

10.4 Advocacy, Communication and Social Mobilization Working Group: summary strategic plan, 2006–2015

Introduction

A significant scaling-up of advocacy, communication and social mobilization for TB will be needed to achieve the global targets for TB control. In 2005, the Advocacy, Communication and Social Mobilization Working Group (ACSM WG) was established to mobilize political, social and financial resources, to sustain and expand the global movement to eliminate TB, and to foster the development of more effective ACSM programming at country level in support of TB control. It succeeded an earlier Partnership Task Force on Advocacy and Communications. This is a summary of the Working Group's strategic plan for 2006 to 2015. The full plan is available at <http://www.stoptb.org/GlobalPlan>.

Strategic vision 2006–2015

The success of the Partnership's Global Plan to Stop TB for 2006–2015 will rest on the ability of ACSM efforts to generate political, social, and behavioural change at all levels. There is an urgent need to expand ACSM in donor and endemic countries, directed at rapidly building and financing a multilevel, multisectoral social movement to reverse the TB epidemic and achieve the Millennium Development Goals and the Stop TB Partnership's targets. While the Working Group's principal focus in this summary plan is on developing ACSM strategies in support of existing global TB targets, the ACSM Working Group's strategic vision is to achieve TB-free communities by:

- (1) Global advocacy: creating the political accountability and social pressure required to shape policy agendas and mobilize US\$56 billion from 2006 to 2015 for TB control and new tool development; and
- (2) Country-level ACSM: establishing and funding evidence-based and innovative country- and community-driven ACSM activities to effect sustainable societal and behavioural change at the national, subnational and individual level, aimed at ensuring access to treatment and care for all, particularly the poor, vulnerable and hard-to-reach populations.

Objectives

The Working Group will focus on building ACSM capacity at all levels so that appropriate, effective strategies can be developed, prioritized, implemented and sustained, to achieve the Working Group's vision and advance the Global Plan's targets. The following objectives are intended to further the Working Group's vision, and support and enhance both the new WHO Stop TB Strategy and the aims of the Stop TB Partnership's other working groups:

- (1) Help to mobilize the financial resources required to fund fully the Global Plan for 2006–2015 for DOTS expansion, DOTS-Plus for MDR-TB, new tool development, and TB/HIV efforts.
- (2) Encourage a higher profile of TB on national, regional, and international policy agendas.

- (3) Increase political and social support for TB control policies recommended by WHO, including the International Standard of Care and Patients Charter.
- (4) Engage policy-makers, international, regional and national-level stakeholders, the media, the private sector, patients, communities and others to secure greater political support for TB control, including through the development and promotion of national partnerships.
- (5) Build the capacity of national TB programmes and partnerships, and other key actors to develop and implement multisectoral, participatory, sustainable ACSM plans, supported by adequate in-country human and financial resources, to improve case detection and treatment outcomes, empower affected communities, and combat stigma and discrimination.
- (6) Build the capacity of civil society and affected communities in donor and endemic countries to advocate for universal access to treatment and mobilize collective action in the fight against TB.
- (7) Promote exchange of information between the Working Groups and the sharing of ACSM-related lessons and experiences to ensure maximum impact, encourage participation and facilitate collaboration.
- (8) Build ACSM indicators and monitoring and evaluation mechanisms into institutional monitoring and evaluation systems.

Targets and milestones

Global advocacy

- By 2010, civil society TB advocacy organizations or coalitions will be functioning in 20 donor countries and 40 endemic countries.
- By 2015, the ACSM Working Group will have helped to mobilize US\$56 billion for the control of TB and the development of new tools in accordance with the Partnership's Global Plan in order to achieve the Millennium Development Goals and meet the Stop TB Partnership's targets.

Country-level ACSM

- By 2015, multisectoral, participatory ACSM methodology will be a fully developed component of the WHO Stop TB Strategy.
- By 2015, all priority countries will be implementing effective and participatory ACSM initiatives.
 - By 2008, at least 10 endemic countries will have developed and will be implementing multisectoral, participatory ACSM initiatives and generating qualitative and quantitative data on the contribution of ACSM to TB control.
 - By 2010, at least 20 priority countries will be implementing multisectoral, participatory ACSM initiatives, and monitoring and evaluating their outcomes.

Activities and implementation

The ACSM Working Group will liaise with the Stop TB Partnership's implementation and new tools working groups, national TB programmes, civil society, patients and affected communities to bring about sustainable political, behavioural and social changes to advance the Working Group's vision. The ACSM Working Group views global advocacy efforts and ACSM at country level as elements of the same systems approach, although each requires distinct skills and orientation. The components of advocacy, communication and social mobilization reinforce each other and must be integrated into the broader technical effort to control TB. It should be stressed that successful ACSM strategies and activities are situational and opportunistic, depending as they do on ever-changing global, national, political and social contexts. Even so, a number of "good practices" have emerged from previous ACSM efforts for TB and these are embodied in the ACSM Working Group's strategic plan.

The Working Group will focus on the following main areas of work:

- advocacy activities at the global, regional and national level;
- communication activities at the national and subnational level;
- cross-cutting activities, as outlined below.

Advocacy activities at the global, regional and national level

These activities will aim to command the attention of key policy-makers, international and regional organizations (e.g. World Bank, NEPAD, African Union, European Union and multinational corporations), international NGOs, the private sector and media, to generate political support and mobilize resources for TB control.

- Mainstream TB into larger health and development initiatives. TB advocacy efforts will be linked to future G8 Summits, key UN processes such as the 2005 General Assembly High Level Meeting on HIV/AIDS, the global movement related to achieving the Millennium Development Goals, and other initiatives and important gatherings at the global, regional and country level. Activities will include encouraging HIV/AIDS groups to incorporate TB into their agendas.
- Strategic mapping of resource streams. Identifying key funding streams for TB control and development of new tools, mobilizing allies and initiating specific activities to influence relevant decision-makers is critical in order to secure financial commitments.
- Foster champions. Building support and awareness among policy-makers within and outside the health sector, and among other community leaders and icons, is critical to expanding and sustaining political commitment. Champions at all levels will be identified, educated and supported to advocate strategically and effectively for increased funding for TB control.

These advocacy activities will be enabled by civil society advocacy organizations or coalitions, as well as by national TB programmes and partnerships at country level. Global and national partners, specifically NGOs or coalitions with a proven track record in mobilizing financial and political support for health or social development issues, will assist in building advocacy capacity in donor and endemic countries and capacity to implement TB control in endemic countries. Capacity-building for civil society advocacy will need to be rolled out, in a sustainable manner, starting with at least four donor countries and eight endemic countries per year (Figure 37). By 2010, civil society TB advocacy organizations or coalitions will be functioning in 20 donor countries and 40 endemic countries.

Communication activities at the national and subnational level

In endemic countries these activities will aim to eliminate stigma and discrimination and to improve case detection and treatment.

- Develop ACSM guidelines and handbooks to improve knowledge exchange and promote good practices for ACSM at country level. These documents will include assessment and problem-solving tools to enable national TB programmes, civil society and other stakeholders to develop comprehensive, country-driven ACSM strategies in support of TB control. Materials will include examples of country experiences and tools related to communications programming, patient and community involvement in TB programme design, ACSM human resource development, strategic planning, operational research, monitoring and evaluation.
- Create a technical assistance framework to assist countries and civil society organizations with ACSM planning, activities, monitoring and evaluation. This framework will be designed to help NTPs and other key partners implement intensive, sustainable and detailed ACSM strategies. The framework will also include assistance to endemic countries to help develop Global Fund proposals to resource these activities on an ongoing basis.
- Develop, adapt and promote clear policy messages. Prototype ACSM messages, materials, images and strategies are essential to brand, market, and align global, national and local ACSM activities. For example, the Universal Standard of TB Care, the Patients' Charter and the Stop TB Strategy will be used as effective tools to improve the quality of TB services.

Capacity-building for ACSM at country level will be rooted in national TB programmes and the Stop TB Partnership model, to help countries and other key partners develop and implement country-driven ACSM plans that include funding for needs assessments, national and subnational communication coordinators or focal points, district-level ACSM activities, distribution of IEC materials, and monitoring and evaluation.

Capacity-building will need to be rolled out in a sustainable manner, starting with five endemic countries each year for a total of 20 countries by 2010. These countries will require

intensive technical assistance to address high levels of stigma, TB/HIV coinfection, and other behavioural and societal barriers to treatment-seeking and treatment-providing behaviour. International, regional and national partners with experience in developing country-level capacity in communication and social mobilization might include media resource and communication programming centres, social marketing organizations, advertising firms, NGOs, community-based organizations (CBOs), patient and community associations, and health promotion/communication departments within ministries of health.

Important cross-cutting activities

- Strengthen the participation of TB patients and communities in every aspect of TB control. Global, regional, national and local TB organizations have a special responsibility to broaden their decision-making constituency to include current and former patients. Empowering patients and affected communities will increase the feasibility and appropriateness of planned activities and contribute to improving programme efficacy.
- Use the influence of the media. Increased media visibility is critical for building awareness and facilitating policy dialogue, providing a strong profile and voice for affected communities, and for resource and social mobilization. The media are also an important channel for messages aimed at effecting behavioural and societal change. Activities to generate media interest will include preparing a global and regional media strategy, educating and engaging the media, organizing media events around key opportunities, producing press-friendly materials, etc.
- Establish and support national TB partnerships. National TB partnerships can provide the basis for building larger TB ACSM coalitions and, in endemic countries, improve coordination of ACSM efforts designed to improve health-seeking and health-providing behaviour, build health literacy, and encourage patient-centred care
- Enhancing web and electronic information and knowledge-sharing. This includes increasing information exchange (including between the working groups), discussion and transparency; coordinating the participation of new and existing partners; facilitating long-distance learning; and encouraging cross-fertilization of ideas.
- Investing in operational research. Commissioned studies and operational research are needed to document good practices and constantly improve ACSM methodology, particularly at country level.

ACSM Working Group secretariat support for the organization of international, regional and national meetings, information-sharing, and coordination of technical assistance will also be required.

ACSM impact

Impact of ACSM on global resource mobilization

The Working Group estimates that an annual investment of US\$0.5–2 million a year in advocacy activities is required to generate US\$100 million in funding for TB control. To mobilize the US\$5.5 billion of annual financial support needed for this

Global Plan, 0.5% per dollar will be required for advocacy activities. A further investment of 5–15% for ACSM activities in national TB programme budgets should also be encouraged (see <http://www.stoptb.org/GlobalPlan> for more information). This is consistent with the estimated US\$5 million that Stop TB partners are currently spending per year on advocacy, and which mobilizes an estimated US\$300 million in external aid flows for endemic countries, technical agencies, and the GDF.

Impact of ACSM in countries on case detection and treatment outcomes

The ACSM WG strategic plan at country level draws on recent evaluations in other public health communication fields to suggest that ACSM for TB should help to maintain current case detection and cure rates in most countries. In situations where DOTS services are assured, well planned and fully resourced, communication and social mobilization interventions should increase case detection and treatment outcome by as much as 5–10%, although accounting for all confounding variables will be difficult.

Few studies have assessed the cost of communication activities for TB in relation to their impact. Additional research is needed to define and evaluate the causal relationship between communication activities and increased service usage and treatment success. However, an analysis of ACSM components in TB proposals submitted to the fifth round of the GFATM strongly suggests that ACSM budget for country level activities can be extrapolated for the Global Plan to Stop TB.

Monitoring and evaluation

The Working Group will coordinate monitoring and evaluation efforts to measure the outcomes of global, regional and national ACSM efforts and their contributions to TB control. Existing information and data collection systems, methods, and indicators will be used to generate and evaluate various data. The Working Group will also develop a core set of indicators for inclusion in existing formal data collection systems and a participatory process for measuring the impact and cost-effectiveness of ACSM activities at all levels. At the global level, the Working Group will commission reviews to analyse progress towards building ACSM capacity and the achievement of the Global Plan to Stop TB. At the country level, ACSM should be included as a component of all national TB programme reviews. Working Group meetings and other meetings of international, regional and national-level stakeholders will be held to track progress, disseminate evidence on good practices and lessons learned, and modify the ACSM strategy and activities when necessary.

Budget requirements for 2006–2015

The budget required to accomplish the Working Group's goals over the period 2006–2015 is estimated at US\$3.2 billion. Details are given in Table 28. It is assumed that funding for the coordination of global and regional strategic planning, technical assistance and evaluation will come from donations to the Stop TB Partnership Secretariat from bilateral donors. The bulk of funding for country-level ACSM activities will come from the GFATM and bilateral sources in the short term and increasingly

PART III: PARTNERSHIP ACTION TO ACHIEVE THE GOALS

from national government allocations in the longer term. Partners at country level should also contribute by committing realistic proportions of their budgets to ACSM activities.

See Table 28: Budget requirements for the ACSM Working Group: 2006–2015 (US\$ MILLIONS)

FIGURE 37: ROLLOUT OF ACSM CAPACITY-BUILDING ACTIVITIES IN DONOR AND ENDEMIC COUNTRIES

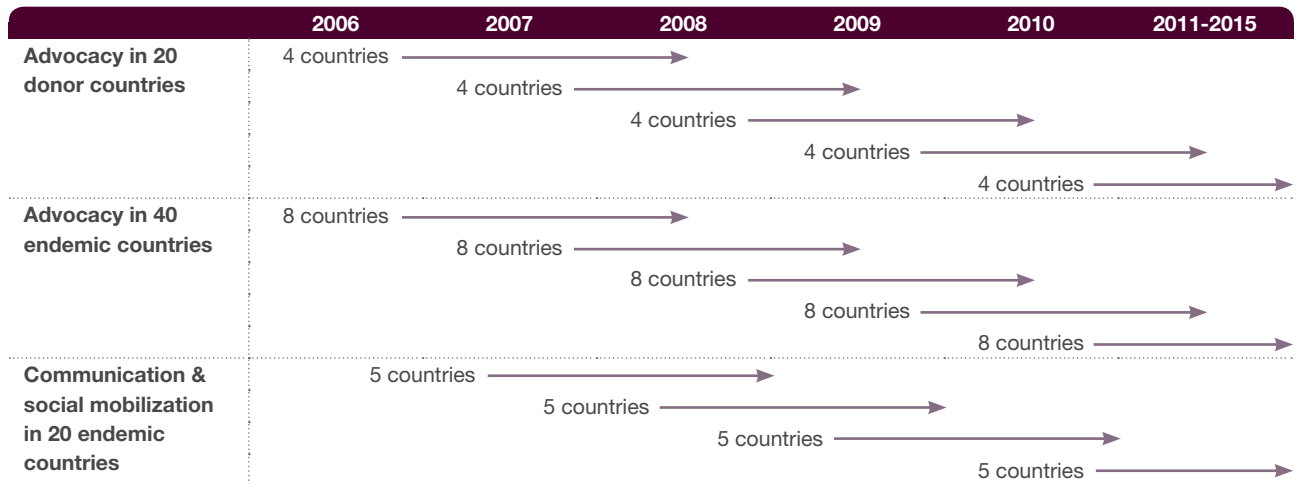


TABLE 28: BUDGET REQUIREMENTS FOR THE ACSM WORKING GROUP: 2006–2015 (US\$ MILLIONS)

COUNTRY NEEDS	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	All years	%Total
All regions	242	236	249	257	282	295	308	323	337	353	2,882	90%
AFRO-high	61	63	66	69	74	78	82	86	91	95	767	24%
AFRO-low	30	31	33	35	37	39	42	44	46	49	386	12%
EEUR	19	20	21	21	22	23	23	24	25	26	224	7%
EMR	33	31	32	33	34	36	38	40	42	44	365	11%
LAC	10	11	11	12	12	13	13	14	14	15	124	4%
SEAR	57	57	59	61	64	67	70	73	76	79	663	21%
WPR	30	23	26	26	38	39	41	42	44	45	353	11%
INTERNATIONAL AGENCY NEEDS												
Technical assistance	2	2	3	4	3	2	2	2	3	3	27	1%
Strategic and technical support	0.8	0.8	1.3	1.7	1.4	0.9	1.0	1.0	1.0	1.0	11	0%
Capacity building	1.2	1.2	1.9	2.6	2.0	1.4	1.4	1.5	1.5	1.6	16	1%
Monitoring and Evaluation												
Impact	0.5	0.5	1.1	1.1	1.1	1.2	1.2	1.2	1.3	1.3	10	0.3%
Planning/implementation	2.0	2.1	2.1	2.2	2.3	2.3	2.4	2.5	2.5	2.6	23	0.7%
Financial monitoring	0.2	0.2	0.2	0.2	0.2	0.3	0.5	0.5	0.5	0.5	3.4	0.01%
Operational Research and Policy Development												
Working Group and subgroup meetings	1	1	1	2	2	2	2	2	3	3	20	0.6%
Global Advocacy												
TOTAL NEEDS	263	260	278	291	318	330	345	360	374	391	3,208	