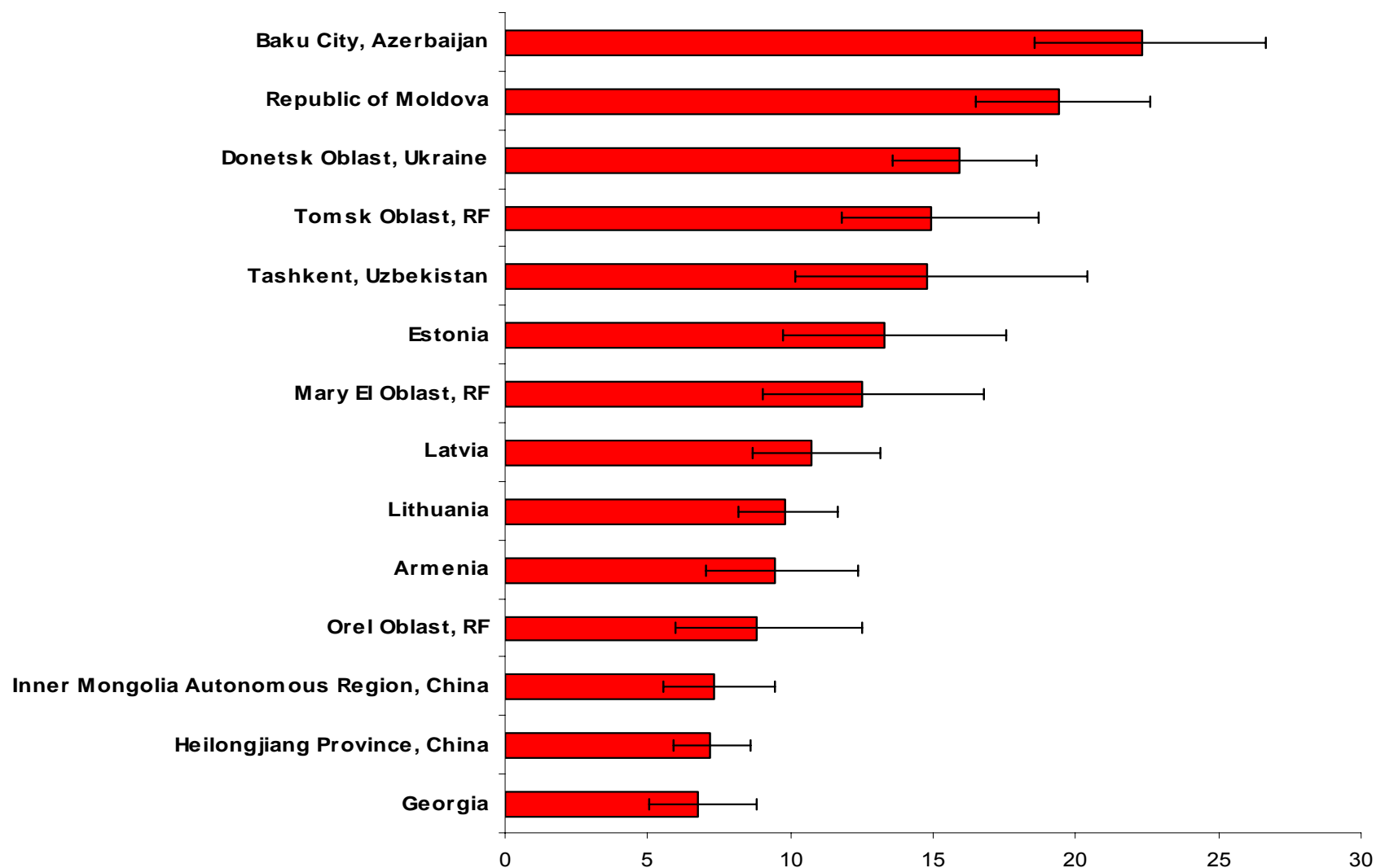


TB/HIV Policy Monitoring
& Advocacy
from Community
Perspective

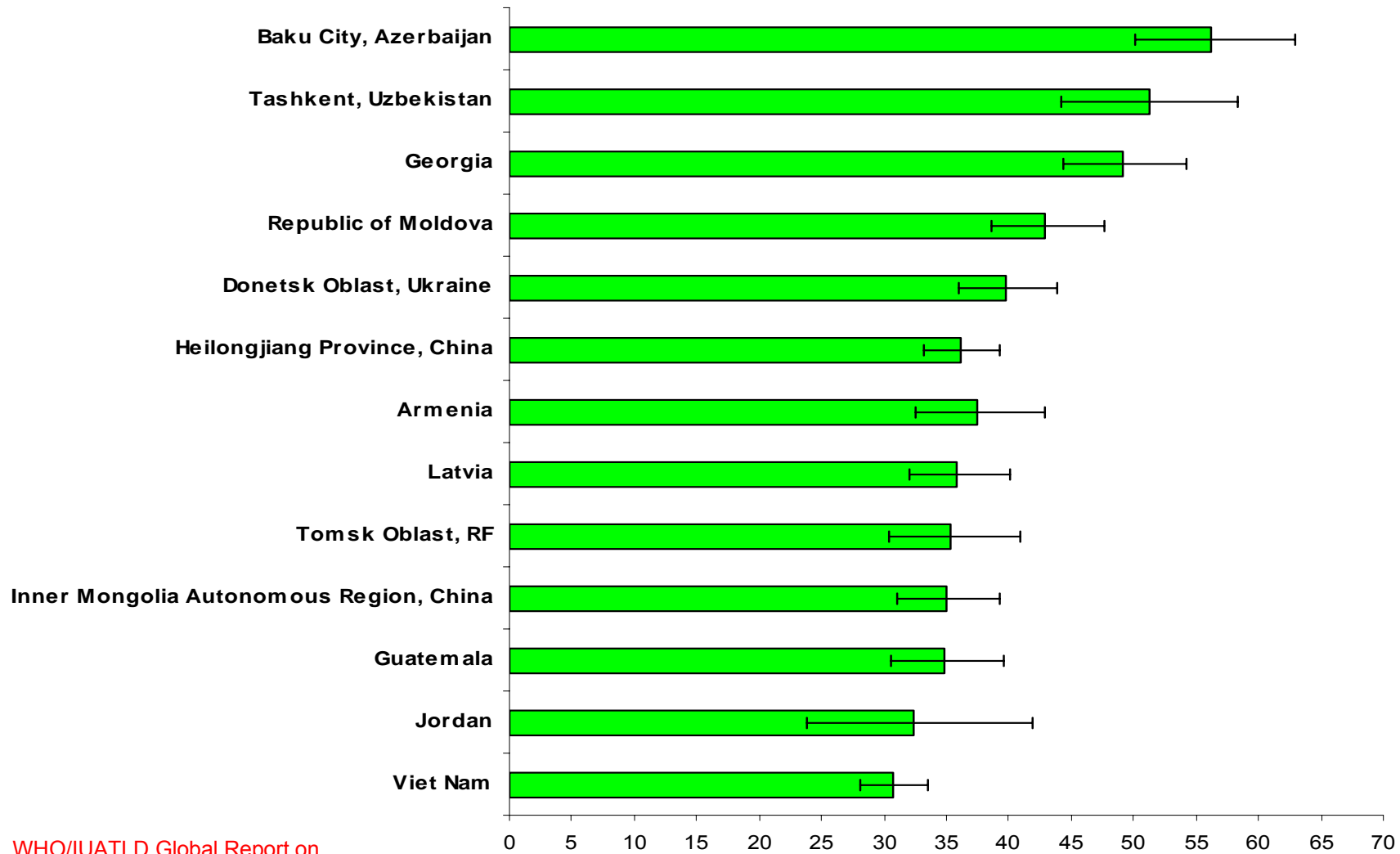
Tamari Trapaidze,
Welfare Foundation, Georgia
19 October 2008

- Georgia a country in Eastern Europe with a high prevalence of TB infection and relatively low prevalence of HIV/AIDS (with adult HIV prevalence 0.2%, WHO 2006)
- Tuberculosis is one of the leading causes of morbidity in Georgia. TB – previously considered as “disease that belongs to history”, has reached dramatic figures during the last two decades.

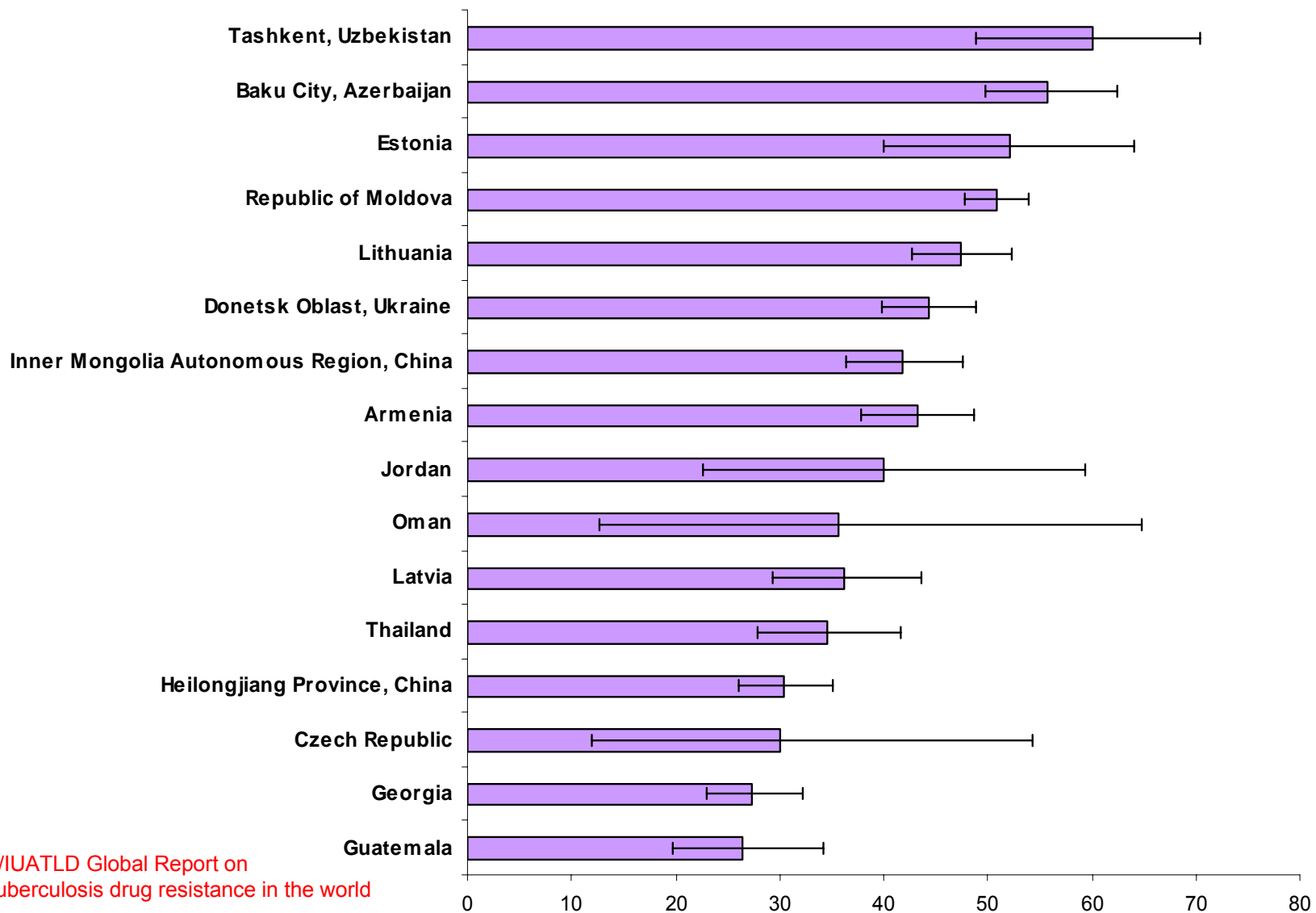
14 settings with $\geq 6\%$ MDR-TB among new cases 2002-2007



13 settings with >30% resistance to any TB drug among new cases 2002-2007



16 settings with $\geq 25\%$ MDR-TB among previously treated cases 2002-2007



Community Research/Monitoring

In 2006, NGOs from 12 countries, including Georgia, were given funding and training from Public Health Watch/OSI and TAG to conduct a monitoring and advocacy project to assess the extent of TB/HIV collaborative activities in the respective countries.

Project mission

To increase civil society engagement in policymaking efforts around the adoption and implementation of WHO collaborative TB/HIV activities.

Two phases – Monitoring followed with
Advocacy

Monitoring phase key-findings:

- TB/HIV collaborative activities in Georgia are improving slowly but progressively, however practical collaboration still very little;
- No meaningful involvement of people affected/infected with these two diseases
- No data submission to National TB and HIV bodies being requested from the private medical sector (labs, doctors);
- Lack of Government's accountability towards public in general, and in health sector in particular: lack of transparency;
- Limited employment opportunities for the people with HIV/AIDS;
- Poor public awareness about the TB/HIV co infection issue (even specifically about TB and HIV);
- **TB drugs (all 1-st line and some 2-nd) being sold prescription-free in pharmacies; no effective regulations prohibiting selling TB (as well as other) antibiotics;**

Advocacy Target

To secure new policy guidelines against the availability of prescription free TB antibiotics in Georgia.

Objectives

- To raise awareness and secure support from civil society (NGOs, affected communities, CBOs, Media);
- To gain support from health care providers of TB and HIV/AIDS services to convince the authorities;
- To engage in dialogue with decision makers from the MoLHSA about the consequences of accessing prescription free TB antibiotics.

Target audience

- Primary target audience: Policy makers (decision makers) from the MoLHSA, Parliamentary health committee;
- Secondary target audiences: TB and HIV health care providers; affected communities with TB and HIV/AIDS; Civil society organizations.

Key Advocacy Interventions

- **Overall Problem Analysis** (Identifying goals and objectives, defining key messages, identify key targets, allies and partners, Influencing opportunities, tactics – media, campaigning);
- **Treatment literacy** - booklets highlighting importance of adherence to treatment course (especially antibiotics) without interruptions and negative effects of irrational use of antibiotics;
- **Patient Charter on tuberculosis** (about patients' rights and responsibilities) translated, published and widely disseminated among affected communities.
- Development of strong, persuasive materials (reports, bulletins, advocacy documents) to present research;
- Expert panel meetings with health care providers of TB and HIV/AIDS services;
- Roundtable working meetings with representatives of the MoLHSA and Parliamentary health committee.

Advocacy conference

- To create a platform for “TB support team” having TB champions as a role models, to reduce stigma related to TB;
- As well as served an important tool to bringing together all stakeholders related to TB;
- To present analytical paper describing “best-practices” of countries which once faced problem of prescription-free antibiotics (with special emphasize on TB antibiotics) and how they overcome it; also monitoring phase results and discuss key-findings discussed;
- To increase political support for TB and TB/HIV on national level to ensure that TB is in their agenda;
- Jointly discuss necessary steps for moving to adoption of the most appropriate way of restriction availability of TB antibiotics (letter prepared for the MoLHSA and follow up...)

Lessons learned

- Direct experience has real value – increases capacity of communities at the same time effective services can't be designed without input from people who will be using them;
- Citizen monitors are independent – can say things that bureaucrats can't say
- Importance of establishing credibility through familiarizing ourselves with technical vocabulary/concepts;
- Importance of striking constructive tone (acknowledging progress/positive steps as well as weaknesses; development and follow up with recommendations) - constructive critique leads to better, more efficient and effective policies and services;
- Importance of convincing arguments and proposition of solution of the problem;
- Public engagement contributes to greater governmental accountability

LASTING CHANGE

=

credible arguments
sufficiently broad and intense support
convinced decision makers

+

an infrastructure/capacity that sustains change

+

mass attitudes and beliefs that also sustain
change (and sometimes
are the change)

Thank you!

Three approaches to advocacy

Advocacy can be done...

For

With

By

those affected by the situation.