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

Cost-effectiveness of TB prevention, care and control in low-and middle-income countries. 6 September 2011.
Time to Act, Save a million lives by 2015: Prevent and treat tuberculosis among people living with HIV. 2011.
Tuberculosis: The Potential in our Lifetime. Dr. Lucica Ditiu. 9 April 2013.
Tuberculosis and the Millenium Development Goals. Stop TB Partnership.
Stop TB Partnership Operational Strategy. Advocacy Consultation Group, September 27, 2012
Outcomes-Advocacy and communications workshop.
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
Landscape we explored

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

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

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

**Movements**
Obama Yes We Can ’08
Arab Spring
Occupy Wall Street
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
Committed Supporters

A broad spectrum of individuals within the TB community who faithfully believe in creating a better tomorrow for those living with TB.

For example:
- Health Ministers
- Public Health Workers
- Researchers
- Survivors
Unengaged Power players

Leaders who for different reasons are no longer engaged in the fight against TB but who could make a massive difference to the cause.

For example:

+ Big Pharma
+ Policy Makers
+ Health Ministers
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.