

Stop TB Partnership

Draft Strategy for Engagement with World Leaders

PURPOSE

The purpose of the strategy is to ensure high level political commitment from leaders (within and beyond health) whose engagement could be pivotal to the future success of TB control, domestically or internationally.

VISION

That key political leaders engage in a highly practical way to ensure that there are sufficient funds; and a sound policy and health framework is in place to ensure achievement of global TB control goals.

BACKGROUND/CONTEXT

The production of this Heads of State strategy was a recommendation of the Beijing Coordinating Board Meeting in October 2004. Advocacy activity can be politically sensitive. As a partnership, we have limited opportunities, particular in the face of competing priorities, to get this type of engagement right; partners must speak with a common voice or our message to world leaders will be severely diluted.

Most importantly, TB **must** be seen in the framework of wider poverty reduction issues. We will fail with international leaders if we do not fit TB within the context of the overall economic development agenda. Specifically, our success will depend on the extent to which investment in TB control is seen as cost effective in its own right but also complementary to strengthening economic performance (GDP) and the primary healthcare sector (especially in the context of HIV control).

The drafting and implementation of a Global Leaders strategy is then to be seen as a vehicle for the establishment of a continuous and consistent process which leads to influential leaders speaking out in favour of global TB control. Advocacy should create TB champions among leading political figures. In-turn this should support the prioritization of TB control measures in decision making or resource allocation by Health, Finance or Development Cooperation ministries.

Further, as each political leader represents an entire government or people, **messaging will need to be highly targeted and individualized**. In the first instance, pilot engagements with influential leaders in 2 core groups (high burden countries - with special emphasis on Africa, & donor/potential donor countries) should be investigated.

Synergy with existing projects such as the Gates funded Action Project or ongoing engagement with HIV/AIDS will be critical. The strategy should not be seen as a stand alone document and must be seen in the context of wider advocacy activities with the

G8, EU, APEC, AU, Islamic Conference, G77, UNGASS and within and among the UN family.

STRATEGIC ISSUES GOALS AND OBJECTIVES

Strategic Issues:

- The need to strengthen TB control activities in target countries (notably in Africa) to enable TB to maintain momentum and achieve the Millennium Development Goals.
- The need for funds to support TB control from the international development community;
- The need for a supportive political environment.

A) The need to strengthen TB control activities in target countries (notably in Africa) - to enable TB to maintain momentum and achieve the Millennium Development goals.

There has been considerable progress with regard to DOTS expansion and global TB control. However in order to achieve the Millennium Development Goals, the momentum that has been established will need to be sustained. Countries that have lagged behind should be brought on board so that achievement of TB case detection and cure rate targets can contribute to the MDGs.

Countries must see achieving TB control goals as part of their wider economic development agenda. A clear message on the positive impact of TB control on GDP (such as cost savings to the country) along with the package of measures that the Stop TB partners can offer to support greater TB control, linking with TB/HIV, and therefore deliver greater economic or social benefit. There is a need to stress TB control as a benefit in its own right and as part of the global efforts to control TB-HIV/AIDS epidemic.

Goal A.1 To identify key target countries; whose leadership we must reach.

Objectives:

- A.1.1 To focus activity in pivotal countries
- A.1.2 To enable a clear timeline for pilot activities to be developed.

Goal A.2 To assess advocacy resources available to the Partnership

Objectives

- A.2.1 To survey partners and create a 'network and access' database
- A.2.2 To agree on which agency will coordinate activity in each country/Region based on the network of contacts and influence available to them.
- A.2.3 Based on analysis of advocacy resources available to us, identify opportunities and additional influential figures (messengers) we need to have on board prior to proceeding.

Goal A.3 To frame a collaborative action plan by country

Objectives:

- A.3.1 To secure agreement on key messages (notably on the economic and moral reason for action) by pivotal country; including what TB control resources we can offer to countries. What outcome are we looking to secure?
- A.3.2 To secure agreement on the approach (formal vs. informal, public vs. private)
- A.3.3 To agree a calendar of activities, with timeline, for maximizing opportunities as they arise.

Goal A.4 To provide opportunities for a public commitment to TB Control.

Objectives:

- A.4.1 To plan and implement events for leaders to be educated about TB control in their key country - exhibition, CB meeting, Forum etc.
- A.4.2. To enable key leaders to have access to a platform at which they can express their commitment to enhanced TB control measures - national events, TB focus at Regional global events (see global events calendar - attached) and commitment to a greater proportion of domestic resources being made available to TB control (as a clear signal to donors).

PROPOSAL FOR AN ACTION PLAN (to be developed; incorporating how)

- A.1.1 : Phase 1 focus on Nigeria, South Africa, Russia, Brazil + India (in follow up to the Delhi Partner's Forum), Roll out to High Burden Countries, notably in Africa through AU/NEPAD.
- A.1.2 : By the end of 2005 - statement of support by President Obasanjo President Mbeki President Putin, President Lula & Prime Minister Manmohan Singh, and by the end 2005 this translates into action. By end 2005 - phase 2 political advocacy strategy rolled out to other target countries in Africa.
- A.2.1 Secretariat to solicit inputs to the network database.
- A.2.2 Secretariat to coordinate - A&C Working Group - WHO in each Region with supporting agency?
- A.2.3 Secretariat to coordinate and request leadership from partners (e.g. IUATLD, FIND, KNCV, CDC, Board . Clarify the role of individual Board Members?
- A.3.1 Lead partner to coordinate and circulate - TB/HIV, poverty & MDGs. Economic development and tools that STOP TB has on offer to assist. Ask to political leaders: domestically establish a high level national task force, internationally play a leadership role within key organizations (NEPAD, AU, ACP etc) by placing TB on the agenda.
- A.3.2 Lead partner to coordinate(e.g. Brazil (Stop TB Brazil)/Russia - informal, Nigeria/India - formal, South Africa - mix)
- A.3.3. Secretariat to coordinate and circulate: this should include high level missions from the Stop TB Partnership Coordinating Board.
- A.4.1 Secretariat to facilitate meetings; participation in global fora.
- A.4.2 Secretariat to facilitate partnership input; especially with Secretariats of other bodies to place TB on meeting agendas.

B) The need for funds to support TB control from the international development community

The Amsterdam Inter-ministerial Conference was a pivotal event in global TB control, with finance ministers of most of the HBCs and high-level political representatives of some key donor countries making an unprecedented commitment to global resource mobilisation for TB control. This Conference probably played a significant role in the global increase in TB resources seen over the past 5 years since Amsterdam. The rationale for this strategy is that while resources have increased we now need to shift gear to enable sustainable financing to reach the Millennium Development Goals. The World Health Assembly is likely to pass a resolution this year calling for a global plan to Stop TB (2006-2015) in support of sustainable financing for TB control.

Again, the strategy should focus on core pivotal countries and set TB control in the context of wider development financing.

Goal B.1 Identify key donor countries; whose leadership we must reach to build momentum for an investment in TB.

Objectives:

- B.1.1 To focus activity in pivotal donor countries; influencers and leaders.
- B.1.2 To enable a clear timeline for pilot RM 'lobbying' activities to be developed

Goal B.2 Awareness of Global Plan 2006-2015 is widespread among key decision makers.

Objectives:

- B.2.1. To strengthen our database of 'decision makers' in donor countries - ministries of Health, Finance, Development
- B.2.2 To integrate and ensure synergy between high level political engagement with other advocacy strategies re. G8, Millennium Development goals, EU, TB/HIV, Poverty.
- B.2.3 To ensure targeted distribution of Global Plan 2 to key figures
- B.2.4 To undertake one-to-one briefings on the implications of Global Plan 2 with key figures, including Parliamentary, in pivotal countries.

Goal B.3 Adequate Sustainable Funding for Global Plan 2006-2015 is secured.

Objectives:

- B.3.1 To expand the donor base for Global Plan 2 activities
- B.3.2 Work with HBC to ensure a greater proportion of domestic resources are made available to TB control as a clear signal to donors.
- B.3.3 Watching brief - input into new funding mechanisms such as Global Fund, WB and IFF funding cycles.
- B.3.4 To host a 2nd Inter-Ministerial summit on global TB control (with Finance ministers of most of the HBCs and high-level political representatives of the key donor countries). The purpose of the summit would be to seek their response to the resolution to be passed at the 2005 WHA calling for sustainable financing.

"Global Plan 2006-2015 - what are you going to do now to secure the funding?"
Possibly also in Amsterdam?

PROPOSAL FOR AN ACTION PLAN (to be developed; incorporating how)

- B.1.1 : In phase 1 focus on UK, Japan, EU, Australia, US & Canada.
- B.1.2 : This should be tied into the development of the Global Plan 2 and aim at public endorsement by health and development ministries/Parliamentary committees.
- B.2.1 Lead partner to be identified in each country or agency (Results, Stop TB Canada, WHO, UNION ?). Secretariat to establish contacts database and coordinate inputs - online resources/research and information flows.
- B.2.2 Secretariat to coordinate - internal and partnership synergy to avoid competition. Lead partner to identify opportunities by country.
- B.2.3 Lead partner to coordinate and distribute according to national RM/Advocacy plan - contact database.
- B.2.4 Lead partner to coordinate briefings - throughout 2005 and 2006. Other partners to make staff available for advocacy missions. High Level Missions and Media tours by Executive Secretary and Board members as agreed by CB and in collaboration with lead partner in each country.
- B.3.1 Clarity of resource requirements (that take account of absorption capacity) are produced. Identifying major gaps - by country and by activity (TA; HR etc). Secretariat to coordinate targeted partner approaches to donors - based on intelligence and briefings. Donor agency to be 'updated' on Stop TB activities by a partner at least once a month. Phase 1 preparation for phase 2 - establish contacts with other agencies (Scandinavians, Islamic Conference, Ireland, NZ etc) in order to establish a web and identify future options.
- B.3.2 Lead agency in HBC to facilitate meetings - CCM or equivalent should be used for this.
- B.3.3 Secretariat to facilitate partnership input and provide "warnings" to partners on upcoming opportunities and challenges.
- B.3.4 WHO to lead with support from Partnership Secretariat.

C) The need for a supportive political and social environment.

Influential leaders (politicians, sports and entertainment stars etc) speaking out in favour of global TB control provides a supportive framework that enables specific advocacy and policy goals to be more readily achieved.

In general terms world leaders have tended to focus on HIV/AIDS and have not given consistent and public importance to the control of TB. This in turn has meant TB has struggled to get specific recognition in the MDGs themselves (despite TB indicators being important), or development planning by countries and donor agencies. The programme is seen as being overly vertical and perhaps due to the successes not as needing of continued political focus. There is a need to set TB control in the context of overall economic development policy. Only then will TB champions be consistent and reliable.

Goal C.1 To identify leaders who can influence and frame the wider political or social environment.

Objectives:

- C.1.1 To identify and inform nodal political leaders (current and former) who have influence with their peers beyond the borders of their own country or Region.
- C.1.2 To identify and inform other leaders who have influence among the political elite in target countries or Regions.

Goal C.2 To identify opportunities to access key political leaders

Objectives:

- C.2.1 To identify and facilitate the inclusion of TB on the agenda of key nodal events
- C.2.2 To place TB on the political agenda of influential bodies
- C.2.3 To identify and facilitate coverage of TB in key media in target countries

PROPOSAL for an ACTION PLAN (to be developed; incorporating how)

- C.1.1 : Use direct and indirect channels to reach key political leaders, with moral authority. (Annan, Carter, Mandela, Soares, Gorbachev) - as available.
- C.1.2 : Use direct and indirect channels to reach influential figures within key agencies to establish a friendly network: WB, EU, Wise men (Sachs, Sen etc), social experts, celebrities (including Stop TB Ambassadors), UN family (WHO, UNDP etc)
- C.2.1 Contact and brief the Secretariat/delegations and or members of the African Commission, CHOGM, APEC, UNGASS, EU summit, G8, G77, WEF, World Social Forum - propose a session or resolution on an upcoming meeting based around launch of Global Plan 2.
- C.2.2 Contact and brief the secretariat of the EU, Commonwealth, SAARC, ASEAN, AU etc
- C.2.3 A&C Working Group to facilitate through lead agency in HBC and development partner countries as appropriate.

EVALUATION

- No. of contacts with Heads of State/influential leaders & celebrities
- Public statements made or taskforces established
- TB on agenda at global and regional summits etc
- Ministerial Conference or Summit: sustainable funding secured

RECOMMENDATION

The plan is presented as an individual piece of work to the Coordinating Board for discussion. However, it is envisaged that the implementation be carried under the auspices of the A&C Working Group.

The Coordinating Board is therefore invited to recommend the A&C Working Group consider this strategy in the framework of their strategic planning and request that they facilitate the development and delivery of the resulting Action Plan.