TB ADVOCACY
A Practical Guide 1999

mobilize health public opinion
commitment solutions
change spread the message
coalitions political will
DOTS advocates
communicators influence

WHO Global Tuberculosis Programme
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Table of Contents

Introduction  
Why Advocacy? 1

Chapter 1  
Documenting the Situation 5

Chapter 2  
Packaging the Message 13

Chapter 3  
Working with the Media 19

Chapter 4  
Mobilizing Others 33

Appendix  
Index of Charts 41
Introduction

Why Advocacy?

There are few medical mysteries in TB control. A highly effective, low-tech treatment exists, using medicines that cost as little as US $11 per patient in some countries. The WHO-recommended TB treatment strategy—DOTS (Directly Observed Treatment, Short-course)—has proven successful in every part of the world and is considered to be a cost-effective intervention on a par with childhood vaccinations and the control of diarrhoeal diseases.

And yet each year, TB still kills nearly two to three million people—more youth and adults than any other infectious disease.

There is a reason for this paradox. TB control is a low political priority in many countries. For every US $10 spent on health care in poor countries, only two pennies currently go to TB control. And while all infectious diseases cause nearly 30 percent of deaths in poor countries, they receive only 1.5 percent of foreign aid.

Without basic funding and policy changes, we will never conquer TB. One of the five elements of the DOTS strategy is political will. The other four elements—reliable diagnosis using microscopes, an adequate drug supply, health and community workers or trained volunteers observing patients swallowing their medicines, and a system of recording and reporting patients' progress—simply cannot have a widespread impact on the disease without political commitment.

In the end, governments and decision-makers in developing countries and donor agencies are essential to sustained progress in TB control—which is why we need to direct our energies, not only to clinical and research activities, but also to effective advocacy.

Advocacy is winning the support of key constituencies in order to influence policies and spending, and bring about social change. Successful advocates usually start by identifying the people they need to influence and planning the best ways to communicate with them. They do their homework on an issue and build a persuasive case. They organize networks and coalitions to create a groundswell of support that can influence key decision-makers. They work with the media to help communicate the message.

Advocacy attempts to change the behavior of politicians, rather than risk groups or patients. Educating patients to take all of their medicines can have little lasting effect when interruptions in drug supplies, inadequate laboratories, and lack of a national policy on proper drug regimens sabotage their best efforts.

There are two simple messages that we need to deliver to policy makers. First, TB is a devastating disease. We need to describe the destruction that TB brings to individuals, families, whole communities and economies. And second, the DOTS strategy can control TB. We need to persuasively argue the effectiveness and cost benefits of using DOTS.

This practical guide outlines four basic steps that are essential for an effective advocacy initiative—documenting the situation, packaging the message, working with the media and mobilizing others. It contains specific examples and creative ideas. Obviously, political protocol, media etiquette and social values vary widely from country to country: advocacy tactics that work in London might not be appropriate for Jakarta.

Users of this guide are encouraged to bear in mind that effective advocates often borrow successful ideas from others that they creatively adapt and apply to their own situation and campaigns.
10 Rules of Advocacy "Etiquette"

- Start by assuming the best of others.
- Plan for small wins.
- Do your homework and document your findings.
- Take the high ground.
- Be passionate and persistent.
- Be willing to compromise.
- Be opportunistic and creative.
- Don't be intimidated.
- Keep a focus on the issues.
- Make it local and keep it relevant.

Taken from Public Health Advocacy: Creating Community Change to Improve Health, Stanford Center for Research in Disease Prevention

10 Political Obstacles to Controlling TB

- Denial of free TB treatment to patients.
- Deaths are seen as a lower priority when they occur primarily among the poorest of the poor.
- Data on the extent and impact of the epidemic are often unavailable.
- Drug resistance is denied to be a problem in order to avoid bad publicity.
- Discounting TB as an unavoidable consequence of poverty, malnutrition or AIDS.
- Disbursement of resources toward more glamorous health interventions.
- Donor agencies unaware of the effectiveness of DOTS.
- Discrediting the DOTS strategy for being too labor-intensive, difficult or expensive.
- Dependence on expensive but relatively ineffective TB control strategies such as surgery, extensive hospitalization, and prophylaxis.
- Diagnostic services such as x-rays, which are profitable but often unnecessary.
## Timing Advocacy Activities

The timing of advocacy efforts is very important. A significant date or event on which to "hang a story"—a peg or hook—helps to focus people's attention and can increase the chance of a message being heard.

Compile a **calendar of dates** (national and international) and begin to plan advocacy strategies around them. You can also plan your efforts around conferences, release of new TB data, or the publication of new reports. Local outbreaks of TB can provide publicity opportunities. Consider using birthdays of famous people in your country who may have suffered from TB as potential dates for advocacy activities.

<table>
<thead>
<tr>
<th>DATE</th>
<th>POSSIBLE MESSAGE</th>
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<tbody>
<tr>
<td>24 February</td>
<td><strong>Anniversary of John Keats' death</strong></td>
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<td></td>
<td>Famous poet died from TB at age 25.</td>
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<tr>
<td></td>
<td>Most TB deaths are still among ages 15-44.</td>
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<tr>
<td>8 March</td>
<td><strong>International Women's Day</strong></td>
</tr>
<tr>
<td></td>
<td>TB kills more women than all combined causes of maternal mortality.</td>
</tr>
<tr>
<td>24 March</td>
<td><strong>World TB Day</strong></td>
</tr>
<tr>
<td></td>
<td>The threat of TB</td>
</tr>
<tr>
<td></td>
<td>The effectiveness of DOTS</td>
</tr>
<tr>
<td>7 April</td>
<td><strong>World Health Day</strong></td>
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<td></td>
<td>TB is the single leading preventable killer of youths and adults in developing</td>
</tr>
<tr>
<td></td>
<td>countries.</td>
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<tr>
<td>1 December</td>
<td><strong>World AIDS Day</strong></td>
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<td></td>
<td>The TB/HIV co-epidemic</td>
</tr>
<tr>
<td>5 December</td>
<td><strong>International Volunteer Day</strong></td>
</tr>
<tr>
<td></td>
<td>The vital contribution of health volunteers to the DOTS strategy</td>
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<tr>
<td>10 December</td>
<td><strong>50th anniversary of the Human Rights Declaration</strong></td>
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<tr>
<td></td>
<td>The threat of TB in prisons</td>
</tr>
<tr>
<td></td>
<td>Religious holidays</td>
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<td></td>
<td>TB affects the poorest and most vulnerable.</td>
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</table>
World TB Day

When Dr Robert Koch announced his discovery of the TB bacillus on 24 March 1882 in Berlin, TB was raging through Europe and the Americas, killing one in seven people. Koch's discovery paved the way for the potential elimination of this fearsome disease.

But progress towards realizing even a fraction of that promise has come painfully slowly. Effective anti-TB drugs did not appear until the 1950s and effective treatment services are still not available in many parts of the world. TB has claimed the lives of at least 200 million people since 1882. Millions more add to that total each year.

In 1982, on the one-hundredth anniversary of Dr Koch's presentation, WHO and the International Union Against Tuberculosis and Lung Disease (IUATLD) sponsored the first World TB Day to raise public awareness of the disease. Recently, with renewed global interest in the TB epidemic, World TB Day has become a major international health event. In 1998, it was observed as an official United Nations Day for the first time.

But World TB Day is not a celebration. The greatest killer of humans in history is still at work, in spite of available effective medicines and tools. World TB Day is a time to mobilize public support for an intensified effort to diagnose and cure TB on a global scale, and build world-wide commitment to use DOTS more widely.

World TB Day Activities in 1998

Agencies and organizations around the world conducted World TB Day activities in 1998 to highlight the spread of the epidemic and promote the DOTS strategy. These are just a few of the many events that took place:

- In Jordan, the Minister of Health appeared on national television to launch the TB Elimination In the Year 2010 Initiative.
- In New York City, US, the Mayor and Health Commissioner attended a ribbon-cutting ceremony and news conference held by the TB Programme at the Fort Greene Chest Clinic's new site.
- A WHO news conference in London, UK, followed a meeting of the Ad-Hoc TB Committee, to announce that TB control was stalled in 16 key countries.
- In Nigeria, the Ministry of Health launched the revised National TB and Leprosy Workers Manual to mark World TB Day.
- The Health Messengers Association organized a fair in Bucharest, Romania, with games, competitions, street plays and TB presentations.
- A message from Bangladesh's President, Prime Minister, Health Minister and Secretary of Health was broadcast on TV/radio and published in the main newspapers.
- The Chief of Medical Services of South Eastern Coalfields in Balispur, India, organized TB detection camps in various coal mines.
- The Health Minister in South Africa revealed that she was infected with TB.
- A National Symposium on Tuberculosis and other emerging and re-emerging diseases was held in Santo Domingo on 24 March attended by 180 health professionals and technicians.
- The Malaysia Ministry of Health sponsored a medical exhibit on TB, a children's short story competition, and gave free medical exams to the public.
Chapter 1

Documenting the Situation

Good information lays the foundation for successful advocacy. Without credible research that documents the severity of the problem and the effectiveness of the proposed solution, it is difficult to sustain an advocacy campaign.

The most persuasive facts are those that are relevant to your audience. For example, the public and politicians in Argentina will care more about the extent of MDR-TB in their own country than the situation globally.

When planning long-term TB advocacy efforts, a first step is to assess how you will obtain the facts about your own country or constituency that:

- Show the severity of the situation or worsening trends.
- Show improvements in TB control through use of DOTS.
- Make the TB epidemic relevant to important constituencies.
- Document current spending on the disease.
- Show that TB control makes economic sense.
- Demonstrate that the DOTS strategy is feasible in your country.
- Note the benefits of DOTS for the health infrastructure and development.
- Demonstrate the consequences of inaction.

The Internet is one of the quickest ways to locate information on the TB epidemic. The World Health Organization, the International Union Against Tuberculosis and Lung Disease and national TB programmes are other good sources.

But in many instances, detailed information on the TB situation is difficult to find due to lack of local disease surveillance. When vital information is unavailable—such as the prevalence of MDR-TB, the cure rates being achieved by the national TB programme, or the cost-effectiveness of different interventions—the most important advocacy step you take may be to encourage research to gather this data.

The facts in this section describe the global TB epidemic. Wherever possible, you should try to adapt them or find similar information that relates to the situation in your region, country or community.

**TB Web Sites**

- **WHO Global TB Programme**
  http://www.who.ch/gtb

- **TBNet**
  http://www.south-asia.com/ngo-tb/

- **International Union Against Tuberculosis and Lung Disease**
  http://www.iuatld.org

- **KNCV (The Royal Netherlands TB Association)**
  http://home.pi.net:80/~knvntbc/rntahp.html

- **Surveillance of Tuberculosis in Europe**

- **CDC Division of TB Elimination**
  http://www.cdc.gov/nchstp/tb/dte.html

- **Brown University TB-HIV Research Laboratory**
  http://www.brown.edu/Research/TB-HIV_Lab/

- **Stanford Center For Tuberculosis Research**
  http://molepi.stanford.edu/

- **Tuberculosis and Airborne Diseases Weekly**
  http://members.aol.com/tbdc/Links.html#Journals

- **Japan Anti-TB Association**
  http://www.jata.or.jp

**TB Advocacy — A Practical Guide** 5
10 TB Facts

- This year more people will die of TB than in any other year in history.
- TB kills more youth and adults than any other infectious disease.
- This year, two to three million people will die of TB. Almost all TB deaths are preventable.
- Someone dies of TB every 10 seconds.
- Someone gets sick from TB every 4 seconds.
- One percent of the world's population is infected with TB each year.
- One-third of the world's population is infected with the TB bacillus.
- Left untreated, a person with active TB can infect between 10 and 15 people in one year.
- Like the common cold, TB spreads through the air when infectious people cough, spit, talk or sneeze.
- TB usually kills a person by gradually eating holes in the lungs.

10 Facts About Multidrug-Resistant TB

- Multidrug-resistant TB is defined as TB resistant to the two most important anti-TB drugs, isoniazid and rifampicin.
- Up to 50 million people may be infected with drug-resistant TB.
- There were no medicines to cure TB until about 50 years ago.
- There is no cure affordable to developing countries for some multidrug-resistant strains.
- Hot zones of MDR-TB have been identified in countries or regions such as Russia, Latvia, Estonia, Argentina and the Dominican Republic, where between 7 and 22 percent of TB patients have MDR-TB.
- MDR-TB is caused by inconsistent or partial treatment: patients do not take all their medicines regularly for the required period because they start to feel better, doctors and health workers prescribe the wrong drugs or the wrong combination of drugs, or the drug supply is unreliable.
- From a public health perspective, poorly supervised, incomplete treatment of TB is worse than no treatment at all.
- Cure rates below 70 percent cause the epidemic—and drug resistance—to rise.
- Drug-resistant TB is more difficult and more expensive to treat, and more likely to be fatal in developing countries.
- In industrialized countries, TB treatment costs around US $2,000 per patient, but rises more than 100-fold to up to US $250,000 per patient with MDR-TB.
Facts About TB and AIDS

- HIV and TB are a deadly duo: each speeding up the progress of the other.
- TB is the leading cause of death among people who are HIV-positive.
- One-third of the increase in the incidence of TB in the last five years can be attributed to HIV.
- HIV is currently the single most potent factor to cause sickness to break out in someone infected with TB.
- Someone who is HIV-positive and infected with TB is 30 times more likely to become sick with TB than someone who is HIV-negative.
- WHO estimates that by the end of the century HIV infection will annually cause at least 1.4 million active cases of TB that otherwise would not have occurred.
- Of the 31 million people world-wide who were HIV-positive in 1997, around one-third were believed to be infected with TB.
- TB accounts for almost one-third of AIDS deaths world-wide.
- TB accounts for 40 percent of AIDS deaths in Africa and Asia.
- Up to two-thirds of those infected with HIV in India may become sick with TB.

Facts About the Cost of TB

- 80 percent of victims are between 15 and 49—the most economically productive years of their lives.
- TB carries a direct cost to the health service (diagnosis, treatment and control), patients and their family (drugs, transportation).
- Direct costs to private patients in India are US $100-$150 per patient cured—more than half the annual income of a daily wage earner.
- TB carries an indirect cost to society, the family and the community.
- A survey in Thailand estimated the indirect cost of TB to be the equivalent of two months income for every patient cured.
- A patient who is never diagnosed or treated loses on average a full year of work.
- The world’s governments need to spend an additional US $500 million to achieve 70 percent DOTS coverage. This is less than the cost to build and staff one modern hospital in a wealthy country.
- For every US $10 spent on health care in poor countries, only US $0.02 goes on TB control.
- In 1990, only US $16 million in foreign aid was provided for TB control in developing countries.
- While infectious diseases cause nearly 30 percent of deaths in poor countries, they receive only 1.5 percent in foreign aid.
Facts About DOTS

- DOTS (Directly Observed Treatment, Short-course) is the WHO-recommended strategy for the detection and cure of TB.
- DOTS combines five elements: political commitment, microscopy services, drug supplies, monitoring systems, and direct observation of treatment.
- TB can be readily and inexpensively cured with DOTS.
- The cost of the drugs and their administration is very small.
- Every infectious patient cured reduces the risk to everyone of contracting TB.
- DOTS can successfully and permanently cure more than nine in every 10 TB patients who complete the treatment.
- DOTS can produce cure rates of 95 percent even in the poorest countries.
- DOTS prevents new infections and the development of MDR-TB.
- DOTS can add years of life to an HIV-positive person: TB drug treatment can be as effective in curing TB in HIV-positive as in HIV-negative TB patients.
- If WHO targets to detect 70 percent and cure 85 percent of TB cases are met by 2010, at least one-quarter of TB cases and one-quarter of TB deaths could be prevented in the next two decades.

Facts About the Economic Benefits of DOTS

- Effective TB control programmes would bring huge economic returns.
- In 1993, the World Bank described DOTS as one of the most cost-effective health strategies.
- A six-month supply of drugs for DOTS costs US $11 per patient in some parts of the world.
- DOTS restores health to young people who are in their most economically productive years.
- DOTS does not require that patients go to hospital, and they can soon return to work.
- Effective TB treatment is estimated to cost only US $3 - $7 for every healthy year of life gained.
- If the Indian government spent US $200 million on DOTS, the benefits to the economy would be at least US $750 million, according to one economic survey.
- DOTS can add two years of life to an HIV-positive person and 25 - 30 years to an HIV-negative person.
- Proper use of DOTS in South Africa could save the country nearly $0.5 billion over ten years, according to a 1994 cost analysis of TB control in South Africa.
- Proper use of DOTS in Thailand could save US $2.3 billion over 20 years, according to a 1995 cost analysis of TB control in Thailand.
10 TB Facts About Women

- TB is the single biggest infectious killer of women.
- Over 900 million women are infected with TB world-wide, one million will die and 2.5 million will get sick this year from the disease—mainly between the ages of 15 and 44.
- TB is the single biggest killer of young women.
- TB accounts for 9 percent of deaths among women between the ages 15 and 44, compared with war, which accounts for 4 percent, HIV 3 percent and heart disease 3 percent.
- Women of reproductive age are more susceptible to sickness once infected with TB than men of the same age.
- Women in this age group are also at greater risk from HIV infection.
- In parts of Africa, young women with TB outnumber young men with TB.
- TB kills more women than any cause of maternal mortality.
- In some parts of the world, the stigma attached to TB leads to isolation, abandonment and divorce of women.
- In some parts of the world, women's movements are leading the efforts to control TB.

10 Facts About TB and Mobile Populations

- As many as 50 percent of the world's refugees may be infected with TB. Each year, over 17,000 refugees get sick with the disease.
- Refugee populations pose a growing problem for TB: the number of refugees and displaced people in the world has increased nine-fold in 20 years.
- Untreated TB spreads quickly in crowded refugee camps and shelters. It is difficult to treat TB in mobile populations.
- The World Health Organization recommends that TB should become a health priority once the emergency phase of a refugee situation is over.
- Tourism, international travel and migration are helping TB to spread.
- In many industrialized countries, at least one-half of TB cases are among foreign-born people.
- In the US, one-third of TB cases are among foreign-born people.
- Cases among foreign-born people in the US are increasing.
- Other displaced people such as homeless people in industrialized countries are at increased risk of being infected.
- In 1995, almost 30 percent of San Francisco's homeless population and approximately 25 percent of London's homeless were reported to be infected with TB, far higher than the national average.
1 Bangladesh

In 1993, the government of Bangladesh adopted WHO’s strategy to detect and cure its widespread TB cases. A revised National TB Programme was set up, providing staff training and more diagnostic and treatment centers. By 1995, as many as 80 percent of TB patients receiving treatment were being cured in the parts of the country using the DOTS strategy. Over 75 percent of the country is using the DOTS strategy. In 1997, WHO described Bangladesh’s TB control programme as a “model for the entire world.”

2 China

In about half of China where it is used, DOTS has had astounding success. TB drugs are provided to patients free of charge. Cure rates as high as 90 percent are among the best in the world. In the other half of the country, two main factors impede cure: patients are not supervised to ensure that they finish their treatment and are too poor to afford medication.

3 Guinea

The TB Programme in Guinea was in disarray for decades. Many health centers lacked the correct tools to diagnose TB, and patients failed to complete their 12-month treatment leading to chronic TB cases and increased TB transmission. The Ministry of Health worked with WHO to develop a TB control plan, preparing TB treatment guidelines based on DOTS for all health workers. By 1995, each of the 34 districts in Guinea had a center for TB diagnosis, and 346 health centers were helping to identify potential TB patients. Today, Guinea’s TB cure rates are over 80 percent.

4 Kyrgyzstan

In 1995, Kyrgyzstan became the first ex-USSR republic to make a national commitment to DOTS in an effort to reverse the epidemic. During the Soviet period, reported TB cases were among the highest in the USSR. Pilot projects set up in four regions showed cure rates among new sputum smear positive cases of 87 percent.

5 Nepal

Overall cure rates were less than 50 percent across Nepal before the government adopted the DOTS strategy. Poor cure rates combined with short-course treatment were the recipe for an increase in the epidemic and the rise of multidrug-resistant TB. In four DOTS demonstration sites, early evaluation showed that over 85 percent of patients treated by DOTS were smear-negative at two months.
New York City

By the end of the 1980s, the number of TB cases in New York City had more than doubled compared with the previous decade. The city's health services made the cure of infectious patients a top priority and implemented the DOTS strategy, mobilizing the support of dedicated health care staff. The rise of TB in New York City has been reversed, and the number of TB cases is declining.

Oman

With full backing from the government, DOTS was implemented nationwide in 1996. At the same time, steps were taken to restrict the sale of TB drugs over the counter and prevent private practitioners from prescribing TB drugs. Within one year, 86 percent of cases were cured. Oman is now hailed a "model for the Gulf States."

Peru

In the 1980s, TB posed a huge problem in Peru. Thousands of sick patients were not getting better because administrative problems and lack of funding blocked drug supplies. The Peruvian government, newly committed to TB control, worked with WHO on a plan of action. Today, the successful treatment rate is 91 percent and the overall number of new cases has begun to decline.

Tanzania

Tanzania was the first DOTS success. In 1977, Dr Styblo, then Director of the International Union Against Tuberculosis and Lung Disease (IUATLD), gained the support of the Ministry of Health in Tanzania to pilot what later became known as DOTS. Cure rates in pilot projects increased from 43 percent to nearly 80 percent.

Vietnam

The country became the first in Asia to adopt the DOTS strategy. Funded solely by NGOs at the outset, the programme soon attracted money from bilateral and multilateral agencies; in 1994, DOTS expanded to cover 50 percent of the country's TB patients. Today, the national programme has treated nearly half a million TB patients. Nine out of ten patients treated with DOTS have been cured.
Chapter 1
Notes
Chapter 2
Packaging the Message

Each day people are bombarded with information from the media, advertisements, meetings, personal conversations and the mail, and hundreds of letters, newsletters, documents and briefing papers cross public officials’ desks. Only a fraction of these will be remembered.

We need to find ways to make our message stand out in this onslaught of information, and create a range of advocacy publications, videos and visuals. They should be presented in accessible, memorable, exciting and eye-catching ways—both in terms of the language and the visual images that we use. To borrow from an old advertising slogan, “No one ever bored somebody into taking up a cause.”

Keep the Written Message Simple

One of the most common mistakes made by first-time advocates is to attempt to communicate too much detailed information. Presentations that may be appropriate for medical audiences are almost certain to put journalists, politicians and donors to sleep. Policy makers need to hear simple messages that clearly and quickly get to the heart of an issue. For advocacy purposes, a few well-crafted facts can be worth hundreds of statistics on case detection and treatment outcome.

The following are examples of different ways to communicate the same data. The “poor” example fails because it tries to communicate too much technical information. The “most effective” example succeeds because it makes data relevant to policy makers.

<table>
<thead>
<tr>
<th>Poor</th>
<th>Better</th>
<th>Most Effective</th>
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<tbody>
<tr>
<td>264 HIV-positive patients in the north-west and central states were evaluated over an 18-month period, beginning in January of 1996. 91 eventually died from TB, 42 from pneumonia.</td>
<td>In some parts of our country, 34 percent of HIV-positive patients are dying from TB.</td>
<td>In some parts of our country, one in three people with HIV are dying needlessly from TB. And because they are not being cured, they are infecting scores of HIV-negative people with TB bacteria.</td>
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Use Powerful Language

The challenge is to shape messages about TB that use compelling rhetoric and create a sense of urgency. There is no need for false alarm or sensation to draw attention to TB. The reality of this contagious air-borne, sometimes incurable, disease that slowly rots the lungs is frightening enough.

We should also try to personalize TB statistics and give the problem a human face. The story of one person with TB can create a more lasting impact than the fact of eight million TB patients. Try to share real-life stories of mothers, fathers, sons and daughters, nurses, doctors and volunteers who live or work with TB. This can help non-medical audiences relate to complex medical issues.
Share Something New

We need to find ways to tell our audience something they do not already know; something “new” or fresh. A new disease such as Ebola—even though it affects a few hundred people—generates more media and political interest than diseases like TB and malaria which affect millions but have been around for hundreds of years.

When you assess your audience, consider what information will be new to them. Often, TB experts forget that information that is common knowledge among medical colleagues might be new and surprising to others. For example, most of the general public is still unaware of the devastating impact TB is having on women, or the dramatic role it plays in the HIV epidemic. Always be on the look-out for new developments in the TB epidemic, such as the emergence of new strains, new outbreaks, and successful initiatives to control the disease.

Keep the Visual Message Interesting

It is well-documented that the images people see have a more immediate impact than the words people read or hear. Yet too often, little effort is made to prepare effective visual content for publications or presentations.

When you work on a publication, select or prepare graphs, photographs and illustrations carefully. When you deliver a speech, use slides, posters and other visuals to illustrate—and not just tell—your message to the audience. Videos that feature action as well as interviews will usually be more effective.

Target Your Audience

Some language or rhetoric will be meaningful to one audience but not to another. It is vital to tailor our message so that it is appropriate for the target audience. Typically people listen to a message when it affects them or their concerns. We need to frame the information so that it appears relevant rather than remote.

Profile your audience. Research information about their age, gender, specific interests and responsibilities, level of prior knowledge about your subject, and past support for the issue.
# Targeting Advocacy Messages To Different Audiences

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<tr>
<th>Audience</th>
<th>Potential Concerns</th>
<th>Possible Messages</th>
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<tbody>
<tr>
<td>Decision makers/politicians</td>
<td>• Budgetary implications.&lt;br&gt;• Public opinion.&lt;br&gt;• Opportunity to show leadership&lt;br&gt;and take credit for success.&lt;br&gt;• The liabilities of inaction.</td>
<td>• Ignoring TB today will carry a high price tomorrow.&lt;br&gt;• TB is killing off the most productive members of society.&lt;br&gt;• DOTS works and is cost-effective.&lt;br&gt;• Citizens are demanding good TB treatment services.</td>
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<td>Donors</td>
<td>• Ability to produce and document results.&lt;br&gt;• Cost-effectiveness of an intervention.&lt;br&gt;• Feasibility of integrating strategy with existing initiatives.&lt;br&gt;• Sustainability of project.&lt;br&gt;• Potential domestic benefits of foreign aid.</td>
<td>• DOTS is cost-effective, feasible and gets results.&lt;br&gt;• DOTS can play a vital role in strengthening primary health care and sustainable development efforts.&lt;br&gt;• TB is a compelling example of why we cannot afford to ignore the plight of people in other countries.&lt;br&gt;• Infectious diseases do not respect national borders.</td>
</tr>
<tr>
<td>Journalists</td>
<td>• News value and timing.&lt;br&gt;• Potential “CBS” (Controversy, Big names or Sensation).&lt;br&gt;• Has the story been told before?&lt;br&gt;• Are there good visuals and spokespersons?</td>
<td>• Key messages will depend on the outlet. For example, highlight the economic benefits of DOTS for a financial publication.&lt;br&gt;• Feature stories on the success of DOTS and the people who deliver and benefit from it.&lt;br&gt;• News stories on outbreaks, trends, treatment and research developments.</td>
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<tr>
<td>NGOs</td>
<td>• Donor and membership support.&lt;br&gt;• Impact of TB on beneficiaries.&lt;br&gt;• How message fits with mission statement.&lt;br&gt;• Common agendas and shared visions.&lt;br&gt;• Potential to play a unique role.</td>
<td>• TB is having a devastating effect on the lives of beneficiaries.&lt;br&gt;• DOTS can improve the lives of people living with AIDS, women, children and prisoners.&lt;br&gt;• A coalition may have more of an impact on the lives of beneficiaries than a single organization working in isolation.</td>
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<tr>
<td>Health Practitioners</td>
<td>• Practical feasibility of DOTS. &lt;br&gt;• Opportunities to use new research and innovations.&lt;br&gt;• Financial and legal implications for one’s work.</td>
<td>• Technical data on the effectiveness of DOTS.&lt;br&gt;• New research and studies.</td>
</tr>
<tr>
<td>Corporations &amp; Industry</td>
<td>• Impact of TB on workforce.&lt;br&gt;• Impact of TB on markets.&lt;br&gt;• Cause-related marketing potential.</td>
<td>• TB primarily affects people in their most economically productive years of life.&lt;br&gt;• The burden of TB is weakens expanding economies.</td>
</tr>
<tr>
<td>General Public</td>
<td>• Personal level of risk.&lt;br&gt;• Response of government/health authorities to protect the public.&lt;br&gt;• A moral duty to help others.</td>
<td>• Localize and humanize your message.&lt;br&gt;• Bring the issue close to home so that it appears relevant rather than remote.&lt;br&gt;• Tell the story of a person they can relate to.&lt;br&gt;• TB is on your doorstep.&lt;br&gt;• TB affects all of our lives.</td>
</tr>
</tbody>
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TB Advocacy — A Practical Guide 15
10 Tips to Producing Effective Advocacy Publications

- Determine who you need to reach and why.
- Don’t let several messages compete for your audience’s attention or your main message could be lost. Remember, you only have a few seconds to catch their attention.
- If you are asking someone to take action (donate money, write a letter, make a phone call), make it very clear how their action will have impact.
- Highlight the “human” aspect of the issue you’re presenting. If an audience feels connected to or affected by the issue they will be more willing to take action.
- The design will speak louder than words. Use compelling photographs, an unusual size or format, or some other novel feature.
- If you need to present technical or scientific data, present it in laymen’s terms. Use only the data needed to support your message and avoid “medicalese.”
- Don’t assume that a publication needs to be glossy. Simple may be more effective.
- Too much information can overload the reader. A lengthy publication is not usually as effective as a concise, targeted one.
- If your publication is regular, brand it with a logo, stamp or regular features.
- If you invest a great deal of resources in researching and writing a publication, invest sufficient resources to ensure it is well-designed and extensively distributed.

10 Qualities of Effective Advocacy Publications

<table>
<thead>
<tr>
<th>Effective</th>
<th>Ineffective</th>
</tr>
</thead>
<tbody>
<tr>
<td>visual</td>
<td>full of text</td>
</tr>
<tr>
<td>innovative, creative</td>
<td>common place, boring</td>
</tr>
<tr>
<td>well-ordered</td>
<td>confusing, unclear</td>
</tr>
<tr>
<td>clean</td>
<td>cluttered</td>
</tr>
<tr>
<td>simple</td>
<td>technical</td>
</tr>
<tr>
<td>entertaining</td>
<td>dull</td>
</tr>
<tr>
<td>surprising, unusual</td>
<td>predictable</td>
</tr>
<tr>
<td>focused</td>
<td>too many messages</td>
</tr>
<tr>
<td>concise</td>
<td>wordy</td>
</tr>
<tr>
<td>presents a compelling story</td>
<td>presents lots of information</td>
</tr>
</tbody>
</table>

16 TB Advocacy — A Practical Guide
Useful Advocacy Sources on TB


- **“Trial by TB,”** pamphlet by Christopher Holme on the history of the TB epidemic. Available from the Royal College of Physicians of Edinburgh, 9 Queen Street, Edinburgh EH2 1JQ, Scotland, UK.

- **South Africa National TB Programme Annual Reports.** Available from the National TB Control Programme, National Department of Health, Private Bag X 828, Pretoria 0001, South Africa.

- **World Development Report 1993 and “Confronting AIDS”** both contain brief but useful policy arguments for the control of TB. Available from the World Bank, 1818 H Street NW, Washington DC 20433, USA.

- **“DOTS: An Effective Strategy to Stop the TB Epidemic.”** An overhead presentation available from the WHO South-east Asia Regional Office, New Delhi 110 002, India.

- **Stop TB Brochure.** A simple, easy-to-distribute educational brochure about TB and DOTS. Organizations can order films or a diskette so that they can print the brochure with their own logo. Contact Publications Officer, WHO Global TB Programme, 20 Avenue Appia, CH-1211, Geneva 27, Switzerland, or via e-mail to FightTB@who.ch.

- **“Treatment for One is Prevention for All”** video, available on VHS and Betacam SP, provides information and interviews on the epidemic in the Americas, as well as a good introduction to DOTS. Video available from the Pan American Health Organization, 525, 23rd Street NW, Washington DC 20037, USA.

- **“One in Three”** video, available on VHS and Betacam, provides a good introduction to the global TB epidemic, DOTS and TB research. Available from Philip Connolly, Group Public Affairs, Glaxo Wellcome House, Berkeley Avenue, Greenford, Middlesex, UB6 0NN, UK.

- **“Stopping the Needless Deaths”** video, available on VHS and Betacam SP. Available from WHO-DSA, 20 Avenue Appia, CH-1211, Geneva 27, Switzerland.

- **“DOTS: The Key to Global TB Control,”** an animated and entertaining video available from the Japan Anti-TB Association (JATA), Research Institute of Tuberculosis, 3-1-24 Matsuyama, Kiyose-shi, Tokyo 204, Japan.

- **TB advocacy workshops** are held every September in The Netherlands and every February in Nepal. For more information, contact Carla Guicherit-Samson, KNCV, Riouwstraat 7, Postbus 146, 2501 CC Den Haag, The Netherlands, and Ian Smith, c/o World Health Organization, P.O. Box 108, Kathmandu, Nepal.

(NOTE: Please contact each agency for purchase and shipping costs)
# Differences Between Scientific and Advocacy Communication

<table>
<thead>
<tr>
<th>Science</th>
<th>Advocacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detailed explanations are useful.</td>
<td>Simplification is preferable.</td>
</tr>
<tr>
<td>Extensive qualifications can be necessary for scholarly credibility.</td>
<td>Extensive qualifications can blur your message.</td>
</tr>
<tr>
<td>Technical language can add greater clarity and precision.</td>
<td>Technical jargon confuses people.</td>
</tr>
<tr>
<td>Several points can be made in a single research paper.</td>
<td>Restricted number of messages is essential.</td>
</tr>
<tr>
<td>Be objective and unbiased.</td>
<td>Present a passionate compelling argument based on fact.</td>
</tr>
<tr>
<td>Build your case gradually before presenting conclusions.</td>
<td>State your conclusions first, then support them.</td>
</tr>
<tr>
<td>Supporting evidence is vital.</td>
<td>Too many facts and figures can overwhelm the audience.</td>
</tr>
<tr>
<td>Hastily prepared research and presentations can be discredited.</td>
<td>Quick, but accurate, preparation and action are often necessary to take advantage of opportunities.</td>
</tr>
<tr>
<td>The fact that a famous celebrity supports your research may be irrele-</td>
<td>The fact that a famous celebrity supports your cause may be of great benefit.</td>
</tr>
<tr>
<td>vant.</td>
<td>Many in the field believe that political truth is subjective.</td>
</tr>
<tr>
<td>Many in the field believe that scientific truth is objective.</td>
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</table>
The media is probably the most influential advocacy vehicle that we have. It plays a key role in mobilizing public support and setting the political agenda. As one journalist has observed, “If you don’t exist in the media, for all practical purposes, you don’t exist.”

Media vary considerably in different countries. In some countries, all outlets are government-run. In others, international media are more politically influential than local media. It helps to be familiar with the newspapers, magazines, television and radio outlets in your city or country before preparing a media strategy.

There are a number of practical steps in media relations that can dramatically increase your chances of gaining greater media coverage of TB. Competition for media space is intense. Getting the basics right is essential.

**Contacting the Media**

**Announcements or Advisories**

Advisories are used—along with phone calls—to alert journalists to a media event or news conference. An advisory should give all of the basic information on the purpose, date, time, location, and speakers at an event. A good advisory should also build some anticipation concerning the news that will be announced. A strong headline helps.

**News Releases**

Journalists receive hundreds of news releases each day. For your release to get noticed, the headline and first paragraph must catch their attention. You should spend as much time getting these just right as you do preparing the rest of the news release. (See page 26 for a checklist on preparing effective news releases). You can either issue a release in advance of, and embargoed until, the date of publication, or you can issue it on the day of a news event/conference.

**Calls to Journalists**

Once you have sent an advisory or news release it is imperative to call journalists to make sure that they have received it or that the right journalist has it. Often you will need to resend the release. Sometimes it will be to another journalist or bureau.

When you call a busy journalist in a large city, you may have only 30 seconds to gain his or her interest in a story. To be successful, you need to get quickly to the point concerning the importance of your story or event. Keep it simple and do not overwhelm them with too much information.

Try to avoid calling when journalists are facing deadlines. It will also be useful to know something about the publication or programme that you are calling. An editor can sense immediately if you have never read their publication or watched their programme and may not see you as a credible source of news.

**Feature Stories**

Feature stories are usually longer than news stories. They go into greater depth on how an issue affects people — providing what is known as “human interest”. In magazines, they can span several pages and be accompanied by pictures. On television, they can become hour-long programmes.

The best way to get a feature published is to describe your idea in a two or three-page story proposal. You need to do a substantial amount of research yourself before hand-
ing the story over to the journalist to follow up. Your proposal should provide an outline of the story and list interesting people who could be interviewed. The newer, more unusual, significant or dramatic the story, the better. For example, a journalist will be more interested in an unreported story about a TB outbreak in a school than just a general story about TB.

Writing for the Media

Opinion Pieces

Most newspapers print opinion-editorials (op-eds) or guest columns. An op-ed is an expression of opinion rather than a statement of news/fact. Although style varies according to different countries, an op-ed tends to be lively, provocative and sometimes controversial. It is a very effective way to register concern about TB to policy makers and to inform communities about why they should care about controlling the disease.

Op-eds are usually around 1,000 words. It is best to call the newspaper first and request their guidelines for submitting an op-ed. If possible, speak to the appropriate editor to convince her or him of the importance of the issue.

Letters to the Editor

Newspapers and magazines have a "letters page" that gives readers the opportunity to express their view or correct previously published information they feel to be inaccurate or misleading. Letters are widely read and provide a good opportunity to promote a cause and/or organization.

Letters should be short and concise. Those over 500 words are unlikely to be published. Short letters of no more than 100 words can be very effective. A letter should aim to make one main point and to end on a challenging note, with a call to action.

Make sure you refer to your organization. Letters can also be signed by a number of signatories, representing various organizations or interests, which may increase their impact. If a letter is responding to an article carried in a daily newspaper, it is important to fax or deliver it to the paper within a couple of days.

Planning Media Events

News Conferences

A news conference can be a very effective way to announce a news story—a major new strategy or initiative in your organization—to journalists. Speakers take the platform in a venue and make presentations after which journalists can ask questions. This is a tried and tested formula which, if you follow the rules (see checklist on pages 30-31), can make life easy for journalists and for yourself.

Be sure that your story warrants holding one, as news conferences can take a lot of time to organize and it can be disheartening if few people attend. In some cases, you may find you can achieve the same results by handling the story from your office. For this, you need to send journalists your news release and briefing materials under embargo until the date of publication, highlighting who is available for interview.

Press Briefings

If journalists—who cover hundreds of stories and may know next to nothing about TB—are to produce informative accurate stories, they need to be properly briefed. Consider organizing an informal press briefing that also serves to build good relations with journalists.

For example, invite half a dozen selected journalists to attend a briefing at your offices in advance of World TB Day. Brief them on key developments and issues relating to TB and your organization’s relevant work and policy. You may want to conduct this as a
breakfast meeting and provide refreshments. It is a good idea to have clear briefing material, such as advocacy publications or fact sheets, to distribute.

If you attend an important national or international conference, you may wish to brief journalists in your community about important developments upon your return.

**Editorial Meetings**

In some countries, newspapers may invite you, as a policy expert, to give an "editorial briefing" at their offices. These provide an excellent opportunity to gain the editorial support of a newspaper which, in turn, can be very influential in shaping political decisions.

Profile the kinds of editorials/columns that appear in the paper and the position they tend to take, particularly in relation to health care issues. Arrive armed with facts and figures that are relevant to the newspaper’s audience. Make a persuasive argument to the editor that his/her readers should be concerned about TB. Be ready to answer any questions the editor might have.

After the meeting, research and provide the information s/he requests.

**Photo Opportunities**

Television news and magazines need good pictures or visuals in order to report on a story. When you plan a media strategy, think about what images you need and how you will supply these.

You may want to pay for a photographer to take pictures and then distribute them to selected publications. You may also want to prepare a video news release (VNR) for broadcasters to use. Or, arrange a "photo opportunity" for photographers and television news people to take pictures themselves.

To announce the photo opportunity, send an advisory that gives the "Who, What, When and Where" of the event to media.

**Interviewing for the Media**

When an organization publicizes a story, it needs to have a number of spokespeople available for interview who are familiar with both their material and the basic rules of interviewing. It is very important for them to prepare. They should know about the show, programme or publication and become familiar with it.

Profile the audience and have in mind a typical viewer/listener/reader. In the case of TV or radio, find out who else is appearing, ask whether the show is live or pre-recorded, and if the audience will be calling in to ask questions. Anticipate the questions you may be asked and prepare a question and answer sheet. Practice. Practice. Practice.

**Phone-Ins/Discussion or Talk Shows**

Radio or television phone-ins, discussion and talk shows are a good way to put a point across live and unedited. Talk show producers are always in search of new guests who can talk with authority on issues that concern their viewers and listeners. It is a good idea to research programmes and make contact suggesting yourself, your director or even
a whole panel of speakers with different perspectives on TB. Contact phone-in programmes to establish when health issues are scheduled. Suggest TB for World TB Day. Mobilize your supporters to phone in. When you call a phone-in, strict first-come, first-served rotation applies, so hang on and you will be answered. Never read your contribution as it will sound stilted and people will stop listening. Aim to make two or three points succinctly and remember to mention your organization.

Access Programmes

In some countries, broadcasters air what are known as access programmes. For example, in the UK, charities and NGOs can promote an issue or cause in a three-minute piece to camera known as a Public Service Announcement (PSA) or Community Service Announcement (CSA), broadcast in primetime on regional television after the regional news. Contact your local TV station to see if they broadcast access programmes.

Also, in some countries, TB and radio programmes are assigned a duty editor who logs calls from the public about specific programmes. Comments, passed on to the producer of the programme, are said to be taken seriously. Mobilize your supporters when a programme on TB is scheduled to call and register their views.

<table>
<thead>
<tr>
<th>10 Ideas for TB Photo Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take journalists to visit a TB clinic.</td>
</tr>
<tr>
<td>Have a celebrity or sports star supervise patients taking their medicines.</td>
</tr>
<tr>
<td>Arrange for a journalist to interview a new patient and follow his or her progress throughout the entire course of treatment.</td>
</tr>
<tr>
<td>Show photographs of lungs “before” with TB, and “after” with DOTS.</td>
</tr>
<tr>
<td>Publicize specific TB outbreaks that occur in places such as churches, bars, clubs and airplanes.</td>
</tr>
<tr>
<td>Have the mayor of your town sign a proclamation calling for increased awareness of the TB epidemic.</td>
</tr>
<tr>
<td>Schedule a parade of TB control workers carrying banners and signs to the main legislative building in your state or region.</td>
</tr>
<tr>
<td>Organize “cough-ins” to draw attention to TB.</td>
</tr>
<tr>
<td>Use a large visible clock ticking to show that somebody becomes sick from TB every four seconds.</td>
</tr>
<tr>
<td>Organize an event where people fall down every ten seconds drawing attention to how frequently people are dying of TB world-wide.</td>
</tr>
</tbody>
</table>

22 TB Advocacy — A Practical Guide
Sample Letters to the Editor

Don’t Minimize the Threat

Although it was portrayed as an isolated incident, the recent tuberculosis scare at Clarkwood Day Care ("100 children at day care tested for tuberculosis") should be a reminder that this disease continues to threaten public health in the United States. TB is not just a major killer of the past; it continues to be the No. 1 infectious killer worldwide, ahead of all other infectious diseases, including AIDS. Although there is an effective and widely available cure, three million people die from TB every year—8,000 per day.

Tuberculosis is even more frightening because it is airborne—it spreads like the common cold. It has no borders. It can be transported by travelers from all over the globe. More than a third of all TB patients in this country are foreign-born, including a disproportionate number of the drug-resistant cases. As long as we believe that TB is the problem of other nations, we will continue to see outbreaks in this country. TB imported from abroad will become increasingly more difficult to cure, as poor treatment programmes in other countries lead to the emergence of more resistant strains.

Must 100 preschoolers and many others be infected with tuberculosis before the United States takes responsibility for controlling this global scourge?

Celine Grounder
Project Manager
Princeton Project 55 Tuberculosis Initiative

(Appeared in The Cleveland Plain Dealer, 19 December 1997)

Treating TB

Sir: The way Giles O'Bryen caught TB ("I still have no idea how I caught TB") probably has something to do with the ease and frequency of international travel these days, breaking down the boundaries between Europe and those Third World countries where TB is endemic.

Mr O'Bryen was lucky that he caught a treatable form of the disease. Increasingly, on account of the failure of patients to complete their courses of treatment, multidrug-resistant strains are appearing, requiring much longer and more expensive treatment. As 95 percent of patients are in developing countries which cannot afford such courses, TB is well on the way to becoming virtually untreatable, and it isn't going to stay "over there." In a few years' time, Mr O'Bryen's case may not be a one-off curiosity.

The World Health Organization's DOTS strategy (Directly Observed Treatment, Short-course) has been achieving success rates of up to 95 percent. The world needs to get behind this, quickly.

Bill Linton
RESULTS UK

(Appeared in The Independent, 15 December 1997)
Sample Op-Ed

Tuberculosis is a Major Public Health Problem in Bangladesh

By Dr A. K. Md. Ahsan Ali

Tuberculosis has been identified as a major public health problem in Bangladesh. More than forty years ago the drugs for killing TB bacilli were discovered. Even now this disease kills more people than ever before globally.

The problem is that TB is not one of the most exciting or exotic diseases in the world. The TB bacilli kill people slowly and internally. TB is caused by inhaling a germ that is floating in the air. The responsible bacterium is Mycobacterium tuberculosis. World TB Day, 24 March, is a time to think ourselves of how little is actually being done to eliminate this disease.

The cure for TB is equally unglamorous. Scientists are not paying attention to the discovery that could cure TB. This break-through took place forty years ago. These old medicines are nearly 100 percent effective in curing TB. The challenge today is to put these old medicines to proper use to defeat an ancient disease. The key to controlling TB is very simple in a way: to make sure that a patient swallows each dose of medicine in the presence of health workers for an entire initial phase of two to three months of treatment and in the remaining six months that a patient can swallow medicines themselves at home making the total treatment period eight months.

No infectious disease is as extensive and as devastating as TB. Every single year, nearly three million people die of TB, eight million become sick and at least 30 million become infected globally. In Bangladesh, 150,000 TB cases are cropping up every year and about 80,000 die annually. Thus TB is the leading infectious killer of youth and adults in the world — as well as in Bangladesh.

No other infectious disease has devastated the incomes and health of families like TB. No other infectious disease produces as many orphans as TB. No other infectious disease kills as many HIV-positive people as TB. No other infectious disease cripples adults in their most productive years of life, upon which our country’s economy depends, like TB.

TB control is one of the most cost-effective strategies available to protect our health. The same public money spent on a surgery can save hundreds of lives from TB. The World Health Organization declared TB a global emergency in 1993. In Bangladesh, a national TB Control Programme under the Directorate of Health Services has been intensified since 1991-2, through Fourth Population and Health Project, with the project Further Development of Tuberculosis and Leprosy Control Services.

According to the new strategies in TB Control, the National TB Control Programme emphasises the cure of 85 percent and detection of 70 percent of new smear positive pulmonary tuberculosis patients. The Government of the People’s Republic of Bangladesh has extensive support and has prioritized the TB Control Programme through the Fourth Population and Health Project. The country has been implementing revised strategies on TB control since November 1993.

Several NGOs — Bangladesh Rural Advancement Committee (BRAC), Damien Foundation (DF), Danish Bangladesh Leprosy Mission (DBLM), HEED — have signed Memoranda of Understanding with the Government to take part in TB control activities in different geographical areas of the country. The National Anti-TB Association of Bangladesh (NATAB) has also come forward with the Government to combat this disease. So far, 131 thana health complexes (THCs) by the government, 44
THCs by NGOs and 44 clinics by the government are covered by the National TB Control Programme, with adequate training and supply of drugs and logistics.

It is interesting to note that in Bangladesh, the Directly Observed Treatment, Short-Course (DOTS) strategy in curing TB patients has been initiated. By December 1995, about 43,963 new pulmonary smear positive tuberculosis cases had been detected through different THCs, TB clinics and NGOs of the country. The smear conversion (from pulmonary smear positive to pulmonary smear negative at two to three months) rate is 87 percent. The cure rate is 71 percent.

The above accomplishments show tremendously positive results in the National Tuberculosis Control Programme in Bangladesh. The defeat of this ancient scourge will never be realized until there is a sustained commitment by the political leaders, community leaders and the government to join the fight. TB is a global emergency and it will not go away on its own.

Taken from the Bangladesh Times, Sunday 24 March 1996
Check List for Preparing an Effective News Release

Content

☐ Make sure the headline and first paragraph are powerful and newsworthy. The most important information should be in the first paragraph.

☐ Use the pyramid principle to order information, most important at the top, becoming more general for background.

☐ Aim to use a direct quote within the first three paragraphs of the news release. Use quotes to bring the issue to life and express strong opinions.

☐ Include the five Ws:
  WHAT is happening?
  WHEN is it happening?
  WHERE is it happening?
  WHO is saying it?
  WHY is it important?

☐ Attach a fact sheet or background briefing material, rather than make the news release too long or cluttered.

Style

☐ Use short sentences of 25 to 30 words.

☐ Use paragraphs containing only two or three sentences.

☐ Try to keep the release to one or two pages.

☐ Use a simple, punchy news style.

☐ Avoid jargon.

☐ Avoid lots of adjectives and adverbs.

☐ Use active rather than indirect verbs to tell the story with force and urgency. (e.g., write: WHO declared TB a global emergency today. Don’t write: TB was today declared a global emergency by WHO.)

☐ Proof-read the release carefully!

Layout

☐ Put the date and release details at the top of the page. State if it is EMBARGOED FOR RELEASE at a specific time and date, or is FOR IMMEDIATE RELEASE.

☐ At the end of the news release put END or —30— or *** to indicate the final page of the release. Follow this with contact names and numbers for more information.
Sample Media Advisory

The Information and Public Relations Office
Thailand Ministry of Public Health

****MEDIA ADVISORY****

Thailand Faces Onslaught of Incurable, Infectious Tuberculosis

WHAT:
Once on the verge of eradication, tuberculosis has begun increasing in Thailand in new, incurable forms known as multidrug-resistant TB. Preliminary findings from an extensive review of Thailand's worsening TB situation and TB/HIV co-epidemic will be presented to journalists. The review was conducted by 24 health specialists from the World Health Organization, the Thailand National TB Programme and other government agencies.

WHEN:
Friday, 30 June 1995, at 10:00

WHERE:
Office of the Permanent Secretary for Public Health, 2nd Floor, Room #3, Tiwanon Road, Nonthaburi

WHO:
Dr Damrong Boonyoen, Director-General, Department of Communicable Disease Control, Ministry of Public Health
Dr E.B. Doberstyn, World Health Organization Representative in Thailand
Dr Thavisakdi Bamrungrakul, Director, National Tuberculosis Programme
Dr Nadda Sriyabhaya, National Consultant, Ministry of Public Health
Dr Mario Raviglione, Medical Officer, WHO Global Tuberculosis Programme

WHY:
After years of steady decline, TB cases began increasing in Thailand in 1992. There were 49,688 cases of TB and 3,595 deaths reported in Thailand in 1993. Multidrug-resistant strains of TB are on the increase.

World-wide, TB is now killing nearly 3 million people each year, more than AIDS, malaria and tropical diseases combined.

PHOTOS:
Photos of Thailand's TB situation will be available for journalists.

For further information, please contact Mr Kassanee at 5918612-3 or Ms Krongkaew at 5918392.
TB IS SINGLE BIGGEST KILLER OF YOUNG WOMEN

Gothenburg, Sweden/Geneva, Switzerland — Tuberculosis is now the single biggest infectious killer of women in the world, according to an international research meeting on TB and gender in Sweden.

...(more)

Bangladesh TB Control Efforts Among Best in the World

WHO International Review Finds that DOTS Strategy is Achieving Impressive 80% Cure Rate

DHAKA — In a report released today, the World Health Organization credited Bangladesh with having one of the world’s most effective and well-managed tuberculosis control programmes, calling it a “model for the entire world.”

...(more)
10 July 1996
Embargo: Not to be published before 11 July 00.01 GMT

IMPACT OF AIDS BURDEN CAN BE DRAMATICALLY CUT THROUGH CORRECT TB TREATMENT

Over Four Million New Cases Could be Averted by Year 2000
Millions of AIDS Patients Would Live Longer

Vancouver — “The world can take a real bite out of the disease burden of AIDS by treating TB in HIV-positive people,” announced Dr Peter Piot, Executive Director of the newly established Joint United Nations Programme on HIV/AIDS (UNAIDS). Treating TB when it appears in people living with HIV is an excellent and cost-effective way to make measurable progress against AIDS, he said.

...(more)

South Africa Department of Health
Private Bag X828 — Pretoria 0001

Embargo: 7 November 1996, 11:00
Contact: Courtenay Singer
Phone: cell: 082/858 0149; hotel: 021/23 2040; office 012/312 0100

South Africa Declares TB
“The Top National Health Priority”

“Western Cape worst-affected by the crisis,” says Dr Shisana

CAPE TOWN — Today Dr Olive Shisana, Director-General of the National Department of Health, declared tuberculosis “the top national health priority” for South Africa. This is the first time such an announcement has ever been made for any disease in the country.

...(more)
Checklist for an Effective News Conference

Reason

☐ A big, newsworthy story.
☐ New information relating to a big story being followed by the media.
☐ A statement on a controversial issue.
☐ Participation of high profile speakers or celebrities.
☐ Release of important new findings or research data.
☐ Launch of a major new initiative.
☐ Announcement of something of local importance.

Location and Set-up

☐ A central well-known location, convenient for journalists, and appropriate to the event.
☐ Avoid large rooms that give the appearance that few people attended.
☐ Make sure the noise level of the room is low.
☐ Reserve space at the back of the room for television cameras, possibly on a raised platform.
☐ Reserve a quiet room for radio interviews following the news conference.
☐ Ensure light and sound systems are in working order.
☐ If possible, have fax, phone and e-mail capability available.
☐ Make sure there is a podium and a table long enough for all spokespeople to sit behind.
☐ Consider displaying large visuals, such as graphs, logos or charts.
☐ Prepare a "sign-in" sheet for journalists.
☐ Determine if you wish to serve coffee and tea, or light snacks, following the event.

Timing

☐ Hold event in the morning of a work day so reporters can meet deadlines.
☐ Check that you are not competing with other important news events the same day.
☐ Start the event on time — avoid keeping journalists waiting.
☐ If you distribute material prior to a news event, use an embargo to prevent journalists from publishing before the event.
☐ Or wait until the event to release information to create an element of suspense.

Possible Materials

☐ News release.
☐ List of news conference participants.
☐ Executive summary of report.
☐ Case studies and stories.
☐ Fact sheets and graphs.
Biography and photos of speakers, and copies of speeches.
Pictures (colour transparencies/black and white photographs).
B-roll (broadcast quality video background footage).
Consider putting all of the printed materials together into one “press kit.”

Inviting Journalists

- Keep an up-to-date mailing list or database of journalists.
- Make sure you know who the health and social affairs correspondents are.
- Monitor which journalists are reporting on health.
- Focus on getting the most influential media to attend.
- Remember to invite international and foreign media.
- Get your event in journalists’ diaries seven to 10 days before the event.
- Always make a follow-up call to check that the right journalist has received the information.
- Build interest and anticipation for the event without giving out the story.
- Consider providing general, background briefings to important journalists prior to the event, without disclosing to them the details of your news story.
- Consider offering “exclusive” angles on the story to key media.

Preparing Speakers

- Select appropriate speakers.
- Select strong speakers who are charismatic, articulate and authoritative.
- Brief speakers carefully on the main message of the event.
- Prepare speakers in advance on how to answer difficult questions.
- Try to hold a meeting to brief all speakers before the event.
- Ideally, each speaker should present for only three or four minutes.
- Have each speaker make different points, while still focusing on the main message.
- Make sure that each makes one or two important points.
- Keep speeches short and simple aimed at a general audience and avoid technical jargon.
- Select a moderator who will manage questions from the floor after the presentation.
- Encourage lots of questions. Keep answers short. Reiterate main messages and do not introduce new issue.

Follow-up

- Within a few hours of the conclusion of the news conference, fax or deliver information to important journalists who were unable to attend.
- Make sure the switchboard of your organization is advised on where to direct follow-up calls from journalists.
- Gather news clippings of the coverage that results from the news conference and distribute this to important coalition partners and policy makers. A good source is the Internet.
TB Soundbites

When you have only a few seconds in front of a microphone or in a meeting, you need to use memorable phrases — soundbites — that will stay with your audience long after you have left. The best soundbites get to the heart of the problem without lengthy qualified explanations. Broadcast producers can’t resist them, and listeners and viewers remember them. The soundbite should capture and communicate the one key message you want to leave with the audience, if they remember nothing else. Try to repeat the soundbite at least once during an interview with the media.

- There is nowhere to hide from TB. Anyone who breathes air is at risk.
- The world is growing smaller and the TB bacilli are growing stronger.
- Every country is at risk from the poor treatment practices of other countries.
- Our country may be sitting on a multidrug-resistant time bomb.
- Once multidrug-resistant TB is in the air, no amount of money may be able to put this deadly genie back in the bottle.
- Some TB control programmes are succeeding only in creating stronger TB germs and weaker patients.
- Poorly-managed TB programmes are more dangerous than no treatment at all.
- Cure is the best prevention in TB control.
- The DOTS strategy is the only proven, cost-effective way to stop the spread of TB.
- We have effective medicines to cure TB. But we lack a powerful pill to wake our government up to address this epidemic.

Television Interview Tips

- Focus on getting one main message across in the interview. Come back to your main message again and again.
- Don’t be afraid to turn around irrelevant questions and come back to your main point. Don’t allow the interviewer to side-track you from your main message.
- Don’t use jargon or highly technical medical language. Don’t try to make too many complex points. Keep your answers simple.
- Be yourself. Rely on the strong points of your own character.
- Be enthusiastic about the subject. People will often remember the level of your passion and authority more than what you specifically say.
- Look at the interviewer when talking to him or her. If there is an audience, look at them when appropriate.
- You don’t have to know the answers to all questions.
- Don’t allow yourself to become defensive or angry.
- Ask the producer what you should wear.
- Sit up straight and lean forward slightly.
Successful advocates recognize the importance of forming alliances and coalitions with other organizations and individuals to amplify their message. The more people who deliver the same message, the more difficult it will be for policy makers to ignore. For example, a Minister of Health—can easily dismiss a TB funding request when it is only being made by the National TB Programme. However, it is much more difficult to dismiss the same request when community organizations, religious leaders and other government officials are also making it.

There is strength in diversity, as well as strength in numbers. The most powerful coalitions often contain members who do not appear to have a personal vested interest in the issue.

In most countries, there should be two objectives for mobilizing new partners in the battle against TB. First, to help advocate for more effective TB control policies. Over half of the world’s countries have yet to accept DOTS as their national TB control policy. And most countries using DOTS have yet to fully implement the strategy in the majority of states or provinces. Furthermore, many donor countries have been reluctant to adopt public health policies that provide extensive foreign assistance to fight epidemics “overseas” before they become domestic health threats.

The second objective of “social mobilization” is to increase TB control funding. The budgets of government agencies rarely change unless external political conditions require them to do so. Health budgets and development assistance budgets are no exception. Until an array of vocal NGOs, associations, unions and religious organizations emerges demanding wider use of the DOTS strategy, tuberculosis will continue to be a “low priority” for most of the world’s governments.

Advocates employ several ways to attempt to increase their capacity to address such neglect. Sometimes they use “insider” strategies that discretely approach people and build relationships behind-the-scenes. At other times, it is more effective to use “outsider” strategies—the media, public meetings—to encourage community leaders to take the necessary action.

**Building Coalitions**

NGOs representing risk groups such as children, refugees, people who are HIV-positive, women, laborers and prisoners are natural partners in the fight against TB. They must be convinced that supporting TB control advocacy efforts is to the direct benefit of their own constituencies.

Coalitions are not built overnight. The best strategy is to identify a few key partners who can help provide a nucleus, and then gradually find ways to involve new partners. World TB Day provides one of the best opportunities for conducting workshops and activities designed to bring new TB advocates on board.

**Advocacy Campaigns**

People tend to become involved in causes that they see making a real difference, and that offer easy—yet fulfilling—ways to participate. A good TB campaign should excite, impassion and energize others that progress can be made against TB. And it should give people something practical to do.
Grassroots campaigns have succeeded in increasing political support for fighting diseases such as AIDS and preventable childhood illnesses. The time is right to launch similar campaigns to increase the global availability of DOTS from 15 percent to at least 80 percent of patients in the next ten years.

Raising Funds

Effective TB control, surveillance, advocacy and research all require adequate financial resources. More than any thing else, advocacy efforts determine whether those devoted to TB control can attract the necessary resources to achieve their goals.

Where there is political will to address an issue, flow of resources is rarely a problem. According to Bill Foege of the Carter Center, Atlanta, USA, "When there is agreement of the experts, money will follow the plan. In 1984, Robert McNamara suggested that the agreements on immunization should lead us to seek $100 million in external funds each year for the global programme. Most people argued that such funds were unrealistic...McNamara was correct and within three years no one would have settled any longer with $100 million per year."

1. **Tips for Effective Presentations**

- Check out the physical set-up of the room before speaking. Note the room size, acoustics, microphone and audio-visual set-up.
- Focus your presentation on one or two main messages. Repeat these main messages in different ways again and again.
- Don't turn your presentation into a recitation of facts and data. Your main message could be lost if you bombard your audience with too much information.
- Practice, practice, practice! The more comfortable you are with the presentation, the more dynamic you will be. Practice giving your presentation before a colleague who can offer comments on how to improve your delivery.
- Make a good first impression. Memorize the first part of your presentation. Be confident.
- Make eye contact with your audience. Change your pace, tone, and hand gestures at key points to make an impact.
- Use powerful visual aids to emphasize main points. One well-planned photograph or chart can be worth a thousand words.
- Make sure overheads or slides can be quickly understood. Avoid complex graphs, small type and lots of words. As a rule of thumb, print no more than 50 words on any visual. Be sure everything can be clearly read from the back of the room.
- Your enthusiasm and concern about the issue will often be remembered more than the words you say.
- Keep to your time limit and allow time for questions. This is a critical opportunity to keep your audience engaged and excited about the topic.
Steps to Involve a New Coalition Partner

- Prioritize your target list. Who can help you the most? Who do you have the best access to? Who is most likely to support your cause given their involvement in other issues?
- Research your top targets. What role have they played on other issues? Who influences them? Do you have any mutual acquaintances? What are their personal interests?
- Determine what you want. Even before making contact, have a clear idea of what you would like your “partner” to do. However, be prepared to completely revise your request should they show interest in another area.
- Develop your presentation. Gather the relevant facts and information to make your case. Determine the most persuasive way to present this information.
- Make contact. Introduce yourself and your organization by phone or letter, or preferably both. Don’t try to gain support at this stage. The primary objective should be only to arrange a personal meeting.
- Make your visit. Keep the meeting up-beat and friendly, but get to the point. Listen carefully to the partner’s interests. Explore those issues that seem to interest and excite them. Ask for his or her support in a specific area. At the end of the meeting, make clear what next steps you will take to follow up on any concerns, ideas or areas of interest.
- Make follow-up visits. Find legitimate ways to follow up on your original conversation and keep informing your partner about the issue. Start to build a relationship.
- Use other ways to reinforce your visit. Find other opportunities to ensure your potential supporter is being asked to consider the TB epidemic. For example, letters from other organizations or questions from journalists might encourage them to take a stand on the issue.
- Identify a “first step” activity. In most cases, your first request should be an activity that is easy to undertake.
- Be generous in your thanks, and ask for further involvement.
10 Steps to Building Support from Policy Makers

- Examine the policy maker's history of involvement in other health issues. Note individuals and institutions that seem to have some influence, and the type of initiatives they have previously supported.
- Use a number of different communications channels to reach important policy makers. "Insiders," such as the policy maker's staff, friends and associates can help, as can "outsiders" such as the media and influential organizations.
- Make sure the social and political relevance of your message is clear. Demonstrate that there is public concern about the spread of TB.
- Clearly articulate the threat of the problem.
- Clearly articulate the effectiveness of the DOTS strategy. Provide economic data supporting the cost-effectiveness of the intervention.
- Allude to the potential political benefits of showing leadership on an issue and the potential political consequences of failing to take action.
- Recognize the bureaucratic, budgetary and administrative constraints that exist in governments.
- Beware of the influence conflicting special interests may have on the issue.
- Suggest specific, practical action that a policy maker should take.
- Once communication channels are opened, remain proactive. Maintain regular communication.

10 Ideas for TB Campaigns

- Encourage thousands of people to mail items representing TB or DOTS to government officials to urge them to support the DOTS strategy.
- Compile a list of people cured from TB with DOTS and think of ways to use this list as a petition, advertisement or display.
- Organize "Did you know?" campaigns to educate the public that TB is still a major health threat, but that a cure exists.
- Declare TB free zones or TB hot zones.
- Create a local Internet Web site on tuberculosis.
- Develop a visual symbol for TB similar to the red ribbon, which has come to symbolize AIDS.
- Give "certificates of approval" to private physicians who use all five elements of the DOTS strategy in treating their patients.
- Have a celebrity present "certificates of completion" to patients who finish their treatment.
- Present petitions to politicians.
- Have a celebrity spear-head a global attack on TB.
10 Principles for Successful Coalitions

- Choose unifying issues.
- Understand and respect institutional self-interest.
- Agree to disagree.
- Play to the center with tactics.
- Recognize that contributions from member organizations will vary.
- Structure decision-making carefully based on level of contribution.
- Clarify decision-making procedures.
- Help organizations to achieve their self-interest.
- Achieve significant victories.
- Distribute credit fairly.


10 Components of an Effective Grant Proposal

- **Summary.** Summarize your request clearly and concisely. Often, this is the only part of the proposal that is read.
- **Introduction.** Describe your organization's mission, qualifications and track record.
- **Problem statement or needs assessment.** Document the need the proposed project will meet or the problems it will solve.
- **Statement of objective.** Detail the measurable benefits the project will produce.
- **Description of your methods.** Describe the activities you will undertake to achieve the desired results. Also present timeline and staffing information.
- **Evaluation.** Present a plan for evaluating the degree to which the project meets objectives and follows methods. Clearly state the criteria for success.
- **Other necessary funding.** Describe the plan for continuation beyond the grant period and/or the availability of other resources necessary to carry out the grant.
- **Budget.** Clearly identify costs the funder will cover, and those the applicant or other parties provide.
- **Appendix.** Keep the main proposal to a length that clearly presents your request. Put necessary but overly-detailed information in the appendix.
- **Supporting documents.** Select supporting materials to enclose with your proposal, such as your organization's annual report.

10 Tips for Writing Letters to Government Officials

- A letter to a government official is often read and is a good way to raise an issue.
- Keep it concise and focus on a single issue.
- Make your argument in a well-reasoned way and support it with relevant data, statistics and powerful real-life stories.
- Be clear about what you want.
- Ask for a specific action—a visit to a successful DOTS project; a presentation or a hearing; an allocation of funds.
- Be positive and conciliatory in your first communication and avoid harsh criticism.
- Request information about the official’s ability to respond; it may be that you need to be referred to somebody else.
- Request a direct response and follow up the letter with a telephone call.
- Encourage others to join you in a letter-writing campaign.
- Share any responses you receive with others.

10 Ways to Raise Funds for TB

- Compile a book of poems, stories and songs by famous people who have died of TB, and sell as a fundraiser.
- Sell tickets for a concert featuring music by famous composers who died of TB.
- Encourage the involvement of corporate sponsors. For example, it should be in the interests of the insurance industry to improve TB control.
- Ask religious groups to collect money during the week of World TB Day.
- Distribute “DOTS Donation Boxes” so private citizens can help fight TB with their own money.
- Involve schools and local community groups in annual events.
- Organize community businesses to sponsor specific awareness campaigns.
- Use sports events announcements to ask participants to make donations when leaving the stadium. For example, “If this stadium represented the world, xxx of you would die of TB this year. Please help by…”
- Ask department stores to place donation envelopes in all shopping bags on World TB Day.
- Ask film distributors to donate preview night proceeds to TB, especially if the film has link with TB or features music by composer who died from TB.
Considerations for TB Fundraising

- TB is a compelling social issue. An affordable solution is available and yet millions are dying. These lives could be saved— with increased donor support. The challenge is to clearly present the issues to more potential donors.
- Personal stories and photos of people with TB will be more effective as fundraising tools than lots of TB statistics and details about your organization.
- Make clear what donors' contributions can buy. For example, a US $30 contribution will purchase all of the drugs necessary to cure a person in India of TB. A US $1000 contribution will purchase a microscope that can help diagnose over a thousand TB cases a year that might normally go undetected.
- Do everything possible to help your major donors visit DOTS projects and meet actual patients.
- Target wealthy individuals who have had TB, or had relatives with TB, who are good potential donors.
- Without sustained media coverage on TB in your country, it will be harder to persuade potential donors that your organization's work on TB is an important priority.
- Donors are more likely to support organizations that demonstrate innovation, take public leadership and produce tangible results.
- An NGO or organization is more likely to prosper financially if the Chief Executive or Director has a clear vision and spends a large amount of time building donor support.
- Advocacy and fundraising are technical skills. You wouldn't hire a public relations agency to run your laboratory services, so don't expect scientific and medical staff to write effective news releases and appeal letters!
- As a rule of thumb, invest 10 to 20 percent of your organization's budget on publicity and fundraising activities and expect income to increase by at least 10 to 20 percent each year.
## Appendix

### Index of Charts

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>10 Rules of Advocacy “Etiquette”</td>
</tr>
<tr>
<td>2</td>
<td>10 Political Obstacles to Controlling TB</td>
</tr>
<tr>
<td>3</td>
<td>Timing Advocacy Activities</td>
</tr>
<tr>
<td>5</td>
<td>TB Web Sites</td>
</tr>
<tr>
<td>6</td>
<td>10 TB Facts</td>
</tr>
<tr>
<td>6</td>
<td>10 Facts About Multidrug-Resistant TB</td>
</tr>
<tr>
<td>7</td>
<td>10 Facts About TB and AIDS</td>
</tr>
<tr>
<td>7</td>
<td>10 Facts About the Cost of TB</td>
</tr>
<tr>
<td>8</td>
<td>10 Facts About DOTS</td>
</tr>
<tr>
<td>8</td>
<td>10 Facts About the Economic Benefits of DOTS</td>
</tr>
<tr>
<td>9</td>
<td>10 Facts About Women</td>
</tr>
<tr>
<td>9</td>
<td>10 Facts About TB and Mobile Populations</td>
</tr>
<tr>
<td>10</td>
<td>10 DOTS Success Stories</td>
</tr>
<tr>
<td>15</td>
<td>Targeting Advocacy Messages to Different Audiences</td>
</tr>
<tr>
<td>16</td>
<td>10 Tips to Producing Effective Advocacy Publications</td>
</tr>
<tr>
<td>16</td>
<td>10 Qualities of Effective Advocacy Publications</td>
</tr>
<tr>
<td>17</td>
<td>Useful Advocacy Sources on TB</td>
</tr>
<tr>
<td>18</td>
<td>10 Differences Between Scientific and Advocacy Communication</td>
</tr>
<tr>
<td>21</td>
<td>10 Important International Media</td>
</tr>
<tr>
<td>22</td>
<td>10 Ideas for TB Photo Opportunities</td>
</tr>
<tr>
<td>23</td>
<td>Sample Letters to the Editor</td>
</tr>
<tr>
<td>24</td>
<td>Sample Op-Ed</td>
</tr>
<tr>
<td>26</td>
<td>Checklist for Preparing an Effective News Release</td>
</tr>
<tr>
<td>27</td>
<td>Sample Media Advisory</td>
</tr>
<tr>
<td>28</td>
<td>Sample News Releases</td>
</tr>
<tr>
<td>30</td>
<td>Checklist for an Effective News Conference</td>
</tr>
<tr>
<td>32</td>
<td>10 TB Soundbites</td>
</tr>
<tr>
<td>32</td>
<td>10 Television Interview Tips</td>
</tr>
<tr>
<td>34</td>
<td>10 Tips for Effective Presentations</td>
</tr>
<tr>
<td>35</td>
<td>10 Steps to Involve a New Coalition Partner</td>
</tr>
<tr>
<td>36</td>
<td>10 Steps to Building Support from Policy Makers</td>
</tr>
<tr>
<td>36</td>
<td>10 Ideas for TB Campaigns</td>
</tr>
<tr>
<td>37</td>
<td>10 Principles for Successful Coalitions</td>
</tr>
<tr>
<td>37</td>
<td>10 Components of an Effective Grant Proposal</td>
</tr>
<tr>
<td>38</td>
<td>10 Tips for Writing Letters to Government Officials</td>
</tr>
<tr>
<td>38</td>
<td>10 Ways to Raise Funds for TB</td>
</tr>
<tr>
<td>39</td>
<td>10 Considerations for TB Fundraising</td>
</tr>
</tbody>
</table>

*TB Advocacy — A Practical Guide* 41