

## Stop TB Ghana

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### Value added of the partnering initiative

- **Why was the partnering initiative established? What was the major problem that you wanted to address by establishing a partnering initiative?**

One handicap to the control of some communicable disease and non-communicable disease conditions is the general public attitude that these are health problems which be dealt with entirely or mainly by health service. But in reality these disease have become social problems which require inter-sector action by different public sector services as well as the private community sector. TB is a global disease that needs global intervention. The public sector is overwhelmed and lacks enough human resources to provide health care which has created a huge gap not only in TB health care but also in communication and social mobilization. TB Stigma and discrimination happens to be one of the problems that the partnership seeks to address since TB is associated with superstition and negative beliefs which hinder people with symptoms from accessing treatment.

- **How has the partnering initiative responded to that problem? In what way has the situation changed? What has been the value added for different partners and for TB patients?**

The partnership works as the communication arm of the National TB Programme, implementing virtually all the ACSM components in the National TB plan and coordinating the activities of the NGOs working in TB. Involving traditional authorities and their communities in TB advocacy, prevention and control has created a huge social mobilization around the disease in the communities which happens to be a niche the partnership has created for itself in addressing TB stigma and discrimination. The traditional leaders are the custodians of culture and they play fatherly roles in the communities including abolition of ancestral practices which were based on superstitious believes. TB happens to be one of these diseases associated with superstition and negative believes which hinder people with symptoms from accessing

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treatment due to stigma. TB stigma is no longer a hindrance or barrier to accessing treatment in most areas and this initiative has built the capacities of the traditional authorities and their communities to engage in strong TB advocacy.

- **Do you think the partnering initiative has worked so far?**
- **If it has worked well, why? How have you set it up? What process have you used? What were the main steps?**
- **If it has not worked that well, why? What do you think has hindered your efforts? Would you try it again, and why? How would you revitalize it?**

Yes, the Ghana partnership so far has worked well even without funding the partners are very committed to work together. The good thing is that Global Fund highlighted the involvement of the Chiefs in TB control as a major success in the round 5 implementation and with the approval of TB round 10 for Ghana; the Stop TB Partnership Ghana will have enough resources to replicate this programme throughout the country and also built capacities of its partners.

The Ghana partnership was started in 2005 by Afro Global alliance Ghana (AGA), following discussions with Dr Frank Bonsu, the Programme Manager of the national TB control programme in 2006, the GSPT was invited to co-host the partnership with Afro Global Alliance. AGA started by mobilizing partners to support the vision of the partnership of a TB free Ghana and by sharing one platform to ensure uniformity in all interventions. However, Ghana partnership a civil society driven partnership with more NGOs as partners. Presently, the partnership is in the process of adopting new constitution because of the enormous growth and expansion of the partnership activities.

- **Who among the following stakeholders – national TB programme, civil society (faith based organizations, non-governmental organizations, community based organizations) and the private/business sector – is involved? In what way?**

The National TB Programme plays a very instrumental role in supporting the partnership existence till date and they are very much involved in the activities of the partnership. The partnership is civil-society-driven with over 150 NGOs and CBOs as partners. Presently there no major business or private sector involvement apart from private laboratories but there are prospects of involving businesses in the partnership.

- **What does each partner perceive as an advantage of being in the partnering initiative? What sustains their commitment? If partners are not engaged, what are you planning to do to attract and maintain their interest?**

The partnership presents a platform for administrative and management synergies for its partners and has a proven capacity-building advantage for “smaller NGOs” and CBOs who are part of the partnership. This is one thing that has sustained the commitment of the partners. The partnership does not implement, but rather is a source of funding for its partners. It disburses funds to the partners and monitors implementation.

**Building the partnering initiative**

- **What have been some of your challenges in bringing the various stakeholders together in a partnering initiative?**

The challenges has been the resources in terms of funds to mobilize the stakeholders but the NTP recognizing the power of partnership and the value added contribution, supported the start-up of the partnership especially resources for mobilization. However, the Global Fund TB round 10 provides more hope for the Ghana partnership.

- **Have partners done a mapping/inventory of the resources (financial, technical, human, in-kind) that each can contribute to the implementation of the national TB plan and in which area of the country? If yes, could you share your plan showing various roles and responsibilities and highlighting possible remaining gaps?**

I will say yes and no because the NTP has a record of all the Stop TB Partnership Ghana and their capacities but the partnership is in the process of doing a more all inclusive mapping exercise to reassess the capacities of its partners and their readiness to implement the round 10 Global Fund. Once this process is finalized, we will share it.

- **Have the partners jointly mobilized resources to implement a shared national TB plan? What type of resources have they mobilized (financial, technical, human, in-kind)? How did this process work?**

Yes, the round 10 Global Fund. The partnership is represented on the Global Fund Country Coordinating Mechanism (CCM) Ghana and it supports all funds of proposal development by providing concept paper for partner implementation.

- **Which national TB plan activities are the partners contributing to?**

Partners are contributing by engaging and involving communities in TB prevention and control, addressing stigma and discrimination to reduce the barriers to accessing treatment, ensuring quality DOTS and its expansion, ACSM to increase case detection and prevent treatment defaults and also to support the full implementation of the Stop TB Strategies.

- **How have partners organized their work? Do they regularly meet? What structure has been chosen (if this has been formalized)?**

Due to lack of resources, it has been very difficult for partners to just regularly meet however meetings are organized from time to time. The executive board does regularly meet as at when there are urgent issues to discuss emergency meetings are called by the National Coordinator. The new constitution does have lots of these spelt out because for the first time the partnership is going to have full time paid staff to run the

secretariat with directives from the executive board and the general assembly. This information will be provided once the constitution is adopted.

### Thinking through and taking stock

- **Which stakeholders of society do you see as essential or ideal members to a partnering initiative, if you want to effectively address TB in your country context (please answer this independently of whether these stakeholders are currently partners of your initiative)?**

The NGOs are key because they have the capacities of reaching the unreached populations and also the traditional authorities who are the custodians of culture with power of helping to de-stigmatize the disease. The traditional healers, the prayer camps and the businesses are other very important members or stakeholders.

- **What do you think the major outcomes of the partnering initiative are? In what way the partnering initiative has benefited the work of the partners? What do you think could be strengthened/improved?**

The important thing is that the partners understand the power of partnership which is building synergy to address common objectives and this has been the success story of the partnership. However, a lot more need to be done in terms of building the capacities of the partners to think globally and act locally. Again, with the Global Fund round 10, things will strengthen up and capacities will be built.

- **Do you have any example you would like to share about occasions (implementation of activities of national TB plan) in which having a partnering initiative in place has made a difference?**

The involvement of traditional authorities and their communities in TB advocacy, prevention and control has addressed the Stop TB Strategy of empowering people with TB and communities through partnership. The partnership has built the capacity of the Chiefs and their communities to engage in strong TB advocacy which has been a gap. And also through the activities of its partners they also pursue high-quality DOTS expansion and enhancement.

### **How do you think the Stop TB Partnership could support your partnering initiative?**

The key support will be for continuous sharing of information on what works in the form of good practices and think of carving out a small budget for national partnerships to cover some administrative overheads when there is no funding for the partnership programme. Technical assistance is also welcome, when necessary, especially in the development of a proposal.

- Anything else you would like to highlight?!

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The Global partnership should work towards creating a pool of consultants in partnering process to help countries in the establishment of national partnerships to fight TB because it is a very good initiative that will add value to a programmes plan.