

Partners Meeting India – Wednesday 4 April 2012

THE IMPORTANCE OF ADVOCACY

Sheila Davie, Advocacy Partnership, UK

Good afternoon (and thank you)

I was asked to speak to you briefly about the importance of advocacy.

Possibly a good place to start is with the words of the Head of the Stop TB Department at WHO - Dr Mario Raviglione - who said recently ...

“ ...It is only through strong advocacy, supported by state-of-the-art skills, can our calls for action penetrate beyond the surface, and help achieve the desired goal of a world that is free of tuberculosis.”

But what do we mean by advocacy? Well there are numerous definitions ...

But to me

advocacy aims to secure financial resources and change policies, guidelines or procedures - through the influencing of stakeholders such as politicians, decision-makers and journalists.

The Stop TB Partnership in their material for WTBD 2012 says of advocacy

Advocacy (at country level) seeks to ensure that national governments remain strongly committed to implementing TB control policies.

Here in India for example – REACH has targeted their advocacy programme at:

- Private healthcare providers
- The Corporate sector
- The State TB Program – and
- The Central TB Program

And they have found that what leads to success and achievement is:

- Picking the right issues
- Aligning goals and getting a buy in
- Meeting decision makers one on one (I would add that a group from a coalition could also meet with a key decision-maker)
- Patience and persuasion
- Not getting put off by setbacks
- Documenting, follow up

But whatever words we use to define advocacy - the sentiments remain the same.

Advocacy is a process to bring about change in the practices of influential individuals, groups and institutions – not least our national governments and their commitment to TB control.

It's important also to distinguish advocacy from communication and social mobilisation:

advocacy is distinct from communication (which is about creating awareness, and behaviour change in the public)

and it is distinct from social mobilisation (which is bringing people together for community participation).

But it must be said that some of the actions we undertake in communication and social mobilisation - influencing, persuading and mobilising people – are also key activities we associate with advocacy.

Some of these actions we also use in our fundraising activities – but that is not advocacy either.

To be successful and effective - advocacy needs a compelling vision -

A good one is “The end of TB in my lifetime” ... the vision that brought about the recent compelling message for the 2012 World TB Day campaign - Stop TB in my lifetime.

Advocacy also needs the 3 P's:

1. Persuasive messages – powerful requests
2. Passion and powerful speaking
3. Partnership

Firstly - Persuasive messages – followed by clear powerful requests...

For example - a message that says –

It is inexcusable that anyone should die today of TB – an illness that can be detected and cured for as little as \$US 100 in most countries.

Followed by the request of - let's say your own government ... for instance ...

We request that the Indian government increase its domestic funding for TB care and control to double its current figures – so that every TB patient in India is detected and receives high quality TB treatment.

Secondly - Passion and powerful speaking

It's obvious – but becoming a good spokesperson – is key in influencing others.

Sharing factual information is one way. But much more powerful – and memorable – is sharing your own passion for TB – telling the story of a patient you have met – or better still having them tell their own story – one that will leave a lasting impression – a message that will not be forgotten when the statistics have long gone.

I remember hearing a former MDR-TB patient - who also was HIV+ - say very powerfully ...

I lived with HIV for over 10 years – but when I got TB I thought I was going to die.

That was memorable.

And thirdly and finally - Partnership

We can be great advocates on our own – and often are – but working together we can become a powerful force impossible to ignore and be far more effective because of that.

This group here today – the Partnership for Tuberculosis Care and Control in India - is a group that could become a powerful advocacy force for TB in India.

In the last few days I have spoken to a number of organisations from your partnership who are delivering advocacy at the district and state levels working to influence policy changes and additional funding for TB programmes.

There is much more that could be done – especially at the national level – that has the power to unlock additional financial resources for TB from the domestic budget. Resources that would ensure not only greater sustainability for your TB work but would mean many more lives being saved and more quickly.

And finally this group could – maybe should - not just be a partner with RNTCP – but also the group that takes the opportunity to influence and challenge – ensuring that the RNTCP deliver on what has been promised. People lives depend on it.