

Partnering initiatives at country level: proposed partnering process to build a national stop tuberculosis (TB) partnership

Contents

1. Background.....	1
2. What is a national stop TB partnership?	1
3. Why to establish a national stop TB partnership?	2
4. Who can lead the process to establish a national stop TB partnership?	3
5. How does the partnering process work?	3
6. What should be considered when costing the partnering process?	5

1. Background

Tuberculosis (TB) kills nearly two million people every year - 5000 every day - mainly in the poorest communities in the developing world. It afflicts millions more. About one third of the world's population is infected with TB - that is, they have a latent TB infection that may later cause disease to develop. Nearly nine million new cases are estimated to develop every year.

The fifth component of the Stop TB Strategy aims at empowering people with TB, and communities through partnership. Partnership is an innovative way to engage in TB control, by taking into account the competencies and comparative advantages of actors that come from different sectors of society and play a role at the level where they can perform better and more effectively.

The nature of these partnerships is voluntary and necessarily country-specific, expressing typical cultural and organizational diversity. Depending on the local situation, countries might decide to initiate a partnering initiative to contribute to the fight to stop tuberculosis (hereinafter referred to as national stop TB partnership). Local partners will be deciding whether such an initiative would have any added value for TB prevention, care and control or it would be more appropriate to continue with a simple coordination of activities, as it might be already in place in some countries. This approach is based on the fact that national challenges require a national response.

Once this initiative is taken, it is important the focal point be in touch with the Secretariat of the Global Stop TB Partnership, as its staff could provide technical assistance on the proposed partnering process based on good practices developed in other countries. Information can be found on the website on national stop TB partnerships available at: <http://www.stoptb.org/countries/partnerships/>.

2. What is a national stop TB partnership?

- A national stop TB partnership is a voluntary alliance between organizations drawn from different sectors of society (government, civil society and private/corporate sector) who commit to work collaboratively towards TB prevention, care and control, in which all partners contribute from their core competencies, share risks and responsibilities and benefit by achieving their own, each others and the overall goal.

- It aims at strengthening the prevention, care and control of tuberculosis in a given country towards the targets of the Global Plan to Stop TB¹, in close collaboration with the national TB control programme (NTP) and with the support, if needed, of the Global Stop TB Partnership Secretariat. Civil society/private/corporate sector actors will be equal and independent partners, and work within the framework of the national TB plan.
- A national stop TB partnership can contribute to the implementation of the national plan to control TB by harnessing the contribution of all relevant stakeholders. For this reason, its main focus is decided by its partners on a case by case basis and it can vary depending on the country context. Current examples range from the Canadian partnership focusing on advocacy and resource mobilization to Stop TB Swaziland focusing on coordination of service delivery

3. Why to establish a national stop TB partnership²?

The operational challenges of TB control and the social aspects of the disease demand a joint effort of institutions, civil society and private/corporate sectors. While governments are responsible for ensuring services reach the people in need, different actors (civil society and private/corporate sector) are often involved in TB prevention, care and control. In this situation, governments could recognize and support as part of the public system other actors that institutionally do not belong to the state ("public function of private initiative").

The benefits of establishing a national stop TB partnership may vary and occur at different stages or simultaneously. They include:

1. Coordination and a common strategy. Partners agree to work towards a vision and the achievement of a common goal. The partnership offers a forum where partners exchange information, discuss and negotiate one shared goal and a correspondent shared strategy. In this way, partnerships facilitate the coordination and synergy of work usually done in parallel by different organizations and, therefore, avoid duplication of effort and waste of time and resources.
2. Multi-sectoral participation. Partners from different sectors of society (public, private/corporate, civil society) and with different backgrounds (medical doctors, social scientists, community workers, business managers, etc.) are involved. Each partner could contribute to the partnership and the achievement of the common goal according to its specific role and competence. In this way, partnerships introduce a new and innovative way of working across different sectors of the society, including a need to discuss and compare different approaches and find a consensus on the most appropriate one. Within a partnership, partners would reciprocally respect their identity, and competition would give way to efforts to maximize synergies and complementarities.
3. Increased resources. Partners bring to the partnership the full range of technical, human, knowledge, physical and network resources found within all sectors. In this way, partnerships go beyond the conception of financial resources as sole type of resources.

¹ Stop TB Partnership and World Health Organization. Global Plan to Stop TB 2006-2015. Geneva, World Health Organization, 2006 (WHO/HTM/STB/2006.35) available at <http://www.stoptb.org/globalplan/>.

² For more information on the rationale and benefits of national partnerships: The power of partnerships. Geneva, World Health Organization, 2003 (WHO/HTM/STB/2003.24) available at http://www.stoptb.org/resource_center/assets/documents/WHO-HTM-STB-2003.24-PocketG-2colorsfin.pdf.

4. Pro-active leadership. Within a partnership, the leadership function can be attributed to different partners depending on the skills and competencies required by the actions undertaken. The leadership is divided among the partners, and representation of all constituencies is ultimately maintained.
5. Social capital. There is a value in partnership that goes beyond the value of its operational return. This value is based on the dialogue and collaboration established during the partnering process and documented by joint efforts/activities that strengthen social solidarity and contribute to the common good of the society³.
6. Social change. By a way of involving different stakeholders of TB control, partnership is an agent of social change. Involving partners from the civil society could, for example, help the empowerment of people affected by TB and their communities as well as communications and service delivery in remote areas and disadvantaged groups. In this way, partnerships promote a holistic and a participatory approach to health development.

4. Who can lead the process to establish a national stop TB partnership?

The **initial partners** of a national stop TB partnership are organizations, working at country level, that promote the partnering process. The initial partners act as broker/facilitator of the partnering process or hire an external broker/facilitator for this task.

Initial partners may involve:

- Institutions: National TB Programme and WHO, including the Stop TB Partnership Secretariat.
- Other actors involved/interested in the fight against TB: nongovernmental organizations, private/corporate sector, community based organizations, faith based organizations.

The first stakeholders to join the initial partners in their effort form the **core group of interested partners**. This group meets regularly to spearhead the partnering process and produce the basic documents to be circulated among the wider group of partners.

5. How does the partnering process work?

The partnering process is a dynamic process based on three continuously evolving components: partnership exploration, building and maintenance.

Before starting with the partnering process, the initial partners should make sure that the following **prerequisites** are clearly established:

- Initial partners are committed to work in close coordination with the national TB programme and the national TB programme is willing to be involved in a partnering process.
- The objectives of the national TB plan provide the basis to establish collaboration with various partners.
- Pre-existing forms of collaboration/coordination are identified, and if existing, contacted and involved (Interagency Coordination Committee - ICC, Country Coordinating Mechanism - CCM, National TBTEAM⁴, Public-Private Mix Group⁵). In some countries,

³ See note 3.

⁴ For more information on the National TBTEAM, you can consult: http://www.stoptb.org/countries/tbteam/assets/documents/National_TBTEAM_TOR_5nov.pdf

⁵ For more information Public-Private Mix Group, you can consult: http://whqlibdoc.who.int/hq/2006/WHO_HTM_TB_2006.360_eng.pdf

existing forms of collaboration might already function as a national stop TB partnership, as described in this concept paper. In this case, there would not be the need to initiate an additional partnering initiative. Representation of all relevant stakeholders in an inclusive way and sharing of a common plan and resources should be the main criteria.

The **partnership exploration** component includes:

1. building a common vision. The initial partners identify the needs, challenges, resources and opportunities and discuss whether a national partnership could address these issues. It is important that a clear added value of the partnership is defined, especially in comparison with the work carried out by each partner alone or by any other collaboration mechanism. ([see tool 1: SWOT analysis](#)).
2. identifying and starting a dialogue with all relevant partners. The initial partners contact the relevant partners, start the dialogue and explore complementarities and synergies. It is important that the dialogue touches the planned objectives and activities, as well as the motivation and commitment of the partners. At this point, the core group of interested partners is generally formed. ([see tool 2: identification of relevant partners](#)).
3. mapping resources. The core group of interested partners identifies technical, human, logistics and financial resources already committed by the various partners to TB prevention, care and control. This exercise leads to map out who does what, where and with what resources. The matching of the results of this exercise with the national TB plan may lead to the identification of specific roles and responsibilities that each partner will assume in different geographic areas based on respective competences. This exercise also highlights gaps and constraints, and facilitate the identification of challenges to be addressed. ([see tool 3: resource mapping](#))

The partnership exploration component may usefully include holding an **exploratory workshop**. The outcome of the workshop would be:

- a common vision and clear added value
- a core group of interested partners
- a resource map

The **partnership building** component includes:

1. jointly preparing an operational plan. The core group of interested partners jointly prepares an operational plan of the major products and activities that the partnership could carry out, including the role and responsibilities of each partner. The operational plan could be useful to identify gaps which can be addressed either by one of the partner or through the mobilization of domestic resources or by applying to an international funding mechanism. Such funding proposal often provides the opportunity to include the costs for the core functions of the national stop TB partnership secretariat. The Core Group should develop the operational plan considering the existing national TB policy, strategy and plan and proposals for funding to the Global Fund. ([see tool 4: planning components and tools](#)).
2. agreeing on a partnering agreement. The core group of interested partners agrees on a partnering agreement (terms of reference) including the core principles, goals and objectives and the role and responsibilities of each partner. The operational plan will be an annex of the partnering agreement. ([see tool 5: possible components of partnering agreement](#)).

3. designing a governance structure. The core group of interested partners designs a governance structure functional to the achievement of the agreed goals and objectives. The governance structure will be a part of the partnering agreement. Once the partnership is in place, a dedicated **secretariat** should be established to follow the day-to-day operation of the partnership and facilitate the implementation of the decisions taken by the governing bodies. ([see tool 6: governance structure](#))

As an outcome of the partnership building component, the core group of interested partners develops and circulates to the wider group of partners for comments and suggestions the following **documents**:

- Draft operational plan;
- Draft partnering agreement;
- Draft governance structure.

In consultation with the wider group of partners, the core group finalizes these drafts that become the basic documents of the national stop TB partnership. These documents are evolving tools that can be revisited any time the partnership goes through a transition phase.

At this point, partners might organize a formal **launch** of the partnership with the aim to advocate for the prevention, care and control of tuberculosis and the work of the national stop TB partnership. In order for the partnership to have a visual identity at the time of the launch, the partners also agree on a branding for the national stop TB partnership.

The **partnership maintenance** component relates to the implementation of the activities for which the partnership has been established. It includes:

1. implementing the agreed joint activities. The finalization of the partnering agreement and the operational plan, including securing the resources needed, paves the way to the implementation of activities agreed upon in the areas of advocacy, communications and social mobilization and service delivery.
2. monitoring and evaluation. Activities will be duly monitored and evaluated for effectiveness and impact (outputs and outcomes) through the indicators outlined in the operational plan. These should take into account the indicators of the national TB plan.
3. reviewing. The outputs and outcomes of the partnering processes will be periodically reviewed and partners should take any necessary corrective action.
4. institutionalizing. If the review of the partnership is positive, the last step is the institutionalization of the partnership, in order to guarantee its sustainability. If the review is negative, the partnership should take an exit-strategy or a transition strategy. ([see tool 7: exit or transition strategy](#)).

6. What should be considered when costing the partnering process?

The main cost centers for the partnering process are identified as follows:

1. during the exploration component:
 - a. exploratory workshop to build a common vision, identify a core group of interested partners and map resources.
2. during the building component:

- a. the production of the basic documents of the national stop TB partnership, including hiring consultants for the specific areas of expertise (if not available among the partners);
 - b. the establishment of a secretariat (executive secretary/coordinator, administrative assistant, office);
 - c. the formal launch of the national stop TB partnership, including the development of the branding for the national stop TB partnership.
3. during the maintenance component:
- a. the meetings of the governing bodies;
 - b. the implementation of the activities agreed in the operational plan;
 - c. the monitoring and evaluation of activities;
 - d. the institutionalization of the national stop TB partnership.

The costs may be covered using the following mechanisms:

1. In-kind or cash contributions from the partners;
2. Resource mobilization strategy at country level (e.g. targeting corporate/business sector or network of supporters);
3. Inclusion of partnering process and partnership operation in proposals submitted to Global Health Initiatives.