

**ADVOCACY FOR TB/MDR-TB MEETING**  
**ADVOCACY PARTNERSHIP, UK & Partnership for TB Care and Control in India**  
**2 APRIL 2012, Hotel Clarion Collection, New Delhi**  
**REPORT**

**Background and objectives:**

**Advocacy** encompasses the skills and activities employed by constituency groups to bring about change. It is an important part of the work of civil society as both 'influencer' and 'watchdog', effecting change in programmes and policy and ensuring governments and stakeholders keep to their word.

This day was intended as a follow-up to the advocacy training offered by the Advocacy Partnership to some civil society groups in New Delhi in February 2009.

Following that training a TB/MDR-TB Advocacy Tool Kit was developed which, until recently, was only available through the Advocacy Partnership web site. This toolkit has now been printed in India and will be made available to participants.

TB advocacy exists at many levels in India and the Tool kit can enhance and strengthen the already existing advocacy skills of TB stakeholders and their ability to design and deliver campaigns that can be integrated into and enhance other TB programme work.

We intend the meeting will provide:

1. An opportunity to unpack the Tool Kit so that participants have a good understanding of its contents and how the kit can be used to reinforce advocacy work within their organisations and networks.
2. An understanding of how to build an advocacy plan and the importance of setting advocacy goals and targets. Space to share best practises of advocacy in India with each other, and to work in groups to begin to develop key sections of an advocacy plan and align on key advocacy activities for the future.

**AGENDA:**

Time	Activity	Person responsible
9.30	Welcome and Introductions	Dr. Vianca
9.45	Goals for the day	Ms. Sheila
10.00	Unpacking the Advocacy Partnership TB/MDR-T Advocacy Tool Kit	Ms. Sheila
11.00	<b>Tea Break</b>	
11.30	Sharing of advocacy best practice, e.g.: <ul style="list-style-type: none"><li>• Designing an advocacy campaign</li><li>• Influencing leadership</li><li>• Using the media</li></ul> Q&A	REACH ( Dr. Nalini) – 15 mins GHA ( Mr. Christo) - 15 mins Eli Lilly( Ms. Sunita)- 15 mins 15 mins



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13.00	<b>Lunch Break</b>	
14.00	Developing an Advocacy Plan	Ms. Sheila & Mr. Subrat
14.30	Advocacy plans for the future – Group work Group A: Engaging the media Group B: Influencing leadership Group C : Advocacy messaging	Facilitator :Ms. Sheila Co-facilitator : Ms. Sunita Co-facilitator : Mr. Christo Co-facilitator: Dr. Nalini
15.45	<b>Tea Break</b>	
16.00	Group presentations Conclusions/Way forward	Group presenters– 15 mins each Mr. Subrat & Ms. Sheila
17.00	Vote of Thanks	Dr. Vianca

### Proceedings:

- Meeting began with a welcome address by **Dr. Vianca, Partnership Secretariat**, and a round of self introduction by the participants.
- **Ms. Sheila Davie, Advocacy Partnership, UK**, introduces the goals of the day. The Advocacy tool kit was then distributed to all participants. Ms. Sheila then took the participants through the sections of the tool kit and their subsections, highlighting key sections and suggesting how these might support ongoing advocacy activities, sharing examples of advocacy she had used, answering questions and including comments and advocacy experience from the participants. The Sections are;
  - Section 1: What is Advocacy?
  - Section 2: Why Advocacy? The main TB challenges.
  - Section 3: How to plan for successful advocacy
  - Section 4: Who are we trying to influence?
  - Section 5: Advocacy skills
  - Section 6 : Monitoring and evaluating advocacy work
  - Section 7 : Resource mobilization for advocacy work
  - Section 8 : Resources
- This was followed by a tea break and a sharing of experience by 3 organizations that have experiences with advocacy work.
- **Dr. Nalini Krishnan from REACH** addressed **Developing an Advocacy Campaign** and began with a brief introduction to the work done by REACH and its activities for advocacy. Some of their target for advocacy issues include;
  - Private healthcare providers
  - Corporate sector
  - State TB Program
  - Central TB Program
  - Project Axshya -creating advocates
- Dr. Nalini then went on to discuss their experience on developing an advocacy campaign. The first steps would be to identify the gaps in achieving the program objectives through evidence or data collection, how to address these gaps, do the solutions require advocacy and if it does what will be the strategy to use. Often the methodology to use would be identifying the problem,



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who needs to be approached, presenting evidence, proposing a framework, getting the proposal authorized and then taking it down to the next level up or down for implementation- piloting in certain districts.

- The overarching goal should be identified and objectives should be SMART. Successes in advocacy requires picking the right issues ,aligning goals and getting a buy in ,meeting decision makers one on one, patience and persuasion, not getting put off by setbacks and documenting, follow up.
- Some of the constraints and challenges often faced in advocacy are the power to make decisions is with others, other issues take precedence e.g. elections /national and state events, finding the right time to approach people and frequent changes in key positions prevents building up a long term relationship.
- However to meet these challenges we could use existing examples like data, toolkits, network to learn and share others' experiences, raw strength in numbers, form coalitions and groups and acknowledge and give credit to partners and authorities.
- **Mr. Christo Mathews from Global Health Advocates** addressed **Influencing Leadership** and began with a brief introduction to his organization and the work they do. GHA India works towards the formulation and implementation of effective public policies to fight disease and ill health in India. They are partners of the ACTION project. Mr. Christo mentioned the kinds of advocacy
  - **Policy advocacy:** Informs politicians, etc. how an issue will affect the country; requests specific actions to improve laws and policies.
  - **Program advocacy:** Targets opinion leaders at the national or community level to take action.
  - **Media advocacy:** Validates the relevance of a subject; puts issues on the public agenda, prompts the media to cover TB-related topics.
- He then spoke of political will for TB and how with its presence will create a patient friendly structure and will motivate people to access high quality care. There are various arenas for action for **political leadership** such as consciousness, communication, capacity building and championing.
- For consciousness it is :
  - Be aware of current statistics
  - Status of the disease
  - Development in technology and treatments
- For communication it is :
  - Distribution of information through numerous, appropriate channels on the disease, breaking myths, treating options, places and timings.
  - Actively seeking participation and creating avenues for involvement of society – individuals, communities, institutes and organizations
- For capacity building it is :
  - Increase efficiency of existing and build greater, more current capacity.
  - Infrastructural development, skill development and up-gradation.
- For championing it is :
  - Raising the TB cause at various platforms
  - Taking up the cause of specific individual cases (injustice)
- Points to ponder when working on political advocacy are;



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**a) Motivations/mindset**

- What is going on in their world?
- What are their views on this issue?
- What are their priorities?

**b) Barriers and Incentives**

- What are the barriers that they face in taking the desired action?
- What incentives could speak to their existing motivations?

**c) Access Points**

- How do they receive their information?
- What sources do they find credible?
- What events, types of communication or engagement influence them?

- The challenges to working with political leadership are the opposition, relationships, allies / coalitions, the policy environment and the policymakers' Perceptions. Methodologies that can be used for working are ;
  - One-on-one briefings
  - Focus events – seminars, field visits....
  - Creating champions
  - Mobilizing the community around them
- Mr. Christo then cited an example of the TB report card for India TB control in various states done by GHA in 2008.

- **Ms. Sunita Prasad, Lilly MDR-TB Partnership** then shared her organization's work with **media for advocacy**. Ms. Sunita began with a brief introduction to the partnership and highlighted its various activities such as;

**i) Reaching Communities**

**ii) Reaching Health Care Professionals**

**iii) Media engagement** include:

- Partnership with REACH – to sensitize media, students of Journalism and use of web based applications to reach out to larger audience.
- Media Awards in various categories.
- Short Film competition.
- Media Fellowships to Journalists.
- Speak up to STOP TB- website as a platform.

- Examples include (a) Photo Essay Project by Subhash Sharma – to bring out the daily challenges faced by the patients, providers, care givers and volunteers. This photo Exhibition was inaugurated in Delhi by Minister of Health and Family Welfare and travelled to Kolkata, Chennai and Mumbai.(b) With Stop TB Partnership - Advocacy and awareness campaign involving football star Luis Figo as goodwill ambassador.(c) Syndicated columns in partnership with Dainik Jagrans "*Pehe!*"(d) SMS service and FAQ on the mobile phones.(e) Cartoon strips on TB awareness and Question Hour (e) Media Tour- Participants from Germany, Switzerland, Hungary, Netherlands, Czech & Slovakia, Brussels and USA. (f) Street plays in communities, followed by interactive question hour sessions.Wall paintings and Community radio in Gujarat.

- **Reaching Business** Post lunch, groups were selected by Mr. Subrat Mohanty and Ms Sheila Davie. This afternoon group work was designed by Sheila Davie to give the participants an

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opportunity to work together with people they usually do not work with, and begin to develop part of an advocacy plan with a focus for Groups 1 and 2 on developing goals and objectives, identifying “targets” and specific advocacy activities within a time-frame. Group 3 was asked to look at developing a process for developing key messaging that would underpin any advocacy campaign. The template for discussion was shared with all. The 3 working groups were ;

- Group 1 – Engaging the media , Facilitator – Ms. Sunita
  - Group 2 – Influencing leadership , Facilitator – Mr. Christo
  - Group 3 – Advocacy messaging ,Facilitator –Dr. Nalini
- Following the group work, each group presented their ideas to the wider group for consideration and feedback. . The **presentations** of the group work are as follows:

**Group 1: Engaging the media, Presenter = Dr. Abhijeet, CMAI**

**Goal:** To engage the media for early detection of TB cases thereby decreasing TB mortality and morbidity

**Objective:** Increasing reporting by media (electronic and print) to address specific issues in TB during 2012- 2015

- Year one - media coverage highlighting the gaps
- Year two - media coverages highlighting the action taken
- Year three - media highlighting success stories

**Target:**

Media persons (vernacular and national dailies)  
Documentary film makers  
New Media  
Private FM radio

**Specific key activities:**

Identification of key stakeholders in media (PTI, UNI, Press Club)  
Formation of key coalitions  
One to one interaction with the affected community and TB champions  
Information dissemination on state specific and issue specific data

**Activities:**

Identification of key pegs - MDR-TB, TDR-TB, TB deaths  
Documentation of case studies to be shared with the media  
One to one interactions  
Exposure visits - TB tourism

**Group 2: Influencing leadership, Presenter = Mr. Venkat, IHBP**

**Goal:** Universal access to timely and quality diagnosis

**Objective:** Reach 100% of potential TB patients with faster diagnosis within 3 years

**Advocacy objectives:**

- Commitment from the Minister, HFW to reach 100% of potential TB patients with faster diagnosis within 3 years
- Allocation of additional resources to ensure the above

End point – a policy statement by the Minister during winter session

**Target decision makers**

- Minister, HFW



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- Standing Committee on Health
- Planning Commission
- Ministry of Finance

#### **What do we do?**

##### ▶ **Step 1:**

- Gather evidence in support of faster diagnosis
- Publish the report and disseminate to the media
- Facilitate a media debate
- Develop position papers and op-eds

##### ▶ **Step 2:**

- Meeting with members of the Standing Committee to discuss position
- Profiling potential MPs with health interests, Finance Minister and present position
- Meetings with key bureaucrats
- Meeting members of Universalization of Health Coverage Committee
- Meeting with Member Health, Planning Commission

##### ▶ **Step 3:**

- Engaging with CII, FICCI and other corporate forums
- Work with Pharma and other interested groups
- Exposures for MPs to International fora, debates on the issues
- Working with constituencies of the MPs on the Standing Committee and key ministers to build grassroots level pressure
- Utilizing special event days to get the message across

##### ▶ **Step 4:**

- Encourage 'interested' MPs to ask starred/ unstarred questions in Parliament

#### **Group 3: Advocacy messaging, Presenter = Mr. Swamy, TB Alert India**

Developing of messaging should be done at three levels. Examples of messages are;

**Policy: "Every two minutes 3 people die of TB, early detection save millions"**

**Program:" Men machinery and motivation are mantra for saving life of TB affected"**

Need to assure: Availability of Trained and Motivated staff at all levels

Availability of latest equipments

**Media: "Kick TB by quick diagnosis"**

#### **OUTPUTS:**

1. Policy changed to allocate more and resource and administrative support
2. Availability of resources
3. Increased awareness of all stakeholders for demanding service

#### **Timeline -6 Months**

- Planning Workshop-
- Development of messages
- Pilot Testing
- Message Launch

- **Mr. Subrat and Ms. Sheila** then summarised the meeting and presentations requesting participants to follow up on the group work and to explore the possibilities of the Partnership for TB care and control to put greater focus on advocacy work in the future. The advocacy



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group that is going to be formed among partners during the national consultative meeting on the 4<sup>th</sup> and 5<sup>th</sup> April could be the first steps into increasing activities for advocacy on TB.

- The meeting ended on a positive note with good feedback received from participants on a well conducted meeting and their improved knowledge of advocacy and how to plan and conduct activities for improving TB care and control. **Dr. Vianca** then presented the vote of Thanks.

Thanking you



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