2.04/14
DRAFT

Basic Framework

Stop TB Advocacy and Communication Working Group
September 2004

I. Rationale

During its first six years of existence, the Stop TB Partnership has directed its advocacy and communication efforts primarily at strengthening political commitment and resource mobilization for global TB control, and building community among Partnership members. These efforts, undertaken by the Partnership Secretariat and selected partners through an *ad hoc* Advocacy and Communication Task Force, have focused on ensuring the financial and technical means to achieve the global TB control targets of 70% case detection and 85% cure rates by 2005. Reaching these process targets is an essential milestone to achieve the Millennium Development Goal of halving the global burden of TB by 2015. However, as the landscape of TB changes globally, so must the advocacy and communication efforts aimed at reducing the global burden of TB.

Data analysis by WHO indicates that while the target for cure rates can be reached by 2005, case detection is likely to plateau at around 50% given prevailing trends. To go beyond this level, DOTS programmes and public health authorities must begin to recruit patients from non-participating clinics and hospitals, notably in the private sector in Asia. A special effort must also be made to improve cure rates in Africa by going beyond the present limits of public health systems. Communication and social mobilization, which have been largely absent in most TB programmes until now, will play a key role in meeting these challenges.

At the same time as case detection rates are stagnating, the funding landscape for global TB control is rapidly changing. As support to countries has increased from the GFATM, certain bilateral donors and other new mechanisms, the challenges include maintaining momentum and effectively directing rising aid flows to fill specific gaps. More technical assistance is needed at country level to ensure funding achieves maximal impact. In regions with high HIV prevalence, joint advocacy with the HIV/AIDS movement is needed to promote collaborative TB/HIV activities to ensure a continuum of prevention, treatment and care for co-infected people. And there continues to be a sizeable funding gap for research and development of new TB drugs, diagnostics and vaccines, which are vital to reaching the MDGs and in the long term elimination of TB as a public health threat.

Current advocacy and communication efforts must be modified to address the new landscape of TB globally. In the broadest sense, innovative and adaptable advocacy and communication must challenge the narrow perception that TB is a biomedical problem for public health authorities to solve rather than a complex socioeconomic issue requiring broad societal engagement, especially in countries with poor public health infrastructures.

II. Purpose

In this light of approaching TB as an adaptive problem, rather than a technical one, the existing advocacy and communication focus must be broadened to generate greater *societal commitment and participation* in fighting TB, with three main objectives in mind:

- To infuse a sense of urgency in the Stop TB movement and accelerate efforts by all stakeholders to meet the MDGs in 2015;
- To continue to increase the flow of resources to fill the funding gaps for TB control, and ensure that resources are appropriately targeted by donors and utilized by countries to achieve the greatest impact; and
- To catalyze participation of civil society and build a genuine social movement against TB at global and national levels.

III. Mandate

The Experts' Consultation on Communication and Social Mobilisation (Cancun, June 2003) as well as the Stop TB Advocacy and Communication Task Force (Johannesburg, September 2003) strongly recommended that a formal entity be established within the Stop TB Partnership to facilitate the development, implementation and evaluation of TB advocacy and communication interventions under the Global Plan to Stop TB. An external evaluation of the Stop TB Partnership conducted in mid-2003 similarly recommended that serious consideration be given to establishing such a body to better support the needs of the Stop TB movement. In response to these recommendations, the Stop TB Coordinating Board authorized the creation of an Advocacy and Communication Working Group in March 2004.

IV Function

The Working Group will be guided by the overall commitment to: (i) partnership and capacity building, (ii) harmonization, accountability and transparency in scaling-up actions; and (iii) inclusion of patients, regional/national perspectives, and all key Partnership constituencies. It will have three principal functions:

1. To *develop strategic approaches* for scaling up effective TB advocacy and communication interventions and propagating evidence-based best practices;

2. Within this strategic framework, to *empower Stop TB partners* to develop, implement and evaluate advocacy and communication activities at global, regional and country levels to achieve the abovementioned objectives.

3. To *advise the Coordinating Board* on all matters pertaining to advocacy, in-country programme communication and social mobilization.

Because 80% of the global TB burden is located in 22 high-TB burden countries (HBC), the primary focus of the Working Group will be on these countries, although activities may be extended to other HBCs as well. Its recommendations are expected to be adaptable to local situations, bearing in mind inter-country and within-country differences in needs, context, cultures and existing local mechanisms.

V. Scope of Work

Based on the stated objectives and principal functions of the Working Group, two distinctly organized subgroups will broadly focus on advocacy and communication:

1. **Advocacy and media for resource mobilization**: This sub-group will work to strengthen political commitment and resource mobilization in donor countries, multilateral institutions and HBCs, and to direct funding to sectors of greatest need. Areas of work will include analyzing funding needs; setting the strategic advocacy agenda; mapping opportunities for media, grassroots and high-level political advocacy; and coordinating the planning, implementation and evaluation of activities.

2. **Programme communication and country support**: This sub-group will provide guidance and support for in-country programme communication and social mobilization to improve TB case detection and treatment compliance. Key areas of work will be strengthening the communication capacities of NTPs and other existing and potential country-level partners, and facilitating formation of national partnerships to generate greater civil society support for TB.

VI. Membership

The Stop TB Partnership Secretariat has assembled a roster of initial members of the Working Group drawn from a range of institutions, geographic areas and relevant disciplines based on the following criteria:

- Experience in implementing advocacy and/or communications
- Geographic representation
- Specialist expertise in relevant areas
- Balance of relevant disciplines
- Knowledge of TB and TB-related issues
- Representation of key Stop TB constituencies
- Commitment to actively participate in the Working Group

Membership will initially be open-ended without term limits and may be expanded at the request of members.

VII. Structure

The Working Group will be initially comprised of 60-65 members, many of whom have been actively involved with the ad hoc Advocacy and Communication Task Force, supplemented by additional members selected to add expertise, balance and new alliances. The members will be roughly evenly divided into the two abovementioned subgroups.

The Working Group will be led by an independent chairperson elected by the members and endorsed by the Coordinating Board, and who will occupy a seat on the Board. The two subgroups will each elect a vice-chair, who will lead the work of the two subgroups and report to the chair, and determine a suitable location for their respective secretariats. The terms for chair and vice-chair will initially be for two years.

VIII. Operating Procedures

The Working Group as a whole will meet once per year. The Chair will determine the meeting dates in coordination with the group members. Individual sub-groups may meet on a more regular basis to address specific issues as assigned by the larger body. The group will formulate an annual program of work with clearly defined objectives, activities and outcomes. The terms of reference, proposed membership and program of work for the group must be endorsed by the WG and by the Board.

As a general principle the chairperson, vice-chairs and subgroup secretariats, following consultations with all the members, will make decisions on the Working Group's activities and initiatives. Emphasis will be placed on proactive management of all key communication issues.

All members and partners of the Advocacy and Communication group, in coordination with the Stop TB Partnership Secretariat, will assist/participate in the mobilization of resources for the functioning of the group. Additionally, independent funding can be sought for specific activities on an ad hoc basis and with the written agreement of both the group Chair and the Stop TB Partnership Secretariat.