

Advocacy, Communication and Social Mobilization Working Group

Terms of Reference
July 2006

I. Mandate

The Experts' Consultation on Communication and Social Mobilization (Cancun, June 2003) as well as the Stop TB Advocacy and Communication Task Force (Johannesburg, September 2003) strongly recommended that a formal entity be established within the Stop TB Partnership to facilitate the development, implementation and evaluation of TB advocacy and communication interventions under the Global Plan to Stop TB 2006-2015. An external evaluation of the Stop TB Partnership conducted in mid-2003 similarly recommended that serious consideration be given to establishing such a body to better support the needs of the Stop TB Partnership. In response to these recommendations, the Stop TB Coordinating Board authorized the creation of an Advocacy, Communications and Social Mobilisation (ACSM) Working Group and it had its first meeting in January 2005.

II. Strategic Vision

To ensure TB free communities through the mobilization of economic, community and political resources, by promoting ACSM activities for TB control at global and national levels, particularly through the mobilization of an additional US\$31 billion for TB activity worldwide in the 2006-2015 period.

III. Objectives

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 mobilize social, support for TB control policies recommended by WHO, including the International Standards of Care, community care activities and the 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.
 - (9) The ACSM WG will be responsible for coalescing Stop TB Partnership activities around special events such as the Stop TB Coordinating Board meetings, Heads of State summits including G8 meetings, UNGASS meetings, regional meetings (particularly within Europe, Africa and South East Asia), the annual International Aids Society conference, World TB Day as well as significant launches around TB products.

IV. **Membership** The Stop TB Partnership Secretariat has assembled a roster of members of the Working Group drawn from a range of institutions, geographic areas and relevant disciplines based on the following criteria:

- Experience in implementing advocacy and/or communications
- Geographic representation
- Specialist expertise in relevant areas
- Balance of relevant disciplines
- Knowledge of TB and TB-related issues
- Representation of key Stop TB constituencies
- Commitment to actively participate in the Working Group

Membership will initially be open-ended. Members will be expected to play an active role in implementing activities and are encouraged to participate in one sub-group or Task Force at a time. New members may be proposed by existing members at any time.

V. **Roles, Responsibilities and Structure**

- The Working Group will be led by an independent Chair elected by members of the Working Group and endorsed by the Coordinating Board, who will occupy a seat on the Board. After the first year, the term of the Chair since April 2006 will be for two years at a time.
- There will be two sub-groups each of which may elect a vice-chair and create a Core Group to lead its activities. The term of the Vice Chairs will be a maximum of two years, the second term being voted upon by the sub-group.
- Initially two patient representatives will be elected as additional Vice Chairs with a term of two years.
- The Chair and Vice-Chairs will work together to ensure necessary coordination of action by the sub-groups and the Working Group as a whole
- Membership of the Working Group will be reviewed on an annual basis by the Core Groups.

The Working Group will initially comprise 60-65 members who have been actively involved with the ad hoc Advocacy and Communication Task Force, supplemented by additional members who may be nominated at any time and selected to add expertise, balance and new alliances. The members will be divided into the three above-mentioned sub-groups and may take part in Task Forces as required. The Working Group Secretariat will be placed in the

Stop TB Partnership Secretariat and will collaborate with ongoing Partnership initiatives and those of the host agency. All members of the Working Group will be allowed to vote unless there are several members from one partner agency, in which case only one member of the partner agency from each country will be allowed to vote.

The ACSM Working Group's strategic vision is to achieve TB-free communities through the following groups:

Core Groups

- Set priorities for action.
- Oversee the development of policies.
- Develop a strategic framework.
- Take responsibility for fund-raising to support advocacy activities of the group.
- Recommend for consideration agendas, policies, schedules and projects that the full WG can undertake.
- Create, monitor and disband Task Forces.
- Act as an advisory body to the Vice Chair(s)/Chair.
- Monitor the impact of the efforts of sub-group contribution to TB control.
- Ensure coordination of advocacy for resource mobilization with other Working Groups of the partnership.

Global Advocacy for Resource Mobilization Sub-Group

In coordination with the Stop TB Partnership Secretariat and associated initiatives:

- Create the political accountability and social pressure required to shape policy agendas particularly in new donor and high burden countries.
- Use the Resource Mobilization strategy, approved by the Stop TB Partnership Coordinating Board, to identify key resource mobilization targets particularly in new donor and high burden countries.
- Prioritize key resource mobilization targets to approach in order to help to mobilize US\$31 billion from 2006 to 2015 for TB control and new tool development; and track resource commitments.

Country-level ACSM Sub-Group

- Establish and fund evidence-based and innovative country- and community-driven ACSM activities to effect sustainable societal and behavioural change at the national, sub-national and individual level, aimed at ensuring access to treatment and care for all, particularly the poor, vulnerable and hard-to-reach populations.
- Ensure that ACSM is included in national programme activities and reviews.
- Disseminate evidence on good practices and lessons learned, and suggest modification of the ACSM strategy and activities when necessary.
- Commission reviews to measure progress towards building ACSM capacity.

There is also a need, in line with the Global Plan to Stop TB, to strengthen national advocacy and build capacity of national TB advocates in endemic and donor countries to:

- Network with other advocates within country.
- Improve political advocacy for increased resources for TB control.
- Take some responsibility for fund-raising to support national advocacy initiatives.
- Promote the Patient's Charter and the Call to Stop TB.

Task Forces

Task Forces are intended as a flexible way for much of the work of the group to be undertaken. Some may be semi-permanent, but most are likely to be short-term or event oriented. Particular events, such as Heads of State, ministerial and other high level meetings may require the formation of a Task Force. The following either exist or are expected to be formed in the near future:

Media and e-information Task Force

- Produce media-friendly materials.
- Educate and engage the media in donor and endemic countries.
- Organize media events around key events.
- Use the influence of the media to build awareness and facilitate policy dialogue, provide a strong profile and voice for affected communities and for resource and social mobilization.
- Use the media for messaging aimed at behavioural and societal change.

Intelligence Gathering, Monitoring and Evaluation Task Force

- Assist the Core Group by undertaking background research to help identify and prioritise targets.
- Undertake or commission background research relating to priority targets.
- Define and evaluate the causal relationship between communication activities and increased service usage and treatment success.
- Help to define specific 'asks' for particular potential donors.
- In coordination with the Stop TB Partnership Secretariat, monitor progress and impact of Working Group activities on new and expanded sources of TB funding particularly in donor and high burden countries.

Other Task Forces likely to be created include country specific task forces for potential donor countries, European Commission, private sector, trusts and foundations, national advocacy, regional development institutions and others.

Associated initiatives and TB Ambassadors

There are a number of significant TB advocacy initiatives as well as nominated TB Ambassadors whose work needs to relate to and inform the work of the Working Group. While they are not formally a part of the Working Group they may be shown on the organigram to indicate contact and information flows.

Secretariat

The role of the Secretariat will be to:

- Serve as communication focal point for general and technical enquiries for the Working Group.
- Use the input of WG members to draft the workplan and budget for the Working Group.
- Organize annual meetings as required.
- Organize conference calls of the Core Groups, sub-groups and Task Forces as required and post notes for the record on the ACSM WG website in a timely manner.
- Follow up on action points.
- Ensure that the Stop TB Partnership and other Working Groups are regularly provided with information on ACSM activities.
- Maintain the ACSM website.
- Disseminate information on policies, decisions and guidelines as directed by WG Chair.
- Serve as liaison for technical assistance to members of the Working Groups.
- Prepare an information update including a calendar of related meetings and contribute to the Partnership Communiqué as appropriate.
- Coordinate the ACSM WG's contribution to larger Partnership mechanisms such as the Coordinating Board and the Partners Forum.
- Draft and submit proposals for financial support to the Stop TB Partnership Executive Secretary.
- Draft and submit reports on the use of Partnership funds to the Stop TB Executive Secretary.

VI. Operating Procedures

The Working Group as a whole will meet at least once every two years. Sub-group meetings may be planned each year. The draft agenda, list of participants, and other organizational aspects will be carried out by the Secretariat of the Working Group and endorsed by the Chair. The Chair will determine the meeting dates in coordination with the group members. Individual sub-groups may conduct conference calls on a regular basis to address specific issues as needed. In collaboration with the Secretariat, each sub-group will draft an annual workplan with clearly defined objectives, activities, products, budgets and outcomes.

VII. Reporting

The Chair is responsible for reporting to the Stop TB Partnership Coordinating Board and the Executive Secretary of the Stop TB Partnership Secretariat on issues relating to the Working Group as required.

VIII. Time Limitation

From time to time an independent review may be commissioned to determine the Working Group performance, Terms of Reference, organizational structure and other issues. As it is the intention to institutionalise ACSM activities into partner agencies as much as possible, the Working Group will be dissolved after a period of four years from date of acceptance of Terms of Reference unless otherwise reauthorized by the Working Group and the Stop TB Coordinating Board.