

The Stop TB Partnership Advocacy Advisory Committee Evaluation Report

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March 2011**

**The Stop TB Partnership Advocacy Advisory Committee
Evaluation Report**

Table of Contents

Executive Summary	3
Report of Findings	
I. Background and methodology	6
II. Evaluation findings	6
III. Conclusions and recommended next steps	11
Appendix A: Advocacy Advisory Committee to the Coordinating Board of the STOP TB PARTNERSHIP Terms of Reference	13
Appendix B: The Stop TB Partnership Advocacy Advisory Committee Evaluation Key Planning Questions	17

The Stop TB Partnership Advocacy Advisory Committee Evaluation Report

Executive Summary

Background and Methodology: In 2008, The Coordinating Board of the Stop TB Partnership disbanded the ACSM Working Group and formed the Advocacy Advisory Committee (AAC) to advise the Board and Secretariat on global advocacy. Per the Terms of Reference (ToRs) for the AAC, an evaluation of the degree to which the AAC is proving to be a useful addition to the Partnership by achieving its objectives was to be completed in time for the Autumn 2010 Board meeting. The current AAC members agreed to serve an initial trial period beginning in February of 2009 through the completion of the evaluation. In November 2010, the Secretariat engaged evaluation consultants who interviewed 15 key informants, including AAC members and external stakeholders (i.e., Representatives from the Coordinating Board, Secretariat, Network, and a donor organization). Key findings and recommended next steps are provided below.

Key Findings:

- **AAC successes were limited.** As specified in the ToRs for the AAC, the evaluation was intended to assess the degree to which the AAC met three objectives:
 1. Contributed to increased resources for the Global Plan
 2. Has been efficient and functional in implementation
 3. Facilitated engagement of the broader TB advocacy community

None of the AAC members interviewed felt the goal of increased resources for the Global Plan had yet come to fruition. Most felt that only modest strides have been made toward engaging the broader TB advocacy community. Most reported that, although they had convened as described in the ToRs and functioned well as a group, they were disappointed that they had been unable to accomplish more. However, they were able to identify specific contributions they had made during their tenure, including the recommendations to hold the next Coordinating Board meeting in Washington, D.C. and to hire a D.C.-based advocacy resource; agreement on a set of recommendations outlined in a November 2010 letter to the Board Chair; and successful facilitation of a meeting with Network advocates in Berlin in November 2010. Most of the non-AAC representatives interviewed were unable to describe the AAC's progress in relation to the three objectives.

- **The primary function of the AAC is to advise on resource mobilization.** Nearly all interviewees believe the primary function of the AAC is to provide guidance about advocacy strategies for the purpose of resource mobilization. However, most reported that further clarity is needed regarding the Board's and Secretariat's priorities for resource mobilization so that the AAC can be both responsive and strategic in the guidance it provides.
- **The AAC's role is to provide advice:** All informants agreed that the role of the AAC is advisory and that the group is not charged with the implementation of advocacy strategies. Most believe the Secretariat is under-resourced if it is to coordinate the implementation of global advocacy strategies

and engagement of advocacy partners. Several recommended the hiring of an additional full-time staff person for the Secretariat who will be devoted to and skilled in advocacy.

- **For the AAC, fully engaging Network partners in advocacy is not feasible.** Although the 2010 Network meeting in Berlin was described as a success, several informants explained that sustained engagement of advocacy partners requires a great deal of work and that a volunteer advisory committee like the AAC does not have time to carry out the task. Some also acknowledged that the skills involved in mobilizing the Network and those necessary to provide high level advice on advocacy and communications strategies for the purpose of resource mobilizations are not the same.
- **Changes in communications mechanisms are needed.** Most AAC members feel that it is difficult to get time on a Board meeting agenda to discuss advocacy. Some discussed alternatives such as providing written recommendations to the Board. Additionally, nearly all informants reported that no formal mechanism exists for the AAC to provide feedback on advocacy issues when they arise within the context of a Board meeting. Some suggested that the Board Chair may want to increasingly solicit input from the AAC leadership.
- **Changes to the AAC and ToRs are needed:** Those interviewed suggested that, if the primary charge of the AAC is to advise on advocacy strategies for the purpose of resource mobilization, a number of changes are needed to both the AAC and its ToRs, including:
 1. **Composition:** To ensure the highest level strategic advice on advocacy strategies for the purpose of resource mobilization, nearly all informants agreed that the AAC would consist of members with a proven track record in using advocacy and communications strategies to mobilize resources. Nearly all informants described the TB community as *“insular”* and *“behind the times.”* They described *“The same people having the same conversations year after year”* as non-productive and stressed the importance of engaging a majority of AAC members from outside the TB community who have specialized knowledge of advocacy and communications.
 2. **Selection criteria and process:** Getting experienced advisors from outside the TB world to serve on the AAC will necessitate changes in the selection criteria and process (i.e., to identify and invite the most qualified candidates). Informants suggested that a small taskforce (e.g., 2 to 3 Board members and Executive Secretary) revise the ToRs, identify candidates, and select and invite the most qualified candidates, perhaps with the help of a consultant.
 3. **Roles and responsibilities:** Informants agreed that it is important for the ToRs to specify what is required of AAC members, as well as the roles and responsibilities of the Secretariat and Board in relation to an advisory committee like the AAC.
 4. **Size:** Most informants suggested the size of the AAC be large enough to ensure adequate input even if some members are absent, but small enough to avoid logistical and cost issues related to scheduling and travel for a large group. The recommended range was 5 to 9 members. Some also suggested the group should be able to call upon issue-specific experts as needed.
 5. **Term length:** Term lengths for AAC members should be long enough to allow for proper orientation to the Partnership/AAC charge, but short enough to ensure that busy advocacy

experts would be willing to commit to service. Most suggested a term length of two to three years with the possibility of extension. Some identified the need for a mechanism for replacing AAC members should a member not participate as stipulated in the ToRs.

6. **Continuity:** Several informants suggested that at least one or two AAC members continue to serve on the AAC through its next iteration to provide continuity and that, going forward, terms be staggered for this purpose.
7. **Leadership:** Although most informants did not have strong feelings about the leadership model for the AAC (i.e., co-chairs vs. chair and vice chair), they said it is important to be clear about the expectations to ensure that the AAC selects a leader(s) willing to assume the responsibilities associated with the role. An alternate proposed model involves an organizational representative (e.g., the Secretariat) who would serve as chairperson and one or two AAC member(s) who would represent the group at Board meetings.

Recommended Next Steps: Several informants suggested that a small taskforce comprised of 2 to 3 Coordinating Board members and representation from the Secretariat (e.g., Executive Secretary) work together to revise the AAC ToRs and plan for the next iteration of the AAC, including the identification and selection of members. Therefore, as an immediate next step, we recommend that such a group be charged with reviewing the full report of evaluation findings and considering an accompanying list of key planning questions. The taskforce could then present its recommendations and seek endorsement at the first Executive Committee meeting following the 2011 Coordinating Board meeting in Washington, D.C.

The Stop TB Partnership Advocacy Advisory Committee Evaluation Report

I. Background and methodology:

In 2008, The Coordinating Board of the Stop TB Partnership disbanded the ACSM Working Group and formed the Advocacy Advisory Committee (AAC) to advise the Secretariat and Board on global advocacy. Per the Terms of Reference (ToRs), an evaluation of the AAC was to be completed in time for the Autumn 2010 Board meeting (See Appendix A for ToRs). The evaluation was intended to review the degree to which the AAC is proving to be a useful addition to the Partnership and to assess the extent to which the AAC:

1. Contributed to increased resources for the Global Plan
2. Has been efficient and functional in implementation
3. Facilitated engagement of the broader TB community.

The current AAC members agreed to serve an initial trial period beginning in February of 2009 through the completion of the evaluation. In November 2010, the Secretariat engaged the services of Hope Kenefick, MSW, PhD and Dawn Baxter, MBA to evaluate the AAC and to make recommendations for improving the mechanism by which the Stop TB Partnership Coordinating Secretariat and Board receive advice on global advocacy.

The consultants created an interview guide to examine the extent to which the AAC has achieved its three objectives; to assess the challenges involved in its objectives; and to understand how the mechanism could be improved. In total, the consultants interviewed 15 key informants¹, including AAC members and external stakeholders (i.e., representatives from the Coordinating Board, Secretariat, Advocacy Network, and a donor organization). The interviews were conducted by telephone and averaged 60 minutes in length. The evaluators identified common themes (i.e., perspectives shared by the majority of interview participants) and divergent findings (i.e., issues about which the group was divided). This report provides major findings and recommends next steps.

II. Evaluation findings:

A. The Extent to which AAC objectives were achieved

Objective 1. The AAC's contributions to increased resources for the Global Plan

Evaluating the extent to which the AAC met this objective was difficult for most interview participants, particularly those external to the AAC. Participants explained that there is no mechanism for tracking or metrics for measuring the extent to which AAC recommendations led to an increase in resources. Most

¹ Due to language issues, one interview participant opted to provide responses to the interview questions in writing with the assistance of an interpreter.

assumed the AAC has had little or no impact on overall resource mobilization for the Global Plan. However, several AAC members described the group's recommendations to hold the next Coordinating Board meeting in Washington, D.C. and to hire a D.C.-based advocacy resource as accomplishments that could help to protect from significant reductions in TB resources from the largest bilateral funder of TB and the Global Fund, at a time when development funds are at risk.

Objective 2. The extent to which the AAC was efficient and functional in implementation

Interview participants were asked to assess the extent to which the AAC had complied with the ToRs, including regular communications (e.g., conference calls, emails, and yearly in-person meetings) to: (1) Develop a set of annual advocacy recommendations for the Secretariat and Coordinating Board; (2) Advise on the preparation of an annual meeting of the Advocacy Network; and (3) Advise on tools to engage advocacy partners and facilitate information flow to/within the advocacy community. The AAC members interviewed reported that most of their colleagues participated in the scheduled conference calls and attended an annual meeting. Most interview participants were aware that the annual meeting of the AAC took place in Berlin in November 2010. However, most non-AAC members interviewed were unable to provide further insight about the group's success related to this objective. The AAC members described the success of the Berlin meeting as two-fold. First, the AAC reached consensus on a set of advocacy recommendations which were sent to the chair of the Coordinating Board. Second, as the meeting was held in tandem with the annual Advocacy Network meeting, AAC members were able to meet with advocacy partners from around the globe, to facilitate a fruitful discussion about advocacy issues, and to provide guidance to Advocacy Network members. The successful planning and execution of the meeting and its outcomes were the major indicators of success with regard to this objective.

Objective 3. The extent to which the AAC facilitated engagement of the broader TB advocacy community

The non-AAC members among the interview participants had little to report about the AAC's success in facilitating engagement of the broader TB advocacy community. Some of the AAC members interviewed pointed to the recommendations made in the AAC's November 29, 2010 letter to the Coordinating Board Chair as evidence of their work on this objective. In the letter, the group offered recommendations related to coordination among advocacy partners, enhancement of country-level advocacy and better coordination of regional advocacy, and advocacy partner mapping (i.e., understanding where the partners are, who they influence, what their priorities are, and the type of advocacy in which they are engaged).

Although most of the AAC members interviewed believe the November meeting in Berlin was of value to the advocates in attendance, several also noted that an in-person meeting once a year is not sufficient to truly engage a network of advocates from around the globe. Some described the Secretariat's attempts to engage advocacy partners in conference calls as commendable, but said that broad participation in the calls was hampered by time zone differences. Further, the lack of clear advocacy messages about TB and action steps for advocacy partners to take in their own countries were identified

as on-going challenges. Some AAC members recalled recommendations to the Secretariat to designate regional “point people” to coordinate partners regionally. However, concerns about creating hierarchy within the Advocacy Network, elevating the status of some partners over others, kept the AAC recommendation from moving forward.

Several participants noted that the AAC, as a volunteer advisory committee, does not have time to fully engage the Advocacy Network. To truly engage the Advocacy Network will require additional staffing within the Secretariat and an organized approach (e.g., regionally) to working with advocates around the world.

Some suggested that the appropriate role for the AAC is to advise on global messaging and advocacy strategies that can then serve as a blueprint for advocacy at the country level, but not necessarily to advise on country-specific advocacy.

Has the AAC been successful in achieving its objectives?

Although AAC members were able to point to specific examples of their work that met expectations for the group as articulated in the ToRs, most expressed disappointment that the AAC had been unable to accomplish more since the group’s inception. None of the AAC members interviewed felt the goal of increased resources for the Global Plan had yet come to fruition. Most felt that only modest strides have been made toward engaging the broader TB advocacy community. Most of the non-AAC representatives interviewed were unable to describe the AAC’s progress in relation to the three objectives. In general, the AAC’s success in achieving its objectives was limited.

B. Challenges related to the AAC’s limited success

The interview participants described several issues that they believe hindered the AAC’s ability to meet its objectives and called for a refined scope for the AAC, clear priorities for resource mobilization, clear vision to inform bolder messaging, improved communications mechanisms with the Board, and increased staffing within the Secretariat.

All informants agreed that the role of the AAC is advisory in nature and that the group is not charged with the implementation of advocacy strategies. In recognition of the volunteer nature of AAC participation, many felt that the AAC’s charge should be targeted at providing high-level guidance on advocacy and communications strategies aimed at mobilizing resources for the Global Plan. Although the 2010 Advocacy Network meeting in Berlin was described as successful, several informants explained that sustained engagement of advocacy partners requires a great deal of work and that a volunteer advisory committee like the AAC does not have time to carry out the task. Some also acknowledged that the skills involved in mobilizing the Advocacy Network and the skills necessary to provide high level advice on advocacy and communications strategies for the purpose of resource mobilization are not the same.

One interview participant external to the AAC noted that *“One does not do advocacy for the sake of advocacy”* and went on to explain that the development of effective TB advocacy strategies and messaging depends upon the needs to be addressed. This idea was expressed by several interview participants who explained that the AAC could be more effective in delivering strategic guidance on advocacy and communications if the Partnership’s priorities for resource mobilization were clear. While some interviewees called for a multi-year plan for advocacy that would describe the strategies and tactics (e.g., branding, ambassadors) to be employed, most recognize that the establishment of priorities is necessary before such a plan can be developed.

Although the working groups have a vested interest in advocacy and play a crucial role in advancing issue-specific advocacy, several interview participants described past attempts to coordinate the work of the AAC and the working groups as too time intensive and, ultimately, unsuccessful. Several participants explained that the appropriate role for the AAC is to advise on a *“framework”* or *“blue print”* for advocacy, including key messages and recommended tactics to address priorities and reach funding targets. The framework/blueprint would serve as a guide for the Partnership and its working groups regarding advocacy and communications.

The majority of interview participants explained that agreement about what the Stop TB Partnership ultimately wants to achieve is critical to developing effective messages and strategies that will compel donors to commit resources to the cause. Some added that the Partnership’s messaging should be both clear (i.e., easily understood) and bold (i.e., ambitious and compelling). Although some participants described an on-going debate about possible messaging, the interviews did not yield a consistent recommendation about what the message should be.

Although most interview participants believe that the AAC should advise both the Secretariat and the Board, several described how difficult it can be to get time on Board meeting agendas. For example, some AAC members described their disappointment when a scheduled agenda item (i.e., discussion of strategies for increasing coordination in pursuit of EU resources) was deferred. Despite the shared interest in advocacy among the AAC and Board members interviewed, it seems that Board meeting agendas have not been an effective way to ensure communication between the two. Some proposed that written communications, much like the letter the AAC submitted to the Board Chairman following the Berlin 2010 meeting, could be an effective option for presenting advocacy recommendations to the Board. Nearly all informants reported that no formal mechanism exists for the AAC to provide feedback on advocacy issues when they arise within the context of a Board meeting. Some suggested that the Board Chair may want to increasingly solicit input from AAC leadership.

While most AAC members feel it is important for the Board to hear from the AAC, they interpret the difficulty in getting time on a Board meeting agenda as a sign that advocacy is a low priority. However, the Board members interviewed described advocacy as critical to resource mobilization and expressed an eagerness to improve the Partnership’s use of advocacy strategies to this end.

Several interview participants concluded that, even if the challenges above were adequately addressed, successful implementation of advocacy and communications strategies will require more resources than are currently available. Some described the role of the Secretariat in coordinating implementation of such strategies and tactics as resource-intensive and called for an additional full-time staff person with experience in advocacy and communications to increase the capacity of the Secretariat to fulfill its role.

C. Recommended changes to the AAC and ToRs

In its November 2010 letter to the Board Chairman, the AAC recommended that “*the role of global advocacy by the AAC and the Partnership focus on resource mobilization to cover the costs outlined in the Global Plan to Stop TB 2011-2015.*” The evaluation findings also support such a recommendation. However, a number of changes are needed to both the AAC and its ToRs to ensure that the Partnership receives the highest level strategic guidance possible regarding development and implementation of advocacy strategies and tactics that will mobilize resources to support the Global Plan.

Nearly all informants agreed that changes are needed in the **composition of the AAC** and that the group should consist of members with a proven track record in using advocacy and communications strategies to mobilize resources. The vast majority described the TB community as “*behind the times*” as it relates to advocacy. The “*insular*” nature of TB advocacy, with “*the same people having the same conversations year after year*” was described as non-productive by interview participants. Several pointed to the successes of HIV/AIDS and malaria advocates in securing resources, fostering support, and creating awareness. The majority of interview participants feel it will be critical to engage advocacy experts in the AAC who are from outside the TB community who will bring new and innovative ideas that have proven successful in relation to other health issues.

Securing experienced advisors from outside the TB world to serve on the AAC will necessitate changes in the **selection criteria and process** so that it is possible to identify and invite the most qualified candidates. Some described the current selection criteria for AAC members (i.e., gender and geography) as politically correct, but not particularly effective for achieving AAC objectives. For others, geography was described as relevant, particularly because AAC members should understand how to mobilize resources from donor organizations around the world and from the major and potential donor countries (e.g., U.S., E.U., Canada, BRICS). Selection rather than election was identified as the best way to form the AAC. As one informant explained, “*Elections are typically popularity contests.*” Several others echoed the sentiment. Informants suggested that a small taskforce (e.g., two or three Board members and Executive Secretary) redraft the ToRs, identify candidates, and select and invite the most qualified candidates, perhaps with the help of a consultant.

Interviewees were asked to consider where there are potential **conflicts of interest** that should be considered in selecting AAC members. Some recognized that a member could offer advice to the Board and Secretariat that is influenced by the priorities of the member’s home organization. However, most did not feel that conflicts of interest are a significant problem for the AAC. And, with the majority of the members coming from outside the TB community, the risk of such conflicts would be further diminished.

Engaging “outside” experts who do not necessarily have a vested interest in TB will require that the role of members be both clear and feasible for a volunteer to perform. Informants agreed that it is important for the ToRs to specify what is required of AAC members, as well as the **roles and responsibilities** of the Secretariat and Board in relation to an advisory committee like the AAC.

Most informants recommended that the **size** of a group like the AAC should be large enough to ensure adequate input even if some members are absent, but small enough to avoid logistical and cost issues related to scheduling and travel for a large group. Specific recommendations ranged between five and nine members. Some suggested that a small core group could be supplemented on occasion by calling upon issue-specific experts as needed.

A **term length** of two to three years with a possible extension period was recommended by several interview participants. Such a term length would allow sufficient time for proper orientation to the Partnership and the charge of AAC, but was thought to be short enough to ensure that busy advocacy experts would be willing to commit to service. Some identified the need for a mechanism for replacing AAC members who do not participate as stipulated in the ToRs (e.g., poor attendance in calls/meetings). To maximize participation, some advised that conference calls should take place every four to six weeks and the number of face-to-face meetings should be limited (e.g., one per year or every other year). The trial period for which AAC members initially agreed to serve ends with the completion of this evaluation. Although the timing provides an opportunity to establish new membership, several informants suggested that at least one or two representatives from the current group who meet the new criteria continue to serve on the AAC to provide **continuity** and that, going forward, terms be staggered for this purpose.

Most informants did not have strong feelings about the **leadership model** for the AAC (i.e., co-chairs vs. chair and vice chair). Rather than prescribing a model, some said it is more important to be clear about the expectations for leaders to ensure that the AAC selects a leader(s) willing to assume the responsibilities associated with the role. A few participants described other advisory groups in which they are involved and one interviewee described a model that could work for the AAC. In that model, an organizational representative serves as the convener or chairperson for the advisory group and one or two members attend outside meetings as needed. In the case of the AAC, the Secretariat would serve as convener/chair and one or two AAC members would be group representatives to the Board.

III. Conclusions and recommended next steps:

The evaluators conclude that the AAC had only very limited success in reaching the objectives as described in the ToRs, largely due to the challenges outlined in Section IIB. The findings suggest that modifications to the AAC composition and its ToRs are necessary next steps to ensure that the Stop TB Partnership receives the strategic guidance about advocacy and communications it needs. Based on the detailed recommendations provided by interview participants, the evaluators created a set of key planning questions (see Appendix B) designed to aid in the revision of the ToRs and modification of the

AAC. We recommend that a small taskforce comprised of two to three Coordinating Board members and representation from the Secretariat (e.g., Executive Secretary) use the evaluation findings to develop recommendations related to the key questions and that these recommendations be presented for endorsement at the first Executive Committee meeting following the 2011 Board meeting in Washington, D.C.



**ADVOCACY ADVISORY COMMITTEE
to the Coordinating Board of the
STOP TB PARTNERSHIP**

TERMS OF REFERENCE

Background

The Stop TB Partnership was established in the year 2001 and is hosted by the World Health Organization in Geneva, Switzerland. It consists of more than 700 international organizations, countries, donors from the public and private sectors, and nongovernmental and governmental organizations that are working together to eliminate TB. The Partnership's Global Plan to Stop TB (2006-2015) sets a roadmap for halving TB prevalence and deaths by 2015, compared with 1990 levels.

The McKinsey external evaluation of the Stop TB Partnership recently recommended strengthening and expansion of the Partnership Secretariat staff to take on more of the advocacy work and coordination than was possible previously. The McKinsey evaluation also recommended that the Coordinating Board reconsider the need, role and function of the Advocacy, Communications and Social Mobilization Working Group (ACSM-WG).

At its meeting in October 2008, the Coordinating Board of the Partnership decided to disband the ACSM-WG, moving the Country-Level Sub-Group to be the ACSM Sub-Group of the DOTS Expansion Working Group, and replacing the Global Advocacy Sub-Group with a committee directly advising the Board and secretariat to be known as the Advocacy Advisory Committee.

The full decision of the Coordinating Board is appended to these Terms of Reference and form part of them.

Advocacy Advisory Committee

With the intention of strengthening and clarifying advocacy activity at the heart of the Partnership, the Committee's role will be both to advise the Board and Secretariat on advocacy strategies and to help the Partnership encourage and engage the broad network of advocacy-active Partners and Working Groups.

The Advisory Committee will also provide guidance on building and strengthening the Advocacy Network. The Advocacy Network will be a way to engage partners and the route for sharing advocacy information and initiatives across the Partnership. Additional to the frequent electronic contact by emails and phone, there will be an annual meeting of interested partners of the network on a yearly basis.

Proposed structure, role and functions of the Advocacy Advisory Committee and of the Advocacy Network

- The **Advocacy Advisory Committee** will be composed of approximately 6 to 7 members who bring a wide range of advocacy skills, experience, and expertise, either from within or from beyond the TB community. All Partners will be invited to recommend individuals who

might serve on the Committee. Final selection will be made by the Executive Committee of the Coordinating Board with a view to achieving a balance of skills, gender and geographical representation.

- The Committee will provide advice to the Coordinating Board and the Secretariat on Advocacy strategies and issues including progress on resource mobilization for the Global Plan. This will include advice on annual advocacy plans as well as strategies around specific issues or events.
- The Committee will assist the Secretariat and the Partnership in engaging the broader advocacy community. This will include advice on annual meetings of the Advocacy Network as well as help with disseminating information and enlarging the network.
- The **Advocacy Advisory Committee** will meet the Secretariat once or twice per year and be available for periodic conference calls or email exchanges in order to:
 - Advise on the preparation of a draft annual advocacy strategy for the Secretariat to be presented to the Board for approval;
 - Advise and input on the resource mobilization strategies for the Global Plan to Stop TB;
 - Advise on the preparation of an annual meeting of the Advocacy Network¹ where participation will be encouraged by the broader network of advocates, Working Groups and Partners from both the north and south;
 - Review, comment and advise on the development and use of tools for information flow between, and engagement of, advocacy partners.

Areas of expertise sought in potential members of the Advocacy Advisory Committee:

1. Extensive experience in Policy and Coalition Advocacy and Resource Mobilization
2. In-depth knowledge of influencing policy and practice
3. Formulating Communication Campaigns
4. Strategic Planning

It is hoped to recruit members who between them have experience of advocacy in several regions of the world and offer a range of advocacy-related skills.

Length of Term

- A review of the degree to which the Advocacy Advisory Committee is proving to be a useful addition to the Partnership will take place during the autumn meeting of the Coordinating Board in 2010. It will be assessed on the degree to which it has:
 1. Contributed to increased resources for the Global Plan
 2. Been efficient and functional in implementation
 3. Facilitated engagement of the broader TB advocacy community

Thus the members of the Advocacy Advisory Committee will serve an initial trial period to be reviewed in 2010 and would thereafter be appointed for terms of two years. At that time, a

¹ The Advocacy Network will meet once a year and provide the means for partners to coalesce around activities such as: Determining and Implementing a Calendar of priority events; participating in innovative ways of communication such as "Open-Mic" sessions (providing partners the opportunity to set the agenda of discussions), use and improvement of the Centre for Resource Mobilization website; contribute to the development of training courses on Political Advocacy for National TB Programmes and other partners.

system will be agreed between the secretariat and the committee for members departures to be staggered in order to ensure rationalization and preservation of institutional memory in the committee.

Selection procedure

1. All Partners will be invited to make nominations
2. All nominations received by the deadline will be reviewed by the Secretariat and Executive Committee of the Coordinating Board for relevant expertise, experience, gender and geographical representation.
3. The Executive Committee of the Coordinating Board will then make the final decision as to which candidates are invited to join the Advocacy Advisory Committee.

Proposed timeline and process

1. Call for nominations 05 December 2008
2. Nominations shall be made by any Partner sending in a c.v. of the person concerned, together with a cover letter explaining the particular suitability of the candidate.
3. Deadline for submitting nominations to the Secretariat: **09 January 2009**
4. Selection Committee to vote by: Executive Committee Conference call (in February)
5. First Advocacy Advisory Committee meeting: March 20, 2009

Decision by the Stop TB Partnership Coordinating Board, 29 October 2008
Stop TB Partnership
Advocacy Advisory Committee

The McKinsey external evaluation of the Stop TB Partnership recommended a restructuring of the Partnership bodies involved in global advocacy, including a strengthening and expansion of the partnership Secretariat staff to take on more of the advocacy work and coordination than was possible previously. At the same time, the McKinsey evaluation also recommended that the Coordinating Board reconsider the need, role and function of the existing Global advocacy component of the ACSM group.

In order to ensure that the Partnership engages as much of the advocacy community as possible and benefits from expert advocacy advice on an on-going basis as well as on specific issues, the Global Advocacy component of the ACSM working group will evolve into an Advocacy Advisory Committee to advise the Board and Secretariat on advocacy strategies and help the Partnership engage a broader network of advocacy partners.

1. The Advocacy Advisory Committee will consist of 6-7 advocacy experts. The broader advocacy community, members of the Coordinating Board and other interested partners will be invited to recommend individuals who could serve on this committee.
2. Final selection will be made by a subgroup of the Board with regard to achieving a balance of skills and geography.
3. The role of the Advisory committee will be primarily twofold:
 - **Provide advice to the Coordinating Board and the Secretariat on advocacy strategies and issues including progress on resource mobilization for the Global Plan.** This would include advice on annual advocacy plans as well as strategies around specific issues or events.
 - **Assist the Secretariat and the Partnership in engaging the broader advocacy community.** This would include advice on annual meetings of a larger advocacy network as well as help with disseminating information and enlarging the network.
4. The advisory committee would meet with the Secretariat once or twice per year and be available for periodic conference calls or email exchanges in order to:
 - Advise on the preparation of a draft annual advocacy strategy for the Secretariat to be presented to the Board for approval;
 - Advise on the preparation of an annual meeting of the advocacy leaders from the Working Groups and others from both the north and south;
 - Review, comment and advise on the development and use of tools for information flow between and engagement of advocacy partners.
5. One or more representatives of the Committee should also participate in Coordinating Board meetings to offer advice and input on advocacy strategies and issues. The Advisory Committee would not have a formal Board seat, however would play a critical and active role in advising the Board.
6. A review of this approach will be undertaken for the Spring 2010 Coordinating Board meeting (in about 18 months) and will be assessed on the basis of the degree to which this approach:
 - Contributed to increased resources for the Global Plan
 - Is efficient and functional in implementation
 - Facilitates the engagement of the broader advocacy community.

The current chair of the ASCM Working Group will be mandated to work with the Secretariat to facilitate the transition and the move towards the creation of the Advisory Committee.

The Stop TB Partnership Advocacy Advisory Committee Evaluation
Key Planning Questions

The questions below correspond to the evaluation findings detailed in *The Stop TB Advocacy Advisory Committee Evaluation Report*. As recommended in that report, the questions are intended for use by a small taskforce comprised of two to three Coordinating Board members and the Executive Secretary in developing recommendations to modify the Advocacy Advisory Committee (AAC) and its Terms of Reference (ToRs). Ideally, taskforce recommendations will be presented for endorsement at the first Executive Committee meeting following the 2011 Coordinating Board meeting in Washington, D.C.

<i>The evaluation findings suggest that...</i>	<i>Planning Questions</i>
The appropriate role and scope for the AAC should be to serve in an advisory capacity and to provide high level strategic guidance about advocacy and communications strategies for the purpose of resource mobilization to support the Global Plan.	Do you agree? If no, what is the appropriate role/scope for the group?
The size of the AAC should be between 5 and 9 members: large enough to ensure input if members miss a call and small enough to allow for ease of coordination and conservation of resources (i.e., resources for travel).	What is the ideal size for the AAC?
A majority of AAC members should come from outside the TB-specific community and have a proven track record in using advocacy strategies to mobilize resources for global health issues.	What are the specific criteria that should be used in selecting the most qualified candidates to serve on the AAC?
A <i>selection process</i> rather than an <i>election</i> should be used to appoint members to the AAC.	What is the ideal process for identifying and selecting the most qualified candidates to serve on the AAC?
Clarity is needed about the expectations of AAC members, as well as the Secretariat and Board in relation to an advisory committee like the AAC.	What are reasonable expectations for AAC members with regard to frequency of meetings and conference calls and specific tasks that members will be expected to perform in the role of advisors to the Secretariat and Board? What should the roles of the Secretariat and Board be in relation to the AAC to ensure the group has the information and support needed to fulfill its role?
A term length of two to three years with a possible extension period is ideal.	Do you agree? If no, what is the ideal term length for AAC members?
One to two representatives from the current group continue to serve on the AAC to provide continuity and that going forward terms should be staggered.	Who among the current members best meets the revised selection criteria and should be invited to serve another term on the AAC? How should terms be staggered to assure

	continuity in the future?
<i>The evaluation findings suggest that...</i>	<i>Planning Questions</i>
Clear expectations are needed regarding the roles/responsibilities of AAC leadership.	What are the leadership responsibilities that must be fulfilled for the AAC to be effective? Is there a model you believe to be ideal in ensuring these responsibilities are carried out?
The AAC could provide more effective and strategic guidance if it understood the vision for what the Partnership ultimately wants to achieve, as well as the Board’s and Secretariat’s priorities related to resource mobilization for the next few years.	What is the best mechanism for ensuring that the AAC is briefed on these items?
Communication with the Board is challenging given the number of items on a typical Board meeting agenda and the fact that there is no formal mechanism for the AAC to provide feedback on advocacy issues when they arise in the context of a Board meeting. Mechanisms for improving communication should be explored (e.g., annual letter from AAC to Board Chair).	What mechanisms would allow the AAC to provide guidance and feedback to the Board about advocacy issues?
For the Secretariat to catalyze, coordinate, and facilitate action throughout the Partnership on advocacy, key tasks (e.g., Coordination of the AAC, developing a framework/blue print for advocacy) will require increased resources and advocacy expertise within the Secretariat.	What are the staffing needs within the Secretariat to ensure such tasks are carried out successfully?