocate for DOTS expansion in the workplace and in corporate communities; facilitate the launch and distribution of guidelines and other resources to assist corporations implement programmes on the detection and cure of TB.
- Increase corporate pro bono contributions and secondments to organizations in the STOP TB Partnership.
- Support corporations in developing and including TB control messages in corporate marketing and advertising campaigns.
- Develop public-private partnerships for distribution channels for health supplies, health services and health messages.
- Support the development and publication of a TB vaccine-economic report.

E. Activities

- Recruit a focal point within STOP TB to spearhead initial activities to approach the business community.
- Develop a plan for approaching interested business organizations and business councils to partner on the further development of strategies.
- Develop key talking points to engage business leaders, both to educate them and to arm them to act as effective advocates.
- Present TB issues and describe what corporations can do to help at key global business conferences.
- Identify a core group of corporate leaders to serve as advisors and global advocates for Stop TB.

F. Timeline

- 2002 Q2 Recruit staff person within STOP TB.
 Develop a plan and talking points for approaching the business community.

2002 Q3	Develop a calendar of key global business conferences for STOP TB participation.
2002 Q4	Involve corporations in launch of guidelines on TB in the workplace.
	Establish a core group of corporate leaders as advisors to STOP TB

G. Budget

Dedicated staff person for Stop TB partnership (6 months)	\$50,000
Associated administrative and travel costs	\$10,000
Printing and meeting costs	<u>\$10,000</u>
Total	\$70,000

H. Measurable Outcomes

- Identification of 2-3 corporate champions.
- Formation and launch of a working group of key representatives from a diverse constituency of businesses, with 50% of corporate supporters from businesses outside of the health sector.
- Release and distribution of talking points on TB for CEOs and business leaders through at least 50 international business.
- Launch and distribution of workplace guidelines through at least 50 international businesses.
- Securing production of advertising materials and donation of air time of \$1 million in value.
- Secondment of at least 3 full-time equivalent (FTE) private sector employees to Stop TB and other partners at the national, regional and global level.
- Publication of a vaccineoeconomic report and presentation to vaccine manufacturers.

I. Means of Evaluation

- Number of new corporate members and rapidity with which they are recruited (e.g. 5 in first half of 2002).
- Activity of corporate members as measured by number of appearances, interviews and other public statements on TB by champions and spending on TB control and research activities.
- Uptake of guidelines (% companies in HBCs in line with recommendations by 2004).
- Value of in kind and other contributions made by the private sector and growth over 2002-2004.
- Volume of drugs and other materials distributed in collaboration with the private sector.
- % positive response in survey of business leaders in HBCs of utility of talking points.
- Range/quality of materials produced and quantity of 'air time' donated to communicating TB messages/ number of people reached.
- Number of staff seconded to STOP-TB and partners in FTE.

J. Main Links With Other Components of the Advocacy and Communications Strategy

Enhancing Web and Electronic Information Sharing can provide a platform for publicizing corporate involvement in the control of TB.

World TB Day and Other Publicity Campaigns provide a venue for TB awareness initiatives by corporations.

Involving NGOs & Civil Society in STOP TB Partnership. There may be some overlap between partnership building initiatives targeted to NGOs and civil organizations, and those targeted to the business community.

Involving Celebrities can create opportunities for cause-related marketing. Some global business leaders are also celebrities in their own right.

K. Benefit to Other Health Initiatives This strategy will build models of public-private partnership that can be applied in other efforts, including the Global Fund to Fight AIDS, TB and Malaria. This may be done in collaboration with the Global Forum for Health Research's Initiative on Public-Private Partnerships for Health

7. Enhancing Web and Electronic Information Sharing

A. Rationale The internet is a major source of information and the most rapid method available for mass communication. For the world to be aware and understand the issues surrounding TB, the web is one of the cheapest and most effective methods of mass communication, if used appropriately.

B. Current obstacles and opportunities There are far too many web sites providing various sorts of health-related information, and too few acting as signposts or 'portals' to where relevant information can be obtained. In the developing world, there are additional constraints to accessing web sites (compared to e-mail) because of the relatively higher communication costs and skill requirements. Furthermore, organizations in developing countries still seek the direct and ongoing benefit of experience of counterparts in other countries. Who better to advise an NGO in Sao Paulo than a similar organization in Chiang Mai or Kampala? With individual programmes and communities now recognized as a major source of expertise and knowledge about TB, a mechanism is clearly needed through which affected communities can exchange expertise and information directly with one another. For the TB community it is important that the internet is used to provide only relevant and useful information that is not duplicated by other sites or sources.

C. Objectives Increase the impact of the response to TB by increasing information exchange, discussion and transparency, increasing coordinated participation of new and existing partners; facilitating long-distance learning, encouraging cross-fertilization of ideas, and broadening the scope of decision-making.

- Enhancing information exchange and discussion, increasing access to relevant information – for accountability and transparency.
- Raising local and national priority issues on TB on regional and global agendas, monitoring commitments related to TB in order to increase impact, transparency and accountability.
- Fostering new partnerships between forum members, increasing direct participation by new sectors and communities in those discourses, redefining the roles and methods of participation.
- Adding value to face-to-face meetings by making them accessible to people unable to attend in person, and by generating a collective memory of discussions, declarations and conclusions.
- Decreasing the isolation in which policy and implementation decisions are often made in relation to TB, expanding and integrating the discourses on TB and relevant biomedical and development issues.
- Broadening the range of debate and discourses on TB, defining a new type of collective identity and community responsibility – collective activism through participation, and building an "institutional memory" of discourses and information on TB and development-related themes.

D. Strategies

- Develop an innovative web site where each partner contributes their respective expertise, project, and knowledge to avoid duplication of effort, highlight best practices, transporting successful projects from one country to another, allow collaboration of independent groups within and across countries, minimize project costs through sharing of ideas, make the site accessible to experts from other major disease areas, provide an education resource on TB for schools college and University students learning biology and sciences.
- To make the site available in English, French, and Spanish
- To establish a customized set of e-mail-based TB discussion forums to cover the range of information, discourse and advocacy needs. This will be based on, and consolidate, the existing TB-related discussion forums, and draw on the experiences of their management to date.
- Marketing strategy: The site needs to be marketed broadly to encourage new users to visit and participate.
- Ownership strategy: To promote collective participation, identity and community responsibility, users should be able to post or suggest documents or information. The web site will be interactive and will include users' profiles to promote partnership and establishment of 'virtual communities' on specific TB-related topics.
- Visual strategy: Surfing needs to be entertaining and visually creative, yet simple in order to access information very rapidly. A data base of visual content also needs to be established, including an on-line video clip and photo library.

E. Activities

- Create a working group involving Stop TB staff and malaria and AIDS web site specialists, encouraging the cross fertilization of ideas and resources.
- Assess the strengths and weaknesses of the current site and identify best practices from other sites, both UN and private, and without focusing only on health-related sites. The Stop TB partners can be one target group but it would be useful to broaden the audience.
- Conduct a needs analysis, preparing a survey for a sample of users in order to identify their specific needs and test new ideas. Interviews and focus groups could be useful.
- Identify a full time person in charge of repackaging the site, including its design, language and technological applications. That person should collect information from specialists from various sectors and present new ideas to the working group.
- Develop interactive services, including user profile and discussions forum.

F. Timeline

2002 Q2	Prepare assessment report
2002 Q3	Prepare needs analysis
2002 Q4	Develop interactive services

G. Budget

One full time professional for one year	\$100,000
Development of the technology by a private company	\$600,000
Marketing of the new site	<u>\$ 50,000</u>
Total:	\$750,000

(NOTE: An additional \$1 million over four years is currently identified in the STOP TB budget for coordination of the web site, development of photo libraries and preparation of newsletters.)

H. Measurable Outcomes

- Doubling of number of annual visits to STOP TB web site from current levels.
- Doubling of participants in discussion forums.
- Doubling of other organizations with web pages that link to the STOP TB site.
- At least half of discussion forum and site users identified as non-TB practitioners.

I. Means of Evaluation

- Number of visits.
- Number of requests for more information received by first time visitors.
- Proportion of forum member-generated content on discussion forums.
- Users' survey or feedback. The analysis of the profile will help measuring the "quality" of the audience, its diversity and degree of satisfaction.

J. Main Links With Other Components of the Advocacy and Communications Strategy

Mobilizing Local Communities. Will promote the exchange of best practices and lessons learned in community mobilization.

World TB Day and Other Publicity Campaigns. Will promote widespread social involvement in WTBD and other major publicity events and activities.

Involving NGOs and Civil Society in the STOP TB Partnership. Will promote the exchange of best practices and lessons learned in partnership building.

Political Advocacy. Will facilitate organizing and action among TB advocates, and help provide transparency to government activities.

K. Benefit to other health initiatives Stimulating the interest of non-TB specialists can create interest in other infectious disease issues.

8. Branding, Marketing and Monitoring

A. Rationale In the “market place” of health policy discourse, it is important that various features of the Global Plan – such as DOTS, DOTS Plus, PROTEST, the Green Light Committee and the Global TB Drug Facility (GDF) – have favourable reputations. These innovative components must be branded with positive associations and marketed to appeal to the needs of audiences, some of which are very narrowly defined. Whether the audience is a handful of drug-procurement specialists in Ministries of Health, or millions of people symptomatic with TB, specific behaviour is ultimately required. Progress in accomplishing these behavioural outputs can be measured. A series of baseline measurements must be made of various audiences in order to track progress in changing knowledge, attitudes, values and, ultimately, behaviour.

B. Current Obstacles and Opportunities While the DOTS strategy is becoming increasingly known within health circles, other important mechanisms for TB control, such as the GDF or PROTEST, are new and relatively unknown. Additionally, establishing baseline indicators can be expensive and time-consuming. Many existing studies and mechanisms focus on knowledge and attitudes, but fail to measure behavioural outcomes. Yet systematic monitoring of the impact of advocacy and communications activities permits greater precision in targeting messages and tactics, ultimately resulting in a much more strategic and cost-effective use of resources. It also can provide an evidence base to persuade STOP TB partners on the importance of political advocacy and social mobilization.

C. Objective Brand and market TB interventions to target audiences, monitoring the impact of a comprehensive advocacy and communications strategy in improving knowledge, attitudes and behaviour in key areas among risk groups, health care workers and decision-makers. For example:

Risk groups

- Self-reporting of infectious TB cases to DOTS services
- Reduction of stigma associated with TB

Health care workers

- Support for implementing the DOTS strategy
- Understanding of MDR TB and the relationship of HIV to TB

Decision-makers

- Support for DOTS expansion and meeting the targets of the Global Plan
- Relating TB control activities to poverty alleviation and economic development initiatives.
- Support for development of even more effective tools for TB diagnosis, prevention and treatment.

D. Strategies

- Market the DOTS “brand” as one of the most effective international public health interventions available.
- Develop a branding and marketing strategy for the Global TB Drug Facility, positioning it as an innovative and effective global health mechanism.
- Provide national and local NGOs with the tools to monitor the progress made in their countries or areas.
- Measure baseline indicators on knowledge, attitudes and behaviour among target risk groups, health care workers and decision-makers, and monitor changes in these indicators through 2005.

E. Activities

- Develop a marketing and branding strategy for DOTS.
- Develop a merchandising strategy for DOTS.
- Develop a GDF marketing and promotion strategy, with appropriate materials.
- Develop a strategy for heightening understanding and appreciation for long-term need for more effective tools.
- Develop baseline indicators among target audiences.

F. Timeline

- | | |
|---------|---|
| 2002 Q3 | Develop GDF marketing strategy. |
| 2002 Q4 | Development of a strategy for promoting the brand name and a logo for DOTS. |

2003 Q1 Begin implementation of DOTS marketing and merchandising strategies.
 2003 Q1 Establish baseline indicators among target audiences.

G. Budget

Marketing and merchandising materials to promote the DOTS brand	\$200,000
GDF marketing strategy	\$100,000
Establish and monitor baseline indicators among target audiences	<u>\$500,000</u>
TOTAL	\$800,000

(NOTE: \$220,000 over four years is currently provided in the STOP TB budget for communications monitoring activities.)

H. Measurable outcomes

- Double the amount of positive coverage of the DOTS strategy in mainstream media and scientific journals.
- Ensure 70% of National TB Control Programmes and NGOs providing TB control services are aware of key features of the Global Drug Facility by end of 2003.
- Establish baseline indicators for behaviour among all key audiences and monitor them annually.

I. Means of evaluation

- Lexis Nexis and Medline monitoring.
- Independent assessment of monitoring agencies.

J. Main Links With Other Components of the Advocacy and Communications Strategy

All other components of the STOP TB Advocacy and Communications Strategy have specific means of measurement, which will be coordinated and/or integrated with this specific component.

K. Benefit to Other Health Initiatives Much of the baseline information gathered for TB -- especially related to knowledge, attitudes and behaviour of decision-makers -- is relevant to other health and development concerns.

9. World TB Day and Other Publicity Campaigns

A. Rationale World TB Day threatens to gradually become yet another United Nations holiday in which organizations dutifully go through the time-honoured rituals of producing posters and T-shirts with little impact. However, infused with clever defining events or activities -- such as demonstrated with Gandhi's salt march, bus boycotts during the American civil rights movement and the oceanic patrols of the Rainbow Warrior -- the TB control community can galvanize public support for its cause. Identifying the right events requires immense creativity, timing and sensitivity to popular trends.

B. Current Obstacles and Opportunities There are already many UN "days" each year, reducing the novelty of these occasions. Additionally, focusing too many activities on one day can be to the detriment of sustaining awareness and activity throughout the entire year. However, World TB Day does create the opportunity to focus attention for involving new partners and creating a very active network of NGOs on the ground. It also is a unique window of opportunity to visibly demonstrate widespread global commitment toward controlling the disease. Additionally, it provides a useful date for visibility reporting to the public progress toward achieving the 2005 targets.

C. Objective Develop a 4 year campaign focusing the world's attention on achieving one specific target, namely: by 2005, detect 70% of people with infectious TB and ensure that 85% of those detected are successfully treated.

D. Strategies

- WTBD efforts for the next four years should focus on providing transparency about the progress countries are making toward achieving the Global Targets for DOTS expansion. During the campaign on 24th March, participants (governments, non-governmental organizations, etc.) in the fight against TB should be able to answer the following questions: What has been the last year's detection rate of people with infectious TB? What is the rate of treatment success among those detected? Are we on target to meet our country's year 2005 goals? What progress and failure should be highlighted during the day and what potential solutions should be proposed?
- National and local NGOs must be provided the tools to monitor the progress made in their countries or areas.
- A major TB advocacy report should be issued in conjunction with WTBD each year providing visibility and transparency toward national and global progress in achieving the year 2005 objectives.
- Globally, the following themes could be developed for future years:
 - 2003 -- Stop TB, political leaders must act
 - 2004 -- Stop TB, it's everyone's responsibility
 - 2005 -- Stop TB, have we met our goals?
- Additional publicity event activities must be developed to help sustain interest in TB throughout the year.

E. Activities

- Develop a campaign tool kit.
- Develop an annual "State of the Global Effort to Stop TB" advocacy report to be released by an independent organization each year on WTBD. The report will focus on progress and delays in controlling TB throughout the world. Publicity events and displays will be organized to raise public awareness and show to the world the progress of TB control during this campaign.
- Create a small grant fund to help local and national NGOs, PVOs to create their own tools for the campaign. This fund should be easy to run and give not more than \$1,000 per organization.

F. Timeline

2002 Q3	Creation of small grant fund to support the WTBD activities of local organizations.
2002 Q4	Preparation of first campaign kit. For each 24 th of March, a new World TB Day tool kit will be created.
2003 Q1	Release of first "State of the Global Effort to Stop TB" advocacy report.

G. Budget

Small grant fund		\$ 150,000	
World TB Day kit and event:	\$ 75,000 for each year	\$ 300,000	
Campaign manager	\$ 100,000 for each year	\$ 400,000	
“State of the Global Effort to Stop TB” report	\$ 200,000 for each year		\$
<u>800,000</u>			
Total		\$1,650,000	

(NOTE: An additional \$1.1 million over four years is currently budgeted by STOP TB for WTBD planning, coordination and evaluation activities, and for partial preparation and distribution of WTBD materials.)

H. Measurable outcomes

- Double the number of organizations involved in WTBD by 2005.
- 50% of participating organizations publicizing the progress, or lack of progress, their country is making toward achieving the goals for DOTS expansion.
- Release of “State of the Global Effort to Stop TB” Report every WTBD.

I. Means of evaluation

- Questionnaire sent to all participants (mainly organizations) at the occasion of World TB Day.
- Monitoring of media and scientific journal coverage.

J. Main Links With Other Components of the Advocacy and Communications Strategy

Increasing Media Coverage Provide special events and media “hooks” to attract publicity, including significant publicity in conjunction with the release of the Progress Report.

Involving NGOs & Civil Society in the STOP TB Partnership Provide means for engaging new partners in initial TB activities.

Involving Celebrities Provide a platform for celebrity activity.

Providing Advocacy Training to Health Officials Train WTBD spokespeople.

K. Benefit to Other Health Initiatives The tools of this campaign could be easily adapted to other infectious diseases.

10. Involving Celebrities

A. Rationale Celebrities hold great power in putting an issue quickly on the public agenda. Causes promoted by celebrities can significantly increase awareness and raise funds globally. Celebrity association with tuberculosis can also help reduce the stigmatization of the disease.

B. Obstacles & Opportunities Extensive time and effort will be required to identify and engage global and national celebrities for the TB cause. Extensive research is required to find good role models so the issues -- rather than some flaw in the character of the celebrity -- are highlighted. However, celebrities are always looking for opportunities for personal publicity and benefit from being associated with successful projects.

C. Objective Identify and engage globally and nationally recognized celebrities from the music, entertainment and sports industries as champions for the control of TB.

D. Strategies

- Determine the best method of approach to successfully capture celebrity attention and desire to work on behalf of TB. Identify celebrity candidates that are already known by someone in the TB partnership. Consider using current TB champions, such as Desmond Tutu, to approach other potential celebrities. Review Stop TB celebrity choices in light of other global initiatives using celebrities and determine if it is possible to “piggy back” on other already established well know programmes, such as those of UNICEF and UNDP.
- Consider use of sports celebrities to highlight success and raise funds for TB. Identify major sports events to raise the issue, identify successful music groups or musicians, obtain royal patronage support
- Identify soaps in various key countries to include TB into the story line and find an associated star of the soap to become a spokesperson.

E. Activities

- Engage cause development, event sponsorship and celebrity broker agency to identify and recruit global and national celebrities, or equip NGO with celebrity contacts to dedicate staff toward this task.
- Develop TV advertising and Public Service Announcement campaign, potentially with corporate and pro bono advertising support.
- Create media limelight opportunities that will enhance image of celebrity and opportunity to appear on talk shows and increase media coverage so they will be seen in a good light.
- Arrange celebrity visits to DOTS programmes.

F. Timeline

2002 Develop strategy for utilization of celebrity participation
Identify and engage one global and 5 national celebrities

2003 Identify and engage 2 additional global and 5 additional national celebrities
Implement global and national celebrity strategies.

G. Budget

Identification and development of global and national celebrity champions and stakeholders.	\$ 250,000
Implementation of global and 10 national celebrity publicity programmes, including special events, and PSAs,	<u>\$ 250,000</u>
Total:	\$ 500,000

H. Measurable Outcomes

- Actively involve at least three major globally recognized music, sports or film celebrities as a champions for controlling TB.
- Actively involve a nationally recognized celebrity champion in 10 HBCs.

I. Means of Evaluation

- Monitoring of media coverage featuring celebrity champions.
- Assessment of actual celebrity activities (e.g. PSAs, events, fund raising, etc.) in relation to agreed-upon plans.

J. Main Links With Other Components of the Advocacy and Communications Strategy

Mobilizing Local Communities Offers prestige to establishing TB control as a high civic priority.

Promoting Healthy Behaviour Adds credibility in disseminating healthy behaviour messages.

World TB Day and Other Publicity Campaigns Increase prominence of global and national TB publicity events.

Increasing Media Coverage Provides spokespeople in attracting media coverage and disseminating messages through advertising and PSA campaigns.

Enhancing Web and Electronic Information Sharing Ensures that celebrities participate in virtual discussion forums and give their personal opinions about items under discussion. This can have an “internal” celebrity effect, encouraging those who might otherwise be passive participants to step up to the plate.

Political Advocacy Help gain access in communicating with decision-makers.

K. Benefit to other health initiatives Celebrities who become involved in promoting the control of TB can also be engaged in addressing other diseases of poverty.

11. Increasing Media Coverage

A. Rationale Media often provide the most direct and effective mechanism to influence the behaviour of both at-risk populations and decision-makers. Without media attention, it is increasingly difficult to engage the interest and influence the activities of policy-makers and the wider public. Studies have shown that previous increases of media coverage to TB have had a direct relationship to increases in funding for fighting the disease.

B. Current Obstacles & Opportunities Tuberculosis is not inherently a newsworthy topic, being an old, slow-moving disease that is not particularly camera-friendly. The months since September 11 have presented additional challenges in approaching global media outlets with news that is unrelated to security, terrorism or Afghanistan. Nonetheless, that is rapidly changing and the apparent end of current hostilities in Afghanistan presents a bright new opportunity to renew the focus on diseases of poverty and specifically TB. Public opinion, particularly in the US, suggests that people are perhaps for the first time in years genuinely interested in the world outside their shores. Increasingly in developing countries, the fatalism that has surrounded the disease is being replaced by action to control its spread.

C. Objective Increase politically significant media coverage on TB from its current level in global outlets, and in national and local outlets in donor and high burden countries.

D. Strategies

- Develop a network of media relations professionals as point people for media activities within each region.
- Develop "new" angles to the TB story to keep it in the news, e.g. new locations, new statistics, new reports, etc.
- Identify new information that is required to influence policy-makers and encourage research to generate the required data.
- Develop and equip national media relations activist networks within each donor and HBC.
- Provide opportunities to educate key journalists in greater detail on the specifics of the TB epidemic.
- Proactively develop the publication of scientific journal articles on TB into news stories.
- Influence the writers and producers of web sites and prime time (non-news) TV shows. This means working to develop links with those who decide the content and suggesting ways they can include the fight against TB in their material.

E. Activities

- Recruit, contract and coordinate global TB Media Relations Network of regional and national media relations consultants.
- Develop a comprehensive media strategy, including media kit and web site, key messages, human interest stories, spokespersons.
- Identify a calendar of potential news stories, including release of WHO Global TB Control report, journal articles, research developments and national programme reviews.
- Develop media activist "how to" kit for dissemination to STOP TB partners.
- Establish media activist networks in coordination with national political advocacy teams.
- Conduct workshops on TB for select journalists.
- Lobby the TV/entertainment industry to involve them in including TB in TV story lines.

F. Timeline

- 2002 Develop comprehensive media strategy.
Identify, equip and coordinate regional and national media relations consultants for the TB Relations Network.
- 2003 Develop TB media activist network;
Identifying and making links with industry contacts.
Conduct workshops for journalists in conjunction with two regional TB meetings.
- 2004 Conduct workshops for journalists in conjunction with two regional TB meetings.
- 2005 Conduct workshops for journalists in conjunction with two regional TB meetings.

G. Budget

Development of comprehensive strategy and materials.	\$ 200,000
Recruitment, contracting and coordination of professional TB Media Relations Network covering all donor and HBCs for 4 years.	<u>\$1,600,000</u>
Total:	\$1,800,000

(NOTE: An additional \$1.7 million over four years is currently provided in the STOP TB for training materials and workshops for journalists, and for Partners in how to work with the media. Another \$.6 million is identified for advocacy in the PROTEST and Green Light Committee budgets which could also be used for media relations).

H. Measurable Outcomes

- Provide in depth education on the global TB epidemic to 120 journalists.
- Doubling of politically significant TB coverage in leading global media.
- Doubling of politically significant TB coverage in leading national media in donor and HBCs.

I. Means of Evaluation

- Workshop evaluations
- Lexis Nexis and other media monitoring services.

J. Main Links With Other Components of the Advocacy and Communications Strategy

Promoting Healthy Behaviour Reinforce messages of healthy behaviour in DOTS districts.

World TB Day and Other Publicity Activities Provide visibility to local, national and global TB control efforts.

Involving NGOs and Civil Society in the STOP TB Partnership Demonstrate momentum and success around efforts to control TB in order to attract new partner organizations.

Involving Celebrities Provide a visible platform for celebrity endorsement of TB control activities.

Political Advocacy Use of media to provide transparency to government activities and to advocate for greater control of TB.

K. Benefit to other health initiatives The Media Relations Network and media activist networks can eventually be used by other health or social causes.

12. Political Advocacy

A. Rationale While much progress has been made in increasing support for TB control among policy-makers and the public, perhaps the greatest obstacle to reaching global TB control goals remains lack of political priority accorded to TB in governments of both donor and high-burden countries. A compelling case must be made for why TB control is a high priority investment for HBCs with limited resources. Clear pathways must exist for the donor community to contribute and for the impact of their contributions to be made transparent.

B. Current Obstacles and Opportunities Despite much progress, there is continued lack of awareness and concern among policy-makers as to the magnitude of the TB epidemic and its immense social and economic impact, the global interconnectedness of the TB problem, and the existence of effective solutions, the rationale for developing even more effective tools, and comprehensive global plans and new international mechanisms. There is also a lack of capacity within NGOs to develop needed information, materials and strategies required for political advocacy, media efforts, and budget analysis. A lack of coordination, planning and resource sharing among various national TB partners also hinders progress. However, new globally agreed-upon plans — the Global Plan to Stop TB and the Global DOTS Expansion Plan — can serve as powerful advocacy tools for mobilizing and channeling additional resources. New international mechanisms such as the Global TB Drug Facility, the Global Fund to Fight AIDS, TB and Malaria and the Global Alliance for TB Drug Development provide new channels for funding.

C. Objective Increase political support and funding for global TB control and research priorities by creating and equipping networks of national TB advocates to influence policy-makers in donor & HBCs.

D. Strategies

- Create, coordinate and expand networks of TB advocates in 15 donor countries and 15 high TB burden countries, providing a means to plan and coordinate efforts, exchange ideas, develop advocacy materials and provide training for advocates.
- Evaluate impact of the plan and communicate outcomes to redirect if necessary and enhance best results.

E. Activities

- Identify and develop a network of organizations to conduct political advocacy on TB in key donor and high TB burden countries, utilizing this core network to expand the number of groups doing advocacy on behalf of TB. These National TB Advocacy Networks would involve organizations implementing TB programmes as well as organizations doing advocacy on related issues (AIDS and other health issues, human rights and social justice, etc), religious organizations and the business community.
- Assure oversight centrally, linking groups together through periodic conference calls, electronic networks, planning workshops at international TB meetings and workshops. Organize international or regional meetings of a core group of advocates for planning and training and support these groups to then organize national level meetings involving larger numbers of advocates.
- Provide coordination, support for individual and possibly joint efforts, training in advocacy (effective meetings with policy-makers, tools for advocacy campaigns such as letter writing, meetings and public events with policy-makers, analysis of budgets and budget priorities) and advocacy-focused media as needed.
- Develop an advocacy “tool kit” with politically targeted messages, specific advocacy techniques, advocacy and media materials (including training manuals on policy and budget analysis, media, lobbying) based on identified needs. Identify key messages that resonate with policy-makers. Provide tools and conceptual support for TB advocates to understand and address policy structures, analyze public sector budgets, legal mechanisms for improving national and international TB control efforts.
- Utilize the Global Plan to Stop TB and the Global DOTS expansion plan to develop country-specific funding and outcome targets for both donor and high TB burden countries and use these in advocacy efforts. Work with advocates to educate policy-makers about the importance of doing their country’s “share” of the global plan.

- Develop champions among parliamentarians, government leaders and opposition leaders, and initiate and support an international network of parliamentarian/government leaders to influence other decision-makers and to present during key national, regional and global political meetings.
- Foster “policy-maker exchanges” where policy-makers from donor countries visit high burden countries and policy-makers or health experts from high burden countries visit donor country parliaments and aid agencies.
- Support these networks with “influential” partners in key donor and high burden countries to advocate directly with policy-makers. Influential allies could include TB and other health experts, community and national leaders, celebrities, business leaders.

F. Timeline

- 2002 Establish TB Political Advocacy Networks in 5 donor countries and 5 HBCs
 Establish global TB advocacy information exchange mechanism
 Develop generic TB advocacy “tool kit”
 Conduct first global TB advocacy forum
- 2003 Establish TB Political Advocacy Networks in an additional 10 donor and 10 HBCs.
 Establish TB budget monitoring mechanism
 Conduct three regional TB advocacy forums
- 2004 Establish active global network of policy-maker and influential champions
 Conduct five national TB advocacy forums

G. Budget

Direct support for 30 national TB Political Advocacy Networks		
Training in political advocacy	\$	600,000
Conference calls	\$	300,000
Legislative visits	\$	240,000
Two local staff stipends (average \$10,000 per year)		<u>\$ 2,000,000</u>
Sub Total		\$ 3,140,000
Global coordinating mechanism for political advocacy		\$ 1,000,000
Global, regional and national TB advocacy forums		\$ 1,000,000
Global advocacy “tool kit” materials		\$ 600,000
TB budget monitoring mechanism		\$ 1,000,000
Exchange of policy-makers and champions		<u>\$ 500,000</u>
Total:		\$ 7,240,000

H. Measurable Outcomes

- Establishment of 30 national TB Political Advocacy Networks.
- Doubling of donor funding from current levels for global TB control efforts.
- Doubling of financial support for DOTS expansion in HBCs.

I. Means of Evaluation

- Budget monitoring mechanisms

J. Main Links With Other Components of the Advocacy and Communications Strategy

Enhancing Web and Electronic Information Sharing to facilitate communication and the exchange of information and ideas between various national TB Political Advocacy Networks.

World TB Day and Other Publicity Campaigns to provide a focus for various global and national political advocacy initiatives.

Increasing Media Coverage as a primary tool for influencing decisions of policy-makers.

Providing Advocacy Training to Health Officials to enable them to play a key role as spokespeople in national TB Political Advocacy Networks.

K. Benefit to Other Health Initiatives National TB Political Advocacy Networks can eventually take up work in support of the control of other diseases of poverty. Grassroots participation to expand DOTS programmes and control TB provides a initial concrete basis for further engaging new organizations in understanding and supporting the strengthening of national health systems.

Summary of TB Advocacy & Communications Strategy and Budget

Component One: Community Mobilization				
Strategy	Objective	Main Activities	Intermediate Outcomes	Budget
1. Mobilizing local communities	Encourage community ownership and people's participation in demanding, developing and providing DOTS services where currently none are offered.	<p>Each year, 25 new "Community TB Watch" groups will be formed.</p> <p>Year One: Form "Community TB Watch" groups which have the responsibility to bring the need for local TB control to the attention of decision-makers, and to monitor TB control activities.</p> <p>Year Two: Conduct a baseline surveys organize awareness programmes, make the control of TB an issue in local elections, establish linkages with government.</p> <p>Year Three: Encourage and organize provisional community-based care, support and rehabilitation for those who are affected with TB.</p> <p>2004 Document and disseminate lessons learned.</p>	<ul style="list-style-type: none"> ▪ Establish Community TB Watch groups in 100 districts not currently receiving DOTS services by 2005. ▪ Ensure provision of DOTS services in 75% of these districts within three years of group formation. 	1,400,000 ¹
2. Promoting healthy behaviour	Prompt individuals with a persistent, hacking cough to in districts providing DOTS services to visit health centres for TB diagnosis.	<p>2002 Assign planning teams to 20 TB high-burden countries (HBC) to design COMBI for achieving desired behavioural outcomes.</p> <p>2003 Manage the implementation of the COMBI Programmes so designed, including their impact evaluation components..</p>	<ul style="list-style-type: none"> ▪ Design and implementation of COMBI plans in each HBC by target dates. ▪ Detect 70% of symptomatic TB cases in DOTS districts in HBCs by 2005. 	1,600,000 ²
3. Mobilizing patients	Enable TB patients to be influential voices in promoting TB control, reducing stigma and advocating for new tool development in high burden countries.	<p>2002 Develop module for involving TB patients in local and national control efforts .</p> <p>2003 Identify at least one patient spokesperson from each HBC and provide with advocacy and communications training.</p> <p>2003 Create video and photo exhibit.</p> <p>2004 Establish TB patient organizations in each HBC.</p>	<ul style="list-style-type: none"> ▪ Disseminate modules to 500 TB control organizations by 2003. ▪ Identify & train TB patient spokesperson in each HBC by 2003. ▪ Create TB patient organizations in each HBC by 2004. ▪ Significant reduction of stigma associated with TB by 2004. ▪ Involvement of TB patient organizations in PLHA organizations and national TB control planning of 70% of HBCs by 2005. 	900,000
4. Providing advocacy training to health officials	Improve public and political support for TB control by assuring that health officials and concerned medical sector representatives have necessary skills in advocacy and reliable information on which to base these activities.	<p>2002 Q2 Needs assessment, develop materials, plan 1st workshop</p> <p>2002 Two workshops</p> <p>2003 Four workshops</p> <p>2004 Four workshops</p> <p>2005 Four workshops</p>	<ul style="list-style-type: none"> ▪ Equip 700 leading health officials with advocacy and communications skills by 2005. ▪ Actively involve 200 trained health officials in local TB political advocacy networks. 	2,110,000
Total				6,010,000

¹ An additional \$1.5 million over four years is budgeted by STOP TB for material preparation and training workshops required for community mobilization activities.

² \$14.4 million will be required from the DOTS expansion budget to develop 18 additional plans.

Component Two: Private Sector Partnerships				
5. Involving NGOs & civil society in STOP TB Partnership	Improve public and political support for TB control by involving CSOs in service delivery, increasing public awareness, reducing stigma, and promoting the development of new tools.	<p>2002 Q2 Hire full-time staff in STOP TB secretariat for CSO relations. Develop materials to provide information (brochures, advocacy and tool kit)</p> <p>2002 Q3 Research / needs assessments</p> <p>2003 Research and development for new information (reports, scripts, investigations)</p> <p>2002 – 2005 Regional and local meetings/training with CSOs</p>	<ul style="list-style-type: none"> ▪ Active involvement in of three new non-health CSOs, one AIDS NGO and one faith-based organization in each donor and HBC by 2005, in which TB control comprises at least 25% of the organization's budget for either advocacy, the promotion of healthy behaviour, or provision of DOTS. 	1,180,000
6. Involving business	Engage the corporate sector as leaders in the fight against TB and as active contributors to the Global Plan.	<p>2002 Q2 Recruit staff person within STOP TB, develop a plan and talking points for approaching the business community, develop a calendar of key global business conferences for STOP TB participation.</p> <p>2002 Q3 Involve corporations in launch of guidelines on TB in the workplace.</p> <p>2002 Q4 Establish a core group of corporate leaders as advisors to STOP TB</p>	<ul style="list-style-type: none"> • Identification of 2-3 corporate champions. • Launch of a business leaders working group, with 50% of supporters from outside the health sector. • Distribution of talking points on TB through at least 50 international businesses. • Launch and distribution of workplace guidelines through at least 50 international businesses. • Secure production of advertising materials and donation of air time of \$1 million in value. ▪ Secondment of at least 3 full-time equivalent private sector employees to Stop TB and other partners. 	70,000
7. Enhancing web & electronic information sharing	Increase the impact of the response to TB by increasing information exchange, discussion and transparency, increasing coordinated participation of new and existing partners, facilitating long-distance learning, encouraging cross-fertilization of ideas, and broadening the scope of decision-making.	<p>2002 Q2 Create a working group involving Stop TB staff, assessing the strengths and weaknesses of the current site and identify best practices from other sites, conducting a needs analysis, preparing a survey for a sample of users in order to identify their specific needs and test new ideas.</p> <p>2002 Q3 Identify a full time person in charge of repackaging the site including its design, its language and its technological applications.</p> <p>2002 Q4 Development of interactive services, including user profile and discussions forum.</p>	<ul style="list-style-type: none"> • Doubling of number of annual visits to STOP TB web site from current levels. • Doubling of participants in discussion forums. • Doubling of other organizations with web pages that link to the STOP TB site. ▪ At least half of discussion forum and site users identified as non-TB practitioners. 	750,000 ³
Total				2,000,000

³ An additional \$1 million over four years is currently budgeted by STOP TB for coordination of the web site, development of photo libraries and preparation of newsletters and communiqués.

Component Three: Global Advocacy				
8. Branding, marketing and monitoring	Brand and market TB interventions to target audiences, monitoring the impact of a comprehensive advocacy and communications strategy in improving knowledge, attitudes and behaviour in key areas among risk groups, health care workers and decision-makers.	<p>2002 Q3 Develop GDF marketing strategy.</p> <p>2002 Q4 Development of a strategy for promoting the brand name and a logo for DOTS.</p> <p>2003 Q1 Begin implementation of DOTS marketing and merchandising strategies.</p> <p>2003 Q1 Establish baseline indicators among target audiences.</p>	<ul style="list-style-type: none"> • Double positive coverage of the DOTS strategy in mainstream media and scientific journals. • Ensure 70% of NTPs and TB NGOs are aware of key features of the GDF by end of 2003. • Establish baseline indicators for behaviour among all key audiences and monitor them annually. 	800,000 ⁴
9. World TB Day & other publicity campaigns	Develop a 4 year campaign with one defined target namely: by 2005, detect 70% of people with infectious TB and ensure that 85% of those detected are successfully treated.	<p>2002 Q2 Development of the campaign kit.</p> <p>2002 Q3 Creation of small grant fund to support the WTBD activities of local organizations.</p> <p>2002 Q4 Establishment of TB watchdog organization and preparation of world wide tour of a display</p> <p>For each 24th of March Creation and distribution of a special World TB Day tool kit</p>	<ul style="list-style-type: none"> ▪ Double the number of organizations involved in WTBD by 2005. ▪ Percent of participating organizations publicizing the progress, or lack of progress, their country is making toward achieving the goals for DOTS expansion. 	1,650,000 ⁵
10. Involving celebrities	Identify and engage globally and nationally recognized celebrities from the music, entertainment and sports industries as champions for the control of TB.	<p>2002 Development of strategy for utilization of celebrity participation, identification and engagement of one global and 5 national celebrities</p> <p>2003 Identification and engagement of 2 additional global and 5 additional national celebrities, implementation of global and national celebrity strategies.</p>	<ul style="list-style-type: none"> ▪ Actively involve at least three major globally recognized music, sports or film celebrities as TB champions. ▪ Actively involve nationally recognized celebrity champions in 10 HBCs. 	500,000
11. Increasing media coverage	Increase politically significant TB media coverage from its current level in global outlets, and in national and local outlets in donor and high burden countries.	<p>2002 Develop comprehensive media strategy. Identify, equip and coordinate regional and national TB relations consultants.</p> <p>2003 Develop TB media activist network. Identify and make links with industry contacts.</p>	<ul style="list-style-type: none"> ▪ Double politically significant TB coverage in leading global media. ▪ Double politically significant TB coverage in leading national media of donor and HBCs. 	1,800,000 ⁶
12. Political advocacy	Increase political support and funding for global TB control and research priorities by creating and equipping networks of national TB advocates to work to influence policy-makers in donor and HBCs.	<p>2002 Establish TB Political Advocacy Networks in 5 donor countries and 5 HBCs, establish information exchange mechanism, develop generic TB advocacy "tool kit," conduct first global advocacy forum</p> <p>2003 Establish TB Political Advocacy Networks in an additional 10 donor and 10 HBCs, establish TB budget monitoring mechanism, conduct three regional TB advocacy forums</p> <p>2004 Establish active global network of policy-maker and influential champions, conduct five national TB advocacy forums</p>	<ul style="list-style-type: none"> ▪ Establish 30 national TB Political Advocacy Networks. ▪ Provide in depth education on the global TB epidemic to 120 journalists. ▪ Double donor funding from current levels for global TB control efforts. ▪ Double financial support for DOTS expansion in HBCs. 	7,240,000
Total				11,990,000

⁴ An additional \$220,000 over four years is currently provided in the STOP TB budget for communications monitoring activities.

⁵ An additional \$1.1 million over four years is budgeted by STOP TB for WTBD planning, coordination and evaluation activities, and for partial preparation and distribution of WTBD materials

⁶ An additional \$1.7 million over four years is currently provided in the STOP TB for training materials and workshops for journalists, and for Partners in how to work with the media. Another \$.6 million is identified for advocacy in the PROTEST and Green Light Committee budgets which could also be used for media relations on TB/HIV and drug resistance.

TOTAL	\$20,000,000
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Conclusion

The immediate future of the global tuberculosis epidemic is controlled by risk groups, health care workers and decision-makers. They have the ability – if not always the awareness or motivation – to change the course of the epidemic by 2005, either sending it dramatically into reverse or permitting it to worsen beyond control.

Fortunately, their behaviour can be positively influenced. A variety of proven communications strategies gathered from over 100 years of consumer marketing and public affairs experience can be applied to this challenge.

We can also learn from recent international public health achievements. Almost every major success has utilized highly visible advocacy, communications and social mobilization strategies. Whether at the national or global level – from childhood immunization and polio eradication to the prevention of HIV/AIDS and tobacco usage – investments in advocacy and social mobilization have been closely correlated with reductions in burden of disease.

Indeed, the control of tuberculosis in North America, Europe and Japan early in the 20th century was characterized by massive communications and social mobilization campaigns featuring highly visible celebrity and patron champions, active patient organizations, and innovative communications strategies such as postage seal campaigns. Even in the absence of effective antibiotics against TB at that time, this social mobilization played a critical role in increasing healthy behaviour, mobilizing resources and setting national research agendas.

Not surprisingly, many of the early pioneers who helped develop the DOTS strategy frequently turned their energies from studying the behaviour of bacilli toward influencing the behaviour of decision-makers. Dr. Karel Styblo, the originator of the DOTS strategy, was widely recognized as being one of the most brilliant and rigorous observers of the factors involved in the control of TB. In identifying the five main elements required for an effective national TB control programme, Styblo highlighted the importance of creating political will.

Considered to be one of this century's premiere TB researchers, Sir John Crofton perfected the use of combination treatment to increase cure rates and prevent drug resistance. After watching the world begin to squander these advances during his lifetime, Crofton increasingly emphasized that researchers are responsible not only to develop better tools, but also to help ensure they are put to effective use. According to Crofton, "Governments must be persuaded that they have a grim and urgent problem which is, nevertheless, soluble if quite modest national efforts and resources are devoted to it."

At a crucial juncture in preparations to implement the Global Plan to Stop TB, deliberate, creative and widespread action to mobilize society is again required to ensure we succeed.