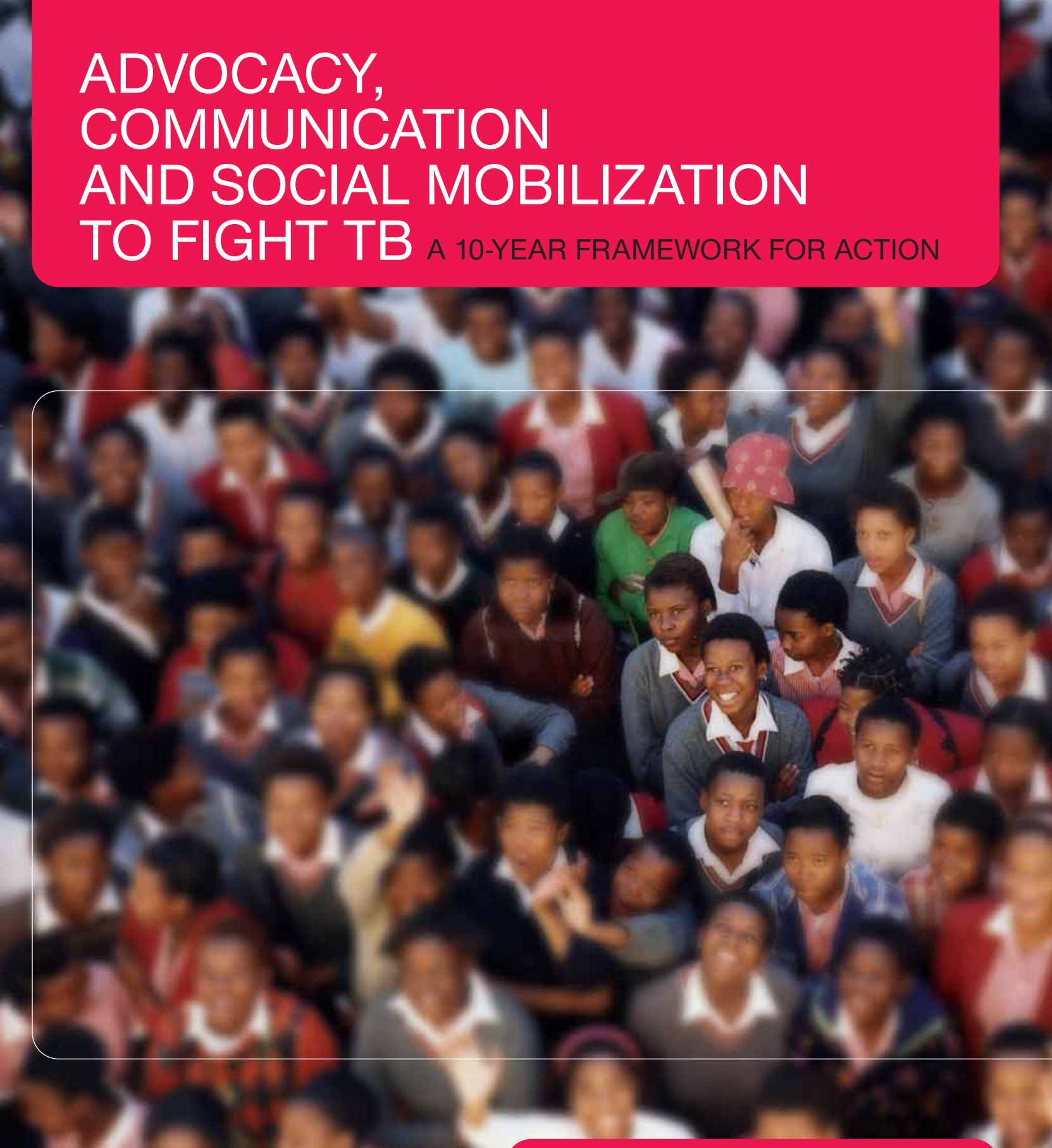
ADVOCACY, COMMUNICATION AND SOCIAL MOBILIZATION TO FIGHT TB

A 10-YEAR FRAMEWORK FOR ACTION



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ACSM
SUBGROUP
AT COUNTRY LEVEL

World Health Organization
Stop TB Partnership

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Preface

The value of advocacy, communication and social mobilization (ACSM) is becoming increasingly valued in TB control strategies. It is to the credit of the Stop TB Partnership that a new ACSM working group was set up in 2005 to inject greater strategic coherence and urgency to this work. I am honoured to be elected as both the vice-chair of this group and the first Vice-Chair of the ACSM Subgroup at Country Level.

There is an increasing wealth of experience and evidence, including from my country Mexico, demonstrating the value of ACSM in mobilizing political support and leadership for TB control strategies at all levels; in empowering people affected by TB; in improving case detection and boosting treatment adherence; and in tackling stigma.

This document sets out a 10-year strategic framework for ACSM activities and is a key supporting document to the Stop TB Partnership's *Global Plan to Stop TB 2006–2015*. This plan demonstrates a step change in both ambition and innovation in tackling TB, and I believe that the ACSM strategies set out in this framework will play a critical role in supporting the achievement of the Stop TB Partnership objectives.

Vice-Minister of Health
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Vice-Chair of the Advocacy, Communication and Social Mobilization Subgroup at Country Level

Executive summary

A significant scaling up of advocacy, communication and social mobilization (ACSM) will be needed to achieve the global targets for tuberculosis control as detailed in the Global Plan to Stop TB 2006–2015. In 2005, the ACSM Working Group (ACSM WG) was established as the seventh working group of the Stop TB Partnership to mobilize political, social and financial resources; to sustain and expand the global movement to eliminate TB; and to foster the development of more effective ACSM programming at country level in support of TB control. It succeeded an earlier Partnership Task Force on Advocacy and Communications.

This workplan focuses on those areas where ACSM has most to offer and where ACSM strategies can be most effectively concentrated to help address four key challenges to TB control **at country level**:

- Improving case detection and treatment adherence
- Combating stigma and discrimination
- Empowering people affected by TB
- Mobilizing political commitment and resources for TB.

The workplan supports the ACSM contribution to the Global Plan to Stop TB 2006–2015 and sets out a 10-year strategic framework for country-level ACSM programming that complements strategic work at the global advocacy level designed to exert pressure on governments and other authorities to prioritize TB control.

The workplan is divided into two parts:

Part 1 – the call for action

- describes the key challenges to be addressed;

The vision of this workplan is one where all communities at all levels are empowered to remove the threat of TB to human health. By applying ACSM strategies from health-care settings to households, TB patients are supported and treated effectively with dignity and respect. Furthermore, those most affected by TB will be involved in shaping the response.

Over the next 10 years, this framework aims to establish and develop country-level ACSM as a core component of TB prevention and treatment efforts. The framework has the following goals:

- To provide guidance for Global Plan to Stop TB 2006–2015 goals and targets as these translate into national ACSM initiatives.
- To foster participatory ACSM planning, management and evaluation capacity at regional, national and subnational levels.
- To support and develop strategies to achieve key behavioural and social changes, depending on local context, that will contribute to sustainable increases in TB case detection and cure rates.

The following strategic objectives have been identified:

- By 2008, at least 10 endemic countries will have developed and will be implementing multisectoral, participatory ACSM initiatives and generating qualitative and quantitative data on ACSM's contribution to TB control.
- By 2010, at least 20 priority countries will be implementing multisectoral, participatory-based ACSM initiatives, and monitoring and evaluating their outcomes.
- By 2015, multisectoral, participatory ACSM methodologies will be a fully developed component of the Stop TB

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