



global tb advocacy architecture

a snapshot of challenges and opportunities
in resource mobilization

Stop TB Partnership

Prepared by Joseph Leenhouts-
Martin under the direction of the
Stop TB Partnership Secretariat.

Geneva, Switzerland
September 2011

executive summary



In March 2011, the Stop TB Partnership Secretariat commissioned a survey of global advocacy organizations to map and better understand those organizations working to mobilize resources for the fight against TB. The mapping was designed to provide a knowledge base to encourage coordination, better define advocacy targets, forecast TB financing, and determine needs for further analysis. Specifically this report aims to provide a snapshot of the Global TB Advocacy Architecture and to provide partners and the Secretariat with an initial overview of the current state of TB advocacy for resource mobilization.

The TB community is facing a funding crisis with an estimated gap of US\$ 20 billion for the Global Plan to Stop TB 2011-2015. To highlight this critical issue the survey focused only on advocacy for resource mobilization. This report is neither a comprehensive survey of all organizations involved in TB advocacy nor a perfect picture of all TB funding sources. It is rather an initial mapping and analysis based on partner feedback to better understand challenges and opportunities facing the Global TB advocacy architecture.

Methodology

An independent consultant engaged by the Stop TB Partnership developed a detailed web-based survey and distributed it to twenty-seven partners active in global advocacy. Twenty organizations responded including two organizations who wished to remain anonymous. The responses were both quantitative and qualitative in nature and provided feedback on the targets of TB advocacy for resource mobilization, suggestions for the Secretariat, and organization-specific details.

Key findings

The survey and subsequent analysis revealed the following key findings:

1. The global TB advocacy architecture is complex and diverse.
2. A high degree of coordination at the global level is required in regards to multi-targeted donors.
3. There is mismatch between where resources are being directed and where respondents believe new potential funding is available.
4. The human resources dedicated to TB advocacy for resource mobilization are insufficient given the resource limited environment and the need for TB to become more prominent in the global health discussion.
5. The base of financing for TB advocacy is narrow and needs to be expanded.

The global
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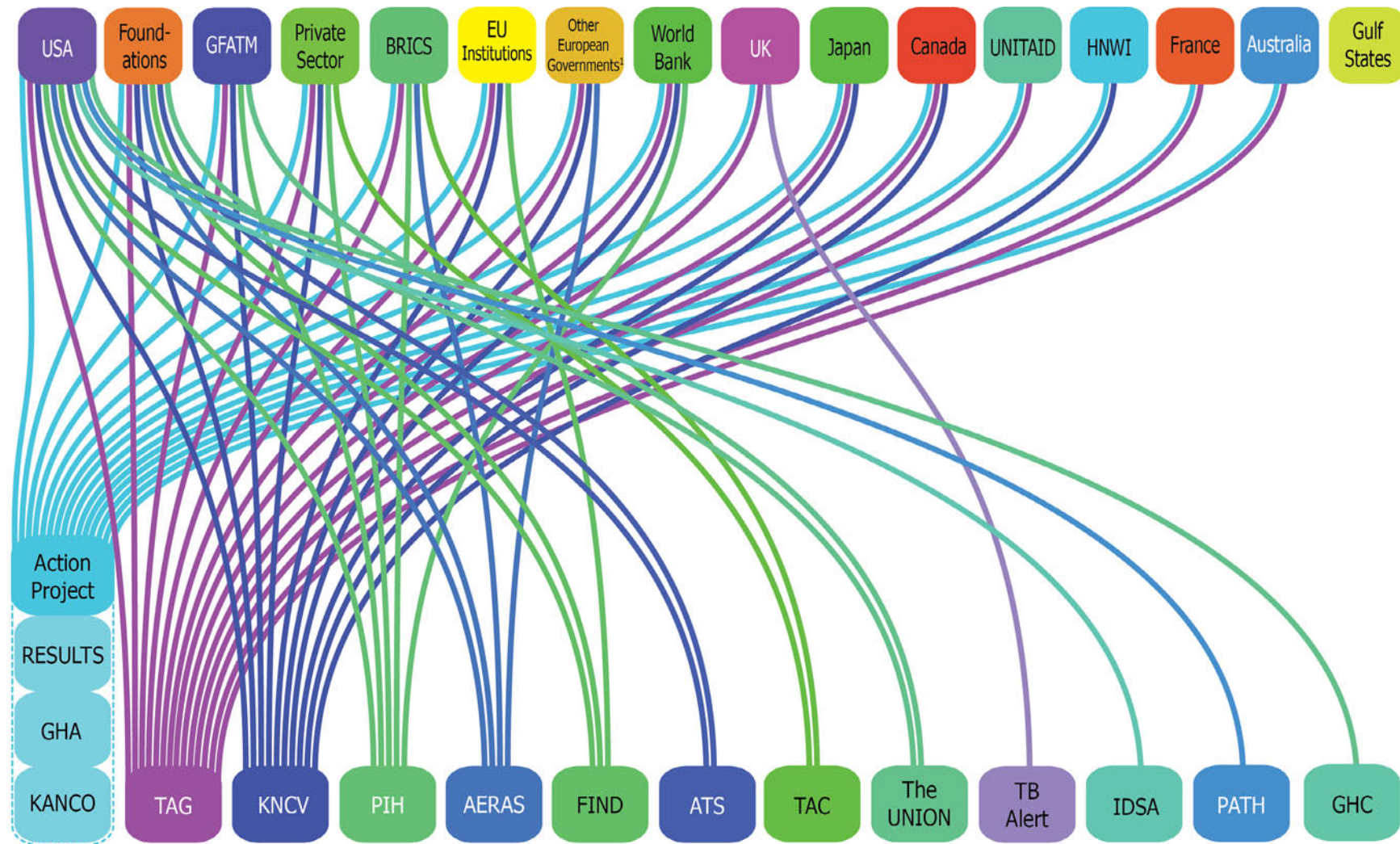
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Global TB advocacy architecture is a loose composition of organizations with diverse mandates and varied points of influence. To visualize the TB advocacy community's complex relationships with one another and various targets a relationship mapping was undertaken and represented by figure 1.

Survey respondents were asked to provide a list of their priority resource mobilization targets. Those targets were then ranked based on frequency and mapped out from greatest to least. The organizations themselves were then mapped left to right reflecting greatest to least number of targets. Lines were then drawn to connect advocacy organizations and their priority targets.

The picture that emerges shows that organizations with diverse mandates from product development to social mobilization are targeting a wide range of governments, organizations, foundations, and corporations for resource mobilization. This diversity represents both potential opportunities (in terms of coordination) and challenges (in terms of duplication and missed opportunities) for the TB advocacy community.

figure 1: primary resource mobilization targets of global tb advocacy organizations*



*Only those that replied to the survey and agreed to having some of their information made public were mapped. The Stop TB Partnership Secretariat acknowledges there are other organizations active in TB advocacy for resource mobilization at the local, national, and global levels who are not captured by this initial mapping. RESULTS, GHA, and KANCO are members of ACTION- an international partnership of civil society advocates working to mobilize resources to treat and prevent the spread of TB.

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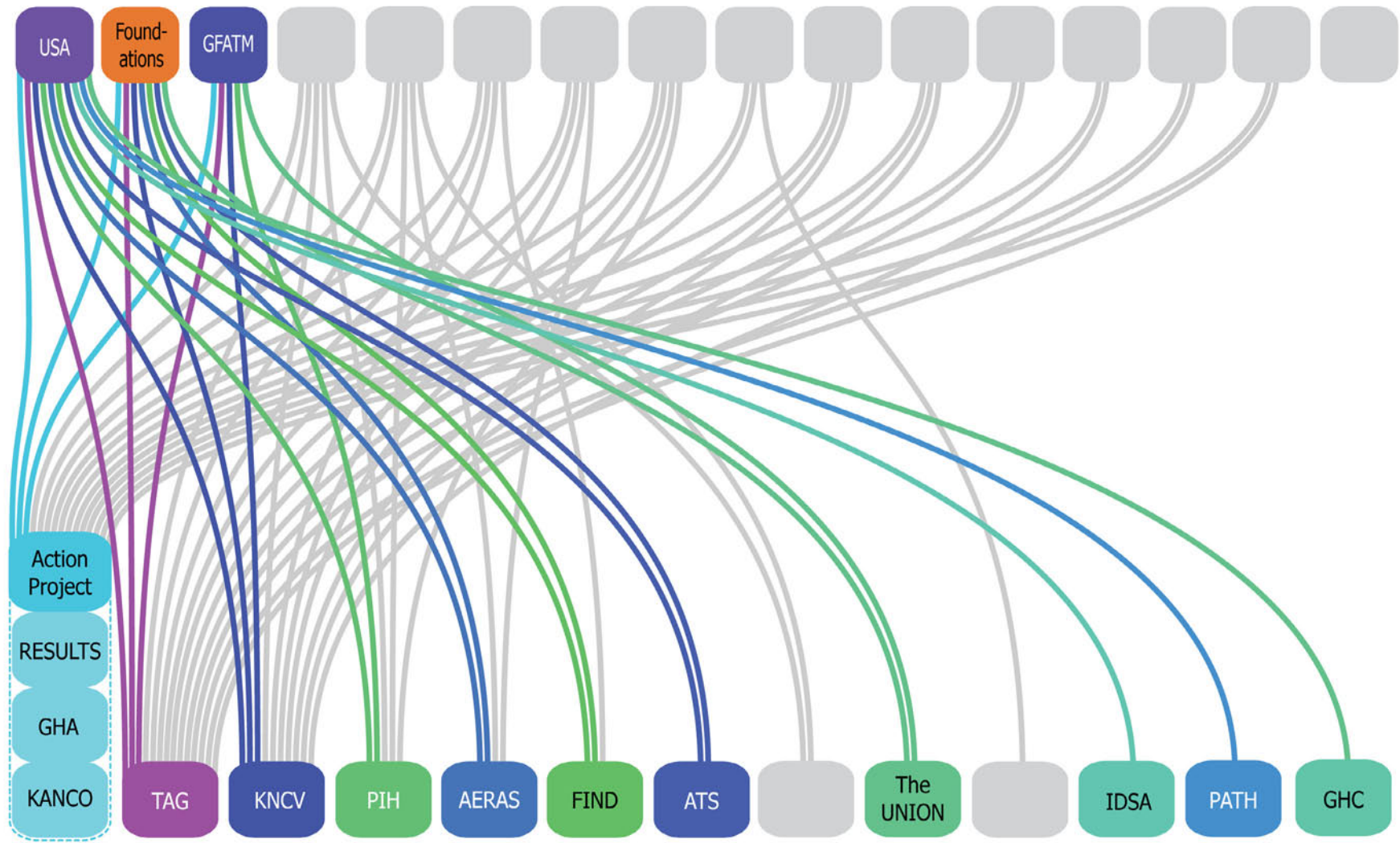
2

Several donors (most notably the USA and Global Fund) are being targeted by multiple organizations with different mandates, comparative advantages, and networks (figure 2). Granted, in the case of the USA, there are multiple targets (e.g. PEPFAR, USAID, Congress, NIH, etc...) and advocacy may be focused either on domestic resource mobilization or global resource mobilization.

The risk of insufficient coordination in general is that the same target (even at the personal/individual level) may be the recipient of multiple, independent advocacy messages - for issue-specific TB, or TB more broadly - from different organizations. Isolated TB advocacy efforts may be in competition, resource requests may not be maximized, resources for advocacy may not be utilized efficiently, and opportunities may be missed.

Global TB advocacy for resource mobilization must be coordinated to ensure efficient use of resources and that the clearest, most persuasive message is delivered to key targets at the most critical times. This may require the strengthening of multiple regional coordination platforms (e.g. TB Roundtable, TB Friends of the Global Fund, etc...), as well as coordination between those platforms.

figure 2: multiple advocacy messengers + limited number of key targets = need for greater coordination



There is **mismatch** between where resources are being directed and where survey respondents believe new **potential funding** is available.

3

Survey respondents were asked to identify top prospects for new and untapped funding for the fight against TB. The collated responses indicate that the top 5 sources for new potential TB funding are: BRICS, Private Sector, High Net Worth Individuals (HNWI), Innovative Financing, and the Gulf States. These responses are represented by figure 3. Text analysis software was used to emphasize words frequently present in answers to the question: 'In your view where is the greatest potential for new and untapped funding for TB?'

There is a gap between the targets identified as having the greatest potential for new funds and the actual resource mobilization targets of survey respondents when compared with figure 4.

figure 3: top prospects for new and untapped resources identified by survey respondents



figure 4: actual resource mobilization targets of survey respondents

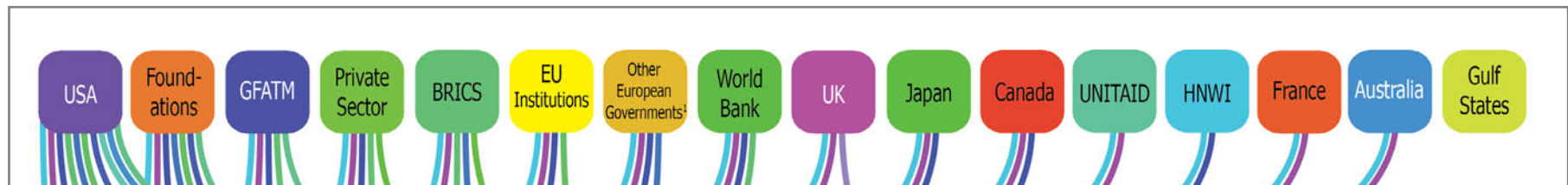
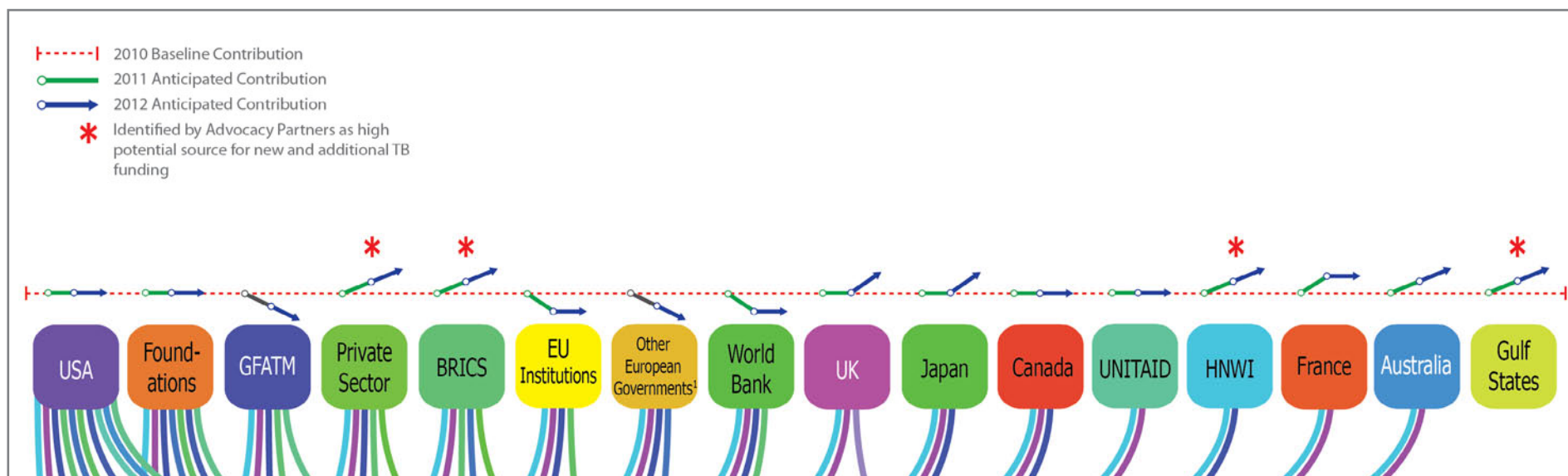


figure 5: spotting the trend- where is new potential funding likely to be in 2011 and 2012?



Survey respondents were also asked to provide estimates for each target indicating whether they are projected to have increased or decreased resources that could be used for TB over the next two years. The results are represented by figure 5, which highlights the gap between primary targets of advocacy organizations and potential new financing for the fight against TB. The arrows above each donor illustrate the expected trend in contributions to TB based on the aggregate of survey responses. The asterisks highlight those donors reported by survey respondents as having the greatest untapped potential.

Again, targets flagged as having potential to provide increased funding or new funding are being under-targeted when compared to those expected to decrease or flat-line in the coming years (figure 6). The most striking gap is the Gulf States who were frequently cited as a potential significant source for new funding, yet at the time of this report, limited efforts were being undertaken to advocate to them for TB funding. It is acknowledged that this analysis does not account for magnitude of resources. Figure 7 (page 12) approximates this magnitude by target based on survey responses.

figure 6: under-targeting of sources with greatest potential for new funding

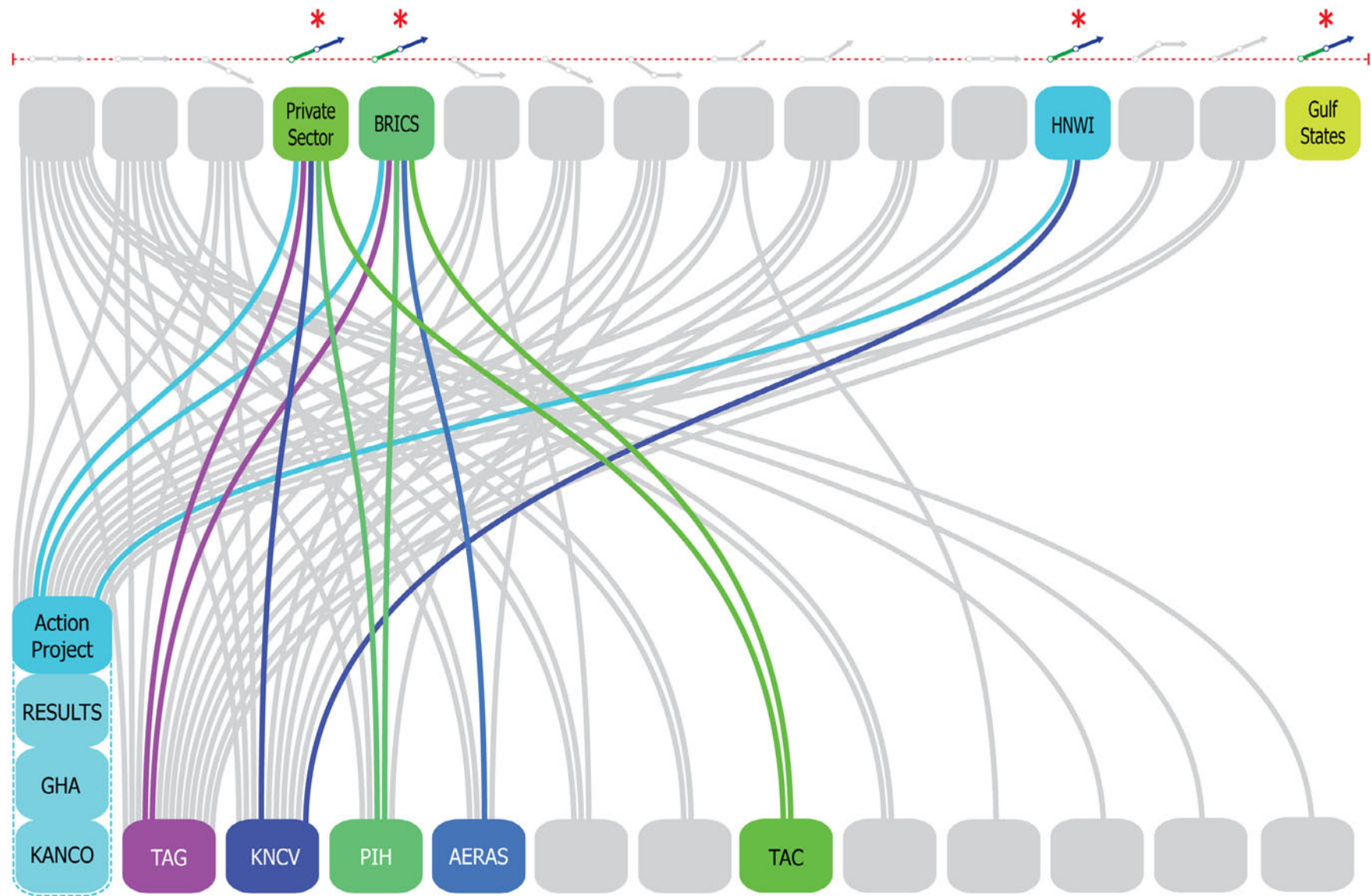
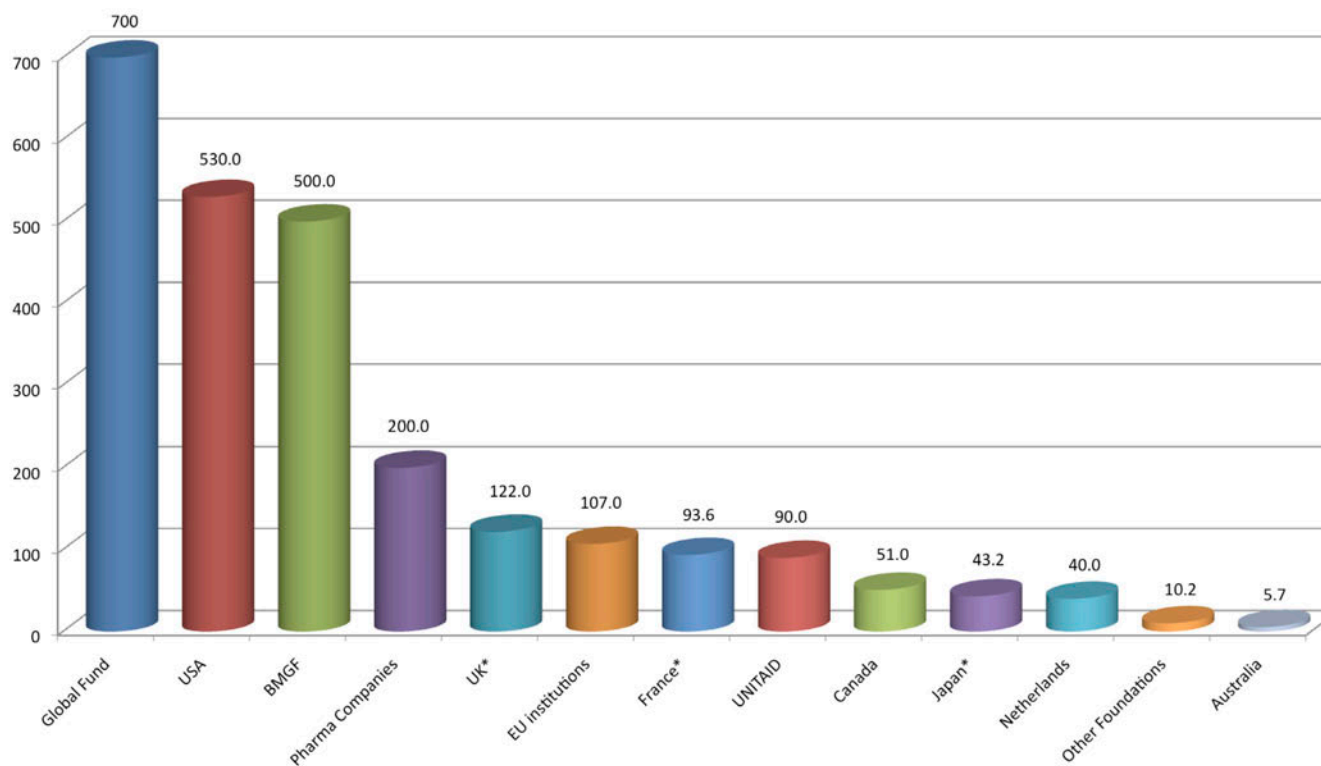


figure 7: primary advocacy for resource mobilization targets and their 2009/2010 contributions to the fight against TB
(US\$ millions) as reported by Global Advocacy for Resource Mobilization survey respondents



Notes:

- Does not take account of donor contributions to the Global Fund; only estimated direct contributions to the global fight against TB
- Does not include country financing of domestic TB initiatives/programs
- *2009 contributions
- Pharma companies were unspecified
- EU institutions: The European Union (EU) is an economic and political union of 27 member states which are located primarily in Europe
- Other Foundations: Includes the Wellcome Trust and other unspecified foundations

the **human resources** dedicated to tb advocacy for resource mobilization are **insufficient.**

4

The human resources dedicated to advocacy are insufficient given the financially challenging environment and the need for TB to become more prominent in the global health discussion.

The total number of full-time equivalent (FTE) employees dedicated to TB advocacy within the surveyed organizations is 34.4, with a range of 0-8 per organization. Of those FTEs, some are focused on domestic resource mobilization in the US primarily; and some are focused on a specific TB advocacy issue (i.e. new drugs, diagnostics, vaccines, etc...).

For a disease that kills 1.7 million people per year and has a financial gap of roughly US\$ 4 billion per year - what is clear is that there are not enough resource mobilization professionals working on closing that gap; and they are unevenly distributed across a limited number of organizations and TB-specific issues.

the base of
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5

Ironically, there is not only a significant financing gap in the Global TB response but very limited funding by diversity of source and amount for TB advocacy focused on closing the gap itself. **Resource mobilization for TB advocacy is urgently needed.** TB advocacy is heavily dependent on the Bill & Melinda Gates Foundation that provides funding to 13/20 of the organizations surveyed to carry out their advocacy activities. Funding streams need to be increased and diversified to ensure more predictable and secure funding for TB advocacy.

conclusion

It is unlikely that the current gap in the Global Plan to Stop TB 2011-2015 will be filled without the rapid identification and cultivation of new sources of TB financing. Despite the critical importance of large traditional donors, much more is needed. Advocacy targeting, messaging, and strategies must be adapted accordingly.

Advocates need to adapt their focus to better align with anticipated trends in giving; this may require increased capacity to reach additional targets while maintaining current donors as high priorities.

With a resource gap of roughly US\$ 4 billion per year and a gap in coverage of new targets it is clear that TB advocacy organizations need more resources- both human and financial. Furthermore it is critically important that existing resources are used efficiently and that global efforts are well coordinated.

Next Steps

Given the importance of BRICS both from a burden of disease and rising economic power point of view, a similar yet much more comprehensive mapping exercise would be of value. It is recommended that such an exercise be undertaken in the highest TB burden country in the world with the greatest potential for additional resources: India.

additional survey **comments**

Is there anything else that you would like to share that is relevant to Global TB Advocacy for Resource Mobilization and/or the Stop TB Partnership?

It is critical that global advocacy efforts for resource mobilization support all aspects of the Stop TB Strategy and the Global Plan, which includes advocating for resources to support implementation programs and research and development of new tools and technologies.

I don't think the TB community is bold enough in its requests. There's also the issue of falling back into very scientific discussions, where we need help, perhaps from brand/messaging experts.

Before trying to find new untapped sources of funding, the **TB community should work in a more coordinated way** in order to increase funding from actual funders (GFATM/UNITAID Bilaterals: private sector etc). **The Stop TB Partnership should really take the leadership in that coordination in a complete transparent and inclusive way.**

TB advocacy at the moment is very timid, there is no passion to be felt, our messages sound often like a broken record, we have to be more imaginative

TB advocacy need to focus on the possible issues that have dampened the spirits of the donor countries from continued support to TB initiatives. Issues like demonstrated value for money--There is need to develop advocacy sheets that clearly demonstrate the positive impact of the already received support before digging new grounds for support.

It must be remembered that some organizations do not have a global resource mobilization focus.

We can't keep talking to ourselves if we want to move this to the next level. It's important for us to start building stronger linkages not only with the HIV community but with other areas of health and those outside the health realm if we are going to be successful and build a sustainable future for TB control. I think it's particularly important to train in-country organizations and individuals in HBCs to do their own advocacy--that's where the political will and the resources ultimately have to come from...

I would really like to see the "elimination phase" as a strategy for the STOP TB Partnership. It must have specific targets and messaging, but I would applaud this move. Because that would be a strategy for real advocacy. Plus, in terms of advocating for Technical Assistance to determine a true mechanism that would work for increased TA for proposals. We need to determine how best to proceed and who does what. This would help with advocacy to some donor governments to fund TA.

The fact that few people know the very basics of TB (that it exists and is an important problem to address and that we can address it) is an ever-present hurdle in our efforts to mobilize resources. The less the public knows about our issue, the more we ask elected officials to stick their necks out when funding TB programs--especially in the current budget environment. Polls also consistently show that most Americans think their government spends far more on foreign assistance than it actually does--and while they want to spend less, the amount of spending they support is about 12 times greater than what's currently spent. This spells opportunity. To capitalize on this opportunity, **we need a shift in our own mindsets as TB advocates. TB isn't boring or "un-sexy" or irrelevant to people in developed countries. It is fascinating. It is sexy. It is relevant. As TB advocates we play great inside baseball, but we're playing in an empty stadium. If we fill the seats, we'll still be able to play great baseball, and we'll be able to play it with more powerful teams. To do this we must improve our salesmanship, be as creative as we are strategic, and prioritize elevating the TB issue at every turn.**

frankly, TB advocacy is too weak to mobilize new resources. we should adopt the weak's strategy: utilize opportunities with larger and stronger constituencies. for example, HIV, mother-child-health, poverty in general (TB as disease of poverty).

The Stop TB Partnership needs a new message, new messengers, new leadership, new accountability structures, and new relevance. It has become a global health also-ran, tied in an unhealthy environment, lacking accountability mechanisms for partners, lacking a vision or a message beyond 2015, repeating irrelevant and unhelpful slogans such as claiming to have achieved self-set MDG targets, lacking a strategy for TB elimination, and operating in an autistic vertical silo unrelated to other pressing global health, development, and social justice movements or activities.

We need more well known and famous people adding their voice to the effort. I think the HIV/AIDS advocacy effort has really benefited from having recognized names associated with the disease. **Combining efforts with other disease efforts even chronic disease such as diabetes could also tap into resources not previously known.**

detailed **advocacy**
partner profiles

INFECTIOUS DISEASES SOCIETY OF AMERICA

Description:

IDSA represents physicians, scientists and other health care professionals who specialize in infectious diseases. IDSA's purpose is to improve the health of individuals, communities, and society by promoting excellence in patient care, education, research, public health, and prevention relating to infectious diseases. IDSA's Center for Global Health Policy engages in policy education and advocacy on the US response to global tuberculosis, HIV and TB/HIV co-infection. In this regard, the Center advocates for US bilateral program funding, research, and the US contribution to the Global Fund to fight AIDS, TB and Malaria.

Headquarters: United States of America

Affiliate offices: None reported

Number of staff dedicated to TB-related advocacy (FTE): 3.0

Primary targets of advocacy for TB resource mobilization:

United States: Executive Office
 United States: Congress

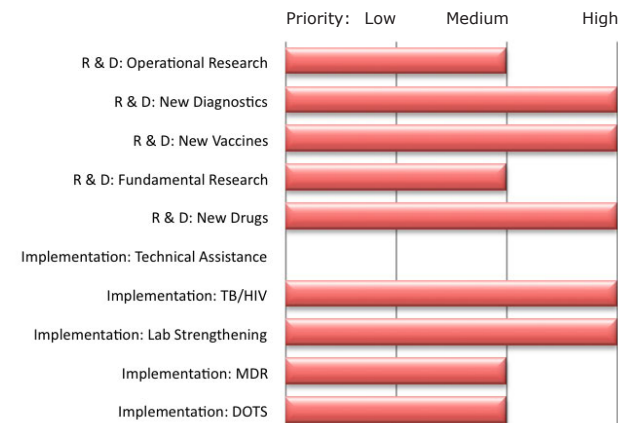
Contact: Christine Lubinski

Phone: +1 703-299-5027

Email: Clubinski@idsociety.org

Website: www.idsaglobalhealth.org
 www.sciencespeaksblog.org

Issue-specific priorities of advocacy for TB Resource Mobilization:



Other Priorities: None reported

Advocacy activities in BRICS for TB resource mobilization:

Brazil: None reported
Russia: None reported
India: None reported
China: None reported
South Africa: None reported



the power to end poverty

RESULTS CANADA

Description:

RESULTS Canada is a national network of volunteers. We are committed to creating the political will to end global poverty and needless suffering, and to demonstrating that individuals make a difference when they exercise their political influence.

Headquarters: Canada

Affiliate offices: RESULTS Australia
 RESULT US
 RESULTS Japan
 RESULTS Mexico
 RESULTS UK
 ACTION Project: GHA India,
 KANCO Kenya, GHA France

Number of staff dedicated to TB-related advocacy (FTE): 2.5

Primary targets of advocacy for TB resource mobilization:

Canadian Government
 Canadian members of the GBC
 World Bank
 Donor countries to provide more funding to TB Reach

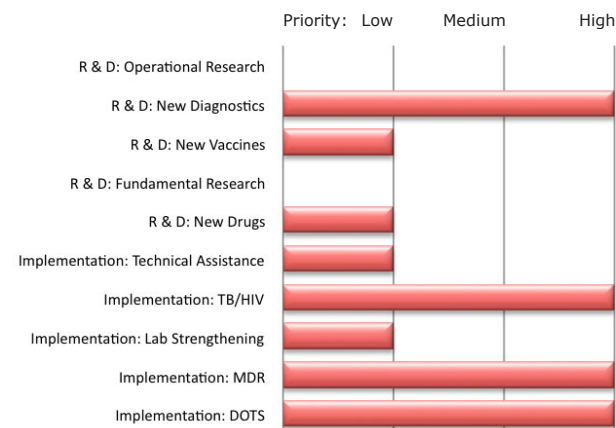
Contact: Sabina Saini

Phone: +1 613-562-9240

Email: sabina@results-resultats.ca

Website: www.results-resultats.ca

Issue-specific priorities of advocacy for TB Resource Mobilization:



Other Priorities: Increased overall resources to address TB globally is our focus through multilateral and bilateral channels

Advocacy activities in BRICS for TB resource mobilization:

Brazil: None reported
Russia: None reported
India: None reported
China: None reported
South Africa: None reported



TB ALERT

Description:

TB Alert is the UK's National and International Tuberculosis charity - the only British charity working solely on fighting TB in the UK and overseas.

Headquarters: United Kingdom

Affiliate offices: TB Alert India, Hyderabad, Andhra Pradesh, India

Number of staff dedicated to TB-related advocacy (FTE): 0.25

Primary targets of advocacy for TB resource mobilization:

None reported

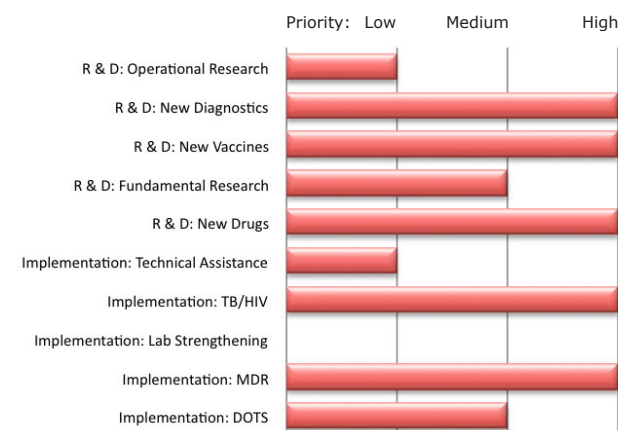
Contact: Paul Sommerfeld

Phone: +44 20 8969 4830

Email: chair@tbalert.org

Website: www.tbalert.org

Issue-specific priorities of advocacy for TB Resource Mobilization:



Other Priorities: We work on all these. Prioritisation varies with different efforts over time

Advocacy activities in BRICS for TB resource mobilization:

Brazil: None reported
Russia: None reported
India: None reported
China: None reported
South Africa: None reported

PATH



Description:

PATH is an international nonprofit organization that creates sustainable, culturally relevant solutions, enabling communities worldwide to break longstanding cycles of poor health. By collaborating with diverse public- and private-sector partners, we help provide appropriate health technologies and vital strategies that change the way people think and act. Our work improves global health and well-being.

Headquarters: United States

Affiliate offices: PATH has offices in approximately 20 countries at the moment in all regions of the world.

Number of staff dedicated to TB-related advocacy (FTE): 2.0

Primary targets of advocacy for TB resource mobilization:

- US Congress
- MOHs in HBCs
- NTPs in HBCs

Contact: D’Arcy Richardson
Phone: +1 202-580-8561
Email: drichardson@path.org
Website: www.path.org

Issue-specific priorities of advocacy for TB Resource Mobilization:

	Priority: Low	Medium	High
R & D: Operational Research			
R & D: New Diagnostics			
R & D: New Vaccines			
R & D: Fundamental Research		None reported	
R & D: New Drugs			
Implementation: Technical Assistance			
Implementation: TB/HIV			
Implementation: Lab Strengthening			
Implementation: MDR			
Implementation: DOTS			

Other Priorities: We mostly train others to do advocacy

Advocacy activities in BRICS for TB resource mobilization:

- Brazil:** None reported
- Russia:** None reported
- India:** Training in-country NGOs and CSOs to do advocacy work with their government at all levels **None**
- China:** None reported
- South Africa:** Training in-country NGOs and CSOs to do advocacy work with their government at all levels



RESULTS UK

Description:

RESULTS is a grassroots advocacy organisation whose purpose is to generate the public and political will to end hunger and the worst aspects of poverty and to support ordinary citizens to believe in their capacity to create social change.

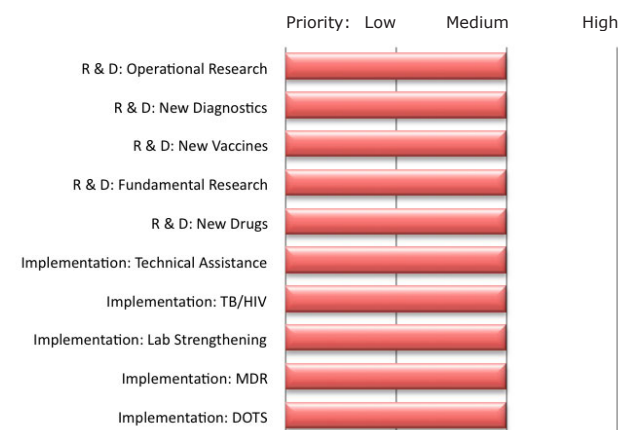
Contact: Kate Finch

Phone: +44 (0) 20 7499 8238

Email: kate.finch@results.org.uk

Website: www.results.org.uk

Issue-specific priorities of advocacy for TB Resource Mobilization:



Headquarters: United Kingdom

Affiliate offices: RESULTS Australia
 RESULT US
 RESULTS Japan
 RESULTS Mexico
 RESULTS UK
 ACTION Project: GHA India,
 KANCO Kenya, GHA France

Number of staff dedicated to TB-related advocacy (FTE): 4.0

Primary targets of advocacy for TB resource mobilization:

The UK Government
 The European Union
 The Wellcome Trust
 The UK Medical Research Council
 UK Pharma

Other Priorities: We advocate for resource mobilisation for all aspects of the plan

Advocacy activities in BRICS for TB resource mobilization:

Brazil: None reported
Russia: None reported
India: None reported
China: None reported
South Africa: None reported

FIND (FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS)



Description:

FIND is dedicated solely to developing affordable, easy-to-use and cutting edge diagnostic tests that save lives in the poorest areas of the world. From the initial idea and discovery stage to putting new tests into practice, the organization works with multiple and diverse groups, from academia, industry, donors, partners in the field, Ministries of Health and the World Health Organization. With five new diagnostic tools for TB already in use, FIND also has established programmes in malaria and sleeping sickness.

Headquarters: Switzerland

Affiliate offices: New Delhi, India
Kampala, Uganda

Number of staff dedicated to TB-related advocacy (FTE): 0.4

Primary targets of advocacy for TB resource mobilization:

International organizations
Private sector
Governments
Foundations
EU

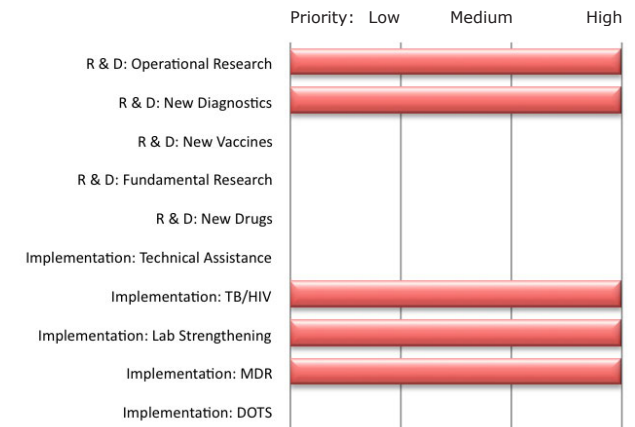
Contact: Lakshmi Sundaram

Phone: +41 22 710 2786

Email: lakshmi.sundaram@finddiagnostics.org

Website: www.finddiagnostics.org

Issue-specific priorities of advocacy for TB Resource Mobilization:



Other Priorities: None reported

Advocacy activities in BRICS for TB resource mobilization:

Brazil: To implement new TB technologies
Russia: None reported
India: To implement new TB technologies
China: To implement new TB technologies
South Africa: To implement new TB technologies

TREATMENT ACTION CAMPAIGN



Description:

The Treatment Action Campaign (TAC) advocates for increased access to treatment, care and support services for people living with HIV and campaigns to reduce new HIV infections.

Contact: Vuyiseka Dubula

Phone: 27214221700

Email: vuyiseka@tac.org.za

Website: www.tac.org.za

Headquarters: South Africa

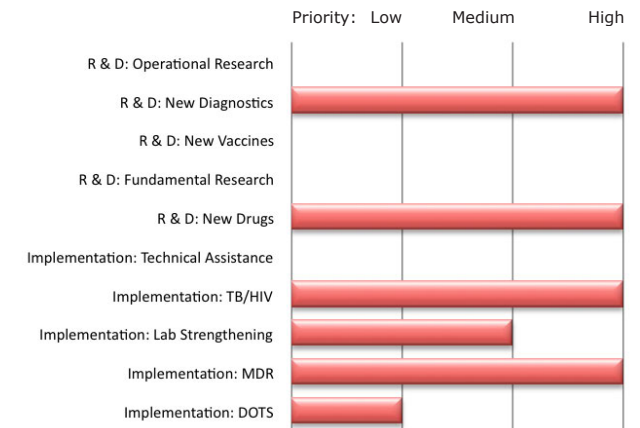
Affiliate offices: None reported

Number of staff dedicated to TB-related advocacy (FTE): 0.0

Primary targets of advocacy for TB resource mobilization:

South African Government
Cepheid
Tibotec

Issue-specific priorities of advocacy for TB Resource Mobilization:



Other Priorities: None reported

Advocacy activities in BRICS for TB resource mobilization:

Brazil: None reported

Russia: None reported

India: None reported

China: None reported

South Africa: Integration of TB/HIV services, rollout of Gene Xpert, compassionate care access to TMC207

GLOBAL HEALTH COUNCIL



Description:

The Global Health Council is the world's largest membership alliance dedicated to saving lives by improving health throughout the world. The Council's membership is comprised of health-care professionals and organizations that include NGOs, foundations, corporations, government agencies and academic institutions that work to ensure global health for all.

Headquarters: United States of America

Affiliate offices: None reported

Number of staff dedicated to TB-related advocacy (FTE): 0.5

Primary targets of advocacy for TB resource mobilization:

US Members of Congress
State Foreign Operations appropriations subcommittee
US Members of Congress
Labor Health and Human Services appropriations subcommittee
USAID
US State Dept/OGAC

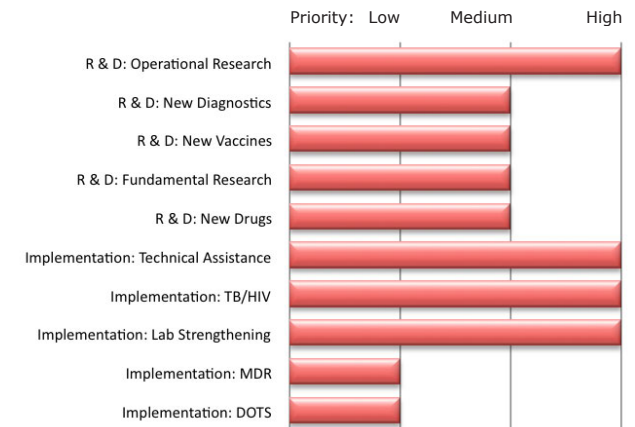
Contact: Smita Baruah

Phone: +1 202-833-5900

Email: sbaruah@globalhealth.org

Website: www.globalhealth.org

Issue-specific priorities of advocacy for TB Resource Mobilization:



Other Priorities: None Reported

Advocacy activities in BRICS for TB resource mobilization:

Brazil: None reported

Russia: None reported

India: None reported

China: None reported

South Africa: None reported

KENYA AIDS NGO CONSORTIUM (KANCO)



Description:

The Kenya AIDS NGOs Consortium (KANCO) is a national membership network of non-governmental organizations (NGOs), community based organizations (CBOs) and faith-based organizations (FBOs) involved in or that have interest in HIV & AIDS and TB activities in Kenya.

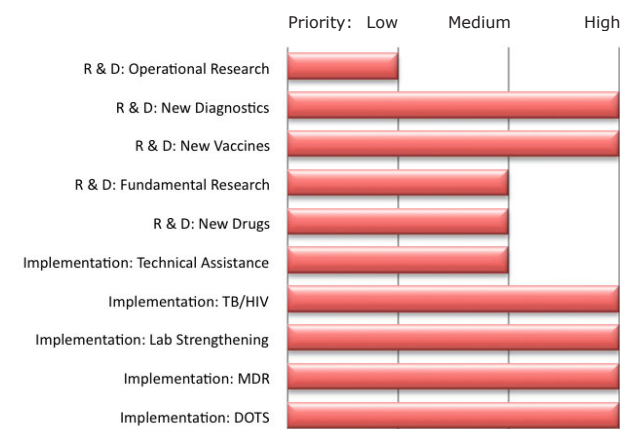
Contact: Allan Ragi

Phone: 2717664

Email: kanco@kanco.org

Website: www.kanco.org

Issue-specific priorities of advocacy for TB Resource Mobilization:



Headquarters: Kenya

Affiliate offices: None reported

Number of staff dedicated to TB-related advocacy (FTE): 3.0

Primary targets of advocacy for TB resource mobilization:

Multi lateral donors (GFATM, World Bank, etc)
 Bilateral funding agencies (US-AID, DFID, etc)
 Kenyan National Government
 Private corporations
 High net worth individuals

Other Priorities: None reported

Advocacy activities in BRICS for TB resource mobilization:

Brazil: None reported
Russia: None reported
India: None reported
China: None reported
South Africa: None reported

AMERICAN THORACIC SOCIETY



We help the world breathe
PULMONARY • CRITICAL CARE • SLEEP

Description:

ATS is the world's leading medical professional association dedicated to advancing the clinical and scientific understanding of pulmonary diseases, critical illnesses and sleep-related breathing disorders.

Headquarters: United States of America

Affiliate offices: None reported

Number of staff dedicated to TB-related advocacy (FTE): 0.75

Primary targets of advocacy for TB resource mobilization:

U.S. Government including both chambers of Congress
U.S. General Public
Foundations

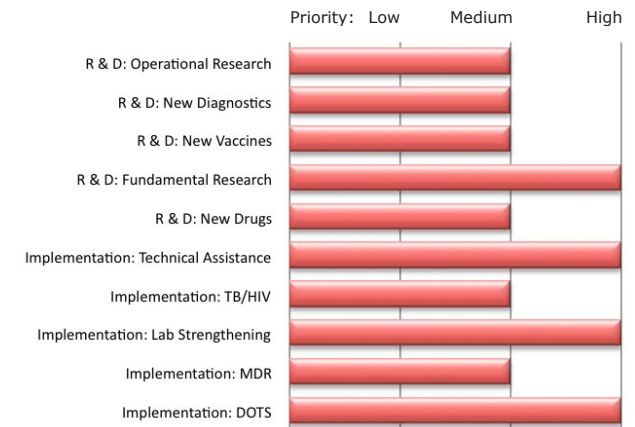
Contact: Nuala Moore

Phone: 202.296.9770

Email: Nmoore@thoracic.org

Website: www.thoracic.org

Issue-specific priorities of advocacy for TB Resource Mobilization:



Other Priorities:

Domestic (U.S.) TB elimination. Funding for USAID/ Stop TB Partnership/WHO TB Programs. Developed comprehensive online tool to coordinate advocacy and trained community activists: Kenya, Indonesia, Nigeria, Mexico, Tanzania.

Advocacy activities in BRICS for TB resource mobilization:

Brazil: Developed comprehensive online tool to coordinate advocacy & trained community activists
Russia: Developed comprehensive online tool to coordinate advocacy & trained community activists
India: Developed comprehensive online tool to coordinate advocacy & trained community activists
China: None reported
South Africa: Developed comprehensive online tool to coordinate advocacy & trained community activists



GLOBAL HEALTH ADVOCATES FRANCE (GHA) AVOCATS POUR LA SANTÉ DANS LE MONDE

Description:

GHA works to catalyze the emergence of a social movement against AIDS, tuberculosis, malaria and other diseases of poverty.

Contact: Patrick Bertrand

Phone: +33 6 60 04 04 42

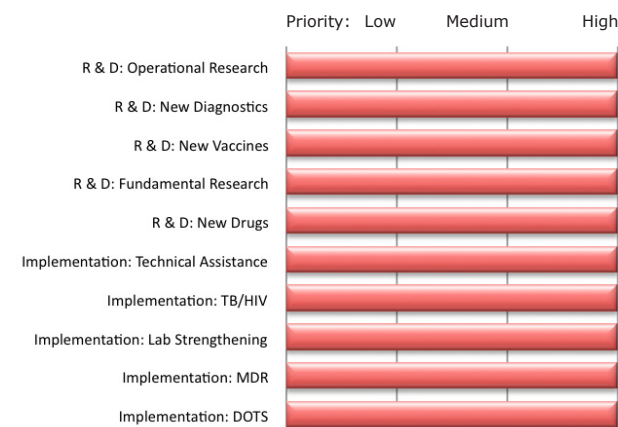
Email: pbertrand@ghadvocates.org

Website: www.action.org
www.actionforglobalhealth.eu
www.tbcoalition.eu

Headquarters: France

Affiliate offices: Global Health Advocates India

Issue-specific priorities of advocacy for TB Resource Mobilization:



Number of staff dedicated to TB-related advocacy (FTE): 3.0

Primary targets of advocacy for TB resource mobilization:

European Union institutions (European Commission, European Parliament, European Council)
French Government (French Ministry of Foreign Affairs, Parliament, Presidency)
New innovative financing Mechanisms (Financial transaction tax)

Other Priorities: Community system strengthening and ACSM at country level. Advocacy for all health MDGs.

Advocacy activities in BRICS for TB resource mobilization:

Brazil: None reported
Russia: Through the WHO Europe MDRTB 2011 2015 Action Plan
India: Through our partner organisation GHA India
China: None reported
South Africa: None reported

KNCV TUBERCULOSIS FOUNDATION



Description:

KNCV Tuberculosis Foundation is a national and international center of expertise for TB control and a medical development organization. The organization is committed to reducing tuberculosis in the Netherlands and worldwide, in around forty countries.

Headquarters: Netherlands

Affiliate offices: Indonesia, Kazakhstan, Kenya, Nigeria, Namibia, Dominican Republic, Pakistan, Ethiopia, Botswana

Number of staff dedicated to TB-related advocacy (FTE): 0.5

Primary targets of advocacy for TB resource mobilization:

Dutch administration, EU institutions, USAID, foundations, GFATM, HNWI, World Bank, Canada, private sector, Japan

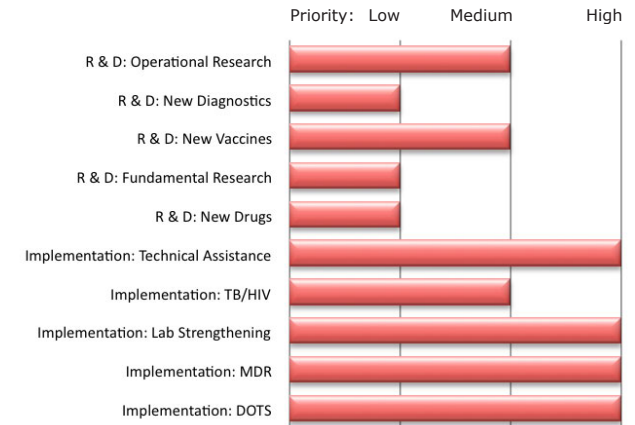
Contact: Beatrijs Stickers

Phone: +31 70 416 7245

Email: stickersb@kncvtbc.nl

Website: www.kncvtbc.nl

Issue-specific priorities of advocacy for TB Resource Mobilization:



Other Priorities: None reported

Advocacy activities in BRICS for TB resource mobilization:

Brazil: None reported

Russia: None reported

India: Seeking out specific high level targets in government or in research organizations for membership and invitations to meetings; collaboration on projects

China: None reported

South Africa: None reported



TREATMENT ACTION GROUP

Description:

Treatment Action Group (TAG) is an independent AIDS research and policy think tank fighting for better treatment, a vaccine, and a cure for AIDS. TAG's programs focus on anti-retroviral treatments, HIV basic science and immunology, vaccines and prevention technologies, hepatitis, and tuberculosis.

Headquarters: United States of America

Affiliate offices: None reported

Number of staff dedicated to TB-related advocacy (FTE): 4.0

Primary targets of advocacy for TB resource mobilization:

- National Institutes of Health
- UNITAID
- Bill and Melinda Gates Foundation
- Pharmaceutical companies
- European Governments
- Pharmaceutical Companies and Research Institutions in India and China
- Critical Path for TB Drug Regimens
- Small local foundations

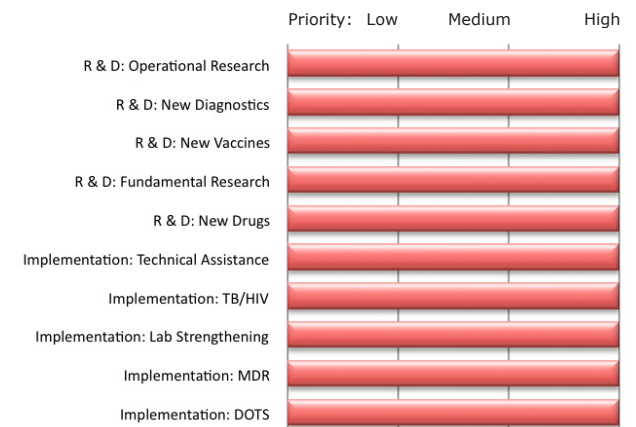
Contact: Mark Harrington

Phone: +1 212.253.7922

Email: mark.harrington@treatmentactiongroup.org

Website: www.treatmentactiongroup.org

Issue-specific priorities of advocacy for TB Resource Mobilization:



Other Priorities: Community based care for TB and TB/HIV; community mobilization; community advocacy; community TB policy; science; treatment literacy, target existing and potential donors regarding R&D advocacy

Advocacy activities in BRICS for TB resource mobilization:

Brazil: targeting advocacy and some resource mobilization through our allies at work in these countries

Russia: targeting advocacy and some resource mobilization through our allies at work in these countries

India: targeting advocacy and some resource mobilization through our allies at work in these countries

China: targeting advocacy and some resource mobilization through our allies at work in these countries

South Africa: targeting advocacy and some resource mobilization through our allies at work in these countries



RESULTS EDUCATIONAL FUND

Description:

RESULTS is a grassroots advocacy organization whose purpose is to generate the public and political will to end hunger and the worst aspects of poverty and to support ordinary citizens to believe in their capacity to create social change.

Headquarters: United States of America

Affiliate offices: RESULTS UK, Canada, Japan, Mexico, Germany

Number of staff dedicated to TB-related advocacy (FTE): 8.0

Primary targets of advocacy for TB resource mobilization:

US government
 UK government
 French government
 Canadian government
 Japanese government
 Australian government
 Indian government
 Kenyan government
 World Bank
 Other bilateral donors, as opportunity or crises requires

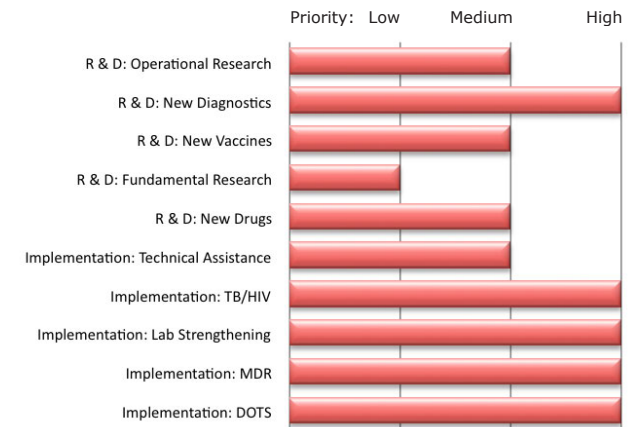
Contact: Joanne Carter

Phone: +1-202-783-4800

Email: jcarter@results.org

Website: www.results.org

Issue-specific priorities of advocacy for TB Resource Mobilization:



Other Priorities: None reported

Advocacy activities in BRICS for TB resource mobilization:

Brazil: None reported

Russia: None reported

India: Uses extensive community networks to secure a stronger parliamentary base and generate increased support and demand for action on TB within the country; while also supporting the roll-out of TB diagnostics.

China: None reported

South Africa: target of increased attention by key Ministers of Health in the region to influence domestic as well as donor budgets, and identify and support prospective strong civil society allies



INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE (THE UNION)

Description:

The Union is both a non-profit Institute with five scientific departments and 14 offices worldwide and a federation of close to 3,000 member organisations and individuals who are committed to the same goals. Its activities address several major health challenges facing low- and middle-income populations, including: Tuberculosis, HIV, Asthma, Childhood pneumonia, Tobacco-related and other lung diseases, Indoor air pollution.

Headquarters: France

Affiliate offices: China, India, Mexico, Peru, Egypt, Edinburgh, Zimbabwe, Uganda, DR Congo, Singapore, New York, Myanmar

Number of staff dedicated to TB-related advocacy (FTE): 1.0

Primary targets of advocacy for TB resource mobilization:

Global Fund
Development Agencies
Foundations

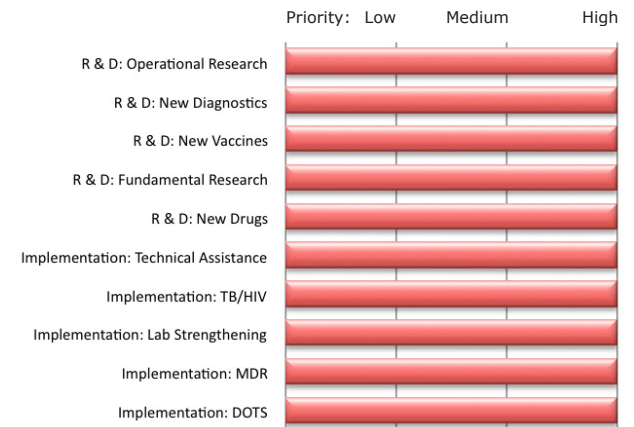
Contact: Dr Nils E. Billo

Phone: + 33144320360

Email: NBillo@theunion.org

Website: www.theunion.org

Issue-specific priorities of advocacy for TB Resource Mobilization:



Other Priorities: None reported

Advocacy activities in BRICS for TB resource mobilization:

Brazil: None reported
Russia: None reported
India: None reported
China: None reported
South Africa: None reported



RESULTS JAPAN

Description:

RESULTS is a grassroots advocacy organization whose purpose is to generate the public and political will to end hunger and the worst aspects of poverty and to support ordinary citizens to believe in their capacity to create social change.

Headquarters: Japan

Affiliate offices: Results Educational Fund USA(hqs), Results UK, Canada, Australia, GHA France, GHA India, KANCO

Number of staff dedicated to TB-related advocacy (FTE): 4.0

Primary targets of advocacy for TB resource mobilization:

Ministry of Finance
 Ministry of Foreign Affairs
 Ministry of Health, Labour and Welfare
 Japan International Cooperation Agency
 Diet member group for Stop TB partnership
 Japan Anti-tuberculosis Association/Research Institute of Tuberculosis
 World Bank Tokyo office

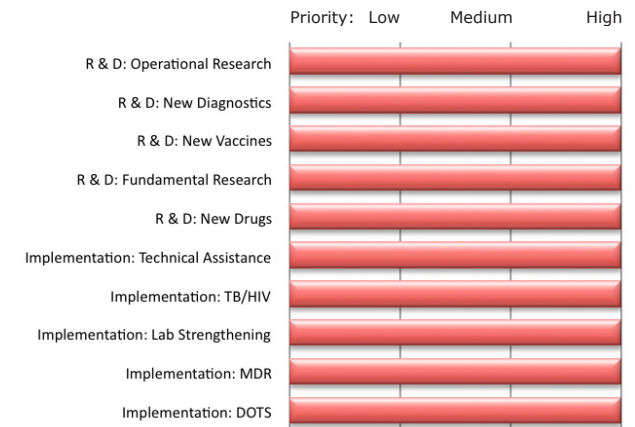
Contact: Noriko Shirasu

Phone: + 81-3-5280-2888

Email: results.japan@gmail.com

Website: www.results.jp

Issue-specific priorities of advocacy for TB Resource Mobilization:



Other Priorities: None reported

Advocacy activities in BRICS for TB resource mobilization:

Brazil: None reported

Russia: None reported

India: Through ACTION network, we keep advocating for more resources.

China: Plans to organize NGO roundtable inviting Chinese HIV NGOs

South Africa: None reported



PARTNERS IN HEALTH (PIH)

Description:

PIH is an international health organization relentlessly committed to improving the health of the poor and marginalized. We build local capacity and work closely with impoverished communities to deliver high quality health care, address the root causes of illness, train providers, advance research and advocate for global policy change.

Headquarters:

United States of America
Affiliate offices: Haiti, Rwanda, Lesotho, Malawi, Russia, Peru, and others
 All offices have the PIH name as well as PIH in the local language

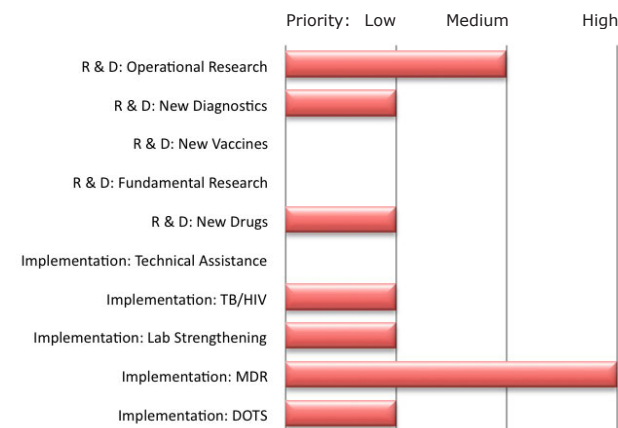
Number of staff dedicated to TB-related advocacy (FTE): 0.0

Primary targets of advocacy for TB resource mobilization:

US Government (legislative and USAID/DOS), GFATM, World Bank, Private sector

Contact: Donna Barry
Phone: +1 617 998 8978
Email: dbarry@pih.org
Website: www.pih.org

Issue-specific priorities of advocacy for TB Resource Mobilization:



Other Priorities: None reported

Advocacy activities in BRICS for TB resource mobilization:

Brazil: None reported
Russia: Meet with Russian government officials to discuss their contributions
India: None reported
China: None reported
South Africa: None reported



AERAS

Description:

Aeras is a non-profit product development organization dedicated to the development of effective tuberculosis (TB) vaccines and biologics to prevent TB across all age groups in an affordable and sustainable manner.

Headquarters: United States of America

Affiliate offices: Aeras Africa Office, South Africa

Number of staff dedicated to TB-related advocacy (FTE): 3.0

Primary targets of advocacy for TB resource mobilization:

European donor governments
US government
Private foundations in the US
BRICS

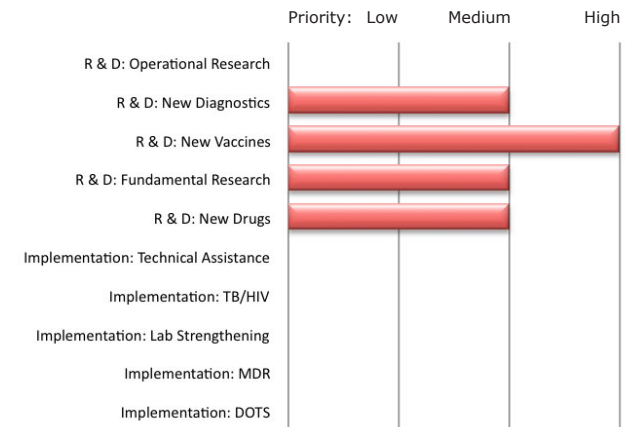
Contact: Jennifer Woolley

Phone: +1 301 547 2942

Email: jwoolley@aeras.org

Website: www.aeras.org

Issue-specific priorities of advocacy for TB Resource Mobilization:



Other Priorities:

Aeras recognizes the importance of all aspects of the Stop TB Strategy and the Global Plan to Stop TB, and advocates for a comprehensive approach to TB that includes both research and implementation programs. However, due to the nature of our organization and our work, our advocacy for TB resource mobilization is primarily focused on TB vaccines and TB research activities as part of this comprehensive plan. We do this in partnership with other organizations that advocate for TB more broadly.

Advocacy activities in BRICS for TB resource mobilization:

Brazil: Strategy under development

Russia: None reported

India: Strategy under development

China: Strategy under development

South Africa: Strategy under development

