Best Practices for Advocacy

A Dozen Tactics, Tools & Strategies

Developed by action
Advocacy to Control TB Internationally

November 2007

This booklet is *not* a "how to" guide for doing advocacy.

It assumes that those reading it are already experienced in conducting advocacy campaigns and well-versed in writing effective news releases, targeting messages to different audiences and stimulating interest in one's cause.

This booklet aspires to document a few key discoveries made among a diverse group of partners working in seven different countries, advocating for control of the global tuberculosis epidemic.

We hope that even the most seasoned advocates will find a few "aha" moments while reading these pages, and that these moments will contribute to our common effort to help change government funding and policy priorities in order to bring about a more equitable, educated and healthy world.

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Introduction

Advocacy to Control Tuberculosis Internationally (ACTION) was designed to demonstrate that targeted advocacy in donor and high tuberculosis (TB) burden countries can help increase financial resources and overcome key policy constraints for the expansion of effective TB treatment.

ACTION was developed and implemented by a consortium of TB and advocacy organizations including RESULTS Educational Fund (REF) in the US, RESULTS Canada, RESULTS Japan, RESULTS UK, Global Health Advocates, ACTION India, Kenya AIDS NGOs Consortium (KANCO), Coalition for Healthy Indonesia (KuIS), the Stop TB Partnership (STP) and the World Health Organization (WHO)'s Stop TB Department (STB).

One critical part of the project's impact is serving as a platform for learning how to better influence political priorities and agendas on global health and development. Two and a half years into the project, ACTION team members have compiled some of the more innovative tools, tactics and strategies that this project has so far developed or helped refine. Twelve of these best practices are presented in this booklet.

The Global Tuberculosis Crisis

Approximately one-third of the world's population is infected with the TB bacterium and nearly nine million people become sick with TB every year. TB is the number one opportunistic infection for people who are HIV-positive and the leading infectious killer of people with AIDS – accounting for up to half of all AIDS deaths in some areas. While an effective, low-cost treatment strategy is available that can cure the disease, 1.6 million people continue to die each year from TB because they do not have access to effective diagnosis and treatment.

It is hoped that these best practices will provide a model for replication globally and usefully inform other advocacy initiatives aiming to increase political will to address TB and other vital global health issues. There is at least a $3 billion annual shortfall for TB control, with over half of that gap needing to be filled by endemic countries. In order to help mobilize these resources, the Global Plan to Stop TB calls for a continued scale-up of advocacy activities until, by 2010, "civil society TB advocacy organizations or coalitions will be functional in 20 donor countries and 40 endemic countries." We must continue to expand human resource capacity and replicate and coordinate advocacy efforts across countries to achieve these goals.

As advocates, we believe that advocacy can be one of the "best buys" for public and private donors; modest investments in advocacy initiatives, when well-conceptualized and effectively executed, can leverage much greater levels of public sector resources for global health. Indeed, we would advocate to foundations that they can make an even greater impact on global health by financing advocacy initiatives which shape policy priorities and leverage financial support from governments in both donor and endemic countries.

Types of Advocacy

What types of advocacy are most effective for mobilizing additional resources to control the global TB epidemic? At first glance, various advocacy strategies appear to be similar; most involve the use of the media, high profile individuals, advocacy materials and message development. On closer examination, a significant distinction can be made among strategies by their immediate audience: those which use *indirect* means to engage and inform public policy decision-making by initially attempting to shape social agendas and mobilize larger groups of influence, versus those which use *direct* means to personally engage and educate decision-makers.

The following matrix presents one way – but by no means the only possible way – of disaggregating different types of advocacy. As in the case of the ACTION project, most advocacy efforts manifest themselves in practice as part of a strategic advocacy mix, combining a variety of these types.

Differentiating Various Types of Advocacy by Their Immediate Audiences

Type	Immediate Audience	Tactics	Champions	Examples
Indirect				
Research advocacy	Opinion leaders	Politically relevant research Budget & policy analysis Opinion polls	Jeffrey Sachs	Commission on Macroeconomics of Health Global Plan to Stop TB
Coalition advocacy	Multipliers (i.e. bringing new partners or networks into the coalition)	Politically relevant research Budget & policy analysis Opinion polls		Global Health Council Stop TB Partnership Roll Back Malaria Partnership
Mass advocacy	Sustainers (fundamentally changing social opinions and priorities on an issue)	Internet activism Petitions Mass events Celebrities Electoral processes Cause-related marketing Popular media	Bono Youssou N'Dour Chaka Chaka Rahman	ONE Campaign Make Poverty History
Direct				
Bureaucratic advocacy	Policy enablers	Communiqués Declarations & pledges Targets	Mario Raviglione Jorge Sampaio Stephen Lewis	United Nations General Assembly Special Session on HIV/AIDS World Health Assembly
Protest advocacy	Political obstructers	Marches and demonstrations Boycotts Civil disobedience	Zackie Achmat	ACT-UP TAC
Legal advocacy	Courts	Class action suits & litigation		
Policy advocacy	Decision makers	Parliamentary / Congressional delegations Editorial board meetings Committee hearings Direct correspondence (e.g. phone calls, letters, etc.) Individual meetings	Winstone Zulu Lucy Chesire Bono Members of Parliament / Congress	ACTION Bread for the World Friends of the Global Fight

The ACTION project has largely relied on *direct* advocacy, both through ***policy advocacy*** (e.g. individual meetings, briefings, personal letters, etc. appealing to policymakers and their staff) and ***bureaucratic advocacy*** (e.g. strategically utilizing public sector officials from WHO, the Stop TB Partnership and the Global Fund to educate key policymakers). *Indirect* advocacy has also been utilized by the project, primarily in the form of ***research advocacy***, through the evidence and financial projections provided by the *Global Plan to Stop TB: 2006-2015*, data-gathering for annual baseline donor spending on TB, calculations of donor "fair shares" for TB spending and the preparation of reports on World Bank and the US President's Emergency Plan for AIDS Relief (PEPFAR) spending on TB.

In most of the ACTION donor countries, ***coalition advocacy*** for TB to date has built upon small existing coalitions or tapped into other pre-existing networks. By contrast, partners in all three ACTION endemic countries have needed to be proactive in building on existing or creating new coalitions engaged specifically and strategically in TB and Global Fund advocacy. This has represented one of the most important lessons learned by the ACTION project: where little advocacy capacity or relevant coalitions on one's issue exist, significant time, resources and energy must be allocated toward building a committed and strategically-focused, though not necessarily large, constituency.

Unlike AIDS or tobacco, for example, TB has yet to significantly benefit from direct ***protest advocacy*** or ***legal advocacy***, or more indirect forms of ***mass advocacy***. With a few exceptions, an appetite for protest advocacy has yet to materialize even among emerging TB patient communities. Finally, a popular celebrity of Bono or Richard Gere's stature has yet to embrace TB as their cause and encourage mass advocacy, but not for lack of attempts by a number of TB advocates to enlist celebrity champions over the past decade.[1]

One of the most valuable advocacy combinations for the ACTION project has been capitalizing on synergies between bureaucratic advocacy and policymaker advocacy. This "inside/outside" approach maximizes the use of conventional institutional channels to increase resources and heighten awareness. However, it recognizes that "inside" strategies alone are often insufficient in creating political will. Pressure from other parties is required to hold governments accountable for achieving results, as well as to "speak the truth" when other parts of the government are not contributing to or even hindering efforts. For an "inside/outside" approach to succeed, it is essential that activists have an appreciation of the institutional constraints of the bureaucratic partners with whom they are working. Conversely, it is necessary for bureaucratic partners to be proactive in providing their advocacy partners with useful support and timely information.

This matrix raises the question of whether other strategic advocacy mixes might be more effective for fighting TB in various countries. Arguably, policymaker advocacy might be even more effective if the "good cop" bureaucratic advocacy is coupled with "bad cop" protest advocacy. In the same way, the emergence of mass advocacy could greatly enhance direct policymaker advocacy efforts.

As the world's political and social forces are in continuous flux, the means for influencing them must constantly be reinvented. Those fighting for better health, equity and justice in our world must keep pace by investigating new generations of advocacy tactics and strategies. As the ACTION project moves forward - and as different advocacy types and tactics are applied to different audiences and countries - it intends to continue documenting the lessons it learns, as well as new and innovative best practices for advocacy. The following are some of what we believe to be the most interesting, effective and innovative tools and strategies that we have refined or developed to date.

[1] *Including Tina Turner, Tom Jones, Whoopie Goldberg, Val Kilmer, Nicole Kidman, Rachel Weisz and Leonardo DiCaprio.*

1. Building Networks in New Countries

It can be challenging to establish or build upon existing advocacy capacity for one's issue in a country where untapped or limited capacity presently exists. Traditional means of accomplishing this have included advertising for the necessary staff, initiating a tender process in which existing organizations bid to provide the services, contracting external consultants to deliver these services, or utilizing consultants to conduct training workshops to "retool" existing advocates.

The limitation of many of these approaches is that, while they often identify skilled and knowledgeable people, they risk overlooking other individuals with potentially great passion, energy and dedication for the issue. This is why the ACTION project has placed an emphasis on building in-country teams and networks through a three-step process of ***identifying core stakeholders, mentoring*** and ***building networks around "defining" issues and events.***

1. Identifying Core Stakeholders. At the start of the ACTION project, there were no active TB-specific political advocacy organizations in Kenya. Moreover, although several HIV/AIDS organizations and networks and some malaria partners were active on disease-specific issues, there was limited strategic coordination of efforts to address problems with Kenya's Global Fund grants for all three diseases.

The first step in building TB advocacy capacity in Kenya was to become familiar with the local civil society advocacy scene. ACTION team members and in-country partner and patient advocate Lucy Chesire conferred with trusted local allies as well as with external allies with knowledge and experience in Kenya to collect recommendations of groups and individuals to be considered as potential advocacy partners. ACTION also conducted web-based research on nearly 200 Kenya-based organizations with some experience in advocacy, including those involved in broader health, development, and social justice issues. ACTION then narrowed its list to 15 advocacy organizations that seemed particularly effective. Well-aware that what appears on an organization's website or publications does not necessarily reflect reality, the short list served as a starting point from which one-on-one meetings could be organized for the purpose of further exploring the reputations of different advocates and organizations in Kenya.

After this series of informal individual meetings, small "stakeholders forums" were organized with different constituencies for the stated purpose of discussing and defining a clear set of goals for TB advocacy in the country. Another purpose was for ACTION team members to observe during the course of the forums which individuals and organizations demonstrated potential for becoming core stakeholders. This talent-scouting eventually led to the identification of a partner organization, the Kenya AIDS NGOs Consortium (KANCO), and a team of committed individuals who were willing to take TB advocacy forward in Kenya.

2. Mentoring. In many international development initiatives, "training" has become nearly synonymous with "capacity building." The skills and instincts of effective advocacy, however, are best shared by working alongside other skilled advocates. This is not unlike how most of the world's most successful policymakers have learned more about their craft from working alongside talented colleagues and mentors, than from books, workshops or graduate programs.

Time consuming as it is, mentoring and joint strategy development and support in implementation has played an essential role in nurturing the development of new core stakeholders for the project. In the case of Kenya, four different ACTION team members spent a combined total of nearly two months in Kenya working alongside the new team housed at KANCO, complementing Lucy Chesire's ongoing, on the ground support, guidance and training.

3. Building Networks around "Defining" Issues and Events. An effective way to fuel the engagement of existing stakeholders or the emergence of a new organization or network is to identify one or two initial short- to medium-term goals that are clear, meaningful and achievable. These "defining" issues or events initially serve to rally involvement and support, and eventually - once achieved - help to solidify the network's identity.

This has proven essential for the emergence of a larger network of Kenyan stakeholders, the United Civil Society Coalition against AIDS, TB and Malaria (UCC-ATM). Hatched at a KANCO-convened meeting, the coalition has brought together representatives from approximately 20 civil society organizations who had not previously worked together in a coordinated, sustainable way to address and advance common interests.

Putting aside competition for limited resources and space in the advocacy agenda, members of the UCC-ATM began advocating with a unified voice for greater transparency and accountability in the government's handling of Global Fund grants for all three diseases. In particular, the signing and implementation of two Global Fund grants had been delayed by the government for well over a year. This provided the network with a defining and unifying issue around which to mobilize.

UCC-ATM activities and complementary ACTION project efforts, combined with efforts by the Global Fund secretariat and allies in the Kenyan government, resulted in the two Global Fund TB grants being signed within months of the UCC-ATM's emergence. The UCC-ATM is continuing to monitor these and other Global Fund grants for TB, as well as HIV/AIDS and malaria, to ensure the flow of resources to intended recipients, potentially helping address similar problems with other sources of donor funding and yielding benefits for all three diseases. The network is now also applying itself toward improving the structure and functioning of the Global Fund country coordinating mechanism (CCM) in Kenya. In addition, KANCO and other ACTION partners have engaged the coalition to work together to encourage the Kenyan government to declare a national TB emergency. During the Global Fund's 2006 Partners' Forum in South Africa, ACTION partners shared this model of collective advocacy with other country delegates.

Tips & Suggestions

1. In setting up operations in a new country, invest whatever time it takes to identify and cultivate a person or core group from that country to lead these efforts.
2. Have the team set a common, clear, simple and time-bounded goal from the onset.
3. Start with a small, committed set of partners, while eventually working to ensure inclusiveness and collaboration with a larger group of stakeholders.
4. Avoid duplication or competition with existing networks.
5. Maintain regular communications to support strategy developments and be prepared to react to new developments.
6. Identify focal points in each partner's organization, including one responsible for facilitating communication among the coalition.
7. One of the key elements of success in a new network is the sense that the initiative is owned by each member and not by one organization or person. This creates a shared sense of responsibility and commitment, as well as transparency.

In summary, establishing advocacy capacity in a new country or region requires significant investment in talent-scouting, mentoring and identifying meaningful, winnable objectives. The best advocacy plans and strategies are unlikely to succeed unless this is first accomplished.

2. Advocacy Planning Techniques

In *The Art of War*, Sun Tzu instructs that "if you know others and know yourself, you will not be imperiled in a hundred battles." He also observes that "the ability to gain victory by changing and adapting according to the opponent is called genius."

Yet, knowledge of one's team and network, and one's primary audience, is often taken for granted in advocacy planning. There is great temptation to focus advanced advocacy planning on ***tactics*** rather than on gaining a comprehensive, strategic understanding of the terrain and investing in political mapping of one's own advocacy ***capacity*** and advocacy ***targets***. Donors, who rightly want to document a causal relationship between their investment in an advocacy project and its intended impact, often expect to see a long-term battle plan at a project's onset. Much of the advanced project planning for ACTION, for example, initially focused on establishing measurable indicators for proven tactics, such as the number of media placements generated and meetings with policymakers.

As the ACTION project moved forward, however, it was evident that it needed to become more flexible to take advantage of unforeseen opportunities that could not have been anticipated in the project planning stages. To ensure team members remained focused on the end goal and would be opportunistic in finding the best means to achieve it, the project developed a long-term strategic planning template for each country to complete. ACTION project team members then participated in a lengthy process of hard-headed trouble shooting to further refine each other's country strategies.

In preparing to achieve specific advocacy objectives, effective advocates must "know" themselves, their allies and opposition, and the terrain upon which they will engage. Establishing process indicators and benchmarks is useful in focusing attention on proven tactics and strategies, yet insufficient for developing the political insight, instincts and flexibility required to achieve stated objectives.

Strategic Planning Template for Advocacy
(Donor Countries)

1. Funding sources. In donor countries, identify all potential sources for significant funding. Assess which are the most accessible "pots of money" and, given baseline spending, establish a resource mobilization target.
a. Initial funding baseline: b. Funding target:

2. Main decision makers. Identify the key <u>government</u> players directly involved in authorizing increases in funding. Which policymakers (and indeed, who among their staff) have the greatest influence over how that money is spent? What do you know about their agenda?

	Bilateral	Multilateral
Main decision makers		
Current allies/champions		
Current detractors		
Important influencers		
Key individuals to engage		

3. Key dates. Note all important dates relevant to these funding sources.

4. Obstacles & opportunities. Identify major political/social potential opportunities and obstacles relevant to influencing funding sources, e.g. emerging issues, social/cultural trends, political initiatives, events, etc.

5. Influencers. Identify all <u>non-government</u> individuals and organizations that can influence these policy making processes. Which will have the most influence on the behavior of the main decision makers?

	Existing contacts	New outreach
Advocacy partners		
Other businesses/agencies		
Experts/activists		
Media		

6. Strategic options. What potential tactical options does this assessment so far suggest? Describe in narrative potential advocacy strategies and/or various strategic options.

7. Capacity implications. Do you possess the right advocacy capacity and skills to rapidly adapt to identify and address new opportunities or constraints, based on this current assessment? Note any implications these strategies might have on your capacity (e.g. new skills, info required, training/budgetary implications, etc.).

3. International Leverage on Domestic Decisions

ACTION has found that there are two distinct advantages to operating in both donor and endemic countries: the discovery of new and creative advocacy synergies in approaching multilateral agencies and the ability to address donor assistance issues from both sides of the supply and demand chain. These synergies have not emerged by accident, but have been the result of weekly conference calls and interaction among the project's seven country teams and technical partners. Some of the synergies have included:

- ACTION country partners conduct simultaneous advocacy – delivering consistent messages – through their national networks, targeted at multiple World Bank senior staff and Executive Directors, Global Fund board members, as well as G8 sherpas.

- Following the release of a RESULTS International report criticizing the lack of adequate World Bank funding for TB in Africa, the Kenya team developed a sign-on letter for African NGOs which was sent to Ministers of Finance and top World Bank officials calling for increased World Bank support for TB in Africa.

- RESULTS Japan used the same report as an opportunity to mobilize 85 Diet members to send letters to former World Bank President Paul Wolfowitz calling on the World Bank to invest more in TB control globally and, particularly, in Africa.

- At the request of RESULTS Japan, RESULTS UK arranged for members of its Parliament to send letters to Diet members in Japan on the need for greater Japanese investment in TB control.

- RESULTS Canada worked with ACTION India and Global Health Advocates to organize an event to highlight the issues of TB and TB-HIV in India for the Indo-Canadian community in Toronto around the International AIDS Society Conference in August 2006.

Tips & Suggestions

1. To take optimum advantage of country-to-country advocacy opportunities, country teams need a history of close collaboration and information sharing.
2. Frequent sharing of information and strategies through weekly telephone conferences and bi-monthly email newsletters has helped stimulate synergies among country teams.
3. Throughout the year, representatives of ACTION country teams and technical partners find the opportunity – usually in conjunction with an important international conference – to meet together for collaborative strategic planning.

- When Lucy Chesire of the Kenya project visited the UK, she hand-delivered a personal letter to Tony Blair at 10 Downing Street and met with members of the UK Parliament and the Minister for International Development.

- RESULTS UK grassroots members wrote letters to DFID country offices in African high burden countries requesting an update on steps they had taken to respond to the declaration of a TB emergency in Africa a year earlier.

- Finding it difficult to interest Japanese media based in Tokyo in reporting on the Global Fund, the media relations teams of other ACTION project countries placed a special emphasis on reaching out to Japanese foreign correspondents based in their own countries.

These experiences can inform future TB advocacy efforts in donor and endemic countries, including less politically open countries. With more traditional advocacy tools such as media relations or public protest less viable, advocates in these countries can bring similar external forces to bear by being part of a global network which places a premium on close and strategic collaboration.

4. Decision Maker Visits to Endemic Countries

Congressional and Parliamentary delegations are typically organized to educate policymakers about international development issues by bringing them into the field to witness a situation first hand. The trips organized by the ACTION project have taken this strategy to a new level. Not only do the policymakers observe and learn about various issues surrounding the TB epidemic and its control, they become engaged in advocacy efforts within the country throughout and after the journey.

Take for example a trip to Kenya organized for a delegation of four UK Members of Parliament (MPs) in September 2005. The purpose of the visit was to educate MPs about the scale of the TB problem in Kenya and what was being done to address it. RESULTS UK designed a five-day itinerary, including site visits to a number of TB and TB-HIV programs. Participants were given opportunities to discuss issues in more detail directly with patients, health workers, NGOs and representatives from the UK Department for International Development (DFID) in Kenya and the Kenyan Ministry of Health.

Andrew George, Nick Herbert and John Barrett visiting one of the general wards in Kisii District Hospital in Kenya.

Unlike similar visits, the MPs participating in RESULTS UK's delegation not only learned about Kenya's TB situation in order to increase political will for TB upon returning to the UK, but also helped put TB higher up on the political agenda in Kenya to complement and further ACTION efforts in Kenya. Among the strategies employed:

- A visit to the Ministry of Health was arranged not only for the benefit and education of the MPs, but so the MPs could affirm to Ministry staff the importance of supporting the country's TB program.

- A news conference was organized in Nairobi near the conclusion of the trip and was attended by over 30 journalists. As respected outsiders, the MPs were able to speak more frankly about Kenya's TB crisis and generated several pieces of media.

- At a meeting with the head of DFID Kenya, it became clear that knowledge about the extent of the TB crisis in Kenya was limited among DFID's permanent staff. The MPs therefore used the opportunity to help bring DFID Kenya up to speed on the scale of the problem and challenges experienced by the National TB program.

Tips & Suggestions

1. Plan trips during breaks in the legislative schedule.
2. Identify one or more persons living in the country you intend to visit who you can hire to help organize hotels, translation, internal travel and other logistics. Conduct a pre-trip to confirm logistics if needed.
3. Assume in planning the site visit schedule that travel between locations will always take much longer than anticipated.
4. Tip the balance toward site visits whenever possible, and pre-brief those programs that you will be visiting.
5. Maintain control of site visits; those helping you may want you to see other things or have a different agenda!
6. Insist that all delegates participate in the full schedule whenever possible to avoid unnecessary disruptions.

Advocacy conducted in Kenya also encouraged the UK government to do more to address the global TB epidemic. While in Kenya, and since their return home, the MPs have accomplished the following:

- While in Nairobi, and toward the end of the trip, the MPs were linked by a telephone conference call to 60 grassroots advocates in the UK. The MPs shared their experiences and answered advocates' questions about the realities of TB and TB-HIV control in Kenya. The UK activists then took supporting action by writing to DFID country offices in Kenya and other high TB burden countries in Africa to request information about DFID's response to the TB emergency in their particular country.

Andrew George, MP, on RESULTS UK delegation to Kenya.

- Following the trip, the four MPs and RESULTS UK met with Hilary Benn, Secretary of State for International Development, to share their findings and to urge the Secretary of State to respond to the TB emergency in Africa.

- The trip to Kenya generated media coverage about TB in the MPs' local constituencies, re-emphasizing the importance of the issue to the MPs themselves and the voting public, and providing some positive reinforcement publicity for these new TB champions.

- These and other MPs engaged by RESULTS UK established the UK's first All-Party Parliamentary Group on Global Tuberculosis (APPG), tabled oral and written questions on TB and the Global Fund in Parliament, and organized a debate on "TB in the Developing World" in the House of Commons.

- For World TB Day in 2007, the APPG and RESULTS UK held an event and reception for over 60 key stakeholders to launch the APPG's "Scaling up the UK's response to the global TB epidemic: an Agenda for Action," highlighted in *The Lancet* World TB Day editorial.

- At the same time, RESULTS UK arranged for a delegation, including some members of the APPG, to visit India for World TB Day. A joint-meeting with Indian MPs helped catalyze the formation of an Indian Parliamentary Group on TB, to be supported by the Center for Sustainable Health and Development and ACTION India.

Before RESULTS UK's delegation trip to Kenya in 2005 had even concluded, Julie Morgan, MP expressed, "The whole experience has really brought home what people in Kenya lack and that TB is not a priority. Everyone we discussed TB with has always had it at the bottom of the list and we have to bring it into the discussion. I think there is a huge job to do in terms of raising TB as an issue at home and with DFID generally. The visit so far has just been so worthwhile in terms of making parliamentarians aware of what's happening here."

Julie Morgan, MP, on RESULTS UK delegation to Kenya.

5. Cultivating Champions

Partnering with and cultivating "TB Champions" is one of the ACTION project's core strategies. Unlike UNICEF's Goodwill Ambassadors, who serve primarily as celebrity spokespeople to increase public awareness about an important cause, TB Champions typically begin their involvement as little-known or previously unengaged individuals who have become passionate about focusing political attention on the global TB epidemic. These Champions have included charismatic and dedicated individuals from among the following areas:

- ***Patient Champions.*** Assuming the role of "policy agitators," these Patient Champions have often previously suffered from TB or have lost family members from the disease.
- ***Public Health Champions.*** Doctors, health workers and international experts who have recognized that the global TB epidemic is as much of a political challenge as it is a public health challenge.
- ***Policymaker Champions.*** Members of Congress, Parliaments and the Diet who have been convinced of the value of making global TB control one of their signature policy issues.

Lucy Chesire, Kenyan TB-HIV global advocate, with a Member of the Scottish Parliament.

- ***High Profile Champions.*** High-level government officials, political celebrities, and other notable figures can be particularly useful in generating media to draw attention to an issue for their colleagues and decision makers.

One of the most remarkable aspects of the ACTION project's TB Champion strategy has been its comprehensive approach to cultivating and strategically engaging these unique individuals in targeted advocacy efforts. For example:

1. Preparation. Through trial and error, project members have learned there is no shortcut for investing time in preparing potential Champions to communicate with the public, the media and policymakers. Nothing can be as frustrating for all parties as, after spending weeks of preparation on the logistics to bring someone from overseas and arrange their meetings, the Champion fails to persuasively deliver a powerful message during those meetings.

To increase the "pool" of TB Champions and assist the ACTION project with this preparation, Eli Lilly and Company agreed to sponsor a media skills training workshop at their headquarters in Indianapolis. Eleven emerging TB Champions participated in the two-day workshop, which was facilitated by two expert media trainers formerly with the BBC. Participants included a Vice Minister of Health, a high-ranking MP and several senior technical officials. The workshops included lectures, discussions and participatory exercises that covered all aspects of radio and television interview techniques and message development. Immediately following the workshop, many of the participants were put directly into action, utilizing their new skills in meetings arranged in Washington, DC and London with key policymakers, NGOs and the media.

TB Champions participating in a media skills training workshop sponsored by Eli Lilly and Company and ACTION.

2. Utilization. The visit of an authority from another country will provide many audiences with an interesting opportunity to gain new insight on an issue. The visit also provides country teams with a great opportunity to schedule a meeting with a known decision maker or the media. For example, after presenting one's case to G8 sherpas, the arrival of a TB Champion from another country provides the opportunity to schedule a follow-up visit.

Additionally, the project has found that the availability of a TB Champion from another country can open previously closed doors. For example, during TB-HIV activist Lucy Chesire's visit to Indonesia, KuIS, the project's Indonesia partner, organized a meeting with the National AIDS Commission, the National TB Program and visiting experts, resulting in the revitalization of a high-level, national TB-HIV Working Group. In Japan, leading TV networks and magazines had shown little interest in covering tuberculosis until they were introduced to Winstone Zulu of Zambia and his compelling personal story. The high profile that Winstone eventually achieved in the Japanese media led to an invitation to meet with former Prime Minister Shinzo Abe to discuss Japan's efforts to address the global TB epidemic.

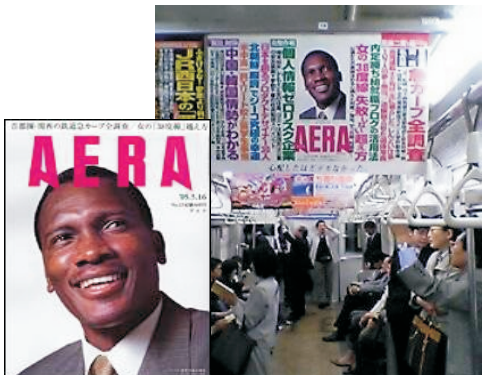
Whether a Champion visits a country for only a couple of days or for a couple of weeks, the challenge is always to prioritize the many potential opportunities for useful meetings and events. Competing opportunities will likely include:

- *Meetings with key parliamentarians/Members of Congress*
- *Meetings with government and agency officials*
- *Meetings with G8 sherpas*
- *Briefings with TV, radio and print media*
- *Meetings with other advocates and NGOs*
- *Special symposiums*
- *Multi-city, country-wide tours*
- *Fundraisers*
- *Presentations to university students*
- *Meetings to energize local groups and volunteers*

Tips & Suggestions

1. After their arrival - and after they get a good night's sleep - ample time should be spent with a Champion to be sure he or she is "on message" before conducting any meetings.
2. Be sure to provide a useful briefing for your Champion before each meeting as to the people, issues and dynamics they can anticipate.
3. Every effort should be made to ensure that all of the Champion's needs are anticipated and attended to during his or her visit.
4. Build "down time" into the Champion's schedule, knowing that their travel and the pace of your schedule in a foreign country will likely be exhausting. Make sure there is time for sight seeing, shopping and relaxing!

3. Reciprocal Support. Being a Champion road warrior usually means being away from important issues in one's own agency or country for a good amount of time. The ACTION project has proactively sought ways to ensure a two-way relationship between the Champion's own national interests and the countries he or she is visiting. For example, RESULTS Canada members and volunteers mobilized to help provide TB Champion Winstone Zulu's network in Zambia with desperately needed computers and internet access.



TB Champion Winstone Zulu of Zambia as featured on the cover of a popular weekly magazine in Japan.

Indian celebrity AR Rahman speaks about TB at a press conference during an anti-poverty concert in Delhi.

6. Positive Donor Publicity

Foreign aid agencies have their own advocacy challenges within the larger government bureaucracy. Policymakers frequently perceive foreign aid issues to be less relevant than domestic issues among voters. For example, it can be a more difficult task to justify increased spending to address the global TB epidemic when a donor country's own public health system is under-funded. As a result, in many political and other institutions that initially seem reluctant, one can usually find pockets of individuals who will hugely welcome the advocacy support.

On a number of occasions, the ACTION project has embraced this dynamic as an opportunity to leverage further funding for TB. For example, working closely with the Canadian International Development Agency (CIDA), RESULTS Canada provided the agency with an opportunity to showcase the value of its TB programs through the media. In a news conference on World TB Day, March 24, 2005, organized by RESULTS Canada in collaboration with CIDA, Stop TB Canada and STP, Aileen Carroll, the Minister of International Cooperation, was provided a platform to announce an additional CDN $38 million to fight the global TB epidemic.

For the media event, RESULTS Canada helped facilitate the attendance of a senior official from STP and further commended CIDA for its efforts in fighting TB. The speakers emphasized how CIDA's spending on TB was highly cost effective in terms of dollars per lives saved and how controlling TB overseas was relevant to efforts to control the disease in Canada.

A similar media event was organized for the launch of the *Global Plan to Stop TB: 2006-2015* in January 2006. By first securing the participation of Stephen Lewis, then UN Special Envoy for HIV/AIDS in Africa, and then approaching CIDA with an attitude of positive reinforcement, RESULTS Canada was able to secure the participation of CIDA's President, Robert Greenhill, in the media event.

Later in 2006, when CIDA's funding for TB came under threat during proposed budget cuts, RESULTS Canada was able to strategically mobilize a Canadian coalition of advocates and respond to prevent the planned cuts.

Tips & Suggestions

1. Always assume that there are people just as passionate about your issue as you are within apparently unresponsive government agencies, constrained by their position and unable to be vocal about their concerns.
2. Build credibility among donor agencies by going out of your way to give them credit in the media when credit is due.
3. Positive reinforcement should not take away from pressure to increase support to a specific issue. Careful nuancing is required to make sure that the final message encourages maintaining or increasing this support.
4. Care should be taken not to over-emphasize the generosity of any government on a specific issue, which can undermine harsher criticism required to prod the government on other fronts.

Press conference in which CIDA announced an additional CDN $38 million to fight the global TB epidemic, March 24, 2005.

7. G8 Sherpa Outreach

The G8 is by nature a moving target. Member countries take turns hosting Summits each year and are given considerable liberty in setting that year's Summit agenda. Advocates have traditionally had little or no opportunity to influence the development of G8 Summit agendas or the commitments encapsulated in the communiqué document. Remarkably, the G8 Summit hosted by Russia in 2006 saw a significant increase in the formal involvement of civil society. A series of civil society meetings, organized by the Russian Ministry of Foreign Affairs with private support, were held to draw input from more than 700 civil society delegates from around the world. President Vladimir Putin, as well as his G8 sherpa and sous-sherpa, participated in some of these meetings, listening and responding to recommendations proposed by civil society, including representatives from ACTION.

As the ACTION project is engaged in four of the G8 countries, it has been uniquely positioned to identify new ways to help promote issues on the G8 agenda. A few important dynamics are worth noting:

- **Sherpas are often generalists.** As such, sherpas (government officials who handle the preparations for G8 Summits) can value civil society members as a resource for information, guidance and advice as they draft specific communiqué language. Moreover, some sherpa offices often do not have good channels of communication with their own government departments. This can provide an opportunity for advocates to help them form linkages with other government departments on specific issues.

- **Sherpas are advocates.** The sherpas' task is often to push specific initiatives of importance to their governing political party. While they have their own political agendas, they can often be attracted to innovative ideas or initiatives on which their country can take the lead in order to make a mark at the Summit. Given the political nature of their role, sherpas are usually quite interested in learning what sherpas in the other G8 countries are planning, and value civil society networks as a source of this intelligence.

- **Information sharing and coordination are vital.** Cross-fertilization of intelligence between civil society networks in different countries can yield invaluable inside information, clarify the political landscape behind G8 negotiations and provide ideas for initiatives that sherpas can rally other country delegations behind. Cohesion in the messages and appeals being made by advocates in each country dramatically increases the chances that desired language will be incorporated in the final communiqué.

Tips & Suggestions

1. Don't wait until a month before the Summit to attempt to influence the G8. Many of the most important decisions are made as much as eight months in advance.
2. Increasingly, sherpas arrange large, open meetings to dialogue with civil society. While not bypassing these meetings, whenever possible, encourage sherpas to meet with you in a smaller meeting as well.
3. Regular, but not overbearing, communication with sherpa offices is critical to keeping sherpas' attention on a specific issue, and to ensure it figures prominently in negotiations leading up to the Summit.
4. Be sensitive to the level of confidentiality obtained from sherpa interactions. An intelligence leak could seriously compromise your relationship with a sherpa office, and yet many sherpa offices want information on where other governments stand on an issue, and your ability to provide this adds credibility.
5. Once a relationship is established with a sherpa office, don't be afraid to request to review a draft of the communiqué with them.
6. Following the Summit, write a letter expressing your reaction to the final communiqué and stating your intention to work with the sherpa again leading up to the next summit, keeping channels open for future cooperation.

- **Take a long-term view.** The G8 is frequently called a "talk shop" since its most notable output is communiqué language and rarely measurable targets or financial pledges. Nevertheless, this "language" can still be very significant in establishing important long-term global agendas. For example, at the 2000 G8 Summit in Okinawa, AIDS, TB and malaria were addressed as a top priority for the first time. Yet, with the subsequent creation of the Global Fund, it took at least five years for the impact of those deliberations to begin to be significantly felt among communities living with or at risk of these diseases.

8. Fair Share Info Gathering Process

Increasingly, global health advocates have sought to publicize the "fair share" contribution each donor government should provide toward financing a response to a particular disease. In doing so, they have required four sets of information:

1. What is the current baseline spending by each donor?
2. What is the annual total resource need globally?
3. What is the most reasonable equation for dividing this need among donors?
4. What is the resource gap for each donor?

The first calculation – establishing current baseline spending by donors – has proven to be the most problematic to obtain, yet the most essential. If advocates are unable to establish a baseline, their calls for "doubling" it may as well be shouts into the wind.

Typically, many donor agencies lump health spending together into general categories, making it difficult to disaggregate expenditures by specific diseases or interventions. For example, the UK does not publicly disaggregate its funding for TB, as it is mostly given as country budget support and left for the recipient country to decide how it is to be spent.

The ACTION project has come to view the hard work of obtaining baseline figures as an opportunity rather than as a constraint for several reasons. It has discovered that the ***process*** of securing these numbers can be just as useful of an advocacy tool as ultimately establishing credible fair share numbers.

- By investigating the process of how funding is allocated and approved, one can learn more about who ultimately makes decisions within a donor agency and how to better strategize to leverage more resources.

Tips & Suggestions

1. Don't be deterred by challenges faced in obtaining data. Make use of new opportunities that continue to arise that highlight the importance of obtaining the requested information.
2. Be aware of new laws that may make retrieving information easier (e.g. the new UK Freedom of Information Act).
3. When working on fair shares, share methodologies with other health advocates in your country and try to build a country-wide consensus. This will help build greater support for advocacy tools when they are produced.
4. Make the exact calculations used for determining fair shares publicly available, either on the report card or accompanying document itself, or via a link to your website.

- Merely asking for the data about TB results in donor governments taking note of the disease.

- In the US, ACTION engaged Members of Congress to make formal requests for TB spending data. Getting Members to take this action helped turn them into allies/champions on the issue and informed them of the often non-transparent and unaccountable nature of development funding.

Example of Calculations of "Fair Share" Numbers

Donor Countries Fair Share of the Global TB Need *(all amounts are in US$ millions)*

			Annual Funding Target (FY06 thru FY07)		
Country	**Funding Baseline (FY03/04)**	**Fair Share of Global need (%)**	**R&D**	**DOTS Expansion, DOTS-Plus, TB/HIV**	***Total Annual Funding Target***
Canada	34.34	2.82	28.2	42.3	**71**
Japan	26.56	14.81	148	222	**370**
UK	30.37	6.29	63	94	**157**
US	163.73	37.90	379	569	**948**
Total	*255.00*	*61.82*	*618*	*927*	***1546***

The Global Fund to Fight AIDS, TB and Malaria

DONOR REPORT CARD

Meeting the MDG for AIDS, TB and Malaria

The Global Fund (GF) estimates that in order to reach universal access to HIV/AIDS prevention, treatment and care by 2010 and achieve the MDG for AIDS, TB and malaria by 2015, it will need up to US$11 billion per year by 2010 - over a five-fold increase from current spending. This assumes a steady scaling up of resources starting with US$3 billion in 2006, US$5 billion in 2007 and US$7, 9 and 11 billion for 2008, 2009 and 2010 respectively. US$ 11 billion is the GF's share of the total annual resource needs of US$23 billion for HIV/AIDS, US$4.5 billion for TB and US$3.7 billion for malaria by 2010. Significant scale-up in GF resources will need to be financed primarily by donor countries. This report card grades major donor countries based on their current pledges for 2006 and 2007 compared tp their corresponding fair hares.

Although the G8 has pledged its full support for the Global Fund in recent years, G8 countries continue to short-change this critically important funding mechanism, threatening the lives of millions who depend on it.

	2006	2007	
CANADA	A	C	Canada's move to frontload its full 2006 and 2007 pledge in 2006 is helping to fill critical gaps for the GF; however, to reach its fair share and earn an A grade in 2007, Canada will need to pledge an additional CDN$60 million (~US$53 million).
FRANCE	A+	A+	France is the only G8 country to pledge more than its fair share for both 2006 and 2007.
GERMANY	F	F	Germany receives failing grades for pledging a mere 46% of its fair share for 2006 and 37% for 2007.
ITALY	N	N	Despite pledging more than its fair share for 2006 and almost 100% for 2007, Italy earns an N for its distinction as the only G8 country to default on its 2005 pledge. Italy has yet to contribute US$25 million to fulfill its pledge for 2005.
JAPAN	F	F	Although Japan is the world's second largest economy, it has failed to demonstrate leadership concerning the GF. Japan pledged only 39% of its fair share for 2006 and 0% so far for 2007, and has yet to fulfill its US$500 million pledge made in 2005.
UK	C	C	While the UK took a key leadership role in 2005 by moving US$70 million from its 2006 pledge to cover the gap for Round 5, this leaves the UK's pledges for 2006 and 2007 approximately 25% below its fair share.
US	C	F	The Bush Administration has earned a failing grade for its 2007 pledge, but Congress deserves high marks for pushing up funding for 2006 and for potentially increasing funding for 2007.
EC	D	F	The EC has yet to prove itself as a key contributor to the GF fulfilling just over 50% of its 2006 fair share and failing to pledge a single euro for 2007.

This report card was funded by RESULTS Educational Fund and supported by:
RESULTS International • Health GAP • Global AIDS Alliance • Global Health Advocates •
Advocates for Youth • Ecumenical Advocacy Alliance • Project RING - Japan AIDS & Society Association

9. TB Control Report Cards

Report cards and league tables are one of the most powerful tools available for advocates. They provide a succinct way of simultaneously praising those who are achieving targets and exposing those who are not. Having jointly released a number of report cards over the past few years, ACTION partners have learned a number of valuable lessons.

Lesson One: Report cards must be completely objective. To be credible, the criteria for the grades or marks must be transparent and based on commonly accepted data. The first line of defense for any effort graded poorly will be to attempt to challenge the validity of the report card's methodology and data.

Lesson Two: Report cards never tell the whole story. Even when (indeed, especially when) the measurement tool is completely objective, there will be some surprising grades. For any number of reasons, there may be success stories that rate poorly or well-known offenders who receive favorable marks. There are a number of different ways to creatively – yet objectively – "qualify" such findings to help present a more complete picture, as the following cases from the *2005 Global TB Control Report Card* illustrate:

- Surprisingly, South Africa's TB control program received the second highest score on the report card's evidence-based, objective rating criteria despite known problems with treatment follow-up and completion. This was because the report card's methodology evaluated an aggregate of cases detected and percent of those successfully cured, i.e. "percent of infectious TB cases being cured by DOTS," and ranked countries accordingly. South Africa's program was detecting almost every TB case, and thereby showed up high in rankings despite actually curing far fewer than many countries, and putting patients at greater risk of developing drug-resistant TB. To address this anomaly, countries such as South Africa that were curing fewer than 70 percent of their TB cases were identified with a bright red **X** on the report card.

- According to the most recent data, Indonesia and Pakistan should have received "failing" grades, though their rapid and impressive progress in beginning to control TB was well-known. This is why a new grade was created for "Making Rapid Progress," which served to identify these countries as exceptions. Data was displayed showing every country's progress over the previous four years in order to substantiate which countries were indeed making "rapid progress."

Tips & Suggestions

1. If you plan to release a report card as part of a large coalition, begin your preparations well in advance in order to bring everyone on board.
2. If the methodology used in the report card is complex, prepare a companion document that explains it in complete detail.
3. To be used most effectively, report cards should be issued on a regular basis. This provides further incentive for those being graded to improve their performance.
4. If your organization doesn't have a thick skin and a high tolerance level for criticism, don't consider utilizing a report card strategy!
5. Report cards and other such advocacy tools should be launched in conjunction with other key opportunities (e.g. global policy meetings, major conferences, etc.) to maximize media attention and political impact.

Lesson Three: Know when to give a "head's up" to your allies. If you give too many people an advanced look at the report card, you increasingly risk having someone pre-empt, sabotage or undermine your efforts. If you fail to give the right people a "head's up," you risk alienating current or potential allies who will resent not being informed, not provided an opportunity to give feedback or not given the chance to prepare themselves for inquiries. This has proven to be one of the main strategic dilemmas of the report card strategy, especially in regards to when and how to involve – or not involve – the managers of the programs being graded, particularly those about to receive poor grades. Ideally, where a good "inside-outside" relationship exists, advocates can work in advance with a program manager who is about to receive an unsatisfactory grade to help prepare them to use it for the program's advantage to smartly request more financial or political support for the program.

GLOBAL TUBERCULOSIS CONTROL

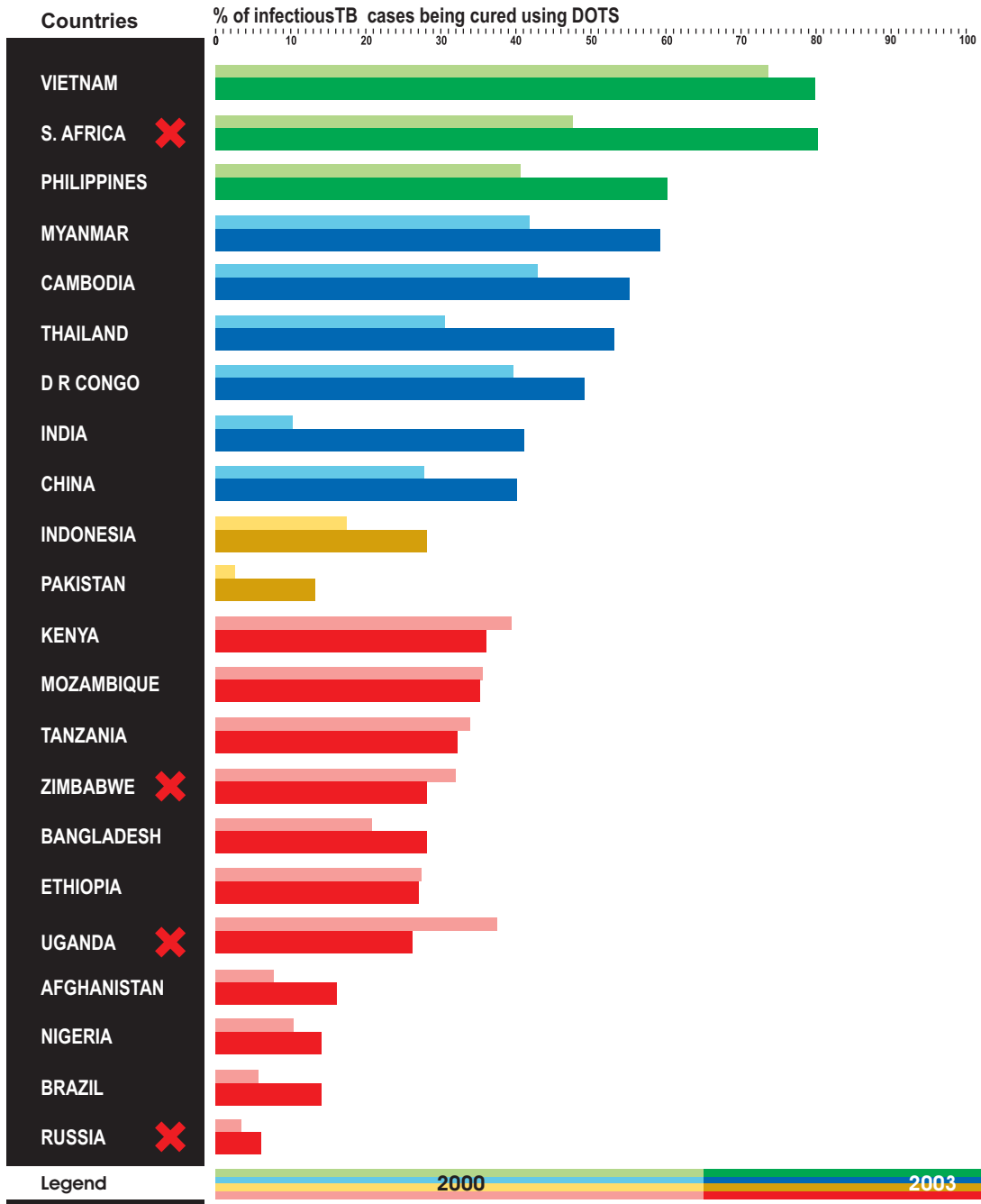
REPORT CARD

2005

Globally, 3.7 out of 10 people with infectious TB are being cured using high quality DOTS treatment services. The World Health Organization's targets for controlling TB are to detect at least 7 out of 10 infectious cases of TB, and succeed in curing at least 6 of these cases.

The 2005 TB Report Card shows where the 22 "high burden countries" (countries which are home to over 80% of the world's TB cases) stand in terms of achieving WHO's global TB targets.

TB is curable disease, even in the poorest of countries. It remains inexcusable that over 60% of people who suffer from TB still are not being treated through effective services which could spare their suffering and save their lives. As many countries are already demonstrating, ***this need not be the case.***



DISTINCTION

These countries have succeeded in curing at least 60 percent of people with infectious TB through DOTS services and deserve our applause for achieving this standard of care.

COULD PASS SOON

These countries could achieve a "Distinction" mark within the next year or two if they continue increasing their efforts to reach more people with TB.

MAKING RAPID PROGRESS

While still curing only a small percentage of infectious TB cases with DOTS treatment services, these countries have made significant progress over the past four years.

FAILING

These countries are curing fewer than 40% of infectious TB cases with DOTS services and need to make TB control a greater priority. Thousands of needless deaths can be avoided by doing so.

All numbers and calculations are based on Global Tuberculosis Report, 205, WHO. ✖ DOTS programmes in these countries are curing less than 70% of their patients – much lower than the 85% target – and are putting patients at greater risk of developing drug-resistant TB.

MassiveEffortCampaign

The power to end hunger. RESULTS
Results International

2005

INDIA TUBERCULOSIS CONTROL

REPORT CARD

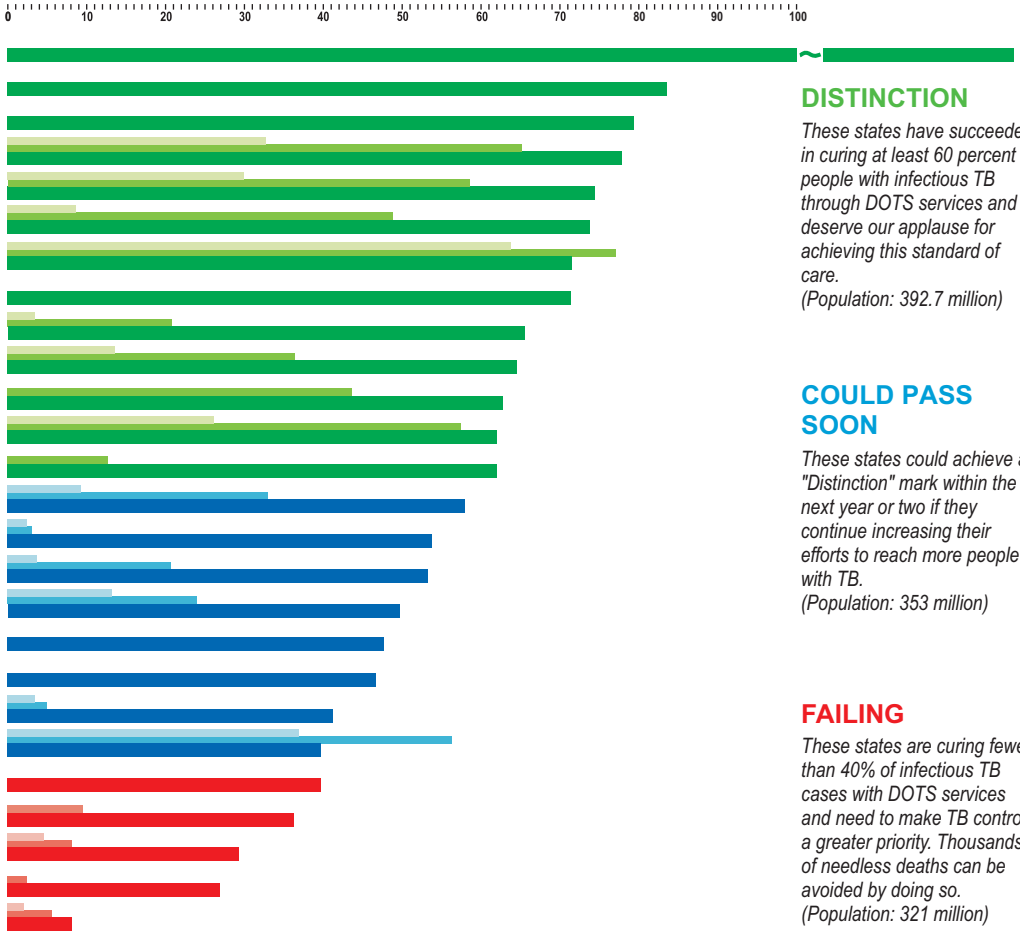
Currently, 4.8 people out of 10 with infectious TB in India are being cured using high quality DOTS treatment services. DOTS (Directly Observed Treatment, Short Course) is the global standard for treating infectious TB.

The 2000, the Government of India pledged that 7 out of 10 people with infectious TB would be treated by these services, with at least 6 of them being cured, by the end of year 2005. This report card tracks the work done up to September 2004 to meet that commitment.

Many states are showing remarkable progress in their fight against this disease. All states need to exhibit and maintain the same levels of progress. Only then can deaths due to TB in India be made history.

States

% of infectiousTB cases being cured using DOTS



DISTINCTION

These states have succeeded in curing at least 60 percent of people with infectious TB through DOTS services and deserve our applause for achieving this standard of care.
(Population: 392.7 million)

COULD PASS SOON

These states could achieve a "Distinction" mark within the next year or two if they continue increasing their efforts to reach more people with TB.
(Population: 353 million)

FAILING

These states are curing fewer than 40% of infectious TB cases with DOTS services and need to make TB control a greater priority. Thousands of needless deaths can be avoided by doing so.
(Population: 321 million)

IMPLEMENTING SINCE 2004

TRIPURA
PONDICHERRY
MEGHALAYA
JAMMU & KASHMIR
GOA

Implementing since 2004
These states have begun implementing DOTS based TB services in the last one year. We wait to see the outcomes of the excellent start these states have made in putting people on treatment.

NOT STARTED

ANDAMAN & NICOBAR ISLANDS
DADRA & NAGAR HAVELI
DAMAN & DIU
LAKSHADWEEP

Not started
These states are preparing to start implementing DOTS based TB services before 2005 is over.

Legend

All numbers and calculations, including projected population totals for 2004, are based on data in the Annual and Quarterly Reports published by the Central TB Division, MOHFW, India (ww.tbindia.org).
✖ DOTS programmes in these states are falling back in the numbers of patients is placed on treatment and cured. DOTS programmes succeed in reducing deaths due to TB only if the level of effort in placing patients on effective treatment is sustained over a period of a time.

MassiveEffortCampaign

The power to end hunger. RESULTS
Results International

10. Monitoring Media Trends

ACTION utilizes several media monitoring and evaluation techniques to track its media activity and advocacy efforts. Quantitative measures provide an analysis of the number of articles and/or news spots placed, number of press events conducted, and number of journalists briefed about one's issues. These tools can help assess the effectiveness of media advocacy efforts, but it is also important to consider the timing and event-specific targeting of media placements, which should also be considered when developing an advocacy strategy. For example, a single editorial in a key policymaker's hometown paper at a key decision point might be much more valuable than dozens of in-depth articles throughout the year in major national publications.

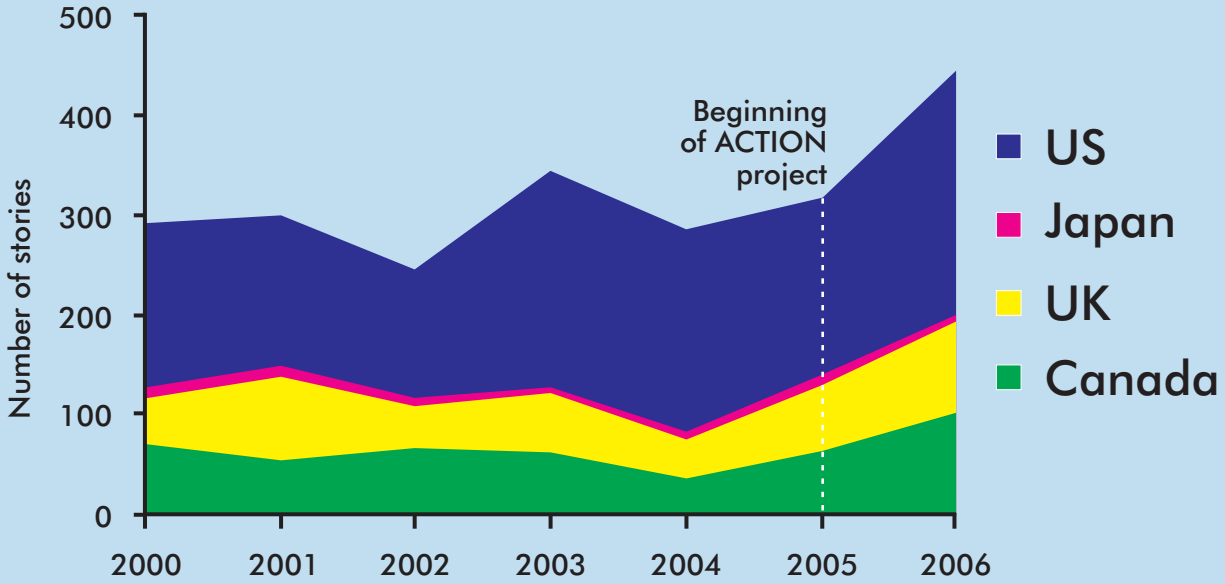
Given the complexity of accounting for the effective timing and targeting of media placements, the ACTION project has also measured ***trends*** in national media coverage beginning before the project's start. This has provided an additional, relatively simple way of tracking whether media coverage on the global TB epidemic has increased in the project's targeted donor countries and helping broadly gauge how the ACTION project has contributed toward impacting media coverage.

Tips & Suggestions

1. If you are monitoring the media only to immediately locate recent news coverage, most free services such as Google will meet your needs.
2. When using free web services such as Google, keep in mind that the fact that a news story appears on a media outlet's web page is no indication that it was actually printed or broadcast.
3. If you want to establish historical baselines, you will likely need to subscribe to a paid service such as Nexis. Paid services are also more amenable to precise search parameters.
4. Monitoring trends in a variety of different foreign languages can become very complex, expensive and time consuming.
5. Leverage your media monitoring efforts by showing key decision-makers how much attention your issue is receiving in the media.

Trends in Media Coverage of the Global TB Epidemic in Donor Countries

From a Sample of 100 Leading Media in the US, Canada, UK and Japan



Nexis search parameters: (Asia OR Africa OR "Eastern Europe" OR "Latin America" OR "Global Fund" OR "Drug Facility" OR "World Bank" OR "foreign aid" OR "development assistance" OR plural (DOTS) OR caps (PEPFAR)) AND tuberculosis AND atleast 3 (tuberculosis OR TB)

11. Media Action Plans

The logistics of planning a global media event can be quite daunting. Failure to deliver on just one detail can sabotage an otherwise excellent opportunity for news coverage. Recognizing this, the project developed an "action plan" template to help manage complex global media opportunities and to leverage a diverse set of partners' capacities and capabilities.

For example, during the last week of August 2005 in Maputo, Mozambique, African Ministers of Health were expected to declare a tuberculosis emergency in Africa. Generating substantial global media coverage at this time of the year and from this location presented a considerable challenge. Team members based in seven different countries had just two weeks to prepare for this opportunity. Managing the process with the following simple, yet detailed, template helped to ensure media coverage beyond everyone's expectations. Indeed, Africa's TB emergency was the lead story on BBC World Service television the evening it was declared and was covered in over 60 news reports around the world.

Tips & Suggestions

1. One person should be responsible for monitoring and updating the action plan.
2. Ideally, only one person should ultimately be responsible for each task. Joint responsibility often leads to no responsibility.
3. Updated versions of the action plan that indicate which tasks have been completed and include newly identified tasks should be circulated to team members every two or three days or as needed.

Action Plan for Declaration of Africa's TB Emergency

Activity	Date / Time	Point person
Ensure there is a declaration		
Ensure a declaration will be made		
• Q&A to address reservations for declaring an emergency		
• Trouble-shooting and brainstorming discussions with AFRO on ensuring there is a declaration	Stop TB delegation in Maputo	
On-site exhibit in Maputo dramatizing the rise of TB in Africa	Installed 21 August	
Messages & materials		
News release		
• Draft 1st version of press release	11 August	
• Comments provided on 1st version of press release	13 August	
• Draft 2nd version of press release	15 August	
• Finalize press release (quotes to be added in Maputo)	25 August	
• Translate press materials into French, Portuguese	26 August	
Identity core hard news which makes this an emergency		
• Research potential hard news angles	12 August	
Key message sheet for spokespeople		
• First draft	16 August	
• Final version	19 August	
Fact sheet for journalists	19 August	
List of Africa success stories and local story angles	19 August	
Q&A sheet for spokespeople	19 August	
Spokespeople		
Determine main spokespeople, English & French speakers	12 August	
• Provide bios and photo of spokespeople	16 August	
• Format bios with pictures	19 August	
• Highlight and offer spokespeople for interviews in targeted communication with the media.	22 August	
Send all finalized materials to donor countries (Canada, Japan, UK)	19 August	

Video B-roll		
Identify video camera operator for Maputo	15 August	
Identify TB sites for footage	19 August	
Film Maputo meeting	25 August	
Edit Video News Release & B-roll footage, prepare short list - to accompany joint WHO/Partnership press release	By noon UK time 26 August	
Distribute B-roll footage via satellite from Joburg	26 August	
Op-ed placements		
Drafting of US op-ed by Nelson Mandela and Helene Gayle	10 August	
Placement of US op-ed	20 August	
Drafting of UK/second tier op-ed by Lucy	15 August	
Placement of UK/second tier op-ed by Lucy	15 August	
Embargoed pre-briefings with top media		
CNN, WSJ, NYT, AP, Economist, FT, WP, Guardian, Washington Times, Boston Globe, NPR, VOA Africa Journal	Initial communication completed no later than 23 August	
Le Monde, Le Figaro, Liberation, TV5, AFP, RFI		
BBC TV domestic, BBC TV World Service, BBC radio World Service		
Reuters, SABC, DPA, Kyodo (and other Japanese news services), ANSA		
Globe & Mail, Toronto Star, CBC-TV		
Japanese media		
Curtain raiser		
Determine core hard news/facts which makes this an emergency	15 August	
Approach The Wall Street Journal	15 August	
Journalist calls		
Determine potential speakers	15 August	
Media conference call with African and US journalists	26 August from Maputo & Joburg	
• Set up call with CC company	22 August	
• Draft advisory	17 August	
• Finalize draft advisory	19 August	
• Send out advisory	22 August	
• Compile list of confirmed journalists for call	19 August	
• Send confirmed list to conferencing center	25 August	
• Logistics during call	**Friday, 26 August, 4.30 SA time**	
• Edit transcript	26 August	
• Send out transcript to journalists	26 August	
Johannesburg news briefings		
Determine which spokespeople will be in Joburg	15 August	
Coordinate spokespeople's schedules	Ongoing	
Arrange 1-on-1 briefings and teleconference calls	Ongoing	
Determine press facilities, ensuring all on-site technical arrangements TV and radio, microphones etc, with technician for trouble-shooting	21 August	
Work with AFRO to draft and issue an advisory of the Maputo meeting, which highlights top agenda items	12 August	
Disseminate advisory and make follow-up calls	19 August	
Dissemination of news release		
Prepare dissemination list	18 August	
Disseminate news release to journalists	**Friday, 26 August**	
Phone follow-ups with key media	26 August	
Reach out to all US journalists after August 25th with a RESULTS News Alert, WHO News Release, and Editorial Packet.	19 August	
Follow-up advocacy		
Compiling media clippings and coverage		
• Have Burrelle's clipping service operational	18 August	
• Compile US media generated by both calls	29 August	
Prepare brief report and clipping packet to send to donors, and policymaker and executive bodies in countries	3 September	
Dissemination of info to NGOs in Africa and worldwide	29 August	

12. Journalist Conference Calls

As an alternative to holding a news conference, advocates are increasingly utilizing media conference calls with expert speakers to brief journalists. Over two decades ago, RESULTS Educational Fund was one of the first advocacy organizations to pioneer this media outreach strategy. Through the ACTION project, the use of media conference calls has become even more refined and targeted. Some examples include:

- ***Curtain-Raiser Calls.*** Prior to a major global event, journalists can be interested in hearing from high-profile, reputable spokespeople who can help "boil an issue down," and identify "what to watch for" and "what's really at stake" at that event. For example, days before the 2005 G8 Summit, ACTION arranged for economist Jeffrey Sachs, director of the UN Millennium Project, to brief journalists by phone about the relevance of the Summit to global efforts to fight AIDS, TB and malaria.

- ***Breaking-News Calls.*** Journalists are often most receptive to being on a call when a story of obvious news value is rapidly unfolding and they are provided access to knowledgeable authorities who can provide new and relevant information. For example, a media briefing call was organized to highlight significant implications of USAID's re-organization, just days after it was announced. Carol Lancaster, former Deputy Administrator of USAID, was one of the main speakers on the call which highlighted potentially negative repercussions of the new plan to reform the agency.

- ***State Level Media Calls.*** For World TB Day 2006, separate conference calls were organized for journalists in six different US states of strategic policy making importance. Local spokespeople were joined by global specialists to dynamically present the linkages of local and global TB control efforts. This six-state media phone blitz – plus an additional call for national media – helped generate over 230 media placements within a couple of weeks.

Tips & Suggestions

1. North American and African journalists tend to be more interested in participating in telephone press briefings than their colleagues in Europe, who prefer one-on-one briefings.
2. Be sure to use a reliable conference call service and an operator who is well-briefed on how to run the call, mute the journalists' phone lines (but not the speakers!), moderate the question and answer session, and screen questions to prioritize key journalists.
3. Avoid planning a call on a Monday, as the weekend limits outreach opportunities to get journalists on the call.
4. Journalists working for media based in low-income countries will typically not have a budget to make international calls, so having the operator call out to them or, if possible, providing a toll-free line will be important in encouraging their participation.
5. Reach African journalists on their mobile phones rather than on less-reliable landlines.
6. Ideally, each call should feature no more than two or three speakers (in addition to the moderator), each of whom makes a statement of just a few minutes.
7. Just as when conducting a news conference, a good moderator (distinct from the operator) is essential. The moderator should begin the call by briefly introducing the issue and the speakers. Once all of the statements have been made, the moderator should facilitate questions and answers and tie up loose ends.
8. Many conference call companies will prepare a written transcript of your call. This can be a useful resource when following up with journalists who were unable to participate, as well as helping journalists who were on the call fact check quotes, spellings of names, and data.

- ***Foreign Journalist Calls.*** When the World Health Organization and African Ministers of Health declared an African TB Emergency in August 2005, a conference call was organized to brief journalists and foreign correspondents based in Africa. This kind of media outreach is an incredibly useful tool not only to generate media, but also to reverse the historically "north to south" flow of global health and development reporting.

- ***Editorial Board Member Calls.*** On a number of occasions, a media conference call has been organized exclusively with editorial page writers. These calls are usually timed for a day or two following the anticipated news coverage on an issue. With recent news coverage serving to place an issue on the radar screen, editorial board calls can more specifically address what particular action decision makers need to take in response to the issue.

The power to end hunger.
RESULTS

For more information or to join this call, contact Kolleen Bouchane at RESULTS Educational Fund
(202) 783-7100 x107, kbouchane@results.org

You are invited to a Telephone Press Briefing:

World Health Organization Expected to Call for Emergency Action to Address Africa's Catastrophic TB Epidemic

A conversation with **Archbishop Desmond Tutu, Fr. Helene Gayle**, Director of HIV, TB, and Reproductive Health at the Bill & Melinda Gates Foundation and **Dr. Mario Raviglione**, Director of the Stop TB Department at the World Health Organization

WHAT: A press briefing by conference call sponsored by RESULTS Educational Fund on why TB is a health emergency in Africa, and the latest news from a WHO-sponsored meeting of African Health Ministers in Maputo, Mozambique.

WHO: Journalists can hear from, and ask questions of, Archbishop Desmond Tutu, winner of the Nobel Peace Prize, who himself suffered from TB, Dr. Helene Gayle, Director of HIV, TB, and Reproductive Health at the Bill & Melinda Gates Foundation and Dr. Mario Raviglione, Director of the Stop TB Department at the World Heath Organization.

WHEN: **Friday, August 26 10:30-11:15 ET; 3:30 - 4:15 in the UK; 4:30-5:15 in South Africa**

WHERE: You can take the call from any phone at no charge by providing a number in advance where you can be reached or calling the toll free U.S. number below.

HOW: To sign up for the call free of charge, please provide a number where you can be reached at the call time to Kolleen Bouchane at RESULTS Educational Fund, (202) 783-7100 x107, or kbouchane@results.org. Or to dial-in toll free from the U.S. call 1-800-260-6066. To dial-in from outside the U.S., call (312) 461-9606.

While TB kills nearly two million people a year globally, in much of the world, TB rates are actually declining. In Africa, however, TB is exploding, fueled by HIV/AIDS and poverty. Africa now has the fastest growing TB epidemic in the world and is driving the global epidemic. Someone dies of TB every minute in Africa, despite the fact that TB is a curable disease. Parts of Africa have seen a four-fold increase in annual new TB cases since 1990 and Africa has the highest TB rates in the world. AIDS and TB operate in deadly synergy and TB is the leading killer of people with AIDS.

In Africa:

- Number of TB deaths annually has doubled since 1990.
- Number of new TB cases annually has tripled since 1990.
- Some countries have seen 4, 5 or 7-fold increases in new TB cases annually since 1990.

On August 22 - 26, 2005, Ministers of Health from across Africa, and other health experts, will gather in Maputo, Mozambique for the WHO Regional Committee for Africa Conference. One key agenda item will be Africa's massive TB epidemic and Ministers will consider extraordinary action to address the TB emergency in Africa. Africa is now the frontline in the global TB fight and the donor community must act with Africa to mobilize the leadership and resources needed to stop TB.

For more information about RESULTS/RESULTS Educational Fund, go to www.results.org.

New Horizons in TB Advocacy

There is at least a $3 billion shortfall per year for TB control, with over half of that gap needing to be filled by endemic countries. In order to help mobilize these resources, the Global Plan to Stop TB calls for a continued scale-up of advocacy activities until, by 2010, "civil society TB advocacy organizations or coalitions will be functioning in 20 donor countries and 40 endemic countries."

While the ACTION project has succeeded in developing many new and refined advocacy best practices, it has yet to discover an effective means of rapidly taking TB advocacy efforts quickly to scale. Believing that this is not an insurmountable challenge, the ACTION project has identified several important advocacy capacity frontiers which will require further investigation and innovation in order to make progress in sufficiently financing TB control efforts:

One: Increase human resource capacity for advocacy in countries. The single greatest determinate of an effective advocacy initiative is the talent, skills and knowledge of team members. The ACTION project has discovered that there is no shortcut to developing such capacity other than investing time in searching for such talent and subsequently investing in mentoring. Training workshops or "how to" manuals cannot replace this. It is especially important to attract advocates who have familiarity and experience with influencing their country's political process, as one can learn about TB from books but can only become skilled in influencing policies through experience.

Two: Explore advocacy opportunities in politically closed countries. Nearly a third of the world's tuberculosis patients live in countries that are classified as "Not Free" by Freedom House. Indeed, eight of the 22 countries with the highest burdens of TB are closed societies.[2] Another seven high burden countries are classified as "Partly Free."[3] Greater experience and knowledge is required on how to influence tuberculosis policy and funding priorities in these closed and partly-closed societies. Here, there are lessons that can be applied from the control of other diseases. For example, Chinese government policies on health issues such as SARS and malaria have recently been effectively influenced through the use of international media. Many of the tactics described in the "International Leverage on Domestic Decisions" chapter in this booklet could have even greater utility when applied to closed countries.

Three: Increasing investments in TB advocacy. Evidence suggests that when well-conceptualized and effectively executed, modest investments in advocacy initiatives can leverage public sector resources nearly 30 to 100 times greater than the advocacy investment. This evidence needs to be more proactively shared with foundations, donors and the TB control community.

Few health issues and diseases provide such an ideal laboratory setting to test the efficacy of various advocacy strategies as tuberculosis. Unlike tobacco, tuberculosis advocacy is free from unpredictable human adversaries who will attempt to sabotage every good effort. Unlike AIDS, tuberculosis advocacy is not potentially complicated by moral codes in some countries. Unlike malaria, tuberculosis surveillance is robust enough to attempt to establish causal relationships between advocacy efforts and their impact against the disease. As the ACTION project moves forward, it aspires to help measure and document how newer generations of innovative advocacy approaches, strategies and tactics can be attributed toward reversing global health threats.

[2] *Cambodia, China, DRC, Myanmar, Pakistan, Russia, Vietnam and Zimbabwe.*
[3] *Bangladesh, Ethiopia, Kenya, Mozambique, Nigeria, Tanzania and Uganda.*