

Stop TB Partnership

Think Tank on TB Messaging

Private Sector led consultations on potential TB campaigns and messaging

Hosted at Harvard July 6 & 7, 2011

Meeting report

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This report was developed in collaboration with

We also wish to thank Partners in Health staff and RESULTS for their support in note taking during the Think Tank.

I. Think Tank on TB Messaging at Harvard

Board Decision and Private Sector Constituency Leadership

If the fight against tuberculosis (TB) is to break through to the next level, the global conversation about it must change. The Stop TB Partnership Coordinating Board, at its April 2011 meeting in Washington, D.C., underscored the importance and urgency of professionalizing TB message development and delivery in order to build momentum behind efforts to stop TB. The TB advocacy community is currently not adequately engaging with promising non-traditional sources of funding that could broaden the base of support for fighting TB. Better communications efforts are needed.

The Board requested an external consultation to generate three TB messaging campaign options that could be presented at the Board's next meeting in November 2011. The private sector constituency of the Board recognised the opportunity to contribute private sector marketing and communications expertise and offered to help shape the process of developing new TB messaging and campaigns.

Creating a Marketing Think Tank for TB

Accordingly, the Stop TB Partnership Secretariat catalysed and developed a two-day professionally facilitated¹ consultation ("Think Tank") on July 6 and 7, 2011, to discuss a refresh of TB messaging and communication. The meeting was hosted at Harvard University in Cambridge, Mass., USA. It was opened by the Executive Secretary of the Stop TB Partnership with words of welcome from Paul Farmer, co-founder of Partners in Health.

Invitees to this Think Tank had been selected with the aim of bringing together private sector experts with TB, malaria and HIV advocacy veterans. Skill sets were combined to join corporate professionals' knowledge of process management for communications campaigns and strategies with key global health advocates' experience and expertise from academia at Harvard. Representatives from the Stop TB Partnership Secretariat and World Health Organization were among the 30 participants. [See Annex: List of Participants.]

Decision Point
20th Stop TB Partnership
Coordinating Board Meeting,
Washington, D.C., April 2011

In the session "Strengthening the Strategic Approach to TB advocacy", the Board requested that the Secretariat work with the private sector constituency and devise clear advocacy messages.

The advocacy messaging options are to be reviewed by the Coordinating Board at its next meeting (fall 2011).

¹ by Spitfire Strategies, www.spitfirestrategies.com

The structure of this two-day meeting was in the form of a facilitated discussion with some presentations and breakout groups to stimulate brainstorming.

Objectives

The primary **objective** of the Think Tank was to generate three options or “seeds of campaign” ideas that could be presented at the Stop TB Partnership Board’s next meeting, November 7–9, 2011, in Bangkok, Thailand.

We involved communication experts from beyond the TB community in order to fulfil the **specific charge** set out for the meeting:

- to make the TB conversation more accessible to a broader base of people;
- to inspire outrage over the devastation caused by TB;
- to create tangible, understandable, motivating objectives that are targeted to priority audiences; and
- to develop breakthrough campaign ideas that move funders in priority regions.

“Despite our efforts and the work of many individuals and international organizations, the humbling fact remains: TB, one of the world’s three major infectious killers, is still an almost ‘invisible’ disease.”

Paul Farmer,
prepared welcome remarks

Framing Current TB Advocacy and Communications Challenges

The collective challenge in the global TB conversation was identified to be that current advocacy efforts and communication approaches are not achieving the profile necessary or the support needed to progress to the next level. More specifically, some of the communications challenges include the following:

MDG messaging trap

A key objective of the TB Millennium Development Goal was reached in 2004 (“mission accomplished”) and the global focus has shifted to shoring up MDG efforts that are not on track. Despite progress toward the TB MDG target, each year more people are sick with TB than the year before. New ambitious and compelling targets are needed now to reprioritize efforts to make further progress in the fight against TB.

Limited global health resources

The global health field is a crowded landscape with limited attention and financing available.

Confusing communication about TB

TB-related communication is highly precise and accurate; however, too often we use technical language that is not easily understood by decision makers and other laypeople.

Unfocused targeting of message to audience

Many of the current messaging efforts are aimed at the general public when they need to be tailored to those who can provide needed resources and political leadership.

No targets beyond 2015

We have neither a strategy nor phased interim targets that explain how we will transition to a “TB-free world” in 2050. 2050 has no political relevance that would motivate increased attention or action now.

Consequence: There is a “global TB attention deficit” that limits our ability to close the identified funding gap of roughly four billion USD per year (e.g., in the areas of country-level implementation and research and development) that are necessary to finance the Global Plan to Stop TB 2011–2015.²

In short, we are stalled and need new momentum to transform the global TB conversation and to close the funding gap.

Think Tank Process

Guided by the charge to the group outlined in the objectives section, as well as the context noted above, Think Tank participants broke into four small groups for two creative sessions. Each group had a predefined mix of attendants with different backgrounds (private sector, advocacy, Stop TB Partnership Secretariat) to brainstorm possible campaign ideas. The participants were asked to consider the following criteria as they worked to develop a campaign to present back to the full group for feedback:

- Results in increased funding for TB (aims at direct resource mobilization)
- Creates (political) leadership/accountability for TB
- Inspires hope for progress and a sense of urgency
- Resonates with one or more priority audience targets
- Is likely to spur measurable action
- Presents goals that are achievable within a politically relevant time frame
- Is attractive to corporate partners so that they want to join forces on the rollout
- Overcomes one or more of the identified communications challenges
- Contains no jargon but is credible (also for the TB public health community)

“When you ask the TB people what they want, there is a long laundry list with a lot of detail. I don’t understand what TB people are talking about half the time.

“What is missing is a sense of hope that we can really do what is necessary. We must get something out of this process that inspires us to be bold and be inspirational.”

Think Tank participant

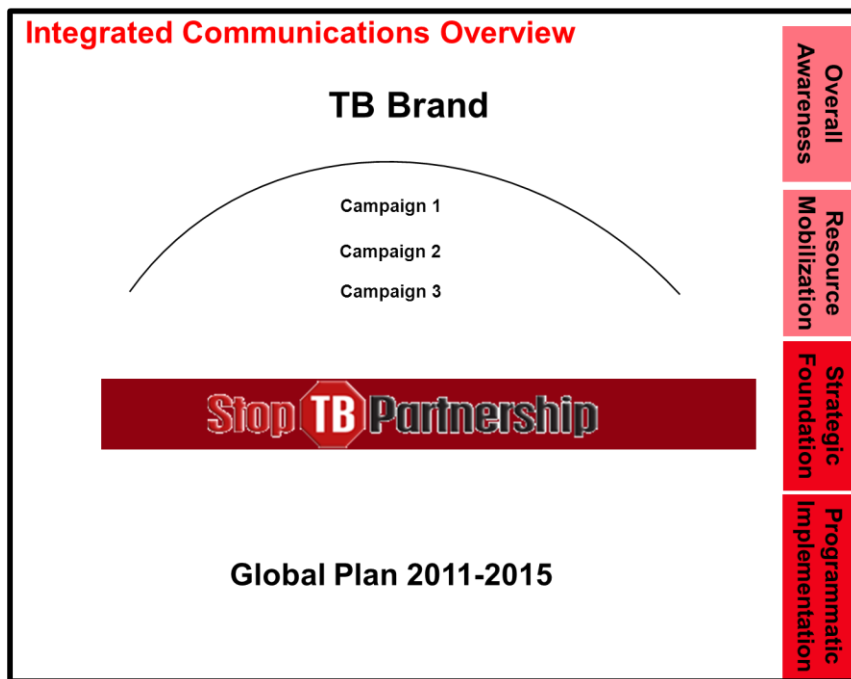
² The Global Plan:
www.stoptb.org/assets/documents/global/plan/TB_GlobalPlanToStopTB2011-2015.pdf

II. Think Tank Results

Communications Overview

During the discussion about global TB communication challenges, one recurring recommendation identified was the need for TB to have a stronger brand. TB needs an “identity” that creates an emotional connection with people and conveys a sense of urgency. This is not the same as the Stop TB Partnership brand, but separate and distinct. A strong TB brand will differentiate this disease (and the solutions to prevent its spread) from other diseases and efforts. An agreed-upon TB umbrella brand will enable us to take a common approach to talking about the disease and provide synergy across the various campaigns.

The following concept was identified by Think Tank participants as a desirable, integrated communications approach that will ensure that any campaigns implemented will reinforce an overarching brand that builds strong global support for efforts to end this disease.



Campaign Concepts

During the breakout sessions at the Think Tank, some groups developed complementary campaign ideas. Also, in light of the increasing strategic focus on India by the Secretariat, one group was specifically charged with developing India-focused campaigns. These may be amalgamated at a later stage. For the purpose of the report, all Ideas are presented separately as summaries of each group’s work. These campaigns are described below. They generally follow a predefined outline developed by the facilitator in consultation with the Secretariat and group leaders.

Campaign 1: Tip the Scales

Big Idea:³

TB is a huge problem but there are simple solutions.

- The balance of burden is unequal and can be changed.
- Treating TB costs less than a pair of jeans or shoes.

The Hook:

Tip the scales and save millions of lives.

Objective:

Initiate a grassroots public effort to mobilize citizens in donor countries who in turn will influence the politicians.

Messages:

- It is easy for you to make a difference. It is easy to tip the scales. (It is doable and affordable.)
- We can save lives in a very short period of time.
- How many lives can you change while you are in college?

The Ask:

Take action and pressure politicians to fund the gap and tip the scales.

Messengers:

Young, educated people who influence politicians

Activities:

Phone application; action campaign, such as sending shoes to the White House

Measurements of Success:

- Actions
- Funding
- Treatment
- Lives saved

³ This is a U.S./youth campaign with some overlap with campaign 2.

Campaign 2: U.S. Leadership Engagement

Big Idea:

The world needs U.S. leadership. The United States is a global champion.

Objective:

This campaign would focus on the U.S. government through the public engagement of U.S. youth. Public pressure and awareness are needed to generate political will and increase funding.

Messages:

- The U.S. put a man on the moon – we can't leave out TB.
- "Take a Breath."
- TB is curable – build on successes to date.
- The U.S. drove the HIV agenda – we can't leave out TB. (The U.S. sets standards for others to follow.)
- "Be the generation known to have eliminated TB."

The Ask:

We want the U.S. government to be the champion by using its political voice in order to synergize forces and elevate TB on the foreign policy agenda. We want the public to become an engaged voice as well.

Messengers:

Advocacy groups, young adults, media

Activities:

- Advocacy with a crisp and refined message that has an emotional resonance
- World TB Day and social media: Make TB a personality on Facebook. Be friends with TB.
- TEDx
- Engage Hans Rosling and Mark Zuckerberg – donor country individuals befriend people in high-burden countries.

Measurements of Success:

- Increased funding
- Increased share of voice
- Private sector engagement
- Champions on board

Campaign 3: Every Breath Counts

Big Idea:

Every Breath Counts⁴ – the holistic concept of one breath. Breath isn't just about breathing air (the positive, universal emotion of breathing). It is about how everybody's health matters – breathing sustains you (the positive), but it also can harm you (the negative).

Objective:

- Resource mobilization for R&D and diagnostics
- Stopping the spread of resistance
- Diagnosing quickly and treating effectively
- Highlighting HIV/TB nexus
- Innovation
- Scale-up of TB diagnostics and treatment

Audience:

Targeting high-net-worth individuals in BRICS (Brazil, Russia, India, China and South Africa) that would then act as messengers and influencers (a broader audience of decision makers)

Message:

- Scale-up; latent issue (time bomb); future proof
- Every breath counts. TB is spread by breath and cough. Every 4–5 seconds a person becomes sick and the majority go undiagnosed. Growing resistance will lead to a future in which we will not be able to treat TB.
- Stop talking; start acting (not just making “hot air”).

The Ask:

- Breathe new life into the TB campaign.
- Provide new resources to scale up diagnosis and treatment.
- Provide funding for research.

Messengers:

General public in BRICS; indigenous private sector; famous athletes with influence over politicians; media; celebrities; high-net-worth individuals in India and China

Activities:

- Create a “bacterial” (rather than viral) social media campaign.
- Brand TB and create a symbol and slogan related to “Every Breath Counts”.

⁴ Many of the concepts here could inform a branding effort.

Campaign 4: Giving the Breath of Life to the People of India

Big Idea:

Foster a state-by-state competition in order to make progress towards zero TB deaths.

Objective:

Start with a group of 4–5 states in India and cultivate champions; institute state information briefs / report cards with TB deaths, trends and funds required; link in the media.

Audience:

State Chief Ministers and union /national governments

Message:

Giving the breath of life to the vulnerable people of India

The Ask:

- Increased political and financial commitment to reach zero TB deaths
- Increased resources
- Implementation of policy changes, including rapid scale-up of new technologies

Messengers:

- High-net-worth individuals (both in India and from diaspora)
- Corporate sector / NGOs / advocates / civil society
- Media (disseminate data from information briefs / report cards and build the capacity of journalists to cover TB)
- Celebrities (Bollywood, cricket, musicians)

Activities:

- Select a target state by a set of criteria.
- Cultivate champions within states.
- Design state report cards.
- Collect data from report cards.
- Identify policy and funding gaps.
- Implement policy changes.

Measurements of Success:

- Election campaigns use messages as part of their platform.
- State resource allocations for TB increase.
- Private sector funding and support increases.
- Report card results show improvement in target states.

Campaign 5: The Indian Diaspora – 2nd-Generation Champions

Objective:⁵

Target high-net-worth individuals in India and reach them through the “next” generation.

Audience:

- Second generation in the U.S./U.K. (e.g., Lakshmi Mittal’s children)
- CEOs with money and influence (to ensure the sustainability of the effort)
- The Indian diaspora in the U.S./U.K. (to be champions for change in India, but also champions to influence donor policy)

Activities / How to Reach the Audience:

- Create a buzz and make it visible through events with celebrities and musicians (e.g., Rahman).
- Use personal outreach – issue briefs, tell the Indian story, inspire individuals to lead / own the issue, make it clear that success is possible: “You can help ensure that this is the last generation with TB.”
- Use the U.S.-India CEO Forum to activate the diaspora.
- Put TB on the agenda regarding employee health and wellness.
- Make the bottom-line argument that it is the “pathway to development” – TB is not a medical problem but an economic one; by addressing TB you address poverty.
- Motivate engagement by playing off competitive instincts vis-a-vis China’s success in the TB effort.
- Clarify that this is an opportunity for Indian global leadership. “TB capital” no more – lobby to add TB to the G20 agenda.

Measurements of Success:

- Increased personal investments
- Engaging champions who in turn take action
- Indian government invests in TB
- Increased donor-country investments (U.S./U.K.)
- Influence on private sector workplace and investments

⁵ This campaign links with campaign 3 on India.

Campaign 6: Private Sector Innovation

Big Idea:

The real need is to obtain broad corporate / private sector buy-in and engagement. Innovation will follow. The private sector is a key group to influence governments.

Objective:

Obtain broad corporate sector buy-in and engagement; have companies lobby the public sector to act and create an enabling environment for innovation. Private sector innovation will follow if the demand and framework for innovation are there.

Audience:

Companies from all business sectors can innovate and contribute to solve TB-related issues. They also have a voice beyond the health sector / Ministry of Health.

- The private sector is the target group to deploy resources, but also to be the political voice.
- The corporate sector can influence government beyond the Ministry of Health (creating an enabling environment for innovation through pressure on Ministries of Labour, Trade, Finance).
- A broad definition of the corporate sector that needs to innovate: pharmaceuticals, mobile communications, IT, diagnostics, public health, major employers, banks, etc.

The Ask / Required Innovation:

- Innovate new drug combinations and drug pricing.
- Enable technology transfer to countries.
- Improve mobile communications / mobile health applications.
- The business sector should be a collective voice addressing the public sector: large companies should link with smaller companies and engage with the public health sector.
- Innovate beyond the health sector: awareness campaigns, stock management, etc.

Message:

- Businesses are an integral part of the community and should be part of the solution.
- Businesses can increase their impact on the community they operate in.
- There is an economic value in reducing TB deaths: Health equals wealth, and investment in health can lead to a return on investment.
- Reducing TB deaths is achievable in a specific time frame – there is a metric for success.
- Companies can be key influencers of strategic sectors of government (trade ministers, etc.).
- There are broad areas for innovation – unlimited scope for innovation!

Campaign 7: RESIST – Scaling Up Access to Diagnosis and Care for MDR-TB

Big Idea:

RESIST – no one should be sent home to die from (DR)TB! (Build demand for access to diagnosis and care for MDR-TB. Build on the history and tradition of resistance to colonialism in India and South Africa.)

Audience:

HIV advocates, the public (both patients and at large), high-level influencers

Message:

- Resist paying too much for your drugs (any message can be added after “resist”).
- Health message platforms: Resist infecting others in your community with DR-TB.

Goals:

- Utilize HIV advocates who are already mobilized.
- Recruit academic experts to publish evidence on costs, gaps and policy recommendations.
- Influence the government to regulate the private sector and drug market.

Activities:

- Find the stories.
- Engage and educate existing advocates (e.g., HIV) with messages and policy/financing needs.
- Identify and cultivate celebrities as influencers.
- Influencers will then activate the public and cultivate a sense of outrage.
- Engage/educate/scare the public about MDR-TB; possibly do a model district that sets standards for DR-TB care.
- Engage leadership.

Possible Advocacy Groups to Engage:

- South Africa: TAG, MSF, Section 27, AIDS/TB researchers and practitioners, medical associations, faith community, corporate sector, unions
- India: lawyers collective, DNP+, Delhi network, ITCP India, MSF, World Care Council, TB research institutes, Working Women’s Cooperative, YRG Care, unions, Rotary Club, faith community

Measures of Success:

- Decrease in prices of treatment and diagnostics
- Increased cure rate
- Improved treatment/default rate
- Increased detection rate
- Decrease in rate of resistance

TB Brand Development

As noted above, defining a brand position for TB is a priority. This brand will give “TB” a character that is distinct from the identity of the Stop TB Partnership or the Stop TB Strategy. A brand is usually a market requirement. A strong brand has the following features:

- Tangible evidence that supports the functional, emotional advantages
- Unique functional and rational aspects that make the brand different
- Emotional characteristics that make the brand different
- Desired ways of communicating the brand to help achieve future goals

Following is the outcome of the group work on defining a TB brand identity and position.

Emotional aspects of TB

What are five words or phrases (emotions) that explain the TB brand and that are universal?

OUTRAGE, FEAR, HOPE, CONCERNED, FULFILLED

Functional aspects of TB

AIRBORNE, INDISCRIMINATE BUT IMPACTS POOR, DEADLY (1.7M), DAMAGES ECONOMY, KILLS 200 PER HOUR (AIDS 250), CURABLE

Target audiences

Choose the top five words that describe the target audience, which is everyone from regular people to policy makers.

EMPATHETIC, SELF-INTERESTED, UNINFORMED, DISCERNING, OVERSTRETCHED

Core proposition

AIRBORNE, 1 IN 3, BORDERLESS, DEADLY, DAMAGES THE ECONOMY

BUT: We know what to do to end this, we have a quick test, the disease can be cured in 6 months, and we can save a life for \$30.

Brand personality

What are the things that your brand is supposed to be? Should be authentic.

(Example: bank = reliable; airline ≠ reliable)

EXPERT, BELIEVABLE, COLLABORATIVE, ENDURING, AGILE, OPTIMISTIC

III. Road Map and Next Steps

Following the meeting at Harvard, the Private Sector Constituency Chair and Vice Chair will lead a marketing steering committee with the Stop TB Partnership Secretariat and selected Think Tank participants to further develop the campaign ideas from the meeting into communication campaign briefs. These briefs will be structured according to a format derived from the private sector and include – in addition to the specific campaign information – broader descriptions of the problem to be overcome by this communication effort, the target audience(s), the main strategies, the estimated costs and the research needed to inform the idea. These briefs will serve as the basis for requests for proposals (RFPs) from professional public relations / advertising / marketing agencies. Once the briefs are completed, the marketing committee will review them and make recommendations regarding which campaign ideas are the most viable at that point and should be pursued. These will be presented to the Coordinating Board for consideration. This group will also make recommendations on whether and how to follow up on the branding ideas from the Think Tank.



Annex: List of Participants

Meeting Facilitator

Kristen Grimm, President, Spitfire Strategies

Private Sector

Krista Thompson, Vice President / General Manager Global Health, BD

Alyssa Zeff, Director, Worldwide Public Relations, BD

Ursula von Platen, Regional PR Director, Kempinski

Karen Van der Westhuizen, Communications Manager, Eli Lilly Export S.A.

Herbert Schilthuis, Medical Adviser, Heineken International

Charlene A. Wall-Warren, North American Sustainability Manager, BASF Corporation

Pam Bolton, Global Business Coalition GBC HEALTH

Public Relations / Brand Development / Information Agencies

Nancy Mensch Turett, Global President for Health, Edelman

David Stearns, Vice President CSR, Edelman

Manoj Warriar, Head of Operations, Neucom Consulting

Eugene Bay, Founding Partner, CEO and Chairman, Vbat

Advocacy and Communication Experts

Rachel Wilson, Director of Policy and Advocacy, PATH

Joanne Carter, Executive Director, RESULTS

Coco Jervis, JD, Senior Policy Associate, TAG

Patrick Bertrand, Principal Partner, Global Health Advocates

Martin Edlund, Chief Marketing Officer, Malaria No More

Lucy Chesire, Executive Director, TB ACTION Group Kenya

Sharonann Lynch, HIV/AIDS Policy Adviser, MSF Access Campaign

Gregg Gonsalves, HIV/AIDS Activist and Advocate

Kolleen Bouchane, Director, ACTION Project, RESULTS

Other Expert Invitees

Paul Farmer, Co-founder, Partners in Health (*absent*)

Salmaan Keshavjee, Partners in Health and Assistant Prof. Social Medicine, Harvard Medical School

Barry Bloom, Distinguished Service Prof., former Dean of Faculty, Harvard School of Public Health

Jay Winsten, Associate Dean and Director for Center for Health Communication

Sean Hightower, Office of the UN Secretary General's Special Envoy for Malaria

Stop TB Partnership Secretariat / World Health Organization

Lucia Ditiu, Executive Secretary

Joel Spicer, Senior Strategist and Team Leader

Judith Mandelbaum-Schmid, Team Leader, Communications

Daniela Mohaupt, Corporate Relations Officer

Anant Vijay, Coordinator, Finance and Administration

Chris Dye, Director, Office of Health Information, WHO

Diana Weil, Coordinator, Policy and Strategy, Stop TB Department, WHO