



News

Advocacy, Communication and Social Mobilization for XDR-TB

A Task Force on ACSM for extensively drug resistant TB (XDR-TB) has been formed. The first conference call will take place on Monday 4 December, coordinated by the Stop TB Partnership Secretariat, WHO Stop TB and HIV/AIDS Department. Please check the [website](#) for the draft Terms of Reference on Tuesday 5 December and contact us for further details.

WHO has also issued FAQs on XDR-TB and will issue a monthly XDR-TB Update. <http://www.who.int/tb/xdr/en/>

Cheap but effective AIDS control

What if there were a highly effective, cheap strategy that could quickly prolong the lives of people living with HIV around the world?

This life-prolonging action is merely *good tuberculosis control*¹. Certainly, it doesn't sound as dramatic as one might desire, but it is extraordinarily effective and cheap.

It is widely known that tuberculosis and HIV are like gasoline and a match. The consequence of this is that in areas where TB is common, TB is among the leading killers of people living with HIV.

HIV promotes the progression of latent TB infection to active disease. In fact, TB/HIV co-infection is the main reason that TB cases are continuing to rise globally. But the tragic paradox is that tuberculosis is *fully preventable and curable* with well known, effective and cheap interventions,

even in people living with HIV.

During the International AIDS Society Conference in Bangkok in 2004, former South African President Nelson Mandela stirred the infectious disease world by stating that: "The world has made the defeat of AIDS its top priority; this is a blessing, but TB remains ignored. Today we are calling on the world to recognize that we cannot fight AIDS unless we do much more to fight TB".

What can the ACSM Working Group do on World AIDS Day? We can sign the **Call to Stop TB** and ensure that all are aware of this important campaign. We can advocate strongly for collaborative TB and HIV activities, strengthened health systems, and R&D for new tools to prevent, diagnose and treat TB in people living with HIV. We can advocate for strengthened TB infection control everywhere

– particularly where HIV prevalence is high – to protect the vulnerable from multi-drug resistant and extensively drug resistant TB. And collectively we can ensure that in every forum in which AIDS is discussed TB is also placed squarely on the agenda.

Current efforts to fight AIDS will be crippled if people living with HIV continue to die unnecessarily of preventable, treatable and curable TB.

Dr. Lee Reichman, Professor of Medicine and Executive Director of the New Jersey Medical School Global Tuberculosis Institute and author of TIMEBOMB: The Global Epidemic of Multi-Drug Resistant Tuberculosis.

¹ WHO Stop TB Strategy: <http://www.who.int/tb/strategy/en/>

Background Information

Read more about ACSM issues on the website:
http://www.stoptb.org/wg/advocacy_communication/
http://www.stoptb.org/wg/advocacy_communication/sgcountrycommunication.asp
http://www.stoptb.org/wg/advocacy_communication/acsmga/default.asp

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UN Special Envoy to Stop TB calls for increased funding



Dr Jorge Sampaio, UN Secretary-General's Special Envoy to Stop TB

The UN Secretary-General's Special Envoy to Stop TB, Dr Jorge Sampaio, has issued a stark warning on the link between TB and HIV and the lack of investment. "We know that TB has become a global pandemic due to the disease's deadly synergy with HIV, as well as the woefully inadequate investment in TB control, surveillance and research," said the former President of Portugal at a news conference in Jakarta, Indonesia.

Speaking on behalf of the UN, WHO and the Stop TB Partnership, he called on Asian leaders to continue making the fight against TB a top priority,

especially given the threat of drug-resistant TB across Asia. It is estimated that 55 percent of the world's multidrug-resistant TB cases are in India and China.

He also praised the progress that has been made to rapidly expand quality TB control across the South East Asian Region: "Case detection and treatment success rates are improving thanks to a strong political commitment and large investments in improved infrastructure, reliable drug supplies, increased staffing, improved laboratory services, and intensified training and supervision. But in order

to turn these achievements into a success story within a ten year period, strong political commitment, resolute implementation of WHO's regional strategic recommendations, and increased level of funding are dramatically needed."

His call was endorsed by WHO Regional Director for Southeast Asia, Samlee Pilanbangchang, who spoke of the challenges facing the region, "The key before us is whether we have the means to implement the new Stop TB strategy successfully. One of the main concerns is to reach the unreached; the poor, underserved and marginalized."

Stop TB Partnership moves to a new building



Secretary General – opening of the new UNAIDS/WHO building

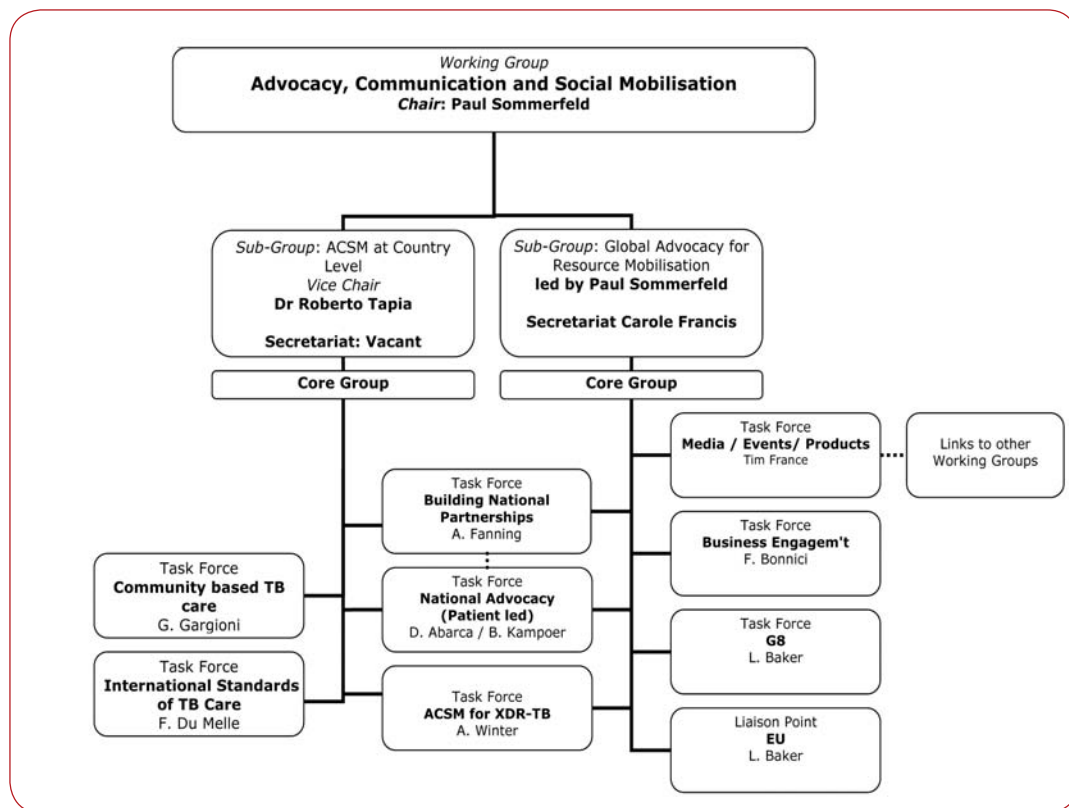
The Stop TB Partnership Secretariat at WHO Headquarters will move to a new UNAIDS/WHO building in Geneva. At the inauguration on 20 November 2006, the United Nations Secretary-General, Mr Kofi Annan, stated, "WHO has been in the vanguard in strengthening the health sector response. It has led the dramatic scale-up of TB control, and new responses to the huge threats of HIV-associated and drug-resistant TB. It hosts the Stop TB Partnership, which has become a model of consensus-building, innovation and collaboration".

TB claims the lives of more than one million people across Asia every year, equivalent to one person every 30 seconds. The Stop TB Partnership's Coordinating Board meeting on 29 and 30 November in Jakarta will review global progress and latest development in TB control.

For more information: TB in WHO South East Asia Region www.searo.who.int/en/Section10/Section2097.htm Stop TB Partnership Coordinating Board www.stoptb.org

Stop TB Partnership unveils new ACSM Working Group structure

The ACSM Working Group unveils a new structure including six new Task Forces and a Liaison Point within the Global Advocacy for Resource Mobilization sub-group.



News

New website for Global Advocacy sub-group

The **Global Advocacy for Resource Mobilization sub-group** has just launched a new [website](#).

Please send articles, information on events, logos and other information that you would like to post on the site to francisc@who.int.

Media and Events press conference

The **Media and Events Task Force** helped to prepare a 'standing-room only' [press conference](#) at the 37th Union World Conference on Lung Health in Paris on 30 October this year.

Task forces

Media and Events Task Force

The Task Force coined the title of World TB Day 2007 – 'TB anywhere is TB everywhere', which was announced by the UN Secretary-General's Special Envoy to Stop TB, Dr Jorge Sampaio, at the inauguration of the 37th Union World Conference on Lung Health in Paris.

The Media Task Force has also developed the [Common Messaging Platform for TB](#), which is intended to provide ACSM members with key, detailed

messages that can be used consistently during briefings, meetings and in the media.

Building National Partnerships Task Force

WHO/PAHO Brazil office held a workshop on Advocacy, Communication and Social Mobilization (ACSM) in coordination of the Ministry of Health. The workshop was funded by USAID as part of the Tuberculosis Coalition for Technical Assistance (TBCTA) activities.

Participants included representatives of the State Secretaries, Health

Municipalities and civil society from 10 metropolitan areas (Rio de Janeiro, Sao Paulo, Baixada Santista, Belo Horizonte, Salvador, Belem, Fortaleza, Recife, Porto Alegre, Manaus). These 10 metropolitan areas are direct beneficiaries of ACSM funds from the GFATM. The objectives of the workshop activities were:

1. To learn what the Brazilian States are doing in ACSM and how best we can share the best practices from Rio de Janeiro y Sao Paulo, Ceará, Minas Gerais;

2. To acknowledge the challenges to create ACSM workplans in the different States;
3. To establish a first strategic plan for ACSM activities in each of these States, in order to discuss and get approval from the authorities and the civil society.

As a result, each State produced a strategic plan for ACSM, which was discussed and approved in a plenary session. Each plan will be used by their respective State to implement GFATM funds.

Implementation of ACSM at country level moving forward quickly

The implementation of advocacy, communications and social mobilization at country level is mixed. Some countries already have extensive experience carrying out communication programmes aimed at increasing case detection rates, while for other countries, ACSM is an entirely new field. The quality of ACSM activities depends largely on local resources available. The most successful programmes will make liberal use of partners (NGOs, media and advertising agencies, multi-disease ACSM resources in governments, community groups, etc) who can help with development of materials and the

dissemination of key messages from national to community level.

The top two barriers faced by countries to implementation of successful ACSM plans are limited resource and staff capacity, with 15 of 21 countries (74%) rating this very or extremely relevant. However, the 5th and 6th rounds of GFATM have been extremely successful for ACSM for tuberculosis, providing 43 countries with grants totalling \$65 million over 2 years. The issue is therefore not necessarily a lack of funding but a dearth of adequately skilled people at all levels from national to community.

Top Barriers Faced by Countries in Implementation of ACSM Plans	% Giving 'very' or 'extremely relevant' rating
1. Limited resources	74%
2. Limited staff capacity	74%
3. Geographic/cultural/linguistic diversity	62%
4. No action plan	48%
5. Identifying/reaching target groups	48%
6. Poor understanding of TB risk factors	48%
7. Administrative/managerial constraints	42%
8. Lack of health sector co-ordination	33%
9. Lack of commitment from health care practitioners	29%
10. Lack of central government commitment	24%
11. Lack of civil society commitment	24%
12. Stigma	24%

Source: 2006 HBC Survey, n=21

Monitoring and evaluation of ACSM programmes is another major challenge for all countries: only 30% of countries currently claim to have data sources in place to measure and assess their results. A key step will be the publication of guidelines on ACSM

M&E indicators by the Stop TB Partnership. This will also help countries to develop their strategies by identifying the most important gaps in knowledge and attitudes among their key target groups.

Second Annual Meeting of the Country-level Sub-Group

The second annual meeting of the ACSM Subgroup at Country Level was convened in Milan on 27–29 Sep 2006. This Subgroup, chaired by the Vice Minister of Health of Mexico, and comprising representatives of more

than 35 partner agencies, WHO regional and country offices, National TB Program Managers and patient activists, met to review progress towards achieving the ACSM 10-Year Strategic Framework. The Subgroup

noted a significant increase in ACSM funding via GFATM grant process; however, ACSM utilization by National TB Programs needs to be accelerated. This will be facilitated by a series of publications including

the ACSM Handbook, KAP Guidelines, and Monitoring & Evaluation Guidelines, and by the new technical assistance mechanism, funded by USAID and coordinated by the Stop TB Partnership.

Community TB Care Task Force

The Task Force met in Milan on 25-27 Sep 2006 to review the guiding principles of Community Involvement in TB Control and Prevention. These principles include:

1) Guiding principles should create an enabling institutional and policy framework.

2) Any guideline should be adapted to the local context and build on local experience and expertise.
3) Multiple approaches should be used to engage communities in TB control and prevention.

4) The community must be seen as a partner and should be considered when interventions are planned, designed and implemented.
5) National policy should define how communities can be empowered.

The task force writing committee convened on 9-10 November to prepare the first draft of the Guidelines for peer review. The Guidelines are expected to be published in February 2007.

New Tools Working Groups push urgent research needs

The three nonprofit Product Development Partnerships (PDPs) that are leading the global effort to develop new TB tools – diagnostics, drugs and vaccines – are working closely with fellow members of the Stop TB Partnership, the World Health Organization (WHO), and world health experts to address the deadly, global public health threat posed by the growing emergence of extensively or extremely drug resistant tuberculosis (XDR-TB), especially among those co-infected with TB and HIV.

Despite the best efforts to prevent, detect and cure TB, new tools are imperative to radically transform the fight against this disease and halt the threat of new, more deadly drug resistant strains such as MDR-TB and XDR-TB.

Representatives of the Aeras Global TB Vaccine Foundation, the Foundation for Innovative New Diagnostics (FIND) and the Global Alliance for TB Drug Development (TB Alliance) have worked closely with members of the WHO Global Task Force on XDR-TB in the development of recommendations to combat XDR-TB through strengthening TB and HIV control efforts. The Task Force's goals also include accelerating the discovery and development of new TB tools.

Harnessing the collective resources of government, industry, academics, and philanthropies, FIND, the TB Alliance and Aeras have created over the past five years the largest pipeline of new TB drugs, diagnostics and vaccines in history.

- Today's most commonly used TB diagnostic is sputum microscopy, a **100+ year old technology**. In cases of drug sensitivity testing it takes several weeks to get results and delays in diagnosis cost patients valuable time in receiving the right treatment. FIND is developing more rapid and accurate tests and point-of-care diagnostics to detect drug-resistant forms of TB.
- Today's drugs are **more than 40 years** old and must be taken for 6-9 months. Erratic or inconsistent treatment breeds drug resistance.

TB Alliance is developing new TB drugs that will dramatically shorten treatment time, improve treatment of latent TB, works against drug-resistant TB, and works safely with HIV antiretrovirals.

- Today's vaccine is **more than 85 years** old, provides only marginal protection for infants and provides very little, if any, protection beyond childhood. Aeras is developing new, safe and effective vaccine regimens that prevent TB in children, adolescents and adults.

The "New Tools" PDPs are working with WHO and the Stop TB Partnership to plan a multi-day conference early next year to address the research and development issues posed by XDR-TB in the quest to deliver new, more effective TB diagnostics, drugs and vaccines.



Upcoming meetings

GFATM Workshop on Grant Implementation

Countries who received approval for GFATM grants in Round 6 have been invited to attend a Workshop on Grant Implementation in Geneva, which features a dedicated ACSM component for the first time:

- 16–19 Jan 2007
AMRO/EURO/SEARO/WIPRO
- 30 Jan–2 Feb 2007
AFRO/EMRO

A record 30 countries received approval for \$30 million over 2 yrs in Round 6 for ACSM activities:

- AFRO: Benin, Côte D'Ivoire, Eritrea, Ethiopia, Lesotho, Mauritania, Rwanda, Tanzania, Togo, Uganda
- AMRO: Guatemala
- EMRO: Djibouti, Egypt, Iraq, Morocco, Syria
- EURO: Belarus, Bosnia & Herzegovina, Bulgaria, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, Romania, Tajikistan
- SEARO: Bhutan, India, Sri Lanka
- WIPRO: Papua New Guinea, Vietnam

Past meetings

Global Advocacy for Resource Mobilization

The **first Global Advocacy for Resource Mobilization Core Group** meeting took place in Paris on 29 October 2006. See the [website](#) for background documents and the final report.

37th Union World Conference on Lung Health

The **37th Union World Conference on Lung Health** took place in Paris from 31 October to 4 November 2006. The conference provided an ideal opportunity for advocates, communications experts, activists, TB experts and politicians to cross-fertilize ideas, and develop plans to improve TB services for all in the future.

At this year's Union World Conference on Lung Health, advocacy partners from India, Kenya and several donor countries organized an exhibition booth to share highlights from global and national advocacy efforts. The booth helped provide a platform for many TB advocates to showcase their work during this conference and network with members of the Stop TB community. Hundreds of conference participants visited the booth to network with partners, see posters featuring advocacy and media successes, and pick up materials, reports and other products.

RESULTS report on World Bank's low spending for TB in Africa

RESULTS International has released a [report](#), "Enduring Neglect: The World Bank's Inadequate Response to Africa's TB Emergency". Stephen Lewis, UN Special Envoy for HIV/AIDS in Africa, Dr. Joia Mukherjee, Medical Director for Partners in Health and Dr. Richard Bumgarner, former World Bank official and former Deputy Director of the WHO Stop TB Department, launched the report in a global conference call with journalists. Among its key findings, the report showed that the World Bank underfunds direct TB control interventions in Africa as a portion of its total TB and overall health sector financing. In order to fill Africa's TB funding gap, the report urges the World Bank to invest an additional US\$1.1 billion in direct TB control interventions over the next decade.

TAG launch their new R&D Investments document

At the 37th Union World Conference on Lung TAG launched its revised Tuberculosis R&D Investments [report](#).

OSI launches new reports

The Open Society Institute with George Soros launched new [reports](#) on Public Health Watch's TB Monitoring Project at the World Conference on Lung Health in Paris. The reports analyze TB and TB/HIV policy in Bangladesh, Brazil, Nigeria, Tanzania and Thailand from a community perspective. These reveal that community participation and public awareness—vital to the fight against HIV/AIDS—has been excluded from efforts to control TB. As TB is a major killer, government officials and civil society must join efforts with health experts and policymakers to increase awareness of TB symptoms, available treatment, and the high risk of co-infection with HIV/AIDS. Without access to this information, people living with TB are at risk of stigmatization and more likely to default on treatment, leading to an increased threat of drug resistant TB.

All-Party Parliamentary Group on Global Tuberculosis launched in UK Parliament



Gareth Thomas MP, Undersecretary of State for International Development, speaks at launch of the All Party Parliamentary Group on Global Tuberculosis, 25 October, 2006.

In response to cross-party concern for the growing scale and impact of the TB epidemic, and to demonstrate commitment to halting and reversing the incidence of TB worldwide, a group of British MPs have established an All-Party Parliamentary Group (APPG) on Global Tuberculosis. The APPG will act as a forum for discussion and a platform for further strategic action to raise the profile of tuberculosis in the UK Parliament.

The APPG was officially launched on 25 October 2006 in the House of Commons with a meeting entitled '*Global TB: Challenges and Opportunities*'.

Presentations were made by Dr. Mario Raviglione, Director of WHO's Stop TB Department; Gareth Thomas MP, Under-Secretary of State for International Development; Dr. Bobby John, Principle Partner, Global Health Advocates; and Winstone Zulu, TB/HIV patient advocate, Zambia. The launch of the Group was attended by over 70 participants, including Parliamentarians, NGOs, academics, health care professionals and patient advocates.

The Secretariat of the APPG will be hosted by advocacy organization RESULTS UK who initially engaged the three co-chairs and many other

members of the APPG on Global TB by organizing parliamentary delegations to Kenya, Rwanda and Ukraine.

For further information on the APPG on Global TB contact Louise Holly, RESULTS UK, 25 Clemens Street, Leamington Spa, CV31 2DP, UK. Tel: 44 (0)1926 435 430. www.results-uk.org.

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