

Network of national stop TB partnerships

Cancun, Mexico, 2 December 2009

Introduction (A. Obiefuna, Stop TB Ghana, Chair, Network)

A. Obiefuna introduced the meeting and asked participants to introduce themselves. The list of participants is attached. E. Minelli continued with introducing the scope and objectives of the meeting. She clarified that the network is a spontaneous (self-owned) initiative taken by national Stop TB partnerships to exchange information and share good practices and lessons learned on their partnering experiences. The work of the Secretariat was to support the partnering process initiated in countries as well as the network as long as this promotes and sustains partnering initiatives. It was mentioned that the network is not an end in itself. A. Fanning presented the history of the network which was initiated by Stop TB Canada to listen to experiences of other national stop TB partnerships. Sudan, Italy and Indonesia met for the first time to share their respective activities at the World Lung Conference in 2004.

Vision for the network (J. Kawuma, Stop TB Uganda)

A. Obiefuna introduced the role of the network and clarified that, while action happened at country level, the network could be a useful tool to share experiences at the regional and global level. The value added is that it would allow communications from national partnership to national partnership without the involvement of the Secretariat. E. Minelli presented the support of the Stop TB Partnership Secretariat to national stop TB partnerships:

- a directory of contact details of focal points of national partnerships to allow communications and share of information;
- a web site on the partnering process to showcase current experiences from national partnerships;
- a Google Group to facilitate discussion among national partnerships.

Experiences from national stop TB partnerships (A. Fanning, University of Alberta)

Participants were asked the following questions:

1. Can you say that some sort of process has been followed to set up a partnership in your country? Is this process similar to the one described in the document "National Stop Tuberculosis (TB) Partnership" - attached? In which stage is the national partnership at this moment?
2. What opportunities does the national partnership offer to TB control in your country? If not yet built, what opportunities can you foresee for the future?
3. What challenges does the national partnership in your country face? How are you dealing with these difficulties? Under this question, discussion on the following topics could be raised:
 - a. Financial constraints - Link with business sector
 - b. Link with NTP
 - c. Indigenous population
 - d. Prisons
 - e. HIV/TB and MDRTB
 - f. Migrants
4. How do you think the Global Stop TB Partnership could help you in making the national partnership in your country more effective?

Brazil (E. Santos-Filho) - Parceria Brasileira Contra a Tuberculose

- Created in 2004
- Today it is composed of more than 80 organizations, run by civil society and funded by the government
- Organizations come from 8 different sectors: government, health care, academia, NGO technical assistance, NGO activists, faith based organizations, bilateral organizations, industry
- AIDS activist in the social movement for AIDS since 1988. Helped creating the TB movement in 2002. In the last 7 years, the TB world has undergone a huge revolution.
- The partnership promotes interchange or help partners around the table to work towards TB goals
- Network has not helped much, but the Stop TB Partnership helped to shape the partnership. Still the network could be helpful to learn from each other.

Ghana (A. Obiefuna) - Stop TB Ghana

- The process to build Stop TB Ghana started in 2005 and the launch was in 2007
- It is composed of 150 organizational members, civil society led, although some partners are from the private sector (laboratory)
- NTP strongly supports the partnership. Both NTP and WHO sit in the Coordinating Board of the partnership.
- Activities are both related to ACSM and service delivery
- Stop TB Ghana contributed to develop the national strategic plan and the Global Fund proposal
- Stop TB Ghana is represented on CCM and is a Global Fund recipient
- Problem with sustainable funding because GF proposal not approved
- Trying to learn how to engage businesses for strategic funding
- Network did not contribute so much, but Google Group will be helpful to share experiences

India (S. Mohanty) - Partnership for TB Care and Control

- The process started in 2008 around May-June with the idea to convene all civil society organizations to develop a Global Fund proposal for round 8
- When round 8 did not pass through, USAID decided to start supporting some of the activities. One activity was to support the secretariat of this partnering initiative.
- Creation of a steering committee of 9 members representing different constituencies with 3 standing invitees: NTP, WHO, The Union
- Secretariat based at The Union which can provide technical support. Regular communications with partners is a challenge - newsletter
- National partners meeting in Delhi and the Stop TB Partnership joined the meeting
- NTP bought the idea of the partnership and is currently involved
- Maintain partners' identity that come from different organizations
- Learning process: started with a memorandum of understanding and then a letter of commitment (30 signed letters of commitment); drafted a mission and vision statement; launched a website; running a mapping exercise.
- Funding is an issue- Engaging partners through financial support for TB programme at community, district and state level has been a challenge

Indonesia (Y. Anandita) - Gerdunas TB Indonesia

NTP

- Founded in 1999

- NTP was initiator with some initial partners
- 70 partners (NGOs, FBOs, CBOs, Professional Association, Patient Group, International Organizations)
- Used to have annual meeting, but now quarterly meeting, as half of members are sub recipients of the Global Fund and there is the need for more coordination
- NTP in the process to try to share responsibility with partners. Partners start taking the lead and sometimes funding is shared.
- Funding sources: national (Gerdunas recommended to become national commission for health to get its own budget for this forum) and Global Fund
- Involvement of Ministry for Social Welfare, Human Resource and Justice.

KNCV Indonesia (J. Sugiharto)

- Part of Indonesia TB partnership forum
- Through TBCAP project – funded by USAID, KNCV provide technical and financial support to local NGOs to take part in the TB partnership forum in coordination with NTP.

Nigeria (H. Adamu) - Stop TB Nigeria

- Launched by Honourable Minister of Health in April 2009 with many partners present, including Stop TB Partnership HQ Geneva.
- 3 components: national protem executive committee (16 members from WHO, NTBLCP, USAID, academia, private sector, civil society organization, affected communities, ILEP, NIMR, STBLCOs and NASCP to represent various interest groups: north and south); 5 working groups including TB/HIV, DOTS expansion, resource mobilization, MDR-TB, ACSM; general assembly (about 43 member organizations)
- Key achievements:
 - Operational plan. Strategic plan with clear objectives and strategies on how to achieve these objectives. Responsibilities are allocated to partners to implement the activities.
 - Constitution
 - Website
 - Engagement of the media
- Future plans
 - In collaboration with NTP, the partnership is organizing a national TB conference in March 2010 and preparing to host the TB Conference for African region in 2011
 - Resource mobilization for the partnership - GF Round 9 included the national partnership.
 - Activities related to training: MSH - interested in training of academia working on TB as they are not in line with NTP; training for chest physicians in two states
 - Important to consider decentralization of partnership to the state level

Uganda (J. Kawuma) - Uganda Stop TB Partnership

- Launched in 2004 by President
- Initially funded through ISAC: if the partnership was not in place, there would have not been any possibility to access funding
- 17 members to 30 members. People who would like to join the partnership do so just for the sake of accessing funding. Learnt to be careful when admitting new members.
- Supported by WHO from the beginning, hosted by WHO from its launch till now. Started to look at other options to have a legal status.

- Establishing legal status is a challenge. Now a constitution of the partnership as an NGO is available, but need to be endorsed by the founder members. Difficulties with international NGOs because they are not local and would need to consult with respective headquarters. Local organizations will be the signatories, supported by WHO and NTP. International NGOs especially those enrolled at the time of launching are included in the constitution as “associate members”. Uganda Stop TB Partnership will become a legal entity by next World TB Day.
- NTP part of the partnership. Present chair of the partnership is the NTP Manager, but the situation poses challenges of difficulty in dividing loyalties.
- Establishing a forum for sharing information was key to the partnering process. Many people dealing with TB in the country did not know what was happening. Opening up this meeting to all partners was very useful.
- Working groups tailored after Stop TB working groups with own terms of reference
- Existing website with structure
- The Uganda Stop TB Partnership functioned as a pressure group for revision of the community based strategy in the country
- ACSM working group has worked on ACSM plan of NTP
- Revision of NTP operational guidelines is in progress with money and human resources available through partners
- World TB Day. Act beyond World TB Day is a challenge. Trying to have activities before and after the World TB Day.
- Special Envoy expected to visit Uganda this week
- Engaging business and corporate sector remains a challenge. The Uganda stop TB Partnership did not take full advantage of the support provided at the beginning by the Global Stop TB Partnership and World Economic Forum. The timing for the support may not have been optimal.

Swaziland (K. Samson) - Stop TB Swaziland

- Best wishes from NTP manager
- Partnering process started in 2007 from the need of both public (clear need from NTP because of high incidence of TB and HIV as well as outbreak of drug resistance TB) and private sector for profit and not for profit (need for coordination)
- Recommendation made to strengthen collaboration. Mapping of resources was conducted.
- Several consultations happened: first one was to identify all potential partners and agree on the need for coordination and common vision/goal; second was to develop the structure and framework agreement
- Global Fund proposal for Round 8 was approved and included the partnership: executive secretary and one secretary
- General Assembly, coordinating committee, secretariat under authority of coordinating committee and working groups. There are also ex-officio members: NTP, WHO, PEPFAR.
- Launched in March 2009 by Deputy Prime Minister. Framework agreement was cleared by Ministry of Health and WHO.
- Government accorded to Ministry of Health, Education, Agriculture and Water & Sanitation the status of 'Sectors'. This means adopting a holistic approach and looking at health beyond the public sector. For example, the Ministry of Health can include in its plans budget costs to support implementation carried out by the private care providers.
- Semi-autonomous partnership. Government and partners had interest in the partnership. Partners want to be independent and government want to be

involved. Partnership will support the NTP and NTP will seat as ex-officio (no voting rights).

- Need to maintain identities: faith based organizations and nongovernmental organizations want to maintain their identities
- Officers will start working in January (when Global Fund money disbursed)
- Questioning whether this organization as it is can mobilize funds externally and be a future recipient for the Global Fund. Government as only principal recipient at present
- Acknowledge support from Stop TB Partnership

EMRO Stop TB Partnership (A. Seita)

- Launched in May 2008
- Aim is to raise money from rich countries and assist countries to establish national partnerships
- 8 countries have a national partnership
- 5 activities: established to help NTP:
 - Support to patients (satellites, TV; Afghanistan: Ramadan fund raising)
 - Awareness raising (World TB Day: 1 million march)
 - Moral and political support to NTP (NTP feel encourage if Minister of Health comes)
 - Bridging to other non-traditional partners: ambassadors, Rotary
 - Fund raising: Rania raised funds; and mobilize national resources.

General comment

- Structure of partnerships reflects the health system structure. Reality different from country to country.

Other points of discussion

Indigenous populations

- Recommended that national partnerships in countries where indigenous populations are present should involve their representatives.

Business (S. Puri)

What role could have the business sector in mobilizing in-kind and financial resources to support national partnerships?

Current situation in countries:

- Brazil: Petrobras not doing anything on HIV and TB
- Nigeria: not yet business organizations involved
- Swaziland: not private sector as implementers
- India: representative of industry as member of steering committee
- Uganda: sugar companies employing people many with TB
- EMRO: business sector represented. Afghanistan: pharma industry, Sudan: media, Chamber of Commerce; Jordan: businesses

Ideas:

- Challenge is hesitation from NTP
- Lack of clarity on what we want from them: direct funds or in kind support? More likely in-kind support than having them as donors.
- Many ways companies can contribute: workplace programmes, extend to employees' families. IT/communications companies: free airtime donated to send

sms on World TB Day. Indirect publicity for the company which is recognized as a responsible company.

- What can motivate these companies? What is the value proposition? They are profit-making enterprises. Need to create a business case for them: publicity, connection with public sector. Need to have constant dialogue between public and private sector.
- Need to have simple tools to hand in to CEO when you go to talk to them. A basic brochure with bullet points (what you want from me?), case studies on TB control. Chamber of Commerce can provide you information and contact to businesses you are interested in. First engage them in TB and then in the partnership.
- Will need to adapt depending on major issues in the countries.

A. Fanning

- TB story should be translated into a business case
- Companies want to be associated with successes or being acknowledged by the government

A. Seita

- Visited 4 banks in Oman with NTP. Willing to help.

J. Kawuma

- Need to generate resource locally. Way forward.
- Post office joined the partnership.
- Network to collect sputum samples.

K. Samson

- Need to be organized. Need to be seen by them as you are a trustful organization.
- Approach them from the perspective of social responsibility.
- Need to know exactly what you want and have resources to follow up.
- Airtime for help default tracing. But not yet, as there will be the need for motorbikes to follow up on that,

S. Mohanty

- Eli Lilly joined to become a partner.

W. Kan (EMRO)

- Need a brochure to communicate effectively to business what you want. NTPs not good to identify their problems in front of business. Need to go beyond bureaucratic mind.

S. Puri

- Share a presentation
- Help develop strategy and tools
- Very different pitch from countries

Terms of reference of the network

A brief discussion took place on the need for terms of reference of the network. The current terms of reference were considered not valid and inappropriate for the moment. The participants discussed that, being the network an informal mechanism, there was no need for formal terms of reference at the moment. In general, it was agreed that the mission of the network would be to promote partnering initiatives. A. Obiefuna mentioned that the plan for the AFRO region was to have 20 national partnerships in AFRO by 2010.

Outcomes

- Clarity on the role of the network: sharing of experience at the regional and global level, while action happens at country level.
- Commitment of national stop TB partnership focal points to provide information and tools on the partnering process in their country to the Secretariat, in order to maintain up to date the directory and the web site on national partnerships.
- Commitment of national stop TB partnership focal points to use the Google Group to discuss issues, concerns, successes related to their partnering process experiences.
- Decision that no terms of reference of the network are needed at the moment.
- Willingness to meet more informally next year at The Union conference in Berlin.
- Need to link up with other working groups in the Stop TB Partnership.

List of participants

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