



**Exchange market for partnering initiatives to stop TB at country level -  
13 November 2010, 9.00-10.30, Community Lounge (Room 30)**

This informal session for focal points of current partnering initiatives to stop TB aimed at: 1) sharing experiences in exploring and building a partnering initiative to stop TB at country level; 2) discussing any challenge the focal points had faced during the past year and finding possible solutions in a participatory way.

Elisabetta Minelli, Stop TB Partnership, invited the participants to discuss and share their experiences around the following questions. For the first point,

- Why was the partnership established in the first place? What was the major problem that you wanted to address by establishing a partnering initiative?
- Has the partnership responded to this problem? Has it added any value? Has it worked?
- If it has worked, could you tell us how you set it up? What were the main steps?
- Are the partners still motivated? If yes, what has maintained this motivation?
- Anything you would like to highlight!

For the second point,

- What has been your main challenge in facilitating your partnership?
- What can you say about the relationship between the NTP and the partnership? Is the partnership working in collaboration with the NTP?
- Are the partners implementing a national TB plan which was shared and agreed? If not, why?
- Has the partnership involved inclusively partners from the civil society and the business sector? Was it easy? Was it difficult? Why?
- Anything you would like to share!

**Partnership for Tuberculosis Care and Control, India (Subrat Mohanty, The Union)**

- The partnership has been of great help in bringing partners together, especially civil society organizations, and have them talking about their efforts/activities for TB care and control. The interest to have a common platform came from the civil society especially in relation to the application to the Global Fund Round 8. Today The Partnership is a member in the National Coordination committee for the Global Fund Round 9 TB.
- The interest from the programme came driven by the willingness of avoiding a vertical programme with no involvement of other actors besides the RNTCP. As of now, the RNTCP sits in the steering committee of the partnership. The programme has endorsed this partnership and given it a mandate on Advocacy,

Communication and Social Mobilization and Public-Private mix. The Partnership is providing recommendations into the RNTCP Phase 3 planning.

- One of the advantages of having a partnership in place is that information (related to TB, training and available resources), field experiences, are shared transparently with all partners on a regular basis.
- Challenges are: involvement of private/corporate sector; monitoring and evaluation to measure activity e.g. whether patients are referred by NGOs and private sector reported in the Lab; reporting format; maintaining partners involvement (e.g. letter of commitment to be re-signed after two years).

### **Stop TB Swaziland (Kefas Samson, WHO Swaziland)**

- Swaziland was facing the highest burden of TB and HIV. Government and civil society organizations knew about this, but the programme was very weak. A WHO mission visited Swaziland and acknowledged that 2/3 of services were provided by the private sector (profit and non-profit), while there was not programme in Swaziland able to face the TB and HIV challenge. There was the urgent need to build a programme, in order to bring providers together and address service delivery gaps.
- Partners were brought together to discuss the objectives in 2007. The first exercise the partners did was a resource mapping to identify who is doing what and where. After that, the steps have been agreeing on a strategic plan shared with all partners, setting up a steering committee and negotiating a partnership framework. Today the partnership is a semi-independent entity managed by the partners.
- The advantages are multiple. The NTP recognized partners were doing a lot, but individual consultations between NTP and partners were time consuming and not very effective. Now the NTP manager can focus on what the NTP is supposed to do - coordinating and planning -, while other partners concentrate on other priorities. This has resulted in more discussion between NTP and partners, and less talking behind the back. In addition, the partnership has helped the partners mobilize additional resources through the Global Fund. As a result, the TB outcomes - default rate and treatment outcomes - have improved.
- The private sector for profit is represented permanently on the partnership through a focal point.
- WHO country office has been very crucial in negotiating between NTP and partners, acting as an unbiased person - neutral party.
- The government commitment is high, from the Deputy Prime Minister to the Ministry of Health.
- Partners are still motivated, and more partners came in to participate in the development process of Global Fund proposals. It is an inclusive partnership with clear rules of engagement. For example, the application of partners has to be supported by two other partners.

### **Stop TB Italia (Alice Corinaldi)**

- It is registered as an independent entity (ONLUS). It is financed by private donors, and some funds are mobilized with our activities.
- Stop TB Italia fights against the misconception that TB is a disease of the past. The main activities relate to advocacy and communications to raise awareness. Such activities include working with artists and music.
- A survey on TB knowledge was conducted some time ago, and Stop TB Italia is planning to conduct a new one, in order to measure the impact of its action.
- Stop TB Italia also supports a project in South Africa (Gugulethu).
- There are two main challenges: no staff fully dedicated to it; funding.

### **Stop TB Partnership (Giuliano Gargioni, Stop TB Partnership)**

- The added value of a partnering initiative at country level is that all NGOs are called to be on the same page by looking at a common shared plan. In this process, government are called to support an NGO that is working where there are no public services available. It is possible to build on what each one can do, and start with what is out there.
- National partnerships in high income countries probably need to face challenges that are different from low and middle income countries. A recurrent issue could be, for example, the burden of TB in immigrants. Clearly the epidemiology in these countries is different. However, government services are not always available, and it would be appropriate to map the organizations that are taking care of TB patients outside the public facilities.
- It might be difficult to move outside the paradigm of NTP/partnership fight, but it has to be clear that both have the same goal. There should be a unity of intents. A recognition of the differences of each partner and the roles/positions that each partner can play by providing different advantages. The dialogue should be based on different roles and functions.

### **Stop TB Kenya (Grace Gitonga, KAPTLD)**

- Stop TB Kenya was pre-launched in August 2010.
- The reason for its creation was to harness the efforts of NGOs and government. There were lots of NGOs but no coordination. Therefore, the aim was to bring everybody on board and have a shared vision and goal: a TB free Kenya.
- The Kenya Association for the Prevention of Tuberculosis and Lung Diseases (KAPTLD) provides secretariat support to the partnership.
- Challenges are: TB transmission in work places, and therefore the need to lobby with corporate sectors to address TB control; immigrants coming from neighbouring countries (Somalia, Sudan).
- The partnership has started with advocating for TB and lobbying with a wide range of partners. We bring stories from TB communities: patients and former patients. TB is usually presented as a disease of the poor. But we are showing that TB is a problem for everyone.

### **Nigeria Stop TB Partnership (Haruna Adamu, WHO Nigeria)**

- The partnership was initiated by the national TB programme as a platform for all TB stakeholders including civil society organizations in order to streamline all contributions in TB control.
- The partnership was first launched by the Minister of Health and a protem executive committee was inaugurated. WHO was given the role of steering the affairs of the partnership in the interim period as a secretariat.
- Thereafter, perhaps due to inadequate work in the exploration stage, the partnership began to experience challenges such as lack of proper understanding of its vision and shared common goal, lack of clarity of its role as a partner supporting the NTP and inadequate knowledge on the roadmap for a partnering process.
- It was against this background that the NTP called for a Stop TB Partnership mission. Following this mission, the partnership has retraced its steps from the beginning. We realized we missed out on the partnering process, and that we should have a national plan and the partnership should contribute to that. Therefore, the partnership was invited to be part of the national plan development. We started identifying a list of partners, and we have collected what they have been doing (33 NGOs). We will be able to map Nigeria in 6 zones.

- Now it is clear that the partnership work is going to be contributing to the NTP plan, and people have agreed to work together.

#### **Stop TB Ghana (Austin Obiefuna, Afro Global Alliance)**

- It is extremely important that the national TB programme manager is clear on what s/he wants from the partnership and prepares a concept paper. Partners have to be involved in this process, as partnership cannot be imposed on partners.
- In Ghana the purpose of the NTP was to reach out to NGOs.
- After having harnessed the efforts of all NGOs, the NTP is now trying to bring in the business sector.
- It is important to be systematic: one step at a time, while frequent change of leadership is a problem.

#### **Stop TB Partnership Korea (Kang-Hee Kim)**

- The Republic of Korea has a plan for eradication of TB by 2030. The national partnership was established for helping implementing this plan.
- It was set up as an independent foundation with a secretariat. The first meeting of all partners happened in December last year.
- As of now, partners are mostly from the medical world, such as the Korea Centre for Disease Control and the Korean National TB Association.

## **Participants**

Austin Obiefuna, Stop TB Ghana

Subrat Mohanty, Partnership for Tuberculosis Care and Control, India  
Darivianca Laloo, Partnership for Tuberculosis Care and Control, India

Grace Gitonga, Stop TB Kenya  
Emily Nyagaki, Stop TB Kenya

Kang-Hee Kim, Stop TB Partnership Korea

Alice Corinaldi, Stop TB Italia  
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