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# Enhancing Engagement and Advocacy **Global Fund and beyond**

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## Triggered by CB members:

***...how do we prevent TB of slipping out of radar ????***

***...are we putting enough efforts, energy and proper expertise in our communication strategy....***

***... we need a completely different level of advocacy and engagement with those who can make TB visible, including the GF...***

***... it seems there is a lack of communication strategy with and within GF about TB...***

***... why are countries not bold enough in their application to the GF?***

***...what will mean the new replenishment and the USD11.7 billions for TB ??? ...even less funds???....***

## **FACT**

**19.2 US\$BILLIONS APPROVED GF  
PROPOSALS**

**TB 3.2 USD BILLIONS – 16.7%**  
**MALARIA 5.3 USDBILLIONS – 27.7%**  
**HIV 10.8 BILLIONS - 54%**

## Global Fund structures – Can we make a difference ?

- **BOARD – 5 to 7 voting members are *friends of TB***
  - BOARD COMMITTEES
    - ETHICS
    - FINANCE and AUDIT
    - POLICY and STRATEGY COMMITTEE (PSC) – Partners Constituency – UNITAID-STOP TB P - RBM
    - PORTFOLIO and IMPLEMENTATION COMMITTEE (PIC) – Partners Constituency
    - MARKET DYNAMICS and COMMODITIES – 2 CB members
- **GF SECRETARIAT**
- **TRP – 2 CB MEMBERS**
- **TECHNICAL EVALUATION REFERENCE GROUP – 2 friends of TB**
- **COUNTRY LEVEL – CCM, PR, SR, LFA**

**MoU Stop TB Partnership and the Global Fund – February 2009**



**However, there is NO official platform/body to :**

- Ensure communication and coordination between the *TB friends* - individuals/ constituencies represented in the GF structures**
- Provide solid and common STOP TB Partnership input into different GF initiatives, i.e.:**
  - Enhancing contributions of the GF to the MCH
  - Eligibility and cost sharing criteria
  - National Strategy applications
  - Key Performance Indicators
  - CCM guidelines revision
  - QA Policy for Diagnostics
  - .....

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**Do we ALL want to make a difference?**

- Less modest**
- Aim high**
- Be more pro-active than reactive!!!**
- Real partnership – committed, organized, engaged, clear, open, transparent, sharing the challenges and the achievements**

**Transforming the way of thinking in TB !**

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# **CAN WE TRANSFORM THE CONVERSATION THE WORLD IS HAVING ABOUT TB?**

# Global TB Advocacy and Communication

**Our Collective Problem:** TB advocacy and communication approaches aren't achieving the profile and support that is needed.

**Structural Challenge 1:** The MDG target is a messaging trap.

- TB MDG achieved in 2004, and yet every year more people get TB than the year before.
- The global TB community is highly technically competent; however, too often we use technical language not easily understood on the outside.

**Consequence:** lower priority in MDG arena (e.g.MCH). Ironically this achievement may impede our ability to advocate for our cause and more \$\$\$.





## Advocacy Challenges continued

**Structural Challenge 2:** One of the core functions of the Secretariat is Advocacy and Communication, but we may not have the optimal structure, number, or expertise to fulfil this mission. (1 Communications; 1 Advocacy)

- We must professionalize this area by having access to the best and brightest Advocacy experts in-house and outside.
- The Secretariat's advocacy and communications are heavily event-driven rather than proactive and strategic.

**Structural Challenge 3:** We have no targets between 2015 and 2050

- 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.

# Are we capturing the imagination of the world?

## HIV/AIDS -

- Zero discrimination
- Zero new infections
- Zero AIDS deaths (...this is not possible without zero TB/HIV deaths)
- Eliminate mother to child transmission of HIV by 2015

## Malaria:

- 100% of people needing a bed net will have one by 2010
- End malaria deaths by 2015

## TB:

Halt and begin to reverse the incidence. ACHIEVED

- By 2005: detect at least 70% of SS+ TB cases and cure at least 85%
- By 2015: reduce prevalence of and deaths (/ 100,000 population) due to TB by 50% relative to 1990
- By 2050: eliminate TB as a public health problem (<1 case per million population )



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- We must transform the conversation we are having with the world about TB, because right now – it is not being listened to.
  - We need to be more ambitious if we are going to change the conversation
  - We urgently need to develop new goals from 2015 onwards that can help us now.

## Using the 'E' Word (Elimination)

- 'TB elimination' is defined as  $<1$  case per million population so we are uncomfortable using this CONCEPT much because we see it from a technical point of view.
- The term 'ELIMINATION' is defined;
- The term 'ELIMINATION PHASE' is not.
- The Global Plan to Stop TB 2011-2015 is  
"Transforming the fight towards Elimination"
- The 'What If' Thought Experiment

# TB Elimination Phase Strategy 2015 - 2025

## Ending deaths from Tuberculosis

What if we:

- Categorized all countries  $<100 / 100,000$  into different 'Elimination Phases' according to case notification rate thresholds (e.g.; Transformation, Acceleration, Pre-elimination, Elimination)
- Identified countries with potential to move from one of these Elimination Phases to another,
- Modeled the impact of full scale-up of high-impact interventions (E.g. new tools, high impact approaches) in terms of lives saved, etc.
- Developed Elimination Phase costed plans, and advocated for significantly increased funding to scale up high impact interventions moving countries toward elimination phase.



## TB Control Phase

## TB Elimination Phase



REGION	COUNTRY	CONTROL PHASE		ELIMINATION PHASE		
		TB Burden >100/100,000 *	Control <100/100,000 *	Transformation <50/100,000 *	Acceleration <20/100,000 *	Elimination <10/100,000 *
EASTERN MEDITER.	Afghanistan			48		
	Bahrain				18	
	Djibouti	162				
	Egypt					6
	Iran					6
	Iraq					10
	Jordan					2
	Kuwait				12	
	Lebanon					4
	Libya				14	
	Morocco			37		
	Oman					6
	Pakistan		57			
	Qatar				16	
	Saudi Arabia					8
	Somalia		73			
	Sudan			26		
	Syria					5
	Tunisia					10
	UAE					1
	West Bank/Gaza					<1
	Yemen				15	

**What if:** We packaged these 'Elimination Phase' shifts by geo-political grouping where transition between Phases was achievable in politically relevant timeframes.

**新京报网** Chinese President announces "People's Plan to Eliminate TB" and President's TB Initiative in Africa  
www.bjnews.com.cn

**The New York Times**

"Gates announces \$2bn to accelerate vaccine development as part of the TB Elimination Phase Strategy 2015-2025"

**guardian** "TB Elimination Phase in Europe"

**Le Monde** « HALTE À LA TUBERCULOSE ET ÉLIMINATION EN EUROPE »



**G|S|N**  
GULF STATES NEWSLETTER

"Gulf State TB Elimination Initiative in the Muslim World"

**elPeriodico**  
GUATEMALA

# We are at a tipping point for TB

***"It always seems impossible  
until it is done"***

Nelson Mandela





# Decision Point

- **Decide how the Stop TB partners and CB can embark into an enhanced collaboration and coordination with the GF (OPTIONS)**
  1. Expand the ToRs and composition of the Eligibility Task Force.
  2. Create a new, specific Task Force/Body or a new mechanism of the STOP TB Partnership.
  3. Delegate to the Secretariat the role of calling upon different partners and CB members whenever and wherever is requested
  4. Convene a high level meeting of *friends of TB* board and committee members
  5. Other ???
- **Develop a TB Elimination Phase concept note (WHO and Stop TB Partnership Secretariat) for presentation at the next Coordinating Board meeting**
  - Involving a retreat like meeting with a group of CB members, external advocacy experts, WHO, and Stop TB Partnership;
- **Plan a review of Stop TB Partnership Secretariat structures (excluding GDF and TB REACH) to assess whether the right type and level of resources are in place for Advocacy and Communications.**