



Workshop on Planning Communication for Tuberculosis Control in the Americas: Summary Report



(Cochabamba, Bolivia, 6–7 October 2005; prepared by Silvio Waisbord,
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Participants

Mirtha del Granado (Regional Advisor on Tuberculosis, PAHO/WHO., Washington, DC), Alfonso Gumucio (Communication for Social Change Consortium / CFSC), Mario Mosquera (Universidad del Norte, Colombia), Mónica Petracci (Center for Studies on State and Society / *Centro de Estudios del Estado y Sociedad* / CEDES, Argentina), Estela Roeder (Ministry of Health / *Ministerio de Salud* / MINSA, Peru), y Silvio Waisbord (Academy for Educational Development / AED, Washington, DC). Communicators Ruth Mendoza and Norka Ortuño of the Health Services of the Department of Cochabamba (*Servicio Departamental de Salud de Cochabamba*) also attended.

Abstract

The expert meeting in communication that took place 6–7 October in the city of Cochabamba (Bolivia) provided a venue not only for bringing together specialized consultants but also for forming a regional working group to continuously advise PAHO on the use of communication for tuberculosis control. This group agreed to harmonize its activities with the global group on *Advocacy for Communication and Social Mobilization* (ACSM) that already has put forth a platform containing its main principles and a timetable for the next few years. This Global Plan, which should be approved by mid- October 2005, will serve as a guide for coordinating similar efforts in the region of Latin America and the Caribbean.

The specific recommendations of the Cochabamba workshop aim to work towards participating in the design of strategies and communication plans for all the countries of the Region. These recommendations fall within a mid-to long-term framework of a strategic vision of the problem, in contrast with the proliferation of sporadic activities and the current spread of insubstantial materials.

The regional group on *Advocacy for Communication and Social Mobilization* (ACSM) analyzed with concern the lack of personnel specialized in strategic communication, as well as the lack of an adequate budget in the country offices (both the ministries and PAHO), and recommended strengthening those entities so that they can appropriately follow up on the strategies and plans to be implemented. The profile of the communicator with strategic vision was defined during the discussion, as well as a minimum percentage ranging from 5% to 15% of the National Tuberculosis Programs (NTPs) devoted to communication.

The recommendations should be implemented in the countries with support from the PAHO Regional Program on Tuberculosis (TB) located at PAHO Headquarters in Washington, DC.

Objectives

- Form a group of consultants to provide technical assistance in planning communication for the National Tuberculosis Programs (NTPs).
- Reach agreements on the terms and principles of communication.
- Define criteria and work operations.

Description of Activities

The consultants invited are experts in communication and development who have vast work experience in various subjects related to health both in their country and in the Region.

The first day was devoted to reviewing aspects of the *TB Control Program* of in the Americas and communication activities at both the global and regional levels. On the second day, the group discussed aspects of planning communication, visited a TAES/DOTS center, and prepared recommendations.

In her presentation, Dr. del Granado explained the epidemiological aspects of tuberculosis, the situation of the TAES/DOTS programs in the Americas, obstacles and facilitating factors for early detection and completion of treatment, and the state of the countries *vis-à-vis* financial resources from the Global Fund. Among the most important challenges, noteworthy is delayed diagnosis and non-diagnosis of patients, abandonment of treatment (which increases chances for transmission and multi-drug resistance), the age distribution of TB (mainly among the youthful population), and differences in programs among countries in relation to epidemiological criteria and the development of the TAES/DOTS program. The information provided was very useful to familiarize participants with basic aspects of the disease as well as the status of the programs at both national and regional levels.

Dr. Waisbord presented various aspects of communication programs associated with TB control. He presented a summary of the draft *Global Plan* discussed at the meeting of the *Advocacy for Communication and Social Mobilization* (ACSM) subgroup in September in Mexico City. Afterwards, there was a discussion on the structure of the *Stop TB Partnership*, specific programs (incentives programs and experiences in community interventions in the Americas). Next, Dr. Waisbord presented the *from Cough to Cure* model developed by personnel from the Academy for the Educational Development (AED) together with members of the ACSM unit of the *Stop TB Partnership*.

In the last two sessions of the first day, the group discussed the status of communication activity in the countries of the Region. Lic. Estela Roeder presented a summary on the status of communication programs in Peru. Subsequently, the group discussed the experiences of various NTPs, including Bolivia and Mexico.

During the second day, the group dealt with aspects of the communication plans. There was a discussion on the need to have diagnoses of the situation to enable the design strategies and communication plans, different methodologies for carrying out diagnoses, the need to involve different sectors and actors in the design of strategies and plans, and ways to institutionalize communication plans based on data and participatory schemes.

Next, the group visited a hospital-based program in Cochabamba. There they had the opportunity to speak with the staff in charge of the program (director, laboratory chief, nurse) and with a patient on the different aspects of the program. The visit was very useful in that it made it possible for the group to have direct contact with the way the program worked, to review registries, and to understand difficulties with specific populations in urban and rural environments.

In the afternoon session, the participants reviewed components of the communication plan, including work with priority populations (both primary and secondary), the way in which messages and materials are designed, the selection of communication channels, strategic options based on the challenges faced by the programs at the national and provincial levels, and monitoring and evaluation. Furthermore, they discussed the need for having adequate human resources, for both the design and implementation of the plan.

Recommendations

Following the technical discussions on aspects communication planning, the participants discussed recommendations for the future work of the ACSM programs at the national level as of an Advisory Group for Strategic Communication at regional level.

The proposed recommendations are for program activities within ACSM, opportunities for discussion on courses of action to strengthen ACSM programs, and operational mechanisms for the Advisory Group.

I. ACSM Program Activities

1. **Plan and hold workshops to design strategies and national plans involving different actors.**

Possible participants would include National TB Programs, Ministries of Health, the Pan American Health Organization, institutions receiving grants from the Global Fund, patients' associations, and other relevant actors from the civil society (third sector). These workshops could be held at subregional level for the purpose of maximizing resources and promoting exchange of experiences among national programs. This recommendation is based on the need to achieve broad social involvement and to maximize local resources, both human and financial. This would help increase the sustainability of communication activities and reduce the impact of frequent personnel turnover that affects activity completion.

2. **ACSM strategies and plans should be the result of participatory processes involving State agencies, civil society, universities, and bilateral and multilateral international organizations working in the area of tuberculosis.**

This recommendation is based on experiences that suggest that broad involvement and participation on the part of various actors who contribute special knowledge and resources will contribute to the sustainability of health programs.

3. Communication objectives should be adjusted to the objectives proposed in the Global Plan 2 of the ACSM Working Group from the STOP TB Partnership.

This recommendation coincides with the recommendations of the ACSM Global Group to plan and carry out sustainable activities that are based on NTP objectives as well as on communication diagnoses performed on specific populations.

4. Address ACSM programs with mid- and long-term strategies that are not limited to sporadic activities.

This recommendation is based on the fact that ACSM activities are not habitually involved in long-term plans, are not duly coordinated with the strategic needs of the NTP, and do not take into account the barriers that hinder access on the part of different populations to diagnosis and completion of treatment.

5. Require that the position of NTP communicator makes it mandatory for the professional in charge to have the following specific skills: strategic thinking, experience in managing communication plans, and the ability to negotiate coordination tasks and responsibilities with different actors. Furthermore, the position should be ranked within the structure of the NTP so that communicators participate in the process of discussion and decision-making on administrative and financing strategies.

This recommendation is based on the fact that communicators have important skills for the successful performance of their assigned tasks but tend to lack the ability to plan and manage activities and are not sufficiently empowered to have sufficient information on government processes, policies, and budgets to facilitate their work.

6. According to what is recommended in the ACSM Global Plan, assign and implement between 5% and 15% of the NTP budget for communication activities.

This recommendation is based on the fact that the ACSM components in the NTP do not tend to have sufficient resources to contract adequate personnel and plan activities according to strategic requirements.

7. Plan and carry out monitoring and evaluation of communication objectives that are linked to NTP objectives and are not limited to process indicators for communication activities.

This recommendation is based on the scarcity of data to demonstrate the impact of ACSM activities and its contributions to the general NTP objectives.

8. Involve agencies receiving resources from the Global Fund with the NTP and third-sector institutions (civil society) to coordinating the design and implementation of the communication strategy.

This recommendation is based on the fact that funds earmarked for communication in countries receiving resources from the Global Fund have not been disbursed according to established timetables in the strategic sense laid out in ACSM plans.

9. Explore the possibility of counting on ACSM professionals within the Pan American Health Organization to support the continuity and coordination of the work done by the Advisory Group for Strategic Communication. An internship could be established for young communicators who might act as focal points in coordinating Group tasks at regional level and maintain contact with activities at global level.

This recommendation is based on fact that PAHO does not have a professional specifically assigned to communication tasks for TB control who might help out with the growing volume of work at subregional and national levels, coupled with the fact that the majority of communication professionals within PAHO and the Ministries of Health tends to be wholly occupied with press and public-relations tasks of press and public relations that make it difficult to work on coordinating strategic communication aimed at health programs.

II. Opportunities for Discussion on Courses of Action to Strengthen ACSM Programs

- 1.** Meeting of communicators from the Ministries of Health of the Americas in Lima in December 2005.
- 2.** Future meetings with the Ministries of Health and NTP Heads.

III. Operational Mechanisms for the Advisory Group

The participants discussed ideas for establishing operational mechanisms to maximize support to the NTP from the Advisory Group for Strategic Communication. It was suggested that the group

- 1.** Have among its main function that of providing technical assistance, following up on the components of the NTP communication plans, collecting and sharing experiences and methodologies, defining strategic guidelines, and obtaining a consensus on objectives as well as process and impact indicators.
- 2.** Be expanded by involving professionals experienced in strategic communication of the countries of the Region.
- 3.** Form and maintain a virtual network to ensure frequent communication.
- 4.** Hold one or two meetings annually to present and discuss activities and results.
- 5.** Have standard terms of reference to be utilized working with the NTPs