To Beat

Creating the brand and activating the movement for Tuberculosis

Research + Findings Summary June 2014





Individuals interviewed

Partners and Stakeholders:

Aamir Khan, Founder and Executive Director, Interactive Research and Development

Joanne Carter, Executive Director, RESULTS Educational Fund

Rabab Pettitt, Senior Communications Advisor, USAID, Global Health Bureau

Evan Lee, Vice-President, Global Health Programs and Access, Eli Lilly

Jen Scroggins, Director, Global Corporate Reputation, Eli Lilly

David Marbaugh, Communications Director, Corporate Responsibility, Eli Lilly

Aaron Oxley, Executive Director, RESULTS UK

Thokozile Beatrex Nkhoma, SAVE Campaign Coordinator, Malawi Interfaith AIDS Association

Diana Weil, Coordinator of Policy, Strategy and Innovations Team, Global TB Programme, WHO

Paula Fujiwara, Senior Advisor, Department of TB and HIV, Scientific Director, The Union

Colleen Daniels, Director TB/HIV, Treatment Action Group

Blessi Kumar, Chair Global Coalition of TB Activists

John Moncrief, Policy Administrator, UK Department for International Development

Bryan Callahan, Communications Officer, Gates Foundation

Dr. Barry Bloom, Former Dean, Harvard School of Public Health

Dr Marcel de Kort, Senior Health Advisor, Ministry of Foreign Affairs, The Netherlands

Nathalie Garon, Senior Program Officer, DFATD Canada

Dr Mario Raviglione, Director, Global TB Department, World Health Organization

Dr Thomas M Shinnick, Associate Director for Global Laboratory Activities, Centers for Disease Control and Prevention

Dr Mark Perkins, Diagnostics Working Group

World Leaders and Policy Makers:

Suprotik Basu, Chief Executive Officer of the Office of the UN Secretary-General's Special Envoy for Financing the Health Millennium Development Goals (MDGs) and for Malaria

Andrew Jack, Deputy Editor, Financial Times

Materials reviewed

Building a Global TB Initiative at the World Bank. 3 December 2012.

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Time to Act: Stop TB. Jorge Sampaio and Michel Sidibe, The Huffington Post, 9 July 2011.

Time to Act, Save a million lives by 2015: Prevent and treat tuberculosis among people living with HIV. 2011.

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2010/2011 Tuberculosis Global Facts. World Health Organization, Stop TB Partnership, 2010.

Tuberculosis: The Potential in our Lifetime. Dr. Lucica Ditiu. 9 April 2013.

The Global Plan to Stop TB, 2011-2015. Stop TB Partnership.

Tuberculosis and the Millenium Development Goals. Stop TB Partnership.

2013 Strategic Work plan: Advocacy and Communications Activities. Stop TB Partnership, 2012.

Stop TB Partnership Operational Strategy. Advocacy Consultation Group, September 27, 2012

Operation Strategy 2013-2015. Stop TB Partnership, 2012.

Outcomes-Advocacy and communications workshop.

Stop TB Communications Strategy May 2007-April 2008. Judith Mandelbaum-Schmid, Comms Officer, May 2007.

Stop TB Partnership Secretariat Advocacy and RM SWOT Analysis.

TB brand-identity roadmap.

Transforming the conversation on Tuberculosis: Call for a TB Brand. Stop TB Partnership, 2012.

Invitation, Roundtable on current and future opportunities in global TB advocacy. Stop TB Partnership, 2013 *ACG Takeaways*. Stop TB Partnership, 2013.

Landscape we explored

AIDS

amfAR Pepfar (RED) The Clinton Foundation **Terrence Higgins Trust UNAIDS**

Malaria

Malaria No More **Novartis** Roll Back Malaria WHO

Breast Cancer

Breast Cancer Action Cancer Research UK Susan G. Komen for the Cure Occupy Wall Street The Breast Health Global Initiative

Movements

Obama Yes We Can '08 **Arab Spring** Gay Rights / All Out The Girl Effect **KONY 2012**

Landscape we explored

As part of our discovery process we looked into a number of causes that were relevant to TB to understand how they positioned and communicated the issue they represented.

We also explored a number of cause-led movements, ranging from political ones such as Obama's 2008 Presidential campaign, social movements such as Occupy Wall Street, branded causes such as The Girl Effect, supported by the Nike Foundation and even one-off phenomena like KONY 2012.

The purpose of this exercise was to understand how the immediate and broader landscape of causes and movements behave, what best practice we could leverage and how a brand for the TB cause could live within this world.

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Who is the brand for?

- + Everyone: direct, indirect and unexpected
- People living with TB, their family and friends
- + Employers, local community
- + Doctors, scientists, public health officials
- Political leaders, policy makers
- + Activists, donors, influential people

Untapped Potential

Influential people who aren't yet engaged with TB but have an interest in social, economic and human development.

For example:

- + Entrepreneurs
- + Cultural influencers
- + General Public
- + National heroes







What are we ultimately creating?

A story everyone recognises, can relate to and act upon in some way:

- + Make it a priority
- + Give money
- + Give time
- + Raise some noise
- Get treated
- + Pay attention
- + Support supporters, survivors, the community

The insights

- 1. TB is trapped in the medical world
- 2. A scientific approach doesn't engage hearts and minds
- 3. Complacency is stifling progress
- 4. The impact of TB is remote
- 5. TB has played the unconfident underdog for too long

The opportunities

- 1. Position TB as a social issue
- 2. Create a human connection
- 3. Be entrepreneurial with TB
- 4. Make impact personal
- 5. Tell a hopeful + heroic story

For TB this means...

A brand that doesn't speak the language of disease nor feeds the stigma with negative imagery.

A brand that doesn't get hung up on the nuances but instead focuses on the big picture.

A brand that is alive with spirit and energy – challenging the status quo and connecting with people on an emotional level.

A brand that informs, inspires and engages – playing multiple roles with a singular philosophy at its heart.

A brand that is attractive and credible.