An Advocacy Strategy for Adoption and Dissemination of the WHO Policy on TB Infection Control in Health-Care Facilities, Congregate Settings and Households

RECOMMENDED ACTIONS AT INTERNATIONAL AND NATIONAL LEVELS

April 2010

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Acronyms and Abbreviations

Acronym	Definition
ACSM	advocacy, communications, and social mobilization
AIDS	acquired immune deficiency syndrome
APIC	Association of Practitioners in Infection Control
ATS	American Thoracic Society
CBOs	community-based organizations
CDC	US Centers for Disease Control and Prevention
CSIS	Center for Strategic and International Studies
CSOs	civil society organizations
DFID	Department for International Development (UK)
EGPAF	Elisabeth Glaser Pediatric AIDS Foundation
EPR	Epidemic and Pandemic Alert and Response
ERS	European Respiratory Society
EU	European Union
FBOs	faith-based organizations
GNP+	Global Network of People Living with HIV
HIPP	Health in Prisons Project
HIV	human immunodeficiency virus
IAS	International AIDS Society
IAPAC	International Association of Physicians in AIDS Care
ICAAC	Interscience Conference on Antimicrobial Agents and Chemotherapy
ICAP	International Center for AIDS Care and Treatment Programs
ICASO	International Council of AIDS Service Organizations
ICN	International Council of Nurses
IDSA	Infectious Disease Society of America
IFIC	International Federation of Infection Control
IFRC	International Federation of the Red Cross
IHF	International Hospital Federation
ILO	International Labour Organization
INGOs	international non-governmental organizations
IPCAN	Infection Prevention and Control Africa Network
IUATLD	International Union Against Tuberculosis and Lung Disease
JICA	Japan International Cooperation Agency
KANCO	Kenya AIDS NGO Consortium
MDR-TB	multidrug-resistant TB
MOH	ministry of health
NTP	national TB control program
OGAC	Office of the Global AIDS Coordinator
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV, PLWH	people living with HIV
TB	tuberculosis
TB IC	tuberculosis infection control
TB TEAM	TB Technical Assistance Mechanism
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office of Drugs and Crime
USAID	United States Agency for International Development
USG	United States Government
WFP	World Food Programme
WHO	World Health Organization
WMA	World Medical Association
XDR-TB	extensively drug-resistant TB

Executive Summary

Tuberculosis infection control (TB IC) is an important element of the overall strategy to prevent and control the spread of TB, but it has received very little attention until recently. The World Health Organization (WHO) has issued a new TB IC policy to guide countries and communities in implementing effective TB IC activities (WHO Policy on TB Infection Control in Health Care Facilities, Congregate Settings and Households, 2009, available online at http://www.who.int/tb/publications/2009/en/index.html). To achieve effective TB IC in high-burden countries, WHO and its partners must find ways to 1) promote adequate political and financial support for TB IC from donors and countries, 2) encourage widespread adoption of the policy and its incorporation into national and local policies, and 3) create linkages with civil society organizations in the field to ensure demand for and implementation of the TB IC policy to protect health workers, patients, and the community from TB transmission.

This document provides advocacy guidance for reaching these milestones. It includes recommendations for advocacy activities that will support dissemination and adoption as well as implementation of the policy, both of which are essential to success. The strategy was created based on interviews with key informants representing a wide range of stakeholders in TB IC, including managers of National TB Programs (NTPs), frontline health workers, representatives of people living with HIV, and individuals representing professional associations, private companies, civil society organizations, technical assistance organizations, international policy making organizations, and donors (both bilateral and multilateral). Five themes emerged from the interviews, forming the basis for the recommendations made on approaches to TB IC advocacy. These themes include the following, described in detail in the text:

1. **Embed TB IC within the broader contexts of the Stop TB Strategy, overall IC and pandemic preparedness, and health systems strengthening to create a sustainable advocacy strategy.** Respondents felt overwhelmingly that TB IC should not be a stand-alone advocacy effort, but rather must be incorporated within TB control efforts in general and should at the same time take advantage of the new attention on airborne infection control in light of influenza pandemic preparedness to encourage a comprehensive approach that encompasses TB IC concerns.

2. **Create an advocacy framework that influences decision-makers from the top down and the bottom up.** Interviewees also agreed that engagement at all levels was important in the success of the TB IC effort. Advocacy for adoption and support of the TB IC policy itself is important to create the preconditions for successful implementation. International donors and policymakers must be convinced that funding for TB IC is warranted, for instance. Equally important, advocacy for implementation at national and local levels is critical to support protection of those at risk. This includes the need to create civil society demand for improved infection control practices within health facilities and the community and to support widespread behavior change in this regard.

3. P**rovide the evidence for action.** A number of interviewees noted that a key missing ingredient was data to support the efficacy and cost-effectiveness of TB IC interventions, and suggested that additional data would be needed to make a strong case for adoption and implementation in the face of tough decisions about limited resources.

4. **Tailor the IC message to the audience, with a special emphasis on safe heath care facilities and healthy communities.** Concerns included the potential for TB IC advocacy to have unintended negative consequences, increasing stigma and the fear surrounding TB, MDR-TB, and HIV. Stakeholders recommended that messages be crafted in the positive, be very specific to target audiences (not use a "one-size-fits-all approach), and that the potential for increasing stigma and discrimination be carefully evaluated before messages are widely disseminated.

5. **Reach new audiences to increase impact and uptake, with a special focus on mobilizing communities at high risk for TB transmission.** A strong recommendation to reach beyond traditional TB control players came from most stakeholders. In particular, the larger infection control community and groups representing people at high risk for TB transmission (e.g., health care workers, people with HIV, prisoners, others in congregate settings) must be brought into the effort to multiply and strengthen the efforts that can currently be made with limited financial and human resources.

This document provides detailed information on priority target groups, key messages for each group, recommended approaches to engagement, and specific actions for each target group to take, along with opportunities for reaching these groups. The following categories of groups are seen as essential to advocate for adoption and dissemination as well as implementation of the TB IC policy:

- International policy-making bodies
- Donors
- Civil society organizations representing marginalized, minority, or other populations at high risk for TB transmission
- Professional organizations representing health care workers, infection control practitioners, facility administrators, architects and engineers
- Other international civil society organizations
- Technical assistance organizations
- The business community

There are many activities that can be undertaken to engage with these groups effectively and the strategy presents the whole range of possibilities, but human and financial resources are limited, so prioritization of activities that can yield the greatest benefit is important. Within the next 12 to 18 months, the following five actions by WHO and the Stop TB Partnership can move adoption of the TB IC policy forward significantly, in collaboration with the many organizations that are ready and willing to assist in this effort:

Action	Objective	Rationale
1. Mobilize sufficient resources and authority for the Stop TB Partnership TB IC Subgroup to develop strong leadership on TB IC Policy implementation and for the core group to act as primary spokespeople for TB IC with other stakeholder groups, especially those concerned with airborne infection control.	Responsibility for TB IC advocacy is assigned to the appropriate group and they actively coordinate with others within Stop TB working groups to integrate TB IC into TB control frameworks and general airborne IC frameworks.	Staffing and resources at WHO are insufficient to mount the needed level of effort to promote wide adoption of the TB IC policy. The TB IC Subgroup core members represent diverse target audiences that can influence adoption and implementation of the TB IC Policy, and thus can multiply WHO efforts.
2. Prioritize TB IC Subgroup engagement with several key groups that can provide significant support for wide dissemination through their constituencies, including membership organizations representing the broader infection control community, the Eli Lilly Partnership member organizations representing health care worker constituencies, technical assistance organizations in TB and HIV, the World Business Coalition, and civil society organizations representing HIV and TB-affected communities.	The TB IC Policy is disseminated widely with minimal effort from WHO and the Stop TB Partnership.	A number of groups are already engaged with their constituencies on IC and TB IC activities. They can significantly increase the reach of the policy through their political support and dissemination within their groups.
3. Have TB IC focal points actively engage in pandemic preparedness planning at the international level.	Ensure that considerations for TB IC are included in pandemic preparedness guidance and opportunities for synergies are exploited.	The influenza A (H1N1) pandemic is a significant opportunity to address airborne IC issues that include TB IC. It is important to be seen as a helpful partner in these efforts to encourage future cooperation.
4. Continue to work closely with UNAIDS and the WHO HIV Department in promoting TB IC as part of their ongoing work to provide prevention, care and treatment services to people living with HIV (PLWH).	UNAIDS and partners are actively engaged in promoting TB IC as an integral component of HIV care and treatment and PLWH are protected from TB transmission.	PLWH are the highest priority group for protection from TB transmission and AIDS-related organizations have a responsibility to participate in advocating for TB IC.
5. Work with donors to incorporate TB IC provisions into donor requirements for funding, particularly Global Fund grants.	Global Fund specifies TB IC as an area for funding in its TB and HIV grants, for example including an SDA on TB IC into its future rounds.	Global Fund is a key mechanism for encouraging adoption of international standards and can support target countries in TB IC implementation.

Introduction

In anticipation of the World Health Organization's (WHO) release of its new policy on tuberculosis infection control (TB IC), the WHO Stop TB Department and the TB Infection Control Subgroup of the TB/HIV Working Group of the Stop TB Partnership called for the development of an advocacy strategy designed to garner political support for adoption and implementation of the new policy. The policy provides recommendations on what health care facilities should implement to create safer environments for staff, clients, and visitors. It also provides useful guidance on implementing TB IC for congregate settings and discusses basic infection control criteria for the management of TB in households.

Advocacy for TB IC has a number of interrelated objectives. At both the international and country levels, TB IC advocacy will be important to assure the following:

- support from governments, donors, community representatives, and other key stakeholders;
- rapid adoption of sound TB IC policies consistent with the new guidance;
- allocation of sufficient resources for effective TB IC;
- implementation of comprehensive TB IC policies; and
- monitoring of progress in TB IC implementation.

At the global level, advocacy seeks to use the new policy as a springboard to increase donor recognition of TB IC as a global health priority, increase the resources allocated by donors for TB IC, and increase the political will of high-burden countries to adopt and implement effective TB IC strategies. At the national level, advocacy will be needed to secure buy-in from government decision-makers and key stakeholders, incorporate TB IC advocacy into national policies, create adequate allocations for TB IC in national budgets and increase the access of implementers to TB IC resources. The final and most important objective of TB IC advocacy is to mobilize a wide range of stakeholders critical to ensuring that TB IC policies are adopted and successfully translated into implementation at national and local levels to reduce TB transmission.

In collaboration with WHO Stop TB Department IC focal points and the Chair of the TB Infection Control Subgroup of the TB/HIV Working Group, and with support from the US Agency for International Development (USAID), the Program for Appropriate Technology in Health (PATH) prepared this advocacy strategy. The recommendations were informed by more than 40 interviews with diverse key stakeholders, including but not limited to managers of National TB Programs (NTPs), frontline health workers, representatives of people living with HIV, and individuals representing professional associations, private companies, civil society organizations, technical assistance organizations, international policy making organizations, and donors (both bilateral and multilateral). This advocacy strategy document was reviewed by the core team members of the TB Infection Control Subgroup (TB IC SG) and revisions have been incorporated into the text.

This document begins by providing a summary of the overarching themes that policy makers and other stakeholders reported as important in building an effective advocacy strategy for the new TB IC policy. It then translates those themes into specific TB IC advocacy goals and

objectives, target audiences, key messages, and recommended approaches at international and national levels. These have been developed taking into account current global economic constraints, and thus they seek to maximize opportunities to piggy-back on existing opportunities and enlist other potential advocates to the extent feasible. The strategy ends by recommending next steps in the development of advocacy strategies for implementation of the TB IC policy at national level to realize the benefits in the field that the TB IC policy seeks to support.

Notes on the document

Terminology: Because this document specifically addresses advocacy related to the new WHO policy on tuberculosis infection control, throughout this document we will use the term "TB IC" when referring to infection control. However, readers should understand that it is our intention to convey the clear message that TB IC must be understood and implemented within an overall context of airborne infection control (which allows for synergies with efforts related to influenza and SARS, for instance) as well as general infection prevention and control (which addresses the safety needs of health workers, patients, and the community more comprehensively).

Scope of the Strategy: This document presents a comprehensive strategy for advocacy related to the new TB IC Policy that includes a wide range of target groups, advocacy objectives, and actions. The strategy presents a menu of options for consideration—it is not intended that all activities will be undertaken. In recognition of the resource constraints that the global community currently faces, the document presents suggested priorities for action that can yield significant gains with limited resources, but any of the activities described in the document will be useful in supporting TB IC. It includes recommendations for advocacy activities that will support dissemination and adoption as well as implementation of the policy, both of which are essential to success. Advocacy activities for dissemination and adoption are interrelated with those aimed at implementation, and may be undertaken by the same target groups. As such, this document does not clearly distinguish between the two sets of activities, but does focus primarily on advocacy for dissemination and adoption as the first step in a longer process of TB IC implementation.

Timeframe: The strategy describes current known opportunities for advocacy, some of which have already passed but are important to note because of their significance and relevance. While the meetings and conferences listed may become obsolete and will need to be updated, the general approach to TB IC advocacy with various stakeholder groups should generally remain consistent. New opportunities may present themselves that will require revision of the strategy. This is a living document that can and should be changed to reflect the changing landscape.

I. Background: Themes from Key Stakeholder Interviews

The following section provides a broad overview of important themes gathered from interviews with key stakeholders. These are the guiding principles upon which the advocacy strategy is built.

Theme 1: Embed TB IC within the broader contexts of the Stop TB Strategy, overall IC and pandemic preparedness, and health systems strengthening to create a sustainable advocacy strategy.

TB IC advocacy will be most effective as a component of a number of larger initiatives. TB IC is not seen by any stakeholder groups as a stand-alone effort and they encouraged incorporating TB IC into a broader context as a way to build additional support and access pooled resources for more effective and sustainable implementation. Suggestions and comments included the following:

- The Stop TB Strategy framework is well-known and accepted by the TB control community and incorporating specific IC language within that framework can speed up adoption at national level within TB control programs.
- Embedding TB IC within a larger movement to improve IC overall is likely to reduce the probability of stigmatization of and discrimination against TB patients, PLHIV and health care workers that might more easily arise from an advocacy focus on TB IC alone. The fear of contracting MDR-XDR TB strains is often at the root of such stigmatization.
- Immune-compromised clients, as well as other patients, health care workers, and visitors in health care settings will experience greater protection from potential transmission of diverse diseases due to improved overall IC standards.
- TB IC advocacy can take advantage of the recent outbreaks of influenza A (H1N1) and the subsequent pressure on countries to develop or refine their pandemic preparedness plans to move general IC (including airborne IC) up on the global health agenda. Economies of scale and a reduction of competition among priorities may be achieved through the articulation and harmonization of transmission prevention platforms for airborne diseases such as TB, influenza (avian and A (H1N1)) and SARS.
- Health systems strengthening is a key component of Stop TB Strategy as well as an area of focus for donor financing. Incorporating TB IC into an overall framework of health systems strengthening (through HR capacity building, infrastructure improvements, surveillance improvements) can help access additional resources and stakeholders.

Theme 2: Create an advocacy framework that influences decision-makers from the top down and the bottom up.

Both a top-down and bottom-up approach should be used to achieve the desired advocacy goals. The top-down approach primarily targets multilateral and bilateral donors at the international level to assure the supply of adequate resources needed for IC implementation and to establish funding criteria that will help to drive the in-country implementation of IC best practices. National governments also share in the responsibility of assuring an adequate supply of resources through, for instance, the adoption of budget line items for IC implementation and the integration of IC into national public health strategies and policies. So, it will be critical to reach national institutions such as Ministries of Health (MOHs), NTPs, AIDS Control Programs, Ministries of Infrastructure, Labour, Finance, and Justice to assure that they and the international donors forge a strong partnership to achieve IC goals.

It is equally vital to execute a complementary bottom-up approach that mobilizes critical elements of civil society, which encompasses a wide range of non-governmental stakeholders with diverse interests and perspectives. There are a number of relevant international and country-level constituencies, such as organizations representing the interests of the health care workforce, PLHIV, prisoners, and private hospitals, to create demand for the adoption and implementation of the new TB IC policy. Direct outreach to those international organizations representing such interest groups and the use of meetings to advocate on behalf of TB IC with these key stakeholders will be important to mobilizing large constituencies that have connections to national and local networks (e.g., professional associations of doctors or nurses) for widespread dissemination of TB IC advocacy messages.

Theme 3: Provide the evidence for action.

Most respondents believe that organizations and individuals from the TB community already have an interest in the new TB IC policy and will support its implementation. The lack of action thus far on TB IC is seen as resulting from lack of sufficient knowledge and expertise, lack of specific reference to TB IC in key TB strategy documents, competing priorities, and lack of evidence that TB IC is important. Not enough solid evidence has been presented to decision-makers to convince them that investment in TB IC is cost-effective among their many competing priorities. It will be important to build on the current body of evidence by compiling existing data (as has been provided in the new IC policy) and commissioning further research to document the potential impact that TB IC can have in reducing transmission. Data that are accessible to a non-technical audience and illustrate the impact and cost-effectiveness of investing in IC will be a useful tool at all levels to garner support for integration of IC into overall TB control interventions. Policy makers, planners and implementers need the reassurance of evidence-based findings that investment in TB IC is cost-effective, especially when making decisions on funding priorities.

Theme 4: Tailor the TB IC message to the audience, with a special emphasis on safe heath care facilities and healthy communities.

The urgency to act now on TB IC, as a response to the MDR/XDR-TB threat and in the context of the HIV epidemic, will make a potent argument to donors and national authorities to persuade them that support for enhanced TB IC is both timely and wise. It will be helpful to provide solid evidence (as noted above in Theme 3) to enhance the argument for improving

health worker and patient safety in facilities. Reference to the Tugela Ferry, Milan and New York City outbreaks can reinforce arguments made about the urgency and the favorable cost-to-benefit ratio of action on TB IC, including the references listed in the footnote below.

However, it is not advisable to use the MDR/XDR-TB argument outside of technical and high-level political spheres, out of a concern that this could provoke fear at a more popular level and thus increase stigmatization and discrimination toward TB patients and those more vulnerable to TB infection. An overreliance on the MDR/XDR-TB threat to make the case for TB IC also runs the risk of alienating parts of the HIV community concerned about the possible stigmatizing and discriminating effects of an association with MDR/XDR-TB. Accordingly, different and nuanced sets of messages should be devised and used for different target audiences, in part to minimize the problem of carrying messages to the public and health care workers that could end up stigmatizing health care professionals, PLHIV and TB patients. In interviews with stakeholders, they commonly suggested positive messages, particularly around "safety," and "health," as opposed to "control" or "prevention."

The current focus on pandemic preparedness provides a rich opportunity to capitalize on existing momentum and incorporate TB IC considerations within preparedness plans. It will be important to establish strong collaborative links with pandemic preparedness entities at international (WHO) and national levels to ensure that overall IC considerations that can benefit TB get incorporated into pandemic preparedness plans.

Theme 5: Reach new audiences to increase impact and uptake, with a special focus on mobilizing communities at high risk for TB transmission.

Mobilization of stakeholders from beyond the TB community will be critical to the success and sustainability of TB IC implementation efforts. The inclusion of other constituencies, especially the HIV community and minority populations at high risk for TB transmission (see below), infection control community, and health care workers will contribute greatly to garnering the political, financial and grassroots support required to make effective TB IC a global reality.

Key target audiences outside of TB include international and country-level organizations representing the HIV community and managers of AIDS control programs, ministries of health, infrastructure and justice, bilateral and multilateral donors, infection control practitioners, health care workers, patient safety advocates, architects, hospital engineers and administrators, and representatives of marginalized and minority groups at high risk for TB such as prisoners and prisoner rights organizations, and managers, service providers and clients in other congregate settings such as homeless shelters, refugee and internally displaced persons camps, nursing homes, and worker dormitories.

The HIV community has a great stake in the successful implementation of WHO's new TB IC policy, and it can become a powerful ally of the TB community in achieving their common interests of improved IC. It is critical that TB advocates engage actively with the HIV community, conveying the urgency of protecting PLHIV from the transmission of TB, other airborne diseases and additional infection as a programmatic priority at all levels: UNAIDS and its cosponsoring UN organizations, national AIDS control programs, international non-governmental organizations (INGOs), civil society organizations (CSOs), community- and faith-based organizations (CBOs and FBOs) and all activists.

By adopting the global implementation of the new TB IC policy as one of its priority action areas, the HIV community will help assure that PLHIV can frequent health facilities to receive diagnosis, treatment, counselling and care without fear of TB transmission. The HIV

community also has a vested in interest in assuring that the health care providers serving PLHIV - who are in short supply and may themselves be HIV-positive - work in an environment with effective IC practices that protect them from disease transmission.

The mobilization of the HIV community on behalf of IC will greatly multiply the efforts of the TB community. The HIV community has significant advocacy resources, experience, and influence at its disposal that will help increase the political will needed to assure implementation of sound TB IC practices and to provide the monitoring of IC implementation and of compliance with updated guidelines.

At the same time, the larger infection control community also has a significant role to play in ensuring adoption and effective implementation of measures to prevent TB transmission. Consistent with the first theme mentioned above, TB IC activities must become standardized components of overall advocacy for IC at international and national levels. For instance, while NTPs can in large part deal with the administrative controls and personal protection necessary for TB IC, the needed environmental and policy measures are often the purview of other agencies within or even outside of the MOH. These groups must be enlisted to advocate for integration of TB IC measures into overall IC plans.

II. International TB IC Advocacy Strategy

A. Objectives

IC advocacy at the international level has three primary objectives:

1. Motivate and support individuals and organizations within key stakeholder groups to become TB IC champions in order to ensure broad political support for IC as an integral part of comprehensive TB control/disease control.
2. Garner adequate financial support for implementation of effective IC policies in the field.
3. Motivate national governments and ministries to make TB IC part of their priority activities for disease control.

B. Target Audiences

The stakeholders to enlist in supporting TB IC at an international level include international policy-making bodies (primarily WHO and other UN bodies), donors (bilateral and multilateral, public and private), professional associations and unions (for health professions in particular), technical agencies, the business community, and international civil society organizations (such as TB and HIV activist groups). These organizations have the power to drive the TB IC agenda from the top down by producing and disseminating standardized, evidence-based policy; providing financial support (and incentives) for including IC in TB control activities; and engaging broad member networks at regional, national and local levels in advocacy, communication, and social mobilization on IC issues.

A detailed description of these different audience segments and specific target groups is provided below, with recommended generic objectives, messages, approaches, and activities. Annex A provides a detailed roadmap of suggested advocacy objectives, messages, approaches and activities, and opportunities and entry points to engage with specific key target groups, denoted by an asterisk*. The same structure can be used to develop an advocacy plan for other individual key stakeholder groups. Annex B provides contact information for key target groups.

1. International Policy-Making Bodies

WHO is the international policy-making body for health issues, and its recommendations carry significant weight globally and at country level. This alone was seen by stakeholders interviewed as a significant advantage for the widespread adoption of the new IC policy. The first steps in the international advocacy strategy should be assuring that WHO and its constituent parts are poised to make full use of WHO's reach, by allocating adequate resources for TB IC within the Stop TB Department and engaging the Stop TB Partnership and its working groups in

advocacy efforts. Other relevant departments and activities within WHO should be engaged, especially the HIV Department, the Epidemic and Pandemic Alert and Response (EPR), and the World Alliance for Patient Safety, as well as other agencies within the UN system. The ongoing collaboration with UNAIDS will be particularly important in promoting IC in the co-infection context. Work with UNAIDS' cosponsors within the UN system will be essential in promoting adoption and implementation of infection control. These organizations include the Office of the United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), World Food Programme (WFP), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Office of Drugs and Crimes (UNODC), the International Labour Organization (ILO), United Nations Educational, Scientific, and Cultural Organization (UNESCO), WHO, and the World Bank. The lead organizations for strategic planning, governance, and financial management that can be particularly helpful in advocating for adoption of the new TB IC policy and allocation of resources for effective implementation include UNDP, the World Bank, UNICEF, and the ILO. For instance, the World Bank serves as the secretariat for UNAIDS in supporting preparation of countries' strategic plans for HIV control and could incorporate TB IC considerations into the consultation process. Given its mission to bring global attention to the imperative for improved occupational safety for health care providers, the International Labour Organization is also well-positioned to play a driving role for the IC agenda for TB, just as it has for SARS and Avian Influenza.)

Priority Target Groups:

WHO

- Stop TB Department
- Stop TB Partnership Secretariat
  - TB/HIV Working Group TB IC Subgroup
  - ACSM Working Group at Country Level
- HIV Department
- Epidemic and Pandemic Alert and Response (EPR)
- Global Health Workforce Alliance
- World Alliance for Patient Safety/Patients for Patient Safety
- Department of Protection of Public Health and Environment, Interventions for Healthy Environments

Other UN Agencies

UNAIDS*

ILO

UNDP

UNESCO

UNFPA

UNHCR

UNICEF

UNODC

WFP

World Bank

Advocacy Objectives:

- The Stop TB Department identifies internal resources to coordinate effective adoption of the new policy with other partners who can support scale-up of IC activities globally.
- The Stop TB Partnership TB IC Subgroup takes the lead on advocacy for adoption and implementation of the TB IC policy by creating linkages with key constituencies, developing and disseminating information and tools for implementation, and coordinating support for country-level implementation.
- Other relevant Stop TB Partnership working groups incorporate IC as a cross-cutting issue for overall TB control activities and advocacy.
- UNAIDS and its cosponsor organizations become equal partners in advocating for TB IC as part of their mandate.
- Other WHO departments and UN bodies, particularly those concerned with pandemic preparedness and general infection control, incorporate and actively promote TB/airborne IC as part of their work, the guidance they issue, and their advocacy efforts.

Key Messages:

- Additional investment of resources now in TB IC policy rollout will support effective implementation at country level. There is universal agreement among stakeholders that lack of the practical tools and training materials to support IC policy implementation are the major barriers to success. The Stop TB Partnership TB IC Subgroup and its members' organizations can play a major role in moving these products forward to meet the need.
- Increasing the use of effective airborne infection control interventions protects health care workers, patients, and visitors to health facilities; staff, inmates and visitors of detention facilities; and other vulnerable populations.
- Supporting capacity for effective IC implementation supports health system strengthening at key levels of the system.

Recommended Approaches:

- Face-to-face meetings between high-level staff to discuss the possibility of collaboration on IC.
- Internal technical meetings and presentations.
- Brown bag/brainstorming sessions about possible synergies with ongoing activities of other departments/agencies.

- Use WHA Resolution 62.15 and its paragraphs related to infection control to engage Relevant UN bodies.

Recommended Specific Actions to Request:

- Identification of IC contacts to act as conduits for information and questions within relevant entities.
- Addition of TB/airborne IC on relevant meeting agendas.
- Inclusion of TB/airborne IC in the formulation of policies, work plans, and expert consultations, particularly those addressing pandemic preparedness.
- Promote implementation of comprehensive IC strategies that include TB IC measures at country level as part of the push for pandemic preparedness.
- Advocacy Opportunities and Entry Points:
- Regularly scheduled meetings of the organizations listed

2. Donors

Donor commitment to TB IC as an integral part of overall support for TB control is essential to rollout of a successful TB IC effort. This strategy strongly recommends a vigorous advocacy campaign with all relevant donors that incorporates advocacy for TB IC as part of TB control funding support, not as a separate effort. A committed donor community can help assure the supply of resources needed for effective TB IC implementation and can establish funding criteria to help drive in-country implementation of TB IC best practices. It is also critical for donors to support expansion of the global evidence base for TB IC interventions to guide refinement of policies and development of these best practices for wide dissemination.

Priority Target Groups:

Bill and Melinda Gates Foundation

Department for International Development (DFID)

European Union (EU)

Global Fund* and its major donor nations

Japan International Cooperation Agency (JICA)

UNITAID

USAID/OGAC/USG*

World Bank*

Advocacy Objectives:

- Donors actively promote TB IC as part of the support they provide for TB control in general, for HIV programming, and for health systems strengthening.

- Donors implement specific action items (listed below) that will support IC implementation at country level.

Key Messages:

- TB IC is an integral part of effective, comprehensive TB control, and can play an important role in enhancing the overall IC capacity of health systems. This can in turn contribute to airborne IC and pandemic preparedness, resulting in investments that will have multiple cross-cutting benefits.
- TB IC is essential to combat the spread of MDR- and XDR-TB.
- TB IC is especially critical in high HIV prevalence settings to prevent HIV-positive and other vulnerable populations from becoming infected with TB in health facilities and communities.
- Donors have a lead role to play in catalyzing integration of IC practices into TB control through their funding prioritization and requirements.

Recommended Approaches:

- High-level Stop TB Department and Stop TB Partnership representatives include discussion of TB IC during face-to-face meetings with donors, including both their public policy and technical representatives.
- The TB IC subgroup develops a brief written summary of key points of the new IC policy targeted to donors and includes specific action steps they can take to support policy uptake and implementation (see below).
- Partner organizations advocate with donors to include TB IC activities in funding opportunities.

Recommended Specific Actions to Request All Donors to Take:

The following list highlights actions that we recommend asking all donors to support:

- For those donors that support infrastructure development, require all new health facility construction (including laboratories) to include IC considerations in design and construction.
- Encourage donors to recommend inclusion of IC in funding applications.
- Encourage national governments and their Ministries of Health to develop sound IC policies around TB and HIV/AIDS, strengthen management capacity, and implement cost-effective and comprehensive national responses to prevent TB transmission.
- Promote health system strengthening as a critical component of an effective TB IC program, and vice versa.
- Support the training of personnel who will be needed to provide technical assistance to countries for IC planning, implementation, and evaluation, as well as for the proper design and construction of hospitals in resource-limited settings.
- Support training of local personnel and procurement of equipment and supplies to implement effective TB IC.

- Fund more operations research on TB transmission, including cost-effectiveness analyses, to fill the perceived lack of evidence-based recommendations for IC interventions in low-resource settings.

3. Organizations Representing Marginalized, Minority, or Other Groups at High Risk for TB Transmission

There are a number of organizations representing population groups at high risk for TB transmission that can be strong advocates for TB IC. These organizations represent an important subset of more general civil society organizations that are described in the next section. Below, PLHIV and prisoners' rights organizations are described specifically, but similar advocacy objectives, approaches and messages can be used to reach a wide number of different groups, including those representing refugees, internally displaced persons and migrants, the homeless, slum dwellers, children under five years of age, indigenous persons or others whose health status, living conditions, or socioeconomic status put them at high risk for TB transmission.

3.a. Organizations Representing People Living with HIV/AIDS

As previously mentioned, PLHIV form the most significant risk group for TB transmission and disease, and also represent a significant force for advocacy related to TB IC, with well-organized networks at the global, regional, national, and local levels.

Priority Target Groups:

International HIV/AIDS Alliance

Treatment Action Group

National organizations in priority countries, such as Treatment Action Campaign (South Africa) and Kenya AIDS NGO Consortium (KANCO)

Global Network of People Living with HIV (GNP+)

World AIDS Campaign

International Council of AIDS Service Organizations (ICASO)

Advocacy Objectives:

- HIV/AIDS organizations incorporate TB IC advocacy as part of their action plans for the coming year.
- HIV/AIDS organizations advocate for adoption of the TB IC policy and funding for TB IC implementation at international, national, and local levels.
- HIV/AIDS organizations provide materials and information to increase the TB IC literacy of their constituencies.
- These organizations support policy and facility monitoring activities at national and local levels to sustain attention to TB IC as an important issue for HIV-positive people.

Key Messages:

- TB is a leading killer of PLHIV, and transmission of TB has been known to occur at health care facilities where PLHIV access services.
- All people, regardless of HIV status, have the right to access health care at facilities that are safe and protect patients, staff, or visitors from transmission of TB and other diseases through sound infection control practices.
- TB IC should be an integral part of planning and implementing good HIV prevention, care, and treatment services, and is an integral part of the Three I's approach.
- The HIV/AIDS community has an important role to play in advocacy for adoption of sound TB IC practices at all levels of the health care system, from international policymaking to community TB IC.

Recommended Approaches:

- Have TB IC Subgroup engage with leaders of HIV/AIDS organizations by inviting them to TB IC subgroup meetings, participating in HIV/AIDS conferences, and encouraging ongoing dialogues.

Recommended Specific Actions to Request HIV/AIDS Organizations to Take:

- Lobby governments in high-burden countries to adopt the TB IC policy.
- Lobby donors and governments in wealthy countries to fund TB IC as part of overall commitments to HIV and TB prevention and control.
- Educate constituencies about TB IC issues and support local activism around TB IC.

Advocacy Opportunities and Entry Points:

- International AIDS Society Conferences
- See http://www.conferencealerts.com/aids.htm for a full listing of events worldwide

3.b. Prisoner Advocacy Organizations

Direct outreach to organizations concerned with prisoner rights and health can help cover an often neglected but very high-risk population. Some of these organizations, such as the International Committee of the Red Cross, are in the forefront of advocating for improved TB control in prisons.

Priority Target Groups:

UN Office of Drugs and Crimes*

WHO's Health in Prisons Project (HIPP) with its network of 36 member states

Open Society Institute

Caritas

International Federation of the Red Cross

Advocacy Objectives:

- These groups advocate for incorporation of general IC, including TB IC (through use of the newly revised TB Control Guidelines in Prisons), into standards for prisoner health.
- These groups include TB IC in ongoing projects to improve the health conditions of prisons, including training prison officials.

Key Messages:

- Linking prisons and penitentiary health systems with national TB and HIV control programs is a key step to ensuring that detainees affected by TB and HIV receive proper care and that the risk of transmission to others is reduced. It is also important for ensuring continuity of care when they are released, to reduce the risk of transmission in the community or the development of drug-resistant TB.
- Catching tuberculosis is not part of a prisoner's sentence. TB and MDR-TB rates in prisoners are often far higher than in the general population. Evaluation for TB and other infectious diseases should be a routine component of the intake process to promote early identification and treatment of detainees with TB.
- Penitentiary facilities, including pre-detention facilities, should implement IC measures to reduce transmission of diseases.

Recommended Approaches:

- Direct outreach to the organizations mentioned above through the TB IC Subgroup.
- Develop and disseminate materials that they can deliver to their constituencies.

Recommended Specific Actions to Request Prisoner Rights Groups to Take:

- Include messages about the importance of adhering to the new TB IC policy in their publications.
- Promote the new TB IC policy in their outreach to governments and prison authorities to improve the conditions of people held in detention.

Advocacy Opportunities and Entry Points:

- No specific opportunities identified. Recommend following up with organizations listed.

4. International Civil Society Organizations

Large civil society organizations are well-placed to promote policy changes and disseminate advocacy messages to their constituencies to build support for TB IC within affected communities. Civil society organizations listed below represent a diverse group of interests and constituencies. Policy organizations (e.g., CGD and CSIS) can contribute to supporting adoption of the TB IC policy by initiating high-level dialogues and advocating for policies supporting TB IC. Other groups can reach out to governments, donors, the health and development communities, the public, and TB-affected populations to broaden support for TB IC.

Priority Target Groups:

Center for Global Development

Center for Strategic and International Studies, Global Health Policy Center

Friends of the Global Fight

Global Health Council

RESULTS

World Care Council

Advocacy Objectives:

- CSOs advocate for policy changes that promote TB IC as an integral part of donor government commitments.
- CSOs launch an advocacy initiative directed at donor governments, including legislatures, with the goal of securing the necessary resource commitments to TB IC implementation.
- CSOs advocate for incorporation of TB IC into an update of the TB Patients' Charter.
- CSOs provide education and support to their constituencies to advocate for IC implementation at national and local levels.

Key Messages:

- TB transmission in health facilities, prisons, and other congregate settings as well as in communities and households can be prevented through good TB IC practices.
- Simple infection prevention and control measures can help create safe health facilities and healthy communities where the risk of getting sick from airborne illnesses is minimized.
- Sound HIV/AIDS policies require the protection of PLHIV in places where they seek testing, counselling, treatment and care. All people, regardless of HIV status, deserve access to safe health care.
- Protecting the health of health care providers through infection control is the first step in ensuring access to health care for the people who need it.

Recommended Approaches:

- Have TB IC Subgroup engage with leaders of international civil society organizations by inviting them to TB IC subgroup meetings, participating in CSO conferences, and encouraging ongoing dialogues.
- Write letters to international civil society organizations summarizing the key points of the new TB IC policy and including specific action steps they can take to support policy uptake and implementation.

Recommended Specific Actions to Request CSOs to Take:

- Disseminate messages regarding the new TB IC policy and the importance of TB IC through their publications and add sessions on TB IC into their discussions and conferences. Invite TB IC experts to speak at their meetings.
- Include advocacy for effective TB IC in their overall health advocacy strategies and messaging.
- Lobby donor governments to support funding for TB IC.
- Lobby high-burden country governments to adopt and implement effective TB IC policy as part of an overall infection control strategy.

Advocacy Opportunities and Entry Points:

- Stop TB Partners Forum meetings
- Global Health Council's International Conference on Global Health, Washington, DC (USA)
- Union World Lung Health conferences (global and regional)

5. Professional Associations and Unions

Professional associations representing health care workers are a critical target audience in the execution of a global TB IC advocacy strategy, and many of them are already engaged in TB IC activities. The broader infection control community includes a number of organizations with well-developed communications systems that can greatly increase the reach of TB IC messages. Organizations representing doctors, nurses, hospital administrators, infection control practitioners, architects, engineers, and others are well-networked at the international, national, and local levels and are excellent conduits for the dissemination of advocacy messages on IC through publications and professional meetings as well as IC policies and protocols through training programs. With their vested interest in broad health care worker safety issues, their support can help bridge between TB IC and broader IC messages.

Priority Target Groups:

The Academy of Architecture for Health*

American Thoracic Society (ATS)

Association of Practitioners in Infection Control (APIC)

European Respiratory Society (ERS)

Infectious Disease Society of America (IDSA)

International AIDS Society (IAS)

International Council of Nurses (ICN)*

International Federation of Infection Control (IFIC)

International Federation of the Red Cross (IFRC)

International Hospital Federation (IHF)*

Infection Prevention and Control Africa Network (IPCAN)

International Academy for Design and Health*

World Medical Association (WMA)

Key Messages:

- It is important to assure safe and healthy work environments for health care professionals. Creating a safe working environment is critical to recruiting and retaining a high-quality health workforce, particularly in low-resource countries. Instituting TB IC as part of overall IC in health facilities can improve health care workers' safety and job satisfaction.
- WHO needs and wants the support of professional organizations that represent health professionals and managers to a) help disseminate the new, improved TB IC policy that can provide better protection to workers, b) provide feedback and suggestions for its implementation, and c) advocate for sufficient attention and resources at international, national and local levels through their networks of members.
- We should take advantage of the focus on influenza and pandemic preparedness to strengthen advocacy for overall IC measures in facilities and the community, including measures that protect against transmission of TB, HIV and other diseases. This is an economically sound approach that can yield broad benefits for health care workers, patients, and the public.

Recommended Approaches:

- The TB IC Subgroup can contact leaders of key professional societies and invite them to participate in TB IC Subgroup meetings. (see Annex B for contact list)
- Participate in professional society meetings and conferences as speakers on TB IC topics.
- The TB IC Subgroup can develop and send materials to professional societies summarizing the key points of the new TB IC policy and including specific action steps they can take to support policy uptake and implementation.
- Provide resource materials to professional societies for dissemination to the membership through an updated TB IC Subgroup website.

Recommended Specific Actions to Request Professional Organizations to Take:

- Disseminate messages regarding the new TB IC policy and the importance of airborne IC through their print and electronic publications and add sessions on IC into their conferences. Invite TB IC experts to speak at their meetings.
- Develop and provide IC training materials based on the new policy to their member organizations and support training of local staff.
- Provide feedback to WHO on best practices and barriers in the implementation of the new policy at national and local levels.
- Incorporate IC advocacy into their own plans at national and local levels.

Advocacy Opportunities and Entry Points:

- PEPFAR Implementers Meeting
- International Infection Control Conference
- International Congress of Chemotherapy and Infection (www.icc-09.com)
- International Council of Nurses conference
- International AIDS Society Conference
- IPCAN meeting
- European Respiratory Society meeting
- Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC)
- IFIC Congress
- World Medical Association General Assembly
- Eli Lilly MDR-TB Partnership (see Annex A)

6. Technical Assistance Organizations and Agencies

Organizations that provide technical assistance for the development and implementation of TB and HIV prevention and control programs, as well as for general infection control, have a significant role to play in promoting the adoption of the new IC policy at both international and country levels. Their well-developed relationships with national counterparts and their reputations as trusted advisors place them in an often unique position in being able to influence policy and practice. Many of these organizations, from the larger and more established groups such as the International Union Against Tuberculosis and Lung Disease (IUATLD, the Union), KNCV Tuberculosis Foundation, and the US Centers for Disease Control (CDC) to newer and smaller groups are already active participants in promoting TB infection control and are working closely with WHO and the Stop TB Partnership TB IC Subgroup to develop training materials, implementation checklists, and other supportive materials for rapid scale-up of infection control. Ongoing engagement and coordination of these groups through the TB IC Subgroup will be critical to ensure standardized approaches and consistent implementation of the new policy across regions and countries, and to document best practices and lessons learned.

Priority Target Groups:

The number of partners involved in TB and HIV technical assistance is large, and it is recommended that the TB IC Subgroup identify interested organizations and develop a comprehensive list for dissemination of IC-related information. The organizations whose participation in the process is essential as they represent large or influential constituencies include:

Elisabeth Glaser Pediatric AIDS Foundation (EGPAF)

International Center for AIDS Care and Treatment Programs (ICAP)

International AIDS Society (IAS)

International Association of Physicians in AIDS Care (IAPAC)

IUATLD (the Union)

Japanese Anti-Tuberculosis Association

KNCV Tuberculosis Foundation and members of TBCAP

TB TEAM (as a coordinating body for TA)

The CORE Group TB and HIV Working Groups

US Centers for Disease Control

Key Messages:

- TB IC should be integrated into overall TB control planning and implementation support at country level as an essential piece of the Stop TB Strategy.
- Technical assistance organizations have a key role to play in helping to garner the political will, making the necessary policy changes, and obtaining the resources needed (e.g., through Global Fund application TA) to support effective TB IC at country level.
- A coordinated approach that provides consistent messages about IC implementation based on the new IC policy document and related tools is essential to ensure an adequate response.

Recommended Approaches:

- Invite representatives of the key constituencies (as noted above) to participate in TB IC Subgroup meetings and pass information back to their member organizations or staff. (Many of these groups are already represented on the TB IC Subgroup.)
- Use TB TEAM to convene discussions on TB IC among TA organizations at its regular meeting, which usually coincide with other Working Group or Union meetings.
- Work through the TB IC Subgroup to identify gaps in TB IC dissemination (e.g., needed materials) that TA organizations can help fill, and work with them to assign and complete tasks.

- Invite TA organizations to provide continuous feedback from the field to the TB IC Subgroup on successes, challenges, and needs for effective TB IC uptake and implementation and document this information.

Recommended Specific Actions to Request Technical Assistance Organizations to Take:

- Through their existing relationships at country level, encourage countries to adopt and rapidly implement effective TB IC policies and practices and provide TA to support this.
- Encourage countries to incorporate TB IC in funding requests to donor organizations, GLC applications, etc.
- Use the new IC policy as the basis for TB IC TA and incorporate the standardized TB IC materials currently in development into TA activities.
- Inform TB TEAM of TB IC assistance that is being provided, document successes and challenges, and provide the feedback to the TB IC Subgroup regularly.
- Include TB IC activities in work plans and budgets.

Advocacy Opportunities and Entry Points:

- CORE Group working group teleconferences (held regularly)
- CORE Group annual meetings
- TB TEAM meeting
- Union World Lung Health Conference

7. The Business Community

The business community has already become engaged in TB control activities through the Stop TB Partnership. The World Economic Forum's Global Health Initiative has developed and disseminated workplace toolkits on TB and TB/HIV in India, China, and South Africa. The Lilly MDR-TB Partnership supports member organizations to conduct country-level interprofessional workshops on infection control in the context of MDR-TB. The Global Business Coalition is working with UNITAID on innovative funding for programs, and its members actively support HIV/AIDS, TB and malaria control programs in workplaces and communities. Providing additional momentum for adoption of TB IC activities is a logical extension of the groundwork that has been laid with these groups.

Priority Target Groups:

Biomerieux/Merieux Alliance

Eli Lilly/Eli Lilly MDR-TB Partnership

Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria

World Economic Forum

Key Messages:

- TB including MDR-TB threaten the most productive workforce age groups. It is the second leading infectious disease killer across the globe.
- Reducing TB transmission is good business. The business community has a unique role to play in promoting TB/airborne IC in its roles as employers as well as makers of IC equipment and supplies. With the current attention to pandemic preparedness, we have a unique opportunity to combine efforts and develop comprehensive plans for IC that will benefit worker health.
- WHO and the Stop TB Partnership continue to involve non-traditional partners in working towards TB elimination and welcome the participation of the business community in supporting IC initiatives as part of its already significant support for TB control.

Recommended Approaches:

- Have the TB IC Subgroup reach out to business alliance leaders through face-to-face meetings and offer clear, concise information on the benefits of incorporating TB IC efforts into overall worker health and safety initiatives.
- Offer expert speakers to address key business gatherings.
- Provide TB/airborne IC messages and materials to business alliances that they can disseminate to members.

Recommended Specific Actions to Request Business Associations to Take:

Recruit sponsors for a Global Health Initiative on infection control.

Encourage and support public-private partnerships to develop innovative approaches to TB IC.

Disseminate information on the new TB IC policy to member organizations and include TB IC in discussions of worker safety.

Support TB IC initiatives in the countries where they work, in cooperation with national authorities.

Advocacy Opportunities and Entry Points:

- World Economic Forum meetings
- Global Business Coalition Annual Conference

III. Moving to National Adoption: A First Step toward Implementation

A. Reaching Ministers and Government Officials

Ministries of Health and their constituent NTPs, National AIDS Control Programs, and programs responsible for general infection control are key national level stakeholders in this advocacy strategy. To achieve effective advocacy at the national level, it is also critical to secure buy-in from Ministries of Infrastructure that are often responsible for the design, construction and renovation of public health facilities; Ministries of Finance that are responsible for establishing budget priorities; and Ministries of Justice in order to promote TB IC standards and implementation in prisons. National TB control programs often have little or no control over a number of the concrete actions that must be taken to improve TB IC, so outreach to and advocacy by other ministries and other programs within the MOH may be essential to the success of TB IC efforts. Specific mapping of key players at the national level will be needed to develop country-specific advocacy plans.

Priority Audiences:

- World Health Assembly
- Beijing Ministerial Meeting on MDR-TB and XDR-TB Response attendees
- Advocacy Objectives:
- TB IC is incorporated in a WHA resolution.
- Countries adopt and implement national IC policies with a strong TB IC component that is guided by WHO's new TB IC policy, and pandemic preparedness plans include measures that cover TB IC as well.
- Country health budgets include IC as an integral part of the health budget for training, procurement, and infrastructure development.
- MOHs mandate coordination between appropriate agencies, including NTPs and National AIDS Control Programs, in implementing TB IC interventions and quantify staff needs for the implementation of TB IC.
- High-burden countries submit an increased number of TB and HIV/AIDS applications to the Global Fund that request funding for implementation of IC measures consistent with WHO TB IC policy.

Key Messages:

- TB and M/XDR-TB transmission is occurring in health facilities, laboratories, prisons and other congregate settings, as well as in the community, with sometimes devastating impacts. Infection prevention and control is a cost-effective method of reducing TB transmission.
- Implementing effective TB infection prevention and control can be accomplished in manageable steps and will contribute to overall protection of the health workforce, the community, and vulnerable populations from airborne disease transmission. Such efforts will not only protect against TB transmission, but also avian influenza, SARS, and other respiratory diseases. (This message should be tailored to country-specific conditions to include the greatest leverage points.)
- The international community has mobilized resources, including funding, tools, and technical support, to assist countries in adapting the WHO IC policy to their specific conditions and in achieving their IC implementation goals.

Advocacy Approaches:

- Use the Beijing Ministerial Meeting to issue a call for action, accompanied by a copy of the new TB IC policy and related advocacy materials. Incorporate TB IC in the declaration issued from the meeting.
- Work with UNAIDS, the HIV Department, and PEPFAR programming to ensure uptake of the 3 I's strategy in Ministries of Health and National AIDS Control Programs.
- Use regional meetings, such as the African Union Health Ministers Meeting and East, Central and Southern African Health Community meetings to present the new TB IC policy directly to Health Ministers and other senior health officials.
- Ask UNODC to take the lead in advocating to Ministries of Justice on issues of TB IC in prison settings.
- Request that regional economic organizations and regional health organizations place TB IC on the agendas of their Ministers of Health meetings and offer expert speakers.

Advocacy Opportunities and Entry Points:

- World Health Assembly

B. Supportive Strategies for National Adoption

In addition to the direct engagement of Ministers for adoption of the TB IC policy, actions supporting groups that have ongoing relationships with national decision-makers and technical staff can accelerate the adoption process. Four immediately feasible actions are described below.

1. Engaging through Stop TB Partnership Working Groups and Related Mechanisms

The Stop TB Partnership working groups and other task forces comprise a potent mechanism for encouraging uptake of the new TB IC policy. With a membership that includes recognized technical experts, NTP managers, civil society representatives, and implementing organizations, the working groups have the ability to connect with diverse stakeholder groups and provide a conduit for two-way communication aimed at disseminating the policy and collecting feedback on best practices and challenges in TB IC implementation. The working groups and task forces engage through the existing Stop TB Department and the Partnership Secretariat relationships. They can focus on ensuring wide distribution of the TB IC policy at country level through the current roles of their respective members, and reporting back to the TB IC Subgroup on any issues or best practices identified in the course of TB IC implementation. While all working groups and task forces may be involved, the following groups are high priority for engagement:

- DOTS Expansion Working Group, ACSM at Country Level Subgroup
- TB/HIV Working Group, Infection Control Subgroup
- MDR-TB Working Group
- Green Light Committee
- XDR-TB Task Force
- Global Laboratory Initiative
- Global Drug Facility

2. Maximizing the Reach of WHO Regional Offices

Following regional ACSM workshops hosted by the Stop TB Partnership, WHO Regional Offices, USAID and PATH, one of the most important factors in progress on implementation was the active involvement of TB staff from the WHO Regional Offices. Where their engagement was strong, countries moved forward and showed more progress than in regions where engagement was less intensive. Their support and encouragement for adoption and implementation of TB IC measures, as well as the participation of in-country WHO representatives, can accelerate national uptake. IC focal points at the Regional Offices would strengthen the commitment to this activity at regional and national levels.

3. Developing Country-Level Champions

Individuals with experience planning and implementing successful IC can be important allies in the advocacy campaign, sharing their experiences and insights and engaging their counterparts from other countries to adopt and implement TB IC. It will be helpful to identify and recruit such individuals to become IC champions as well as involving and supporting their advocacy efforts at technical meetings and through person-to-person outreach as appropriate. In addition, they can be engaged in current electronic communications activities to collect and disseminate best practices. An effort should be made to recruit candidates from early adopter countries where successes can be shown and challenges are being addressed. Ideally, regional representation would reflect as many WHO regions as possible.

4. Engaging Technical Organizations

Technical organizations and NGOs implementing TB and HIV control activities in the field can contribute significantly and directly to ensuring the success of IC adoption at the national level and translation of policy into effective practice at the local level. Early engagement and strong coordination of these groups through TB TEAM or a similar mechanism can strengthen their impact and provide consistency across TA. See the previous section on international advocacy for a discussion of engagement with these groups.

IV. Next Steps for Country-Level Implementation

We recommend the following next steps, led by the TB IC Subgroup and with significant assistance from the stakeholder groups described previously, to support implementation at the country level. This list reflects the general themes related to country-level challenges and opportunities that were raised during interviews and other interactions with stakeholders, but a detailed implementation strategy will require further development through more intensive engagement with national-level stakeholders.

1. **Develop a stepwise national implementation framework to guide countries in moving forward with IC implementation.** The lack of IC technical expertise and the many competing demands on TB control make it important to portray IC implementation as a feasible and stepwise process. A framework that lays out generic steps for programs to consider in the implementation process will assist in building support for integration of TB IC into ongoing work.

2. **Expedite development of ready-made, adaptable, practical implementation tools for use at national and facility levels.** The single biggest barrier to IC noted by stakeholders is the lack of accessible tools for facility managers and staff to use in implementing simple infection control measures. Having these tools available as soon as possible is essential to local buy-in and an ongoing commitment to and demand for infection control as achievable and desirable.

3. **Develop a source of unbiased information about IC options that helps managers prioritize interventions.** Countries and facilities are being directly marketed to purchase IC equipment and supplies, but have very limited access to information about the advantages and disadvantages of the various technologies or other potential interventions for use in their settings. The Stop TB Infection Control website (http://www.stoptb.org/wg/tb_hiv/tbics.asp) should be developed further as the clearinghouse for IC information to house evaluation information on the performance of interventions in different settings. Accessible information can empower local facility managers to make more informed TB IC decisions. Links on other relevant sites to the IC website should be established (e.g. the GHD Online IC Community of Practice or similar mechanisms).

4. **Develop sufficient technical capacity at the country level**. A major limiting factor in scale-up of TB IC is the lack of trained staff at national and international levels to provide the necessary technical support. An emphasis should be placed on developing regional and in-country expertise to support sustainability, including making maximum use of existing, indigenous airborne IC training programs in high-burden countries. A primary focus should be on developing a cadre of infection control nurses who will bear primary responsibility for implementation of TB IC measures. To do so will require pre-service and in-service training, supportive supervision and mentoring, and support for negotiating task shifting and authority for nurses to assume these roles. In addition, ensuring the availability of trained architects and engineers who design and build health facilities is equally important to deliver infrastructure that supports good TB IC.

5. **Develop sufficient technical assistance capacity to support country-level implementation.** While country-level expertise is being built, additional external technical assistance will be required. The use of TB TEAM to coordinate TA providers and identify IC consultants available for assignments will be important to shoring up IC capacity. Expansion of training opportunities for international consultants will help address the current bottleneck. Practicum experience is essential to the training process and should be mandatory for all consultants prior to any individual field assignments.

6. **Recruit donors to support IC implementation activities.** Several donors, notably USAID, CDC, OGAC, Global Fund, and Eli Lilly are already supporting IC activities. Articulating a clear overall plan for moving forward with IC implementation and documenting successes and lessons learned will help assure continuing support for specific IC activities.

V. Advocacy Tools

A standard set of advocacy tools will enhance the efficiency of advocacy efforts and ensure consistent and appropriate messages are being shared with key target audiences.

Special Note: It is recommended that all TB IC advocacy terminology be standardized with an eye to projecting a positive image of TB IC focusing on themes of safety and health. Particularly critical is careful consideration of the use of language to avoid unintended negative repercussions—avoid using vocabulary that may make perfect scientific sense in technical settings, but when translated into more popular environments may acquire negative connotations that will frustrate the advocacy effort and feed stigma and fear. Members of the HIV community, in particular, are likely to find objectionable the use of terms like "TB suspects" (with its criminal connotation) and "cohorting" (with its militaristic connotation). Language about TB can have the unintended consequence of promoting fear, stigma and further discrimination of people with TB or HIV and their caregivers So, for instance, terms like "TB suspects" and "cohorting," should be replaced with phrases like "individuals with TB-like symptoms" and "placing patients in areas dedicated to TB diagnosis, treatment and care" in TB IC materials. Messages should be tested and refined before being disseminated to ensure that the chances of negative impacts are minimized.

A. Advocacy Toolkit

By providing a simple set of tools to advocates and implementers to use in promoting the TB IC policy, the reach and utilization of the policy is likely to be enhanced. The tools must be easily accessed and simple to download and convert to an organization's individual needs. Components of the toolkit can include:

Policy Summary: A one- to two-page summary of the need for, major features of, and benefits of adopting the TB IC policy, targeted to a sophisticated but non-technical audience.

FAQs: A list of questions and answers about IC and TB IC in particular written in simple, understandable language.

Calls to Action: A set of "Calls to Action", each tailored to specific target audiences, including donors, implementers, advocates and national program leaders. These one-page documents will clearly outline the desired goals and specific actions that can be taken by each targeted audience to promote adoption of the TB IC policy.

Talking Points: A list of essential messages that would be effective for a given target audience and can be provided to people who are presenting the IC policy to colleagues at meetings, conferences, or other settings where they may be able to solicit partnership and support. As much as possible, these should be linked to specific actions that individuals and groups can take to improve IC standards and assure successful implementation.

Keynote Statements: A set of statements that may be given to speechwriters for those conference keynoters agreeable to promoting TB IC. These statements may have to be tailored per audience before giving to speechwriters.

Scorecard: A scorecard with standardized benchmarks that CSOs (and others) can use to evaluate a country's IC performance.

TB IC Video: A short video showing how TB IC protects the health of real individuals. The piece could include, for instance, a portrayal of a nurse who contracted TB and could also highlight the need to take effective IC measures to protect the valued members of the health workforce. The video should be downloadable and capable of being shown at meetings and conferences – or advocacy trainings - to help humanize the calls for action. It could help set a tone for TB IC that establishes a narrative of responsibility rather than one of fear.

Sample Press Releases: A press release template that can be adapted for use by advocates and implementers with their specific logo and messaging would help to enhance ease and consistency of messaging to the media on the TB IC policy. The press release can be used for events (i.e. the updating of a facility to meet IC standards), to mark policy advances (i.e. adoption of the IC policy at the national level), or other occasions where the policy may be highlighted.

Practical Steps to Achieving Effective TB Infection Control (Update to the "10 Essential Steps"): A succinct "to do" list of inexpensive, actionable and simple steps that will contribute greatly to TB IC goals, targeting NTPs, HIV control programs, senior MOH officials, and professional associations. The objective of this document is to help make government officials, planners and implementers feel confident that IC is not too complicated to achieve. This can be accomplished by breaking down the tasks into simple steps.

Cost-Effectiveness Analysis: Develop a one-page document illustrating in accessible terms the favorable cost-effectiveness ratio of investment in IC. Collect and commission research documenting the impact that TB IC can have in improving health. WHO should support a cost-benefit analysis that will contribute to a short document that is accessible to a non-technical audience and illustrates the impact and effectiveness of investing in IC.

VI. Advocacy and Dissemination Channels

Opportunities to disseminate TB IC messages to target audiences include the following general categories of activities and events. This is not an exhaustive list, but represents key mechanisms for wide distribution of the TB IC policy and support for its implementation.

A. World TB Day, World AIDS Day

TB IC messages should be incorporated into the overall messages designed for World TB Day and World AIDS Day annually.

B. Briefings and Testimony to Political Bodies (e.g., US Congress)

Invited briefings to decision-makers on TB issues are major opportunities to bring attention to the enormous need for better IC to protect the health care workforce and vulnerable populations from transmission of TB and drug-resistant TB, with the purpose of garnering additional political support and funding for TB IC globally.

C. Meetings and Conferences

Political, economic, and technical health meetings and conferences at international and national levels can provide opportunities to sensitize large audiences to the issues related to TB IC, but must be followed with requests for action to produce the desired results. Opportunities listed in the sections above are important for publicizing the availability and contents of the new WHO TB IC policy, creating a sense of urgency and ownership within target audiences, and requesting specific actions from them. A calendar that compiles the relevant meetings currently scheduled is provided in Annex C.

D. National Program Reviews

Infection control considerations should be built into all national program reviews from this point forward, including those for TB and HIV. Reviews provide the mechanism for key technical authorities to present compelling information to policy-makers and technical staff and represent an important opportunity to integrate TB IC action items into national plans.

E. Technical Media

The following publications and web-based forums illustrate opportunities to relay information on TB IC to technical and policy-making audiences—this list is by no means exhaustive. Articles and/or commentary promoting adoption and implementation the new TB IC policy could be drafted and submitted to select publications and forums to reach targeted audiences.

Outlet/Publication	Target Audience	Comments
WHO Bulletin	International health professionals	Reaches a wide, health generalist readership
Lancet	Health professionals	Particularly influential in Anglophone Africa
British Medical Journal	Health professionals	Particularly influential in Anglophone Africa
International Journal of Nursing Studies	Nurses	An article on IC including TB IC fits into its thematic approaches
International Journal of Infection Control	Infection control practitioners	Potential to reach critical new audience
International Journal of Tuberculosis and Lung Disease	TB control/lung health professionals	May consider dedicating an issue to IC
AIDS	Health care professionals	Important for reaching out to HIV care and treatment community
Regional Publications Africa Union SADC WHO regional ECSA Health Community	Policy-makers	Need to identify specific regional publications; country-level target audiences, including policy makers, are likely to access such publications more often than international professional journals.
Stop TB e-forum	TB community	Wide dissemination of content to the TB community, but with less control
IUATLD monthly e-newsletter	TB control/lung health professionals	Good vehicle for focusing on promotion of IC
Global Health Delivery Online http://www.ghdonline.org	Health practitioners and others interested in TB infection control	The Infection Control Community of Practice of GHD Online is a powerful mechanism for discussion and dissemination of IC information globally, with expert facilitators adding value to the content.
Stop TB Partnership website http://www.stoptb.org/	All individuals interested in TB	Key source of information for a large global audience
UNAIDS website http://www.unaids.org/en/default.asp	All individuals interested in HIV	Key source of information for a large global audience
WHO HIV Department website http://www.who.int/hiv/en/	Individuals interested in HIV	Good source of information for a large audience

VII. Measuring Success

Success in implementing this global advocacy strategy will be measured by monitoring the actions that have been taken by target audiences in support of the policy. Monitoring institutional websites for the publication of information, positions, policies, programs and materials on IC, particularly TB IC, can produce evidence that institutions are adopting TB IC as a priority, especially at the international level.

Listed below are illustrative indicators that can be used to determine if TB IC advocacy is having the desired outcomes.

Global Advocacy Indicators:

- Number of donors specifying TB IC in their written funding policies, requests for proposals, or guidelines.
- Inclusion of IC in Global Fund application specifications and SDAs, as well as guidelines.
- Inclusion of IC in the Beijing Call for Action and the G8 Health Communiqué.
- Inclusion of TB IC into WHA resolution on MDR-TB.
- Number of international organizations including TB IC in their guidelines and training materials.
- Inclusion of IC in updated versions of ISTC and TB Patients' Charter.
- Number of websites including links to the TB IC policy and/or Advocacy Toolkit.
- Number of times the media mentions the TB IC policy.

Country Level Advocacy Indicators:

- Number of countries that have adopted IC policies consistent with the new global policy.
- Number of countries with budget line items for TB IC.
- Number of countries with dedicated IC staff whose responsibilities include TB IC.
- Number of countries including TB IC in their applications to Global Fund.

Appendix A. Recommended Advocacy Plans for Specific Target Organizations

The following advocacy plans are examples of how generic recommendations for advocacy that are listed in the text can be tailored to specific activities for key target organizations. This section should be considered both a guide and a working document. As a working document, it can be expanded, updated, and honed, as additional research and insights further define the advocacy audiences, objectives, messages, approach and actions, and opportunities and entry points presented below. These plans can also be adapted for additional target groups as they are identified.

Advocacy Audience	Eli Lilly and the Lilly MDR-TB Partnership
Advocacy Objective	• Eli Lilly representatives act as spokespeople for TB IC in meetings and conferences • Members of the Eli Lilly Partnership incorporate TB IC to a) help disseminate the new TB IC policy to provide better protection to their constituents, b) provide feedback and suggestions for its implementation, and c) advocate for sufficient attention and resources at international, national and local levels.
Advocacy Messages	• As a leader on TB in the pharma community, Eli Lilly can play an important role in bringing the issue of TB IC to the forefront in its interactions with policy-makers, the business community, and the professional communities with which it works. • The Lilly MDR-TB Partnership is a key mechanism for TB IC advocacy, and the Partnership's deep involvement in this effort is welcomed. • It's important that Eli Lilly continue to help catalyze integration of IC practices into TB control through its projects and forums.
Advocacy Approaches and Actions	• WHO/Stop TB Partnership communication with Eli Lilly (face-to-face, phone call, or letter) to request their participation in the TB IC effort. • Ask Eli Lilly to name a representative to serve on the Advisory Committee for the TB IC Policy advocacy strategy and to be a spokesperson for TB IC. • Ask Eli Lilly to work with the Partnership members to incorporate the WHO TB IC Policy into their ongoing activities and trainings.
Advocacy Opportunities and Entry Points	• Interprofessional health worker safety consultations • See also descriptions below for individual member organizations.

Advocacy Audience	Global Fund to Fight AIDS, Tuberculosis and Malaria
Advocacy Objectives	• Statement of support from the Global Fund Board that TB IC is integral to fighting TB and supporting PLHAs and that the fight against TB and HIV requires a strong airborne and bloodborne IC component. • Establish requirements that TB and HIV applications contain an IC strengthening plan. • Allocation of financial support to CSOs (AIDS organizations, journalism organizations, etc) to strengthen their capacity to advocate for and monitor IC. • Inclusion of national TB IC plans and implementation in the renegotiation phase of existing awards.
Advocacy Messages	• Support for IC planning and implementation protects people from illness and saves lives. This is particularly important for populations in high HIV burden countries. • Support for sound IC policies and implementation helps maintain a healthy health care workforce, including those on the frontline of the fight against AIDS, TB and Malaria. The protection of this workforce is critical to the provision of services financed by Global Fund country grants.
Advocacy Approaches and Actions	• WHO and UNAIDS should jointly approach Global Fund in a face-to-face meeting to advocate for the objectives listed above. • WHO Stop TB Department and Partnership and UNAIDS should include IC in their training workshops and guidance for Global Fund TB and HIV applicants.
Advocacy Opportunities and Entry Points	• Global Fund Board and Regional Meetings

Advocacy Audience	International Academy for Design and Health The Academy of Architecture for Health
Advocacy Objective	• Incorporate effective IC features in the design of health care and congregate facilities.
Advocacy Messages	• Architects and engineers knowledgeable on how to incorporate airborne IC features into the design of hospitals and other congregate settings can help protect people from diseases like tuberculosis and save lives.
Advocacy Approaches and Actions	• Ask each organization to make a call for papers for sessions on IC and architectural design for their respective conferences. • Ask each organization to endorse a statement on the importance of airborne IC considerations in the design of health care and congregate facilities.
Advocacy Opportunities and Entry Points	• World Congress on Design and Health

Advocacy Audience	International Hospital Federation
Advocacy Objective	• Have IHF advocate for hospitals incorporating the new TB IC policy in hospital administrative and clinical practices and physical plant design.

Advocacy Messages	• Effective airborne IC standards protect hospital personnel, patients and visitors from disease transmission, but are often a neglected part of facility functioning in low-resource settings. • IHF has an important role to play in disseminating the new TB IC policy to its members and advocating for incorporation of airborne IC considerations into facility design and management.
Advocacy Approaches and Actions	• Ask IHF to hold a session on administrative, design and engineering issues associated with effective IC, including airborne/TB IC, at its annual conference. Ask IHF to invite a TB IC expert as a speaker. • Ask IHF to include TB IC issues in its correspondence with members, such as its journal and website. Ask IHF to include a link to the new TB IC Policy on its website.
Advocacy Opportunities and Entry Points	• Inter-professional workshops hosted by Eli Lilly MDR-TB partnership (see Eli Lilly strategy) • IHF World Hospital Congress

Advocacy Audience	**International Council of Nurses**
Advocacy Objectives	• ICN uses its network of national nursing associations to disseminate the new WHO TB IC Policy and to advocate for health worker safety (particularly including airborne/TB IC), with a focus on national and local level advocacy. • ICN incorporates the new WHO TB IC policy into its existing MDR-TB training courses. • ICN provides regular feedback to the TB IC Subgroup on challenges in TB IC implementation and possible solutions.
Advocacy Messages	• WHO and the TB IC Subgroup need and want the support of ICN and its 90+ national nursing councils to a) help disseminate the new TB IC policy, b) provide feedback and suggestions for its implementation, and c) advocate for sufficient attention and resources at international, national and local levels. • The aim of the TB IC Policy is to help create safe and healthful environments for health care professionals and patients. Creating a safe working environment is critical to recruiting and retaining a high-quality health workforce, particularly in low-resource countries. Instituting TB IC as part of overall IC in health facilities can improve health care workers' safety and job satisfaction.
Advocacy Approaches and Actions	• Face-to-face meetings between WHO Stop TB Department or Stop TB Partnership Secretariat and representatives of ICN in Geneva or a letter to ICN summarizing the key points of the new TB IC policy that asks them to take specific action steps to support policy uptake and implementation. • Ask ICN to name a representative who can be a spokesperson for TB IC and who can participate in the TB IC Subgroup. • Ask ICN to develop and disseminate a call to action to national nursing councils to advocate at country level for improvements in IC implementation and monitoring and present it at the Congress in June. • Ask ICN to continue sponsoring inter-professional workshops addressing IC at appropriate venues and to provide feedback to the TB IC Subgroup at quarterly or semiannual intervals.
Advocacy Opportunities and Entry Points	• Inter-professional workshops hosted by Eli Lilly MDR-TB partnership (see Eli Lilly strategy) • ICN Congress

Advocacy Audience	**UN Office of Drugs and Crimes** • UNODC is the custodian of the United Nations Standard Minimum Rules for the Treatment of Prisoners and assists countries in implementing international standards and UN resolutions that demand that all inmates have the right to receive health care, including HIV/AIDS prevention and care, without discrimination and equivalent to those available in the community. UNODC should extend its support for prisoner health to IC, and can logically build upon its current effort to provide support to countries in developing and implementing HIV/AIDS prevention and care programs in prison settings. • It will be important for UNODC to undertake direct outreach to other organizations concerned with prisoner rights and health. These other organizations include the Open Society Institute, Caritas and International Committee of the Red Cross, as well as WHO's Health in Prisons Project (HIPP) with its network of 36 member states. Additional advocacy recommendations are detailed in the section entitled "Prisoner Advocacy Organizations."
Advocacy Objectives	• UNODC incorporates WHO's new TB IC policy into its standards on prisoner health.
Advocacy Messages	• Prisons should be an integral part of a comprehensive national TB control strategy, as they house populations at high risk for tuberculosis, including drug-resistant forms of the disease. • Effective airborne/TB IC in prisoner settings protects prisoners and prison staff; this is particularly important for immune-compromised individuals including PLHAs. • When inmates enter, leave or re-enter detention facilities, they can unwittingly spread TB to the wider community, making it even more urgent to control TB in detention systems. • Inadequate IC in prison settings can be considered a human rights abuse. Catching tuberculosis is not part of a prisoner's sentence.
Advocacy Approaches and Actions	• UNAIDS/HIV Department to lead outreach to UNODC, which is a cosponsor of UNAIDS, and ask it to include TB IC in its activities promoting health conditions for prisoners. • Ask UNODC to disseminate the new WHO TB IC policy through its publications. • Ask UNODC to seek expansion of the United Nations Standard Minimum Rules for the Treatment of Prisoners (ECOSOC resolution 1984/47) to include proper IC, including TB IC, for the protection of prisoners and prison personnel from disease transmission.
Advocacy Opportunities and Entry Points	• UNODC publications and conferences.

Advocacy Audience	**UNAIDS**
Advocacy Objectives	• The establishment of a collaborative agreement between WHO Stop TB Department, HIV Department and UNAIDS with the objective of promote IC, including implementation of the new TB IC policy, as essential protection for PLHIV and the health care workers who serve them. It is recommended that each organization designate a specific staff member of sufficient rank to implement this agreement. • UNAIDS recommends incorporation of TB IC into strategies for community response to the HIV epidemic, extending existing HIV community activism to advocacy for and monitoring of TB IC.

Advocacy Messages	• TB is a leading killer of PLHIV. Transmission of TB to PLHIV in health care facilities has been documented in a number of countries and poses a real health risk. ART scale-up will be supported by strong TB IC measures. • TB IC is one of the answers to the question "How can I best keep myself and others safe and healthy?" and a key component of efforts among PLHIV to protect themselves and others. • Qualified health care professionals who serve PLHIV are in short supply and may be HIV-positive themselves; it is in our interest to protect them from disease transmission at their places of work. • Note of caution: Avoid associating TB with PLHIV exclusively—it must be done in the overall context of protection for health workers, patients, and communities. The strong TB/HIV association, particularly when discussing MDR-TB, has had a negative impact both on PLHIV and TB patients in terms of fear and stigma.
Advocacy Approaches and Actions	• Meeting between Mario Raviglione and Michel Sidibe to discuss IC in the context of co-infection and agree on collaboration on this issue. Set up a framework for cooperation between the two organizations on the issue of IC. • Designate staff responsibilities and time to work on this issue jointly. • Develop a TB IC/IC advocacy toolkit for HIV organizations • Ask the WHO HIV Department (as the UNAIDS member organization in charge of the health sector response to HIV) to disseminate an IC advocacy toolkit to National AIDS Control Programs with a recommendation that they incorporate IC into their programs and add IC positions to their staffs.. • Urge UNAIDS to support similar action by the United Nation Office of Drugs and Crime and International Labor Organization (see outreach section for UNODC and ILO).
Advocacy Opportunities and Entry Points	• HIV/AIDS Implementers Meeting • International AIDS Society Conference • International AIDS Conference

Advocacy Audience	**USAID**
Advocacy Objective	• USAID promotes TB IC in its TB-related programming at headquarters and mission levels. • USAID acts as an advocate among donors for inclusion of TB IC into TB control funding. • USAID supports TB IC research to strengthen the evidence base for TB IC interventions.
Advocacy Messages	• Donors have an important role to play in catalyzing integration of IC practices into TB control through their funding requirements. As a leading donor for TB control, USAID's participation in TB IC advocacy among donors, international organizations, national governments, and implementing partners is essential to successful uptake of the WHO TB IC Policy. • Strengthening the evidence base for TB IC interventions will help convince national governments to invest in TB IC. This is an important area for USAID support. • TB IC is an integral part of effective, comprehensive TB control, and can play an important part in building the overall IC capacity of health systems. It is a worthwhile funding investment. • TB IC is essential to combat the spread of MDR- and XDR-TB and to prevent HIV-positive and other vulnerable populations from becoming infected with TB in health facilities and communities.

Advocacy Approaches and Actions	• Face-to-face meetings between Mario Raviglione/Marcos Espinal and USAID representatives (Irene Koek, Susan Bacheller, Cheri Vincent, TB team) to discuss USAID involvement in TB IC. • Ask USAID to incorporate TB IC actions (as listed in text, pages 15-16) in its RFAs/RFPs/work plans, including operations research to strengthen the evidence base for IC interventions. • Ask USAID to continue participating actively in the TB IC Subgroup. • Ask USAID to coordinate with other USG agencies funding relevant programs to ensure incorporation of TB IC measures.
Advocacy Opportunities and Entry Points	• Stop TB Partners' Forum • Other international meetings • Regional USAID SOTAs

Advocacy Audience	**OGAC/PEPFAR**
Advocacy Objectives	• Increased integration of TB IC into country level plans and international activities funded by PEPFAR/HIV funds. • Adoption of TB IC training requirements in PEPFAR/HIV-funded programs. • PEPFAR incorporates the new TB IC Policy into guidance documents and includes TB IC in its framework.
Advocacy Messages	• PLHA are at high risk for TB infection and disease. TB transmission to HIV-infected individuals in health facilities has been documented and has produced devastating results, as in the Tugela Ferry XDR-TB outbreak. • Airborne IC, which includes TB IC, is an important and effective preventive measure that protects HIV-infected health care workers, patients, and visitors to health facilities in high-burden countries. • Scale up of ART may be threatened by TB and MDR/XDR-TB, so that TB IC should be addressed as part of comprehensive HIV/AIDS programming (OGAC TB working group).
Advocacy Approaches and Actions	• Face-to-face meeting between WHO/Stop TB leadership and OGAC top leadership to discuss issues of TB/HIV co-infection, including IC, and agree on collaboration on IC moving forward. • Request that OGAC/PEPFAR supports the following actions: • Require all health facility construction or renovation (including laboratories) to include IC considerations in design. • Encourage national governments and their Ministries of Health to develop sound IC policies around TB and HIV/AIDS, strengthen management capacity, and implement cost-effective and comprehensive national responses to prevent TB transmission. • Promote the idea that health system strengthening is critical support for an effective TB IC program. • Support training of local personnel and procurement of equipment and supplies to implement effective airborne/TB IC. • Fund more operations research on TB transmission, including cost benefit-analyses, to fill the perceived lack of evidence-based recommendations for IC.
Advocacy Opportunities and Entry Points	• OGAC TB Working Group meetings • HIV/AIDS meetings as listed previously

Advocacy Audience	World Bank and the International Finance Corporation
Advocacy Objectives	• Inclusion of IC, including TB IC, in WB and IFC-financed Health Performance and Health Systems and Service Strengthening projects. • Adoption of IC as a component of the projects supported by WB environmental engineers. • Incorporation of TB IC requirements into the health facility construction and rehabilitation as well as laboratory strengthening that WB and the IMF finance. • Incorporation of IC in WB Environment, Health and Safety Guidelines.
Advocacy Messages	• As a major creditor to governments for health infrastructure modernization and reform project, WB can play a leading role in promoting IC administrative and infrastructure innovations in health facilities, thus protecting the health care work force, patients and other visitors to health care facilities from the transmission of disease. • IFC can contribute to better health care in developing countries by insuring that its investments for the construction and remodelling of socially responsible private hospitals and clinics include provisions for IC friendly design in accordance with the new WHO TB IC policy, thus helping to protect the health care work force, patients and visitors to health care facilities. .
Advocacy Approaches and Actions	• The leadership of the Stop TB Partnership and Department meet with counterparts at the World Bank and IMF to request the inclusion of IC, specifically TB IC, in their projects funding public and private hospital and health center construction and health systems strengthening.
Advocacy Opportunities and Entry Points	• TBD

Advocacy Audience	World Health Organization
Advocacy Objectives	• 2010 World Health Assembly adopts IC as part of health system strengthening policy (Papers prepared by Oct. 2009). • Increase budget for TB IC within WHO's HIV Department in order to facilitate IC advocacy with the HIV community. • Take lead in commissioning more research on TB transmission to build up the evidence base for IC, including cost-benefit studies. • Secure the human and financial resources to implement a robust international advocacy strategy.
Advocacy Messages	• WHO's institutional commitment to effective dissemination and uptake of the TB IC Policy is the next step to take for its success. WHO's leadership in an international advocacy campaign for the policy is critical to successful global adoption and implementation.
Advocacy Approaches and Actions	• Collaboration between WHO Stop TB Partnership and the Stop TB Department to assure the organization's preparedness to carry out an advocacy campaign.
Advocacy Opportunities and Entry Points	• World Health Assembly 2010

Annex B. Contact Information for Priority Organizations

Organization	Contact Person	Contact Details
United Nations Organizations and Agencies		
WHO Stop TB Department	Diana WeilCoordinator, Policy and Strategy	World Health Organization (WHO) Avenue Appia 20 CH-1211, Geneva 27 Switzerland Tel: +41-22-791-3072 Fax: +41-22-791-2111 Email: weild@who.int Website: www.who.int/tb/about/en/
Stop TB Partnership TB/ HIV Working Group, TB IC Subgroup Secretariat	Rose Pray, RN TB Infection Control Subgroup Secretariat	TB/HIV and Drug Resistance Stop TB Department World Health Organization (WHO) Avenue Appia 20 CH-1211, Geneva 27 Switzerland Tel: +41-22-791-3492 Fax: +41-22-791-4268 Email: prayr@who.int tbic@who.int Website: www.stoptb.org/wg/tb_hiv/icsabout.asp
Stop TB Partnership TB/ HIV Working Group, TB IC Subgroup	Bess Miller, MD, MSc Chair Captain, U.S. Public Health Service Associate Director, HIV/TB Prevention and Care Global AIDS Program	US Centers for Disease Control and Prevention Atlanta, GA 30333 USA Tel.: +1-404-639-8494 Fax: +1-404-639-6499 Email: bim1@cdc.gov Website: www.stoptb.org/wg/tb_hiv/icsabout.asp
Stop TB Partnership ACSM at Country Level Subgroup Secretariat	Young-Ae Chu Technical Officer Country-Level ACSM Stop TB Secretariat	World Health Organization (WHO) Avenue Appia 20 CH-1211, Geneva 27 Switzerland Tel: +41-22-791-4367 Fax: +41-22-791-4886 Email: chuy@who.int Website: www.stoptb.org
WHO HIV Department	Reuben Granich, MD, MPH Medical Officer (HIV/TB) Antiretroviral Treatment and HIV Care Department of HIV/AIDS	World Health Organization (WHO) Avenue Appia 20 Building D, 1st Floor, room 1005 CH-1211, Geneva 27 Tel: +41-22-791-1459 Fax: +41-22-791-4834 Email: granichr@who.int Website: www.who.int/hiv/en/

Organization	Contact Person	Contact Details
Epidemic and Pandemic Preparedness Department		Global Alert and Response (GAR) World Health Organization (WHO) Avenue Appia 20 1211 Geneva 27 Switzerland Main tel.: +41-22-791-2111 Fax: +41-22-791-3111 Email: crs@who.int Website: www.who.int/csr/en/
Global Health Workforce Alliance	Tunga Namjilsuren Sonali Reddy	Global Health Workforce Secretariat World Health Organization (WHO) Avenue Appia 20 1211 Geneva 27, Switzerland Tel.: +41-22-791-2621 Fax: +41-22-791-4841 Email:ghwa@who.int Website: www.who.int/workforcealliance/en/ Tunga Namjilsuren Tel.: +41-22-791-1073 Mobile: +41-79-477-0437 Email: namjilsurent@who.int Sonali Reddy Tel.: +41-22-791-1044 Mobile: +41-79-509-0674 Email: reddys@who.int
World Alliance for Patient Safety/Patients for Patient Safety	Karin Jay Patient Safety Solutions Agnes Leotsakos	WHO Collaborating Centre for Patient Safety Solutions 1515 West 22nd Street Suite 1300 West Oak Brook, IL 60523 USA Karin Jay Email: kjay@jcrinc.com Website: http://www.ccforpatientsafety.org/ WHO Patient Safety Information, Evidence and Research (IER/PSP) World Health Organization Avenue Appia 20 CH-1211 Geneva 27 Switzerland Agnes Leotsakos Email: leotsakosa@who.int Website: http://www.who.int/patientsafety/en/
UNAIDS	Alasdair Reid	World Health Organization 20, Avenue Appia CH-1211 Geneva 27 Switzerland Tel: +41-22-791-3666 Fax: +41-22-791-4187

Organization	Contact Person	Contact Details
International Labour Organization (ILO)	Dr. Igor Fedotov	International Labour Organization (ILO) 4 route des Morillons CH-1211 Genève 22 Switzerland Tel: +41-22-799-6111 Fax: +41-22-798-8685 Email: safework@ilo.org Website: www.ilo.org
United Nations Development Programme (UNDP)		United Nations Development Programme One United Nations Plaza New York, NY 10017 USA Tel: +1-212-906-5000 Fax: +1-212-906-5001 Website: www.undp.org
United Nations Educational, Scientific and Cultural Organization (UNESCO)		UNESCO Headquarters 7, place de Fontenoy 75352 Paris 07 SP France Tel: +33-14-568-1000 Fax: +33-14-568-5570 Email: wh-info@unesco.org bpi@unesco.org Website: www.unesco.org
United Nations Population Fund (UNFPA)		United Nations Population Fund (UNFPA) 220 East 42nd Street New York, New York 10017 USA Tel.: +1-212-297-5000 Fax: +1-212-370-0201 Email: hq@unfpa.org Website: www.unfpa.org
United Nations High Commissioner for Refugees (UNHCR)		United Nations High Commissioner for Refugees (UNHCR) Case Postale 2500 CH-1211 Genève 2 Dépôt Suisse Tel.:+41-22-739-8111 Website: www.unhcr.org
UNICEF		UNICEF Headquarters UNICEF House 3 United Nations Plaza New York, New York 10017 USA Tel: +1-212-326-7000 Fax: +1-212-887-7465 +1-212-887-7454 Website: www.unicef.org

Organization	Contact Person	Contact Details
UN Office of Drugs and Crimes (UNODC)	Karen Mahmoud Programme Specialist	UNODC Office - New York United Nations Headquarters DC1 Building Room #613 One United Nations Plaza New York, NY 10017 United States Tel.: +1-212-963-5698 Fax: +1-212-963-4185 Email: mahmoud11@un.org Website: www.unodc.org
World Food Program (WFP)	Dr. Sergio Arena	World Food Program (WFP) Via C.G.Viola 68 Parco dei Medici 00148 - Rome - Italy Tel: +39-06-65-131 Fax: +39-06-659-0632 Email: sergio.arena@wfp.org Website: www.wfp.org
Donors and Funders		
Bill and Melinda Gates Foundation	Peter Small	Bill and Melinda Gates Foundation PO Box 23350 Seattle, WA 98102 Tel: +1-206-709-3100 Email: peter.small@gatesfoundation.org Website: www.gatesfoundation.org
Department for International Development (DFID)		Department for International Development (DFID) 1 Palace Street London, United Kingdom SW1E 5HE Tel.: +44-135-584-3132 Fax: +44-135-584-3632 Email: enquiry@dfid.gov.uk Website: www.dfid.gov.uk
EU		Website: www.europa.eu
The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and its major donor nations		The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Geneva Secretariat Chemin de Blandonnet 8 1214 Vernier Geneva, Switzerland Tel: +41-58-791-1700 Fax: +41-58-791-17 01 Email: info@theglobalfund.org Website: www.theglobalfund.org

Organization	Contact Person	Contact Details
Japan International Cooperation Agency (JICA)		JICA Headquarters 1-6th floor, Nibancho Center Building 5-25, Niban-cho, Chiyoda-ku Tokyo 102-8012 Japan Tel.: +81-3-5226-6660/6661/6662/6663 JICA USA Office 1776 I Street, N.W., Suite895 Washington, D.C. 20006 USA Tel.: +1-202-293-2334 Fax : +1-202-293-9200 Website: www.jica.go.jp
UNITAID		UNITAID World Health Organization Avenue Appia 20 CH-1211 Geneva 27 Switzerland Tel.: +41-22-791-5503 Fax: +41-22-791-4890 Email: unitaid@who.int Website: www.unitaid.eu
U.S. Agency for International Development (USAID)	Cheri Vincent Health Development Officer	U.S. Agency for International Development (USAID) Ronald Reagan Building Washington, D.C. 20523-1000 USA Tel.: +1-202-712-1279 Email: cvincent@usaid.gov Website: www.usaid.gov
World Bank		The World Bank 1818 H Street, NW Washington, DC 20433 USA Tel.: +1-202-473-1000 Fax: +1-202-477-6391 Email: pic@worldbank.org Website: www.worldbank.org
Organizations Representing Marginalized, Minority, or Other Groups at High Risk for TB Transmission		
International HIV/AIDS Alliance	Anton Kerr	International HIV/AIDS Alliance Secretariat 1st and 2nd Floor Preece House 91-101 Davigdor Road Hove BN3 1RE United Kingdom Tel.: +44-1273-718-900 Fax: +44-1273-718-901 Email: mail@aidsalliance.org

Organization	Contact Person	Contact Details
Treatment Action Group	Javid Syed TB/HIV Project Director	Treatment Action Group 611 Broadway, Suite 308 New York, NY 10012 USA Tel.: +1-212-253-7922 Fax: +1-212-253-7923 Email: javid.syed@treatmentactiongroup.org Website: www.treatmentactiongroup.org
Treatment Action Campaign (South Africa)	Nomsundo Eland Cathirine Tomlinson	Treatment Action Campaign PO Box 2069 Cape Town 8001 South Africa +27-21-422-1700 Email: Nomsundo Eland nono@tac.org.za Cathirine Tomlinson cathirine.tomlinson@tac.org.za Cc: rodrick@tac.org.za Website: www.tac.org.za
Kenya AIDS NGO Consortium (KANCO)	Allan Ragi Executive Director	Kenya AIDS NGOs Consortium (KANCO) Chaka Road off Argwings Kodhek Road P.O. Box 69866 00400 Nairobi, Kenya Tel.: +254-20-271-7664 +254-20-271-5008 Fax: +254-20-271-4837 Mobile: +254-0722-203-344 +254-0733-333-237 Email: kanco@kanco.org aragi@kanco.org Website: www.kanco.org
WHO's Health in Prisons Project (HIPP)	Dr. Lars Moller Project Manager	WHO Health in Prisons Project (HIPP) WHO Regional Office for Europe Scherfigsvej 8 DK-2100 Copenhagen Ø Denmark Tel.: +45-39-17-17-17 Fax: +45-39-17-18-18 Email: lmo@euro.who.int Website: www.euro.who.int/prisons
Open Society Institute		Open Society Institute 400 West 59th St New York, NY 10019 USA Tel.: +1-212-548-0600 Fax: +1-212-548-4600 Website: www.soros.org/

Organization	Contact Person	Contact Details
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