



Advocacy, Communications and Social Mobilization Working Group

Chair: Paul Sommerfeld
Vice Chair: Netty Kamp

Secretariat: Homero Hernandez,
Young-Ae Chu
Stop TB Partnership, WHO, Switzerland

ACSM Working Group: Core Group Conference Call 19 May 2008

Participants: Paul Sommerfeld, Netty Kamp, Sheila Davie, Louise Holly, Anne Fanning, Beatrijs Stickers, Hara Mihalea, Mayowa Joel, Shaloo Puri, Louise Baker, Young-Ae Chu, Homero Hernandez, Nicole Schiegg

Introduction

Paul updated Core Group members of both ACSM Sub Groups on discussions held during the Stop TB Partnership Coordinating Board meeting, particularly on the outcome of the McKinsey independent evaluation of the Stop TB Partnership. A overall summary drafted by Paul was sent with the call invitation and is attached along with these notes.

1) Partnership Evaluation and the future of ACSM WG.

Paul explained that the evaluation stated the function and role of the ACSM Working Group, particularly the Global Advocacy Sub Group (SG), was not clear and needed clarification. It was also suggested during the Coordinating Board meeting, that a possible Sub-Committee of the Board take on the role of policy guidance for the Secretariat.

Sheila (who attended the Board meeting as an observer) noted that 60% of Stop TB Partners are NGOs, and that better engagement of this constituency should be considered when thinking of roles and structure of Global Advocacy SG.

Louise Baker explained the strength of the Global Advocacy SG was its ability to act as network liaising between partners and advocates around the world. She suggested developing a realistic network for collaboration and making sure the roles of the group be clearly defined and limited instead of trying to cover all aspects of Advocacy Globally.

Anne Fanning agreed with the idea of network and brought up the important role that national partnerships can play in this network.

Beatrijs explained the core function of the Global Advocacy SG is of dissemination and intelligence gathering. She said we should think about what role the SG can play in guiding advocacy messaging. Louise B added, the Sub-Committee of the Board (if and once established) would not develop messaging, but rather set advocacy priorities for the year. The SG may decide to set up time-limited task forces to work on specific priority events.

Mayowa Joel spoke in relation to Task Force. But the phone connection was bad and it was agreed that he would send by email his comments to be distributed to the two Core Groups. As emailed by Mayowa Joel: Comments made on call were related to (1) justifying the importance of ACSM and (2) increasing community participation. My



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suggestion which is that ACSM working group should increase efforts towards establishing the national Stop TB partnerships as there are many things that would be achieved through the establishment of this partnership including the two issues raised above.

Next steps: Paul and Netty to discuss with Secretariat and come up with proposal for the Coordinating Board.

2) Report back to CB with 3 major reasons why the ACSM WG should continue its work and show milestones of work plan (due 15 July 2008)

Some suggestions that came up during the call were:

- The ACSM WG is responsible for dissemination and intelligence gathering. It is the vehicle to get messages out and for mobilizing support at all levels. It also works to support social mobilization.
- Shaloo added importance of further engaging NGOs, as well as private sector should be included.

3) Expanding case detection through country-level actions

In follow-up to Dr Raviglione's presentation at the Coordinating Board regarding expanding case detection, Paul suggested Netty enter into dialogue with Mario to see how ACSM at Country Level Sub Group can make further progress in this area.

Netty suggested two ways of expanding case detection would be to strengthen targeted communication strategy for early detection and to work with the PPM (Public-Private and Public-Public Mix) Sub Group to promote new approaches and partnerships for delivery of TB care by engaging all health care providers.

4) Other issues

Anne Fanning suggested we start focusing on indigenous people (370 million people worldwide) - as they are the world's poor and marginalized and very vulnerable to TB.

Core Group elections: it was decided that we would hold on all Core Group elections until after discussions with Paul, Netty and the Secretariat (to be held after June 9th).