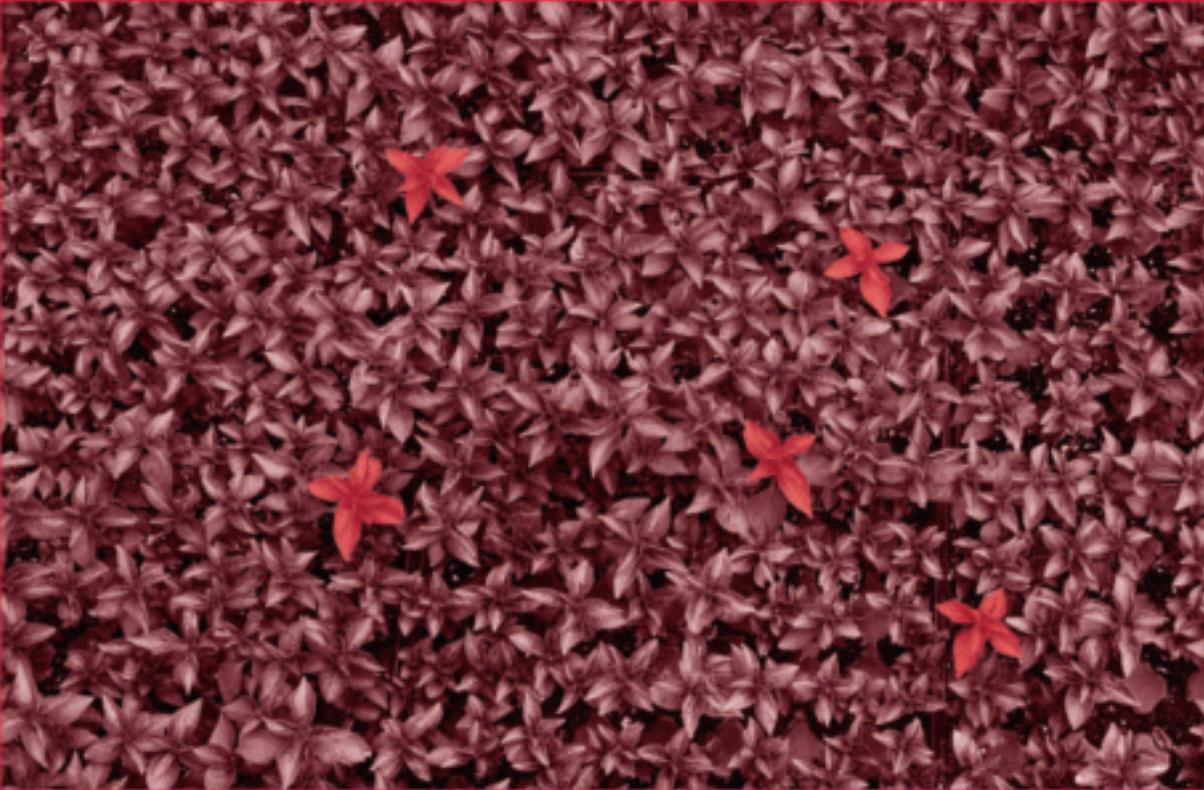


Module II



ADVOCACY AND PUBLIC HEALTH

MODULE II

ADVOCACY AND PUBLIC HEALTH

What is advocacy?	2
What is 'media advocacy'?	2
The elements of advocacy	2
A. An A to Z of public health advocacy	4
B. A practical guide to TB advocacy	15
Why advocate for TB control?	15
How advocacy can be used to promote TB control?	16
Timing advocacy activities	17
Documenting the situation	20
Packaging the message	28
Working with the media	33
Additional model texts for TB advocacy	49
Useful TB web sites	55
Putting health advocacy at centre stage: case study of Horsens, Denmark	56
References	58

What is advocacy?

Advocacy is speaking up, drawing attention to an issue, winning the support of key constituencies in order to influence policies and spending, and bring about change. Advocacy activities (on behalf of someone or a cause) are essential media and communications activities (among many others).

Making advocacy activities a pivotal part of health communications has many strengths:

- it often gives people greater freedom to carry out communication activities
- it involves those carrying out advocacy activities
- it helps the health communicator focus on what is really important for the population (those advocating).

What is 'media advocacy'?

'Media advocacy' means using the media to promote good policy. This is an important part of more general health advocacy, which also includes:

- political lobbying
- consumer participation in decision-making.

The elements of advocacy

Clear, specific policy goals. Unless we are clear on the policies that are needed to progress on the issue of improved health, we will lack important signposts on our roadmap for change.

Solid research and science base for action. Good science will be necessary to guide our interventions, increase our credibility, and assure the prospects for success.

Values linked to fairness, equity and social justice - how we create rules for opportunity.

Broad based community participation. The people most affected by the problem must have a voice in defining its solutions.

Mass media used to set the public agenda and frame issues appropriately. Mass media are one of the most powerful tools in our societies. They must be used not only to communicate information about how people can change their behaviour, but also how society must change to support people. Media messages must encourage participation by giving a voice to those populations most affected.

Use of political and legislative process to create change. Changing the conditions that create health problems can improve the chances for health. This means changing laws and regulations to increase the potential for long-term impact.

A. Glossary of health advocacy terms ¹

Advocacy A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular goal or program. (WHO, 1995)

Appeal A message quality that can be tailored to one's target audience(s). This term refers to the motivation within the target audience that a message strives to encourage or ignite (e.g., appeal to love of family, appeal to the desire to be accepted by peer group). (CDC, 1998)

Attitudes An individual's predispositions toward an object, person, or group, that influence his or her response to be either positive or negative, favorable or unfavorable. (CDC, 1998)

Audience See Target audience, Primary audience, and Secondary audience.

Audience Segmentation The process of dividing a target population group into homogeneous subsets of audience segments based on some common factors related to the problem, usually behavioral determinants or psychographic factors to better describe and understand a segment, predict behavior, and formulate tailored messages and programs to meet specific needs. (Adapted from CDC, 1996; CDC, 1998)

Audience profile A formal description of the characteristics of the people who make up a target audience. Some typical characteristics useful in describing segments include media habits (magazines, TV, newspaper, radio, and Internet), family size, residential location, education, income, lifestyle preferences, leisure activities, religious and political beliefs, level of acculturation, ethnicity, ancestral heritage, consumer purchases, psychographics. (CDC, 1998)

Barriers Internal or external obstacles that may inhibit the target audience from making the desired change.

Behavioral characteristics Activities in which people do (or do not) engage that are relevant to the health problem or to how they might be reached and influenced. Behavioral characteristics are useful for audience segmentation. (Adapted from CDC, 1998)

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Campaign Goal-oriented attempts to inform, persuade, or motivate behavior change in a well-defined audience. Campaigns provide non-commercial benefits to the individual and/or society, typically within a given time period, by means of organized communication activities. (Centre for Health Promotion, 1996.)

Channel The way in which individuals receive information (CDC, 1996). Types of channel include interpersonal, mass-media, organizational, and small group - see below.

Communication The exchange and sharing of information, attitudes, ideas, or emotions. (Centre for Health Promotion, 1996.) Systematic, informed creation, dissemination, and evaluation of messages to affect knowledge, skills, attitudes, beliefs, and behaviours. (CDC, 1996)

Community A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, and are arranged in a social structure according to relationships which the group has developed over a period of time. (WHO, 1998)

Cost-benefit evaluation Examines the overall cost of a program compared to the dollar value of the effects that can be attributed to the program. These two values yield a cost-benefit ratio. (CDC, 1998)

Credibility The believability of a message source which increases the message's ability to influence the target audience. Some components of credibility include whether the message source is considered trustworthy, believable, reputable, competent, and knowledgeable. (Adapted from: CDC, 1998)

Demographics Statistics relating to human populations, including size and density, race, ethnicity, growth, distribution, migration, births, deaths, and their effects on social and economic conditions. This data can be useful for defining the target audience and understanding how to communicate more effectively with the target audience. (Adapted from: CDC, 1998; CDC, 1996)

Determinants External and internal personal, social, economic and environmental factors which determine the health status of individuals or populations. (WHO, 1998)

Diffusion The process by which an innovation is communicated through certain channels over time among members of a social system. (Rogers, 1995)

Efficacy The power to produce a desired effect or intended result or outcome. (Neufeldt, 1991)

Environmental factor A component of the social, biological, or physical environment that can be causally linked to the health problem. (Adapted from: Green & Kreuter, 1991)

Evaluation A systematic process that records and analyzes what was done in a program or intervention, to whom, and how, and what short- and long-term behavioral effects or outcomes were experienced. Types of evaluation include exposure, formative, implementation, and outcome evaluation - see below. (CDC, 1998; CDC, 1996).

Exposure evaluation An evaluation of the extent to which a message was disseminated (e.g., how many members of the target audience encountered the message). However, this type of evaluation does not measure whether audience members paid attention to the message or whether they understood, believed, or were motivated by it. (CDC, 1998)

Fear A mental state that motivates problem-solving behavior if an action (fight or flight) is immediately available; if not, it motivates other defense mechanisms such as denial or suppression. (Green & Kreuter, 1991)

Fear appeal An attempt to elicit a response from the target audience using fear as a motivator e.g., fear of injury, illness, loss of a loved one. (CDC, 1998)

Formative evaluation An evaluation conducted during program development that measures the extent to which concepts, messages, materials, activities, and channels meet researchers' expectations with the target audience. (CDC, 1998)

Gatekeeper An influential individual who serves as an access point to the target audience. (CDC, 1996)

Geodemographics Geographic factors and trends in a specific locale (e.g., where people live, population density, healthcare, climate, eating patterns, spending patterns, leisure activities, local industry, and outdoor activities) that can help with locational decisions (e.g., selecting a clinic site) or local contact interventions. (CDC, 1998)

Goal Summarize the outcomes which, in the light of existing knowledge and resources, a country, community, organization, or individual might hope to achieve in a defined time period. (Adapted from: WHO 1998)

Health A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. (WHO, 1948)

Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities. (WHO, 1986)

Health behavior An action performed by an individual that can negatively or positively affect his or her health (e.g., smoking, exercising). (CDC, 1998)

Health communication The art and technique of informing, influencing, and motivating individual, institutional, and public audiences about important health issues. Its scope includes disease prevention, health promotion, health care policy, business, and the enhancement of the quality of life and health of individuals within the community (Ratzan et al, 1994, cited in *Healthy People 2010*)

The study and use of communication strategies to inform and influence individual and community decisions that enhance health. (CDC, 1998)

The process and effect of employing ethical persuasive means in human health care decision-making. (Ratzan, 1993)

A key strategy to inform the public about health concerns and to maintain important health issues on the public agenda. The use of the mass and multimedia and other technological innovations to disseminate useful health information to the public, increases awareness of specific aspects of individual and collective health as well as importance of health in development.

Health communication is directed towards improving the health status of individuals and populations. Research shows that theory-driven mediated health communication programming can put health on the public agenda, reinforce health messages, stimulate people to seek further information, and in some instances, bring about sustained healthy lifestyles.

Health communication encompasses several areas including entertainment-education, health journalism, interpersonal communication, media advocacy, organizational communication, risk communication, social communication and social marketing. It can take many forms from mass and multimedia communications to traditional and culture-specific communication such as story telling, puppet shows and songs. It may take the form of discreet health messages or be incorporated into existing media for communication such as soap operas. (adapted from WHO, 1996)

Health development The process of continuous, progressive improvement of the health status of individuals and groups in a population. (WHO, 1997)

Health education Consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health.

Health education is not only concerned with the communication of information, but also with fostering the motivation, skills and confidence (self-efficacy) necessary to take action to improve health.

Health education includes the communication of information concerning the underlying social, economic and environmental conditions impacting on health, as well as individual risk factors and risk behaviors, and use of the health care system.

Health indicator A characteristic of an individual, population, or environment which is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population. (WHO, 1998)

Health literacy The cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health. Health literacy implies the achievement of a level of knowledge, personal skills and confidence to take action to improve personal and community health by changing personal lifestyles and living conditions. (WHO, 1998).

“The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.” (National Library of Medicine, National Institutes for Health, 2000)

Health policy A formal statement or procedure within institutions which defines priorities and the parameters for action in response to health needs, available resources and other political pressures. (WHO, 1998)

Health promotion The process of enabling people to increase control over the determinants of health and thereby improve their health. There are three basic health promotion strategies: advocacy for health to create the essential conditions for health indicated above; enabling all people to achieve their full health potential; and mediating between the different interests in society in the pursuit of health. (WHO, 1986)

Health status A description and/or measurement of the health of an individual or population at a particular point in time against identifiable standards, usually by reference to health indicators. (Adapted from: WHO, 1984)

Health target The amount of change (using a health indicator) within a given population which could be reasonably expected within a defined time period. Targets are generally based on specific and measurable changes in health outcomes. (WHO, 1998)

Implementation evaluation An evaluation of the functioning of components of program implementation. Includes assessments of whether materials are being distributed to the right people and in the correct quantities, the extent to which program activities are being carried out as planned and modified if needed, and other measures of how and how well the program is working. Also called process evaluation. (CDC, 1998)

Interpersonal channel A channel that involves dissemination of messages through one-on-one communication (e.g., mentor to student, friend to friend, pharmacist to customer). (CDC, 1998)

Key informants Individuals who are knowledgeable about and influential with particular segments of the population. (CDC, 1996)

Mass-media channel A channel through which messages are disseminated to a large number of people simultaneously (e.g., radio, TV, newspapers, billboards). (CDC, 1998)

Mediation A process through which the different interests (personal, social, economic) of individuals and communities, and different sectors (public and private) are reconciled. (WHO, 1998)

Motivators Factors that help prompt or sustain knowledge, attitudes, or behaviors for a target audience. (CDC, 1998)

Needs assessment The process of obtaining and analyzing information from a variety of sources to determine the needs of a particular population or community; similar to a "marketplace assessment." (CDC, 1996)

Negative appeal A message that is focused on unpleasant consequences rather than rewards or benefits. (CDC, 1998)

Negotiation The process of conferring, bargaining, or discussing with the intent of reaching agreement. Also called shared decision-making. (Neufeldt, 1991)

Network A grouping of individuals, organizations and agencies organized on a non-hierarchical basis around common issues or concerns, which are pursued proactively and systematically, based on commitment and trust. (WHO, 1998)

Opinion leader A person within a given social system who is able to influence other individuals' attitudes or behaviors with relative frequency (Rogers, 1995).

Organizational channel A channel through which messages are disseminated at the organizational level e.g., corporate newsletters, cafeteria bulletin boards. (CDC, 1998)

Outcome A change in an individual, group or population which is attributable to a planned intervention or series of interventions, regardless of whether such an intervention was intended to change health status. (WHO, 1998)

Outcome evaluation A type of evaluation that determines whether a particular intervention had a desired impact on the targeted population's behavior, i.e., whether the intervention provided made a difference in knowledge, skills, attitudes, beliefs, behaviors, and health outcomes. Also called impact or summative evaluation. (CDC, 1996)

Positive appeal A message that is focused on benefits or rewards rather than negative consequences. (CDC, 1998)

Press pack/Media kit (US) A package (usually a folder) that includes items explaining a program or health issue to the media. May include such items as pamphlets, press releases, contact information, and/or camera-ready copies of materials. (CDC, 1998)

Primary audience The group(s) of individuals whose behavior, attitudes, or beliefs the communication is trying to influence.

PSA Stands for Public Service Announcement. PSAs are typically aired or published without charge by the media. Can be in print, audio, or video form. (CDC, 1998)

Psychographics A set of variables that describes an individual in terms of overall approach to life, including personality traits, values, beliefs, preferences, habits, and behaviors. Psychographics are not usually related to health-specific issues, but more commonly to consumer- or purchase-specific behaviors, beliefs, values, etc. (CDC, 1998)

Public health A social and political concept aimed at improving health, prolonging life and improving the quality of life among whole populations through health promotion, disease prevention and other forms of health intervention. (WHO, 1998)

Public relations The methods and activities employed in persuading the public to understand and regard favorably a person, business, or institution. (CDC, 1998)

Risk communication An interactive process of exchange of information and opinion among individuals, groups and institutions, involving multiple messages about the nature of risk and other messages, not strictly about risk, that express concerns, opinions, or reactions to risk messages or to legal and institutional arrangements for risk management. (National Research Council, 1989)

Risk factor Social, economic or biological status, behaviours or environments which are associated with or cause increased susceptibility to a specific disease, ill health, or injury. (WHO, 1998)

Secondary audience Group(s) of individuals that can help reach or influence the intended audience segment, but is not considered part of the problem.

Self-help Actions taken by lay persons (i.e. nonhealth professionals) to mobilize the necessary resources to promote, maintain or restore the health of individuals or communities. Although self-help is usually understood to mean action taken by individuals or communities which will directly benefit those taking the action, it may also encompass mutual aid between individuals and groups. Self-help may also include self-care - such as self-medication and first aid in the normal social context of people's everyday lives. (WHO, 1998)

Situational analysis A review and analysis of the current environment with regard to the issue at hand, including support for and potential barriers to prevention efforts. This information is used in making decisions about target audiences, behavioral objectives, geographic area to cover, and players to involve. (Adapted from: CDC, 1998)

Small group channel A channel through which messages are disseminated at the small-group level (e.g., meetings on health topics, cooking demonstrations). (CDC, 1998)

Social capital The degree of social cohesion which exists in communities. It refers to the processes between people which establish networks,

norms, and social trust, and facilitate co-ordination and co-operation for mutual benefit. (WHO, 1998)

Social marketing The application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society. Social marketing-driven programs, which incorporate more than messages, include components commonly referred to as the “4 Ps”—product, price, place, and promotion. The balance of the 4 Ps is called the marketing mix. (CDC, 1998)

Social networks Social relations and links between individuals which may provide access to or mobilization of social support for health. (WHO, 1998)

Social norms Perceived standards of behavior or attitude accepted as usual practice by groups of people. (CDC, 1996)

Social support That assistance available to individuals and groups from within communities which can provide a buffer against adverse life events and living conditions, and can provide a positive resource for enhancing the quality of life. (WHO, 1998)

Stakeholders Those who have an interest in and can affect implementation of an intervention or program; key players; influentials. (CDC, 1996)

Surveillance An ongoing process of information collection, analysis, interpretation, and dissemination to monitor the occurrence of specific health problems in populations. (CDC, 1996)

Sustainable development The use of resources, direction of investments, the orientation of technological development, and institutional development in ways which ensure that the current development and use of resources do not compromise the health and well-being of future generations. (WHO, 1997a)

Target audience The group(s) of individuals to whom the message is intended to be conveyed.

Telemedicine The use of modern telecommunications and information technologies for the provision of clinical care to individuals at a distance and the transmission of information to provide that care. Telemedicine is not one specific technology but a means for providing health services at a distance using telecommunications and medical computer science. (Joint Working Group on Telemedicine, 1997)

Glossary references

- Bandura, A. (1977) *Social Learning Theory*. Englewood Cliffs, N.J.: Prentice-Hall.
- Centers for Disease Control and Prevention. (1996). *The Prevention Marketing Initiative: Applying Prevention Marketing*. Atlanta: Centers for Disease Control and Prevention.
- Centers for Disease Control and Prevention, Office of Communication. (1998) *CDCynergy: Your Tool to Plan and Evaluate Effective Health Communication*. Version 1.0. Atlanta: Centers for Disease Control and Prevention.
- Centre for Health Promotion. (1996) *Rationale & Definitions for Communication Campaigns*. Toronto: The University of Toronto.
- Green, L.W., Kreuter, M.W. (1991). *Health promotion planning: An educational and environmental approach*. Mountain View, CA: Mayfield.
- Hennekens, CH, Buring, JE. (1987) *Epidemiology in Medicine*. Boston: Little, Brown, and Co.
- Joint Working Group on Telemedicine (1997) *Telemedicine Inventory*. http://www.tmgateway.org/gateway/key_defs.html. Last updated 4/18/97.
- National Library of Medicine; (2000) Selden, Catherine; Zorn, Marcia; Ratzan, Scott C.; Parker, Ruth M., compilers. *Health literacy [bibliography online]*. Bethesda (MD): (Current bibliographies in medicine; no. 2000-1). 479 citations from January 1990 through October 1999. Available from www.nlm.nih.gov/pubs/resources.html
- National Research Council. (1989) *Improving Risk Communication*. Washington, DC: National Academy Press.
- Neufeldt, V. (ed). (1991) *Webster's New World Dictionary: Third College Edition*. New York: Prentice Hall.
- Nutbeam, D. (1986) *Health Promotion Glossary*. *Health Promotion Journal* 1(1): 113-127.
- Ratzan, S.C. (1993) *Health communication and AIDS: setting the agenda*. In *AIDS: Effective health communication for the 90's*. Ratzan, S.C. (ed.). Washington: Taylor & Francis.
- Rogers, E. M. (1995) *Diffusion of innovations* (4th ed.). New York: Free Press.
- Rogers, E. M. & Storey, J. D. (1987) *Communication campaigns*. In C.R. Berger & S.H. Chaffee (Eds.). *Handbook of communication science* (pp. 817-846). Newbury Park. CA: Sage.
- Rogers, E. M. (1996) *The Field of Health Communication Today: An Up-to-Date Report*. *Journal of Health Communication*. 1(1): 15-23.
- Tishenor, P.J., Donohue, G.A., and Oliien, C.N. (1970) *Mass media flow and differential growth in knowledge*. *Public Opinion Quarterly*. 34: 159-170.
- Watt, S.J., Van den Berg, F.A. (1995) *Research Methods for Communication Science*. Boston: Allyn & Bacon.

- World Health Organization (1948) World Health Organization Constitution. Geneva. WHO.
- World Health Organization. (1984) Glossary of terms used in Health for All series (No. 9). Geneva: WHO.
- World Health Organization. (1986) Ottawa Charter for Health Promotion. Geneva: WHO.
- World Health Organization (1994) What Quality of Life? In: World Health Forum. 17: 354-356. Geneva. WHO.
- World Health Organization. (1995) Development Communication in Action. Report of the Inter-Agency Meeting on Advocacy Strategies for Health and Development. HED/92.5. Geneva: WHO.
- World Health Organization. (1996) Communication, Education and Participation: A Framework and Guide to Action. Washington: WHO Regional Office for the Americas/Pan American Sanitary Bureau.
- World Health Organization. (1997a) Health and Environment in Sustainable Development. Five Years after the Earth Summit. WHO/EHG/97.8 Geneva: WHO.
- World Health Organization. (1997b) Terminology Information System. Geneva: WHO.
- World Health Organization. (1998) Health Promotion Glossary. HED/98.1. Geneva: WHO.

B. A practical guide to TB advocacy

To provide a more effective, practical example of advocacy, this section outlines an advocacy campaign supporting tuberculosis control with specific examples and creative ideas. It outlines four basic steps that are essential for an effective advocacy initiative:

1. documenting the situation
2. packaging the message
3. working with the media
4. mobilizing others.

Political protocol, media etiquette and social values vary widely from country to country: advocacy tactics that work in London might not be appropriate for Jakarta. Keep in mind that effective advocates often borrow successful ideas from others which they then creatively adapt and apply to their own situation and campaigns.

10 rules of advocacy "etiquette"

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

Why advocate for TB control?

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

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

In many countries TB control is a low political priority. For every US \$10 spent on health care in poor countries, only two pennies currently go to TB control. And while all infectious diseases cause nearly 30 per cent of deaths in poor countries, they receive only 1.5 per cent of foreign aid. Without basic funding and policy changes TB will never be conquered.

One of the five elements of the DOTS strategy is political will. The other four elements - reliable diagnosis using microscopes, an adequate drug supply, health and community workers or trained volunteers to observe patients swallowing their medicines and a system of recording and reporting patients' progress - simply cannot have a widespread impact on the disease without political commitment.

Governments and decision-makers in developing countries and donor agencies are essential to the sustained progress of TB control. We need to direct our energies, not only to clinical and research activities, but also to effective advocacy.

How advocacy can be used to promote TB control?

Successful advocates usually start by identifying the people they need to influence and planning the best ways to communicate with them.

- They do their homework on an issue and build a persuasive case.
- They organize networks and coalitions to create a groundswell of support that can influence key decision-makers.
- They work with the media to help communicate the message.

The future of the TB epidemic may depend more on the actions of politicians than patients. Educating patients to take all their medication can have little lasting effect when interruptions in drug supplies, inadequate laboratories and lack of a national policy on proper drug regimens sabotage efforts.

Two simple messages must be delivered to policy-makers:

1. TB is a devastating disease. We need to describe the destruction that TB brings to individuals, families, whole communities and economies.
2. The DOTS strategy can control TB. We need to persuasively argue the effectiveness and cost-benefits of using the DOTS strategy.

10 political obstacles to controlling TB

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

Timing advocacy activities

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

Compile a calendar of dates (national and international) and plan advocacy strategies around them. You can also plan your efforts around conferences, release of new TB data or the publication of new reports.

Local outbreaks of TB can also provide publicity opportunities.

Consider using birthdays of famous people in your country who may have suffered from TB as potential dates for advocacy activities.

Date	Possible message
8 March:	International Women's Day TB kills more women than all combined causes of maternal mortality.
24 March:	World TB Day. (see box) The threat of TB. The effectiveness of DOTS.
7 April:	World Health Day TB kills more women than all combined causes of maternal mortality.
1 December:	World Aids Day The dual TB/HIV crisis.
5 December:	International Volunteer Day The vital contribution of health volunteers in the DOTS strategy.
10 December:	Anniversary of UN Human Rights Declaration The threat of TB in prisons.
Religious holidays	TB affects the poorest and most vulnerable.

World TB Day activities in 1997

Nearly 200 agencies and organizations sponsored

World TB Day activities in 1997 to draw attention to the epidemic.

These are a few of the wide range of activities which were conducted:

- The President of India officially launched the country's new Revised National TB Programme.
- A special message from the King of Nepal was broadcast on World TB Day.
- The Gulf states launched a TB Elimination Initiative.
- KNCV launched its new Netherlands Tuberculosis Fund.
- The German Leprosy Relief Association organized a special event in front of the town hall in Munich, creatively showing how one person dies of TB every ten seconds.
- The Japanese Anti-TB Association volunteers dressed up as giant TB bacilli and passed out information in Tokyo on the disease.
- A TB screening camp was held at Pakistani Chowk for diagnosing new TB cases, and pamphlets for health education were distributed to people participating in an anti-TB walk.
- In Mongolia, the Ministry of External Relations held a press conference; a TB poster competition was held among medical students at Medical University.
- As part of a public awareness campaign in Sri Lanka, banners and decorations were up in Colombo City Centre for five days.
- The Pacific island of Tuvalu celebrated World TB Day for the first time with a one-day programme of all medical staff from outer islands and non-governmental agencies.
- A press conference was jointly held by the Federal Republic of Yugoslavia Ministry of Health and the WHO Area Office for Humanitarian Assistance, Belgrade.
- Round-table discussions on TB with representatives from all national health authorities were broadcast in the media in Bosnia-Herzegovina.
- The Indonesian Association Against Tuberculosis worked with the Ministry of Health to mount a national TB awareness campaign that was publicized throughout the country on television and radio, and in newspapers.
- The medical clinic La Clinica del Pueblo, which serves Washington's Latino community, launched a Spanish language campaign

Documenting the situation

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

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

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

- the Internet
- the World Health Organization
- the International Union Against TB & Lung Diseases
- national TB programmes

But in many instances, detailed information on the TB situation is difficult to find due to lack of local disease surveillance.

When vital information is unavailable, the most important advocacy step you take may be to encourage research to gather this data.

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

Fact-finding checklist

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

10 TB facts

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

10 facts about multidrug-resistant TB

1. Up to 50 million people may be infected with drug-resistant TB.
2. There were no medicines to cure TB until about 50 years ago.
3. Incurable strains now threaten to reverse 50 years of scientific progress.
4. There is no cure affordable to developing countries for some multi-drug-resistant strains.
5. Hot zones of MDR-TB have been identified in countries or regions such as Russia, Latvia, Estonia, Delhi State (India), Argentina and the Dominican Republic, where between seven and 22 percent of TB patients have MDR-TB.
6. MDR-TB is caused by inconsistent or partial treatment: patients do not take all their medicines regularly for the required period because they start to feel better, or doctors and health workers prescribe the wrong drugs or the wrong combination of drugs.
7. From a public health perspective, poorly supervised, incomplete treatment of TB is worse than no treatment at all.
8. Cure rates below 70 percent cause the epidemic - and drug resistance - to rise.
9. Drug-resistant TB is more difficult and more expensive to treat, and more likely to be fatal in developing countries.
10. In industrialized countries, TB treatment costs around US \$2,000 per patient, but rises more than 100-fold to up to US \$250,000 per patient with MDR-TB.

10 facts about TB and AIDS

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

10 facts about the cost of TB

1. 80 per cent of victims are between 15 and 49 - the most economically productive years of their lives.
2. TB carries a direct cost to the health service (diagnosis, treatment and control), patients and their family (drugs, transportation).
3. Direct costs to private patients in India are US \$100 - \$150 per patient cured - more than half the annual income of a daily wage-earner.
4. TB carries an indirect cost to society, the family and the community.
5. A survey in Thailand estimated the indirect cost of TB to be the equivalent of two months income for every patient cured.
6. A patient who is never diagnosed or treated loses on average a full year of work.
7. The world's governments need to spend an additional US \$500 million dollars to achieve 70 per cent DOTS coverage. This is less than the cost to build and staff one modern hospital in a wealthy country.
8. For every US \$10 spent on health care in poor countries, only US \$0.02 goes on TB control.
9. In 1990, only US \$16 million in foreign aid was provided for TB control in developing countries.
10. While infectious diseases cause nearly 30 per cent of deaths in poor countries, they receive only 1.5 per cent in foreign aid.

10 TB facts about women and children

1. TB kills more women than all the combined causes of maternal mortality.
2. TB kills nearly one million women a year - more women than any other infectious disease. More than a quarter of a million are at their most economically productive.
3. TB kills 100,000 children each year.
4. TB may orphan more children than any other disease.
5. TB plunges families into poverty.
6. In some countries, children are forced to work to support their families when a wage-earner dies of TB.
7. TB is typically a disease that strikes down the young - people in the prime of their lives.
8. Ten percent of women of reproductive age (15 - 44) who died in 1990, died from TB.
9. Children are the most vulnerable to severe forms of TB which strike the brain and spinal cords.
10. Women's movements are leading the response to TB in some parts of the world.

10 facts about TB and mobile populations

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

10 facts about DOTS

1. DOTS (Directly Observed Treatment, Short-course) is the WHO recommended strategy for detection and cure of TB.
2. DOTS combines five elements: political commitment, microscopy services, drug supplies, monitoring systems, and direct observation of treatment.
3. Health and community workers and trained volunteers observe and record patients swallowing the correct dosage of anti-TB medicines (which include isoniazid, rifampicin, pyrazinamide, ethambutol or streptomycin) for at least the first two months of treatment.
4. TB can be readily and inexpensively cured.
5. The cost of the drugs and their administration is very small.
6. Every infectious TB patient cured reduces the risk to everyone of contracting TB.
7. DOTS can successfully and permanently cure more than 9 in every 10 TB patients who complete the treatment; DOTS can produce cure rates of 95 percent even in the poorest countries.
8. DOTS prevents new infections and the development of MDR-TB.
9. DOTS can add years of life to an HIV-positive person: TB drug treatment can be as effective in curing TB in HIV-positive as in HIV-negative TB patients.
10. If WHO targets to detect 70 percent and cure 85 percent of TB cases are met by 2010, one-quarter of TB cases and one-quarter of TB deaths could be prevented.

10 facts about the economic benefits of DOTS

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

10 DOTS success stories

1. PERU

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

2. BANGLADESH

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

3. CHINA

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

4. NEW YORK CITY

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

5. GUINEA

The TB Programme in Guinea was in disarray for decades. Many health centres lacked the correct tools to diagnose TB, and patients failed to complete their 12-month treatment leading to chronic TB cases and increased TB transmission to others. The Ministry of Health worked with WHO to develop a TB control plan, preparing a TB treatment guidelines manual based on DOTS for all health workers. By 1995, each of the 34 districts in Guinea had a

centre for TB diagnosis, and 346 health centres were helping to identify potential TB patients. Today, Guinea's TB cure rates are over 80 percent.

6. NEPAL

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

7. TANZANIA

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

8. OMAN

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

9. KYRGYZSTAN

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

10. VIET NAM

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

Packaging the message

How can we make our message stand out in today's onslaught of information?

We need to create a range of products - publications, videos and visuals - and present them in accessible, memorable, exciting and eye-catching ways, both in terms of language and visual images, and devise creative strategies to make sure these materials get noticed.

Five golden rules

- Keep the written message simple
- Use powerful language
- Share something new
- Keep the visual message interesting
- Target your audience

Keep the written message simple

Do not communicate too much detailed information.

Journalists, politicians and donors need to hear simple messages that clearly and quickly get to the heart of an issue. For advocacy purposes, a few well-crafted facts can be worth hundreds of detailed numbers.

The following are examples of different ways to communicate the same data. The "poor" examples try to communicate too much technical information. The "most effective" examples make data relevant and clear to policy-makers.

Poor

264 HIV-positive patients in the north-west and central states were evaluated over an 18-month period, beginning in January of 1996. 91 eventually died from TB, 42 from pneumonia...

Better

In some parts of our country, 34 percent of HIV-positive patients are dying from TB...

Most effective

In some parts of our country, one in three people with HIV are dying needlessly from TB. And because they are not being cured, they are infecting scores of HIV-negative people with TB bacteria.

Use powerful language

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

Try to personalize TB statistics and give the problem a human face. The story of one person with TB can create more of a lasting impact than the fact of eight million TB patients.

It is much more effective to paint pictures that will stay in people's memories rather than overwhelm them with statistics they will quickly forget. Try to share real-life stories of mothers, fathers, sons and daughters, nurses, doctors and volunteers who live or work with TB. This can help non-medical audiences relate to complex medical issues.

Share something new

Find ways to tell the audience something they do not already know; something 'new' or fresh.

What information will be new to your audience? Information which is common knowledge among medical colleagues might be quite new and surprising to others. For example, most of the general public is still unaware of the devastating impact TB is having on women, or the dramatic role it plays in the HIV epidemic.

Always be on the look-out for legitimately new developments in the TB epidemic, the emergence of new strains, new outbreaks, and successful initiatives to control the disease.

Keep the visual message interesting

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

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

Target your audience

Some language or rhetoric will be meaningful to one audience but not to another. Tailor your message so that it is appropriate for the target audience. Typically people listen to a message when it affects them or their concerns. The information must appear relevant rather than remote.

Profile your audience. Find out about their age, gender, specific interests and responsibilities, level of prior knowledge about your subject, past support for the issue.

Audience

1. • Decision makers/politicians
• President/Prime Minister
• Minister of Health
• Minister of Planning
• Minister of Finance
• Local administration
• Parliament & Congress
2. • Donors
• Foundations
• Bilateral agencies (e.g. SIDA, USAID, DFID)
• Multilateral agencies (e.g. World Bank, WHO)
3. • Journalists
• Health reporters
• Foreign correspondents
• Editors
• Feature writers
• Columnists
4. • NGOs
• AIDS organizations
• Women's health organizations
• Development organizations
• Human rights organizations
• Children's organizations
• Prisoners' organizations
5. • Health Practitioners
• Public and private sector health workers
• Medical associations
• Research and academic institutions
6. • Corporations & Industry
• Multinationals
• Local businesses
• Labour organizations
7. • General Public

Targeting: Advocacy Messages To Different Audiences

Potential concerns

1. • Budgetary implications.
• Public opinion.
• Opportunity to show leadership and take credit for success.
• The liabilities of inaction.
2. • The ability to produce and document results.
• The cost-effectiveness of an intervention.
• Feasibility of integrating strategy with existing initiatives.
• Sustainability of project.
• Potential domestic benefits of foreign aid.
3. • News value and timing.
• Potential "CBS" (Controversy, Big names or Sensation).
• Has the story been told before?
• Are there good visuals and spokespeople?
4. • Donor and membership support.
• Impact of TB on beneficiaries.
• How message fits with mission statement.
• Common agendas and shared visions.
• Potential to play a unique role.
5. • Practical feasibility of DOTS.
• Opportunities to use new research and innovations.
• Financial and legal implications for one's work.
6. • Impact of TB on workforce.
• Impact of TB on markets.
• Cause-related marketing potential.
7. • Issues popular with the public find their way onto the political agenda and a groundswell of public opinion can have a strong influence on governments.
• Personal level of risk.
• Response of government/health authorities to protect the public.
• A moral duty to help others.

Possible messages

1. • Ignoring TB today will carry a high price tomorrow.
• TB is killing off the most productive members of society.
• DOTS works and is cost-effective.
• Citizens are demanding good TB treatment services.
2. • DOTS is cost-effective, feasible and gets results.
• DOTS can play a vital role in strengthening primary health care and sustainable development efforts.
• TB is a compelling example of why we cannot afford to ignore the plight of people in other countries.
• Infectious diseases do not respect national borders.
3. • Key messages depend on the outlet. (e.g. to a financial journal highlight economic benefits)
• Feature stories on the success of DOTS.
• News stories on outbreaks and dangers of TB.
4. • TB is having a devastating effect on the lives of beneficiaries.
• DOTS can improve the lives of people living with AIDS, women, children and prisoners.
• A coalition may have more of an impact on the lives of beneficiaries than a single organization working in isolation.
5. • Technical data on the effectiveness of DOTS.
• New research and studies.
6. • TB primarily affects people in their most economically productive years of life.
• The burden of TB is helping to weaken expanding economies.
7. • Localize and humanize your message.
• Bring the issue close to home so that it appears relevant rather than remote.
• Tell the story of a person they can relate to.
• TB is on your doorstep.
• TB affects all of our lives.

10 tips for producing effective advocacy publications

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

10 qualities of effective advocacy publications:

They must be:

- visual
- innovative, creative
- organized
- clean
- simple
- entertaining
- surprising, unusual
- focused
- concise
- presents a compelling story

Working with the media

The media is probably the most influential advocacy tool that we have. It plays a key role in mobilizing public support and setting the political agenda.

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

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

A. Contacting the media

Press releases [See also Module I: The press release.]

Calling journalists

When you call a busy journalist in a large city, you may have only 30 seconds to gain their interest in a story. To be successful, you need to get quickly to the point concerning the importance of your story or event.

10 important international media

The following are a few of the most important media that have global influence. Sometimes your story will have regional or national but not international significance. But other times, a TB outbreak or breakthrough may be of international importance, and you should check if there are any correspondents from these media located in your city that you can invite to attend.

AP (Associated Press)
AFP (Agence France Presse)
New York Times
Economist
CNN (Cable News Network)

Reuters
International Herald Tribune
Washington Post
FT (Financial Times)
BBC (British Broadcasting Corporation)

When calling:

- try to avoid calling when journalists are facing deadlines
- know something about the publication or programme which you are calling.

Placing feature stories

Feature stories are usually longer than news stories. They go into greater depth on how an issue affects people and may offer a number of different perspectives. In magazines, they can span several pages and be accompanied by pictures. On television, they can become hour-long programmes.

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

B. Writing for the media

Opinion pieces

Most newspapers print opinion pieces (op-eds) or guest columns. An op-ed is an expression of opinion rather than a factual statement of news. It tends to be lively, provocative and sometimes controversial. This is a very effective way to register concern about TB to policy-makers and to inform communities about why they should care about controlling the disease. **[See also samples at the end of this module]**

Letters to the Editor

Letters to the Editor give readers the opportunity to express their view or 'correct' previously published information they feel to be inaccurate or misleading. Letters are widely read and provide a good opportunity to promote a cause and/or organization.

Letters should be short and concise - no more than 100 words can be very effective. It should aim to make one main point and end on a challenging note, with a call to action.

Make sure you refer to your organization. **[See also samples at the end of this module]**

C. Planning media events [see also Module I]

News conferences

A news conference can be a very effective way to announce a news story to journalists. Speakers take the platform in a hired venue and make presentations after which journalists can ask questions. This is a tried and tested formula which, if you follow the rules (See Checklist), can make life easy for journalists and for yourself.

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

Press briefings

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

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

If you attend an important national or international conference, you may wish to brief journalists in your community about important developments upon your return. Or, use an informal briefing to present a major new strategy or initiative in your organization.

Editorial meetings

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

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

Check-list for an effective news conference

RATIONALE

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

LOCATION AND SET-UP

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

TIMING

- Hold event on workday morning/early afternoon so reporters can meet deadlines.
- Check you are not competing with other important news events on the same day.
- Start the event on time - avoid keeping journalists waiting.
- Distribute material prior to a news event and use an embargo to prevent journalists from publishing before the event.
- Wait until the event to release information to create element of suspense.

POSSIBLE MATERIALS

- Press release.
- List of news conference participants.
- Executive summary of report.
- Case studies and stories.
- Fact sheets.
- Biography of speakers.

- Copies of speeches.
- Pictures (colour transparencies/black and white photographs).
- B-roll (broadcast quality video background footage).
- Consider putting all of the printed materials together into one "press kit".

INVITING JOURNALISTS

- Keep an up-to-date mailing list or database of journalists.
- Make sure you know who the health and the social affairs correspondents are.
- Monitor which journalists are reporting on health.
- Focus on getting the most influential media to attend.
- Remember to invite international and foreign media.
- Get your event in journalists' diaries 7 to 10 days before the event.
- Always make a follow-up call to check the right journalist received the information.
- Build interest and anticipation for the event without giving out the story.
- Consider providing general, background briefings to important journalists prior to the event, without disclosing to them your main news story.
- Consider offering "exclusive" angles on the story to key media.

PREPARING SPEAKERS

- Select appropriate speakers.
- Select strong speakers - charismatic, articulate, authoritative, engaging & clear.
- Brief speakers carefully on the main message of the event.
- Prepare speakers in advance on how to answer difficult questions.
- Provide speakers with Question and Answer material.
- Try to hold a meeting to brief all speakers before the event.
- Ideally, each speaker should present for only 3 or 4 minutes.
- Have each speaker make different points.
- Make sure that each makes one or two important points.
- Keep speeches short and simple, aimed at a general audience; avoid technical jargon.
- Select a moderator to manage questions from the floor after the presentation.
- Encourage lots of questions. Keep answers to questions short.

FOLLOW-UP

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

Photo opportunities

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

You may want to pay for a photographer to take pictures and then distribute them to selected publications, or arrange a “photo opportunity” for photographers and television news people to take pictures themselves.

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

10 ideas for TB photo opportunities

1. Take journalists to visit a TB clinic.
2. Have a celebrity or sports star supervise a patient taking their medicines.
3. Arrange for a journalist to interview a new patient and follow his or her progress throughout the entire course of treatment.
4. Show photographs of lungs “before” with TB, and “after” with DOTS.
5. Publicize specific TB outbreaks in places such as churches, bars, clubs and airplanes.
6. Have the mayor of your town sign a proclamation calling for more awareness of the TB epidemic.
7. Schedule a parade of TB control workers carrying banners and signs to the main legislative building in your state or region.
8. Organize ‘cough-ins’ to draw attention to TB.
9. Use a large visible clock ticking to show that somebody is dying from TB every thirty seconds; or that someone is infected with TB every second.
10. Organize an event where people fall down every thirty seconds drawing attention to how frequently people are dying of TB worldwide.

D. Interviewing for the media

[see also Module I, Getting your message on radio and television]

When an organization publicizes a story it needs to have a number of spokespeople available for interview who are familiar with both their material and the basic rules of interviewing. To prepare well:

- Find out about the show and if possible watch/listen to it
- Find out who else is appearing with you

- Profile the audience and have in mind a typical viewer/listener
- Ask whether the show is live or pre-recorded and if the audience will be calling in to ask questions
- Anticipate the questions you may be asked
- Practice.

Phone-in/discussion or talk show

Radio or television phone-ins, discussion and talk shows are a good way to put your point across live and unedited.

Talk show producers are always in search of new guests who can talk with authority on issues that concern their viewers and listeners. Research programmes and make contact suggesting yourself, your director or even a whole panel of speakers with different perspectives on TB.

Contact phone-in programmes to establish when health issues are scheduled. Suggest TB for the run-up to World TB Day. Mobilize your supporters to phone in. When calling, strict first-come, first-served rotation applies, so hang on and you will be answered. Never read your contribution. Aim to make two or three points succinctly and remember to mention your organization.

Access programmes

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

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

10 television interview tips

1. Focus on getting one main message across. Keep coming back to your main message.
2. Don't be afraid to turn around irrelevant questions and come back to your main point. Don't be side-tracked from your main message.
3. Don't use jargon or highly technical medical language. Keep your answers simple.
4. Be yourself. Rely on the strong points of your own character.
5. Be enthusiastic. People will often remember your passion for an issue more than what you say.
6. Look at the interviewer when talking with him or her. If there is an audience, look at them.
7. You don't have to know the answers to all the questions.
8. Don't allow yourself to become defensive or angry.
9. Ask the producer what you should wear.
10. Sit up straight and lean forward slightly.

Soundbites

When you have only a few seconds in front of a microphone or in a meeting, you need to use memorable phrases or soundbites that will stay with your audience long after you have left.

The best soundbites get to the heart of the problem without lengthy qualified explanations. Broadcast producers can't resist them, and listeners and viewers remember them.

The soundbite should capture and communicate the one key idea you want to leave with the audience, if they remember nothing else. Try to repeat the soundbite at least once during an interview with the media.

10 TB soundbites

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

Mobilizing others

Successful advocates recognize the importance of forming alliances and coalitions with other organizations and individuals to amplify their message. The more people deliver the same message, the more difficult it will be for policy-makers to ignore it. Mobilize community organizations, religious leaders and various levels of government.

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

Advocates use several different ways to communicate to important audiences. Sometimes they discretely approach people and build relationships behind-the-scenes. At other times they use the media and public forum, to encourage community leaders to take the necessary action.

When communicating with key audiences, find common ground. Persistence is also important in social mobilization efforts. Change is a slow process that requires commitment and long-term planning.

Building coalitions

The more people, community groups, NGOs, organizations, religious organizations, schools, governments, political parties, agencies and corporations support a cause, the more influential that cause will be. We can redouble our efforts with the extra resources, expertise, leverage and energy that coalitions bring. Broad and active alliances will also attract political and media interest:

- Strengthen links, share information, resources, ideas and work together on advocacy initiatives.
- Maximize communication using e-mail and the Internet: place TB-related stories, press releases, reports etc. on the Web; use e-mail to promote messages and events.
- Organize advocacy workshops and conduct joint media relations work with other NGOs representing risk groups such as children, refugees, people who are HIV-positive, women, labourers and prisoners.

Writing letters to government officials

Your letter to a government official will often be read and is a good way to introduce yourself and raise an issue.

Letters to officials

- Keep it concise and focus on a single issue.
- Make your argument in a well-reasoned way and support it with relevant data, statistics and powerful real-life stories.
- Be clear about what you want.
- Ask for a specific action - a visit to a successful DOTS project; a presentation a hearing; an allocation of funds.
- Be positive and conciliatory in your first communication and avoid harsh criticism.
- Request information about the official's ability to respond; it may be that you need to be referred to somebody else.
- Request a direct response and follow up the letter with a telephone call.

[See also sample letters at the end of this module]

Organizing meetings

Prepare carefully for meetings and take relevant material and, if appropriate, colleagues. If possible, arrange to hold the meeting at your place of work. A tour which demonstrates the issues you are addressing and brings them to life may be more effective than sitting across a desk. A powerful way to affect a minister for example is to arrange for him/her to visit the field; this also provides excellent material for the media.

If you are meeting a government official, research the position of different government agencies and ministries on your issue, their funding patterns, who are the key decision-makers and how they relate to other ministries and agencies. Every government includes people with different priorities, interests and views. Research the bias and concerns of various government representatives so that you can target them accordingly.

Officials may have a lot to learn about your issue in order to share your position. Communicate a simple, powerful message quickly and effectively. You may have less time than you expected, or be interrupted, so **always make the most important points first.**

Developing grassroots advocacy campaigns

A campaign to raise awareness among the general public should highlight a burning issue, excite, impassion, move and energize the audience and give them the opportunity to help the situation.

Make people feel they can make a difference. Make them feel part of a campaign or strategy and keep them informed of developments.

Give people something to do

- Fill in a form and send it off
- Write a letter to a government official
- Add their name to a petition
- Volunteer to help your work
- Raise funds
- Join a member organization

10 ways to involve new coalition partners

- Prepare a code of conduct signed by NGOs and corporations.
- Draft letters to the editor with multiple signatories.
- Hold a joint news conference.
- Hold a joint photo opportunity.
- Prepare a joint report.
- Host regular 'brown bag' information sharing meetings.
- Invite others to participate in meetings or to speak at conferences.
- Invite others to serve on an advisory board on special issues.
- Give annual awards to organizations active in controlling TB.
- Use e-mail to frequently update others on new developments.

10 ways to raise funds for TB

- Compile a book of poems, stories and songs by famous people who have died of TB, and sell as a fund-raiser.
- Sell tickets for a concert featuring music by famous composers who died of TB.
- Encourage the involvement of corporate sponsors. For example, it should be in the interests of the insurance industry to improve TB control.
- Ask religious groups to collect money the week of World TB Day.
- Place "DOTS Donation Boxes" all around, so private citizens can help fight TB with their own money.
- Involve schools and local community groups in annual events.
- Organize community businesses to sponsor specific awareness campaigns.
- Use sports events announcements to ask participants to make donations when leaving the stadium. For example, if this stadium represented the world, xxx of you would die of TB this year. Please help by ...
- Approach airlines to run public information films and ask for donations.
- Ask film distributors to donate preview night proceeds to TB, especially if film has link with TB or features music by composer who died from TB.

10 steps to interesting and involving policy-makers

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

10 principles for successful coalitions

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

Additional model texts for TB advocacy

World TB Day

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

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

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

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

Sample 'Op-Ed' article

Tuberculosis is a major public health problem in Bangladesh

By Dr A. K. Md. Ahsan Ali

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

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

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

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

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

TB control is one of the most cost-effective strategies available to protect our health. The same public money spent on a surgery can save hundreds of lives from TB. The World Health Organization declared TB a global emergency in 1993. In Bangladesh, a national TB Control Pro-

gramme under the Directorate of Health Services has been intensified since 1991-2, through Fourth Population and Health, with the project Further Development of Tuberculosis and Leprosy Control Services.

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

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

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

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

(From the **Bangladesh Times**, Sunday 24 March 1996)

Sample Letters to the Editor

1. DON'T MINIMIZE TB THREAT

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

Although it was portrayed as an isolated incident, the recent tuberculosis scare at Clarkwood Day Care ("100 children at day care tested for tuberculosis", date of publication) should be a reminder that this disease continues to threaten public health in the United States. TB is not just a major killer of the past; it continues to be the No. 1 infectious killer world-wide, ahead of all other infectious diseases, including AIDS. Although there is an effective and widely available cure, 3 million people die from TB every year - 8,000 per day.

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

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

Celine Grounder

Project Manager

Princeton Project 55 Tuberculosis Initiative

2. TREATING TB

(Appeared in *The Independent*, 15 December 1997)

Sir:

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

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

The World Health Organization's new DOTS strategy (Directly Observed Treatment, Short-course) has been achieving success rates of up to 93 percent. The world needs to get behind this, quickly.

Bill Linton
RESULTS UK

Ideas for TB campaigns

1. Encourage thousands of people to mail items representing TB or DOTS to government officials to encourage them to support the DOTS strategy.
2. Compile a list of people cured from TB with the DOTS strategy and think of ways to use this list as a petition, advertisement or display.
3. Declare TB free zones.
4. Declare TB hot zones.
5. Develop a visual symbol for TB similar to the red ribbon, which has come to symbolize AIDS.
6. Give "certificates of approval" to private physicians who use all five elements of the DOTS strategy in treating their patients.
7. Have a celebrity present "certificates of completion" to patients completing their treatment.
8. Present petitions to politicians.
9. Have a celebrity spear-head a global attack on TB.

Useful TB web sites

WHO Global TB Programme

http://www.who.ch/programmes/gtb/GTB_Homepage.html

<http://www.who.ch/gtb>

TBNet

<http://www.south-asia.com/ngo-tb/>

International Union Against TB & Lung Disease

<http://www.ifr69.vjf.inserm.fr/~iuatld/IUATLD/iatldhome.shtml>

KNCV (The Royal Netherlands TB Association)

<http://home.pi.net:80/~kncvtbc/rntahp.html>

Surveillance of Tuberculosis in Europe

<http://www.b3e.jussieu.fr:80/ceses/eurotb/eurotb.html>

CDC Division of TB Elimination

<http://www.cdc.gov/nchstp/tb/dtbe.html>

Brown University TB-HIV Research Laboratory

http://www.brown.edu/Research/TB-HIV_Lab/

Stanford Center For Tuberculosis Research

<http://molepi.stanford.edu/>

Case Western Reserve University TB Research Unit

<http://www.cwru.edu/affil/tbru/tbru.html>

<http://www.homepage.holowww.com/x1t.htm>

Tuberculosis and Airborne Diseases Weekly

<http://members.aol.com/tbidc/Links.html> #Journals

New Jersey Medical School National TB Center

<http://www.umdnj.edu/ntbc/>

Putting health advocacy at centre stage:

Case study of Horsens, Denmark¹

Horsens began the Healthy Cities movement in 1987 along with 11 other European cities who were pioneers of the original pilot project. Today, 1200 cities are involved.

A first important local decision was to develop a communications strategy for a Healthy City dialogue with the citizens. The local press sentenced the idea to death, branding its workers 'health apostles'.

A major aim of the communications strategy was to generate information and to put the issue of prevention and health promotion in the centre of the public debate. Mass media would be key to our success. The way forward was to provide evidence of citizen-led activities, supported by the staff in the newly established Healthy City Shop.

Our target was to stimulate a citizen's movement around the WHO policy Health for All. The Healthy City Shop began to attract visitors - citizens organised self-help-groups; they established an environmental centre; they investigated the tremendous loss of medical resources; they created a city health profile.

These first successful steps won credibility and respect among citizens and helped to put prevention/health promotion at the centre of the public debate - and at the top of the political agenda. After 12 years the shop is 'inhabited' by 400 citizens a week, organising between them around 40 parallel activities. They are no longer solely from a well-educated middle-class. This credibility has encouraged managers from private companies, executives and the unemployed, the retired and drug-addicts to apply their energies to improving public health.

Fight the apathetic lifestyle!

The Healthy City Shop & Resource Centre became a way of generating a more spontaneous democracy, parallel to the one run by politicians and civil servants. The major obstacle to health development is not alcohol, drugs and cigarette abuse, but the apathy and lifestyle of citizens. If you believe that development from above is the only way, there is absolutely nothing you can do except please yourself, while everything gets worse.

¹By Flemming Holm, Manager of the Healthy City Shop & Resource Centre, Horsens

Through our daily work in the shop we gathered practical evidence that citizen participation makes a radical difference. Citizens have identified the directions that are important to them - and we have supported them.

Through our communications strategy we encouraged them to tell their stories to the press, rather than speaking for them. This urban voice gave our Healthy City activities a high degree of credibility. Our daily target is to generate the shortest possible distance between idea and action.

One other element in our initial communications strategy proved essential. To stimulate the citizens' movement, we wanted to activate our local, regional and national artists - musicians, actors and painters - to provide colourful communication for the many.

The artists all responded positively. They made free posters, composed songs around the themes of our projects, made 'tableaux' and 'happenings' in the streets, in the supermarkets, at the post-office and the bingo-hall. They also created more traditional plays on stage and now continue their activities under the banner Horsens Health Theatre.

The citizens began to feel an ownership of the Healthy City vision and its work. But sometimes they want to go further than our local authority is able to go. Or they just want to move faster. One of their demands was for a joint department of Health & Environment. This is difficult to provide because of professional jealousy between these sectors of public administration. We are now trying to bring them together.

After 12 years of work Horsens was designated a WHO Collaborating Centre for Healthy Cities training which is helping to introduce the Healthy City concept to the newly independent states.

References:

Aksan Ali, Dr A.K.Md. "TB is a major public health problem in Bangladesh".

Bobo, K. **Organizing for Social Change**, Seven Locks Press (Washington 1991).

Grounder, Celine. **The Cleveland Plain Dealer**, 19 December 1997.

Holm, Flemming, Manager, Healthy City Shop and Resource Centre, Horsens. Denmark.

Linton, Bill. **The Independent**, 15 December 1997.

