



**Informal session of focal points of national stop TB partnerships -
28 October 2011, 16.30 - 18.00, Lille**

Meeting introduction.

The Symposium "Partnering initiatives to 'Stop TB' at country level: how a partnering approach can help scale up care" held in the morning showed that national partnerships are bringing concrete positive results to TB care and control. While during last year exchange national focal points shared their experiences in exploring and building national partnerships in their countries, this year meeting focused on:

1. **focal points' requests**, collected in the good practices/lessons learned templates, to get some help with:
 - a. monitoring and evaluation of national partnerships
 - b. partnering with the business sector
2. discuss any other **challenge** focal points faced during the past year that they would like to share with the others, so that a possible solution could be found jointly.

Discussion on monitoring and evaluation of national partnerships.

The document on monitoring and evaluation, developed by the Secretariat, was introduced briefly and the following questions asked:

1. Do you think that monitoring and evaluation of the work of the partnership is essential? Why?
2. Which elements of the partnering process (<http://www.stoptb.org/countries/partnerships/process.asp>) you think are key to measure, in order to understand whether the partnership is functional? Do you think any element should be highlighted more? Is anything missing?
3. Is the national partnership receiving Global Fund funds? How have you included the national partnership in the proposal? How do you track grant implementation and report back to the Global Fund?
4. Does any of your partner have a specific competence or experience with monitoring and evaluation of partnerships? If not, have you thought of approaching any institution who could help you with this?

National focal points raised the **following main points**:

- M&E is essential for the life of the partnership, as well as for showing progress to donors and other interested stakeholders.
- Indicators of M&E at the national level will vary based on:
 - Timing: the M&E framework should be closely matched with the partnering process and respect the stages of development of the partnership. As the partnership completes more and more steps in the partnering process, outcome indicators will be added to process indicators.
 - Shared plan: the M&E framework should be built on the operational plan of the partnership. Depending on the goals, objectives and activities of the partnership - based on the country national plan - the indicators will change to reflect the type of partners' activities.
 - Process: process indicators proposed in the framework are very useful to understand whether the partnership is on the right track with its exploration and building processes, what can be improved and how.
 - Context: depending on the country's political, social, economic context, the indicators will change to reflect the local situation.
- The M&E framework should include: 1) process indicators; 2) examples of output/outcome indicators drawn from indicators used to monitor partners' activities by current national partnerships. ***National focal points would be happy to help to draft this section:***
 - E.g.: capacity building type of activity: number of organizations that benefited.
 - E.g.. adherence to treatment: number of patients receiving DOTS through nongovernmental organizations and community based organizations.

***** **Additional notes** *****

- Why M&E is helpful for a partnership?
 - It shows the added value of partnership to the NTP.
 - It allows for the reflection on progress made on the work plan and utilization of funding.
 - It increases the transparency and accountability of the partnership.
 - It allows partners to work more closely together and keep each other up to date on their activities.
- Indicators that could be added:
 - Partners' meetings - how inclusive are they? How many sectors are present?
 - How many organizations benefitted from capacity-building activities provided by the partnership or partners of the partnership?
 - How many patients received DOTS through partners?
 - Outcomes from partners' activities agreed by the partners (this will vary from county to country based on the activities/focus of the national partnership).
 - Various outputs that will be demonstrated in the long-term.
 - Indicators should not be too complicated, for example:

- Is the partnership inclusive?
 - Does it have a legal status or it is recognized formally?
 - Does it have a shared plan?
 - What communications mechanisms are in place?
 - What resources (financial and other) do the partnerships have?
 - Is there a secretariat that regularly takes care of the partnership?
 - What are the opportunities for increased interaction?
 - What is the relationship to the NTP?
- Some challenges / opportunities of M&E?
 - On what level is M&E most effective? It might be helpful to have global M&E for showing the NTP the value-added of partnerships.
 - Network of national partnerships might also decide to have its own goals, objectives, activities and correspondent M&E.
 - M&E will vary from country to country. So will one guide work for all countries? Maybe not, but it could be a starting point and allow countries to design their own.
 - Global guidance from Stop TB Partnership presents an opportunity for capacity-building on M&E and other topics. More support mechanisms and checklists could be developed.

Discussion on partnering with the business sector.

The leaflet on partnering with the business sector, developed by the Secretariat in collaboration with GBC Health, was introduced and the following questions asked:

1. Does your national partnership currently include or plan to include corporate/business sector partners? Please specify.
 2. What are the benefits you see?
 3. What do you think the national partnership can offer to the business sector?
 4. What are the major challenges you face?
 5. Looking at the draft we shared, please give us your feedback. Do you think this could be useful? What type of guidance would you need to engage more with the business sector?
- Current national partnerships have many valuable experiences that could provide lessons learnt / good practices and some new ideas of non-traditional partners that were successfully engaged. The Stop TB Partnership can help by collecting these inputs and posting them to the website, so that other partnerships or prospective partnerships can learn from these experiences. The main point made was the possibility to engage business sector based on their core competences, and not necessarily for their financial contributions. The following examples were reported:
 - Egypt. Experience of working with big corporations for advocacy and health education.
 - India. Eli Lilly is one of the partners and is providing resources for capacity building of other partners through a fund to The Union South East Asia Office being supported by the Secretariat of the Partnership.

- Globally. Experience of working with Kempinski to raise awareness of TB in clients and employees.
- Kenya. NTP has a great experience of working with the private sector, especially with workplace programmes (tea factories) and private practitioners. GBC Health is a partner of Stop TB Kenya, as well as prominent business sector representatives. There is a plan to produce a documentary on working with the business sector that could be used as an advocacy tool.
- UK. Experience with partnering with pharmaceutical company opens up to conflict of interest issues.
- Nigeria. In addition to engaging the business sector based on their core competencies, businesses could also be approached to provide services they already have to TB patients in their immediate communities. For instance, a company with an established hospital or clinic could be partnered to provide TB services as part of their corporate social responsibility to its immediate environs. In this way one is not asking for funds directly from the company. Ashaka Cement PLC in North East Nigeria is already engaged with Gombe State NTP in this regard. Commercial banks in Nigeria are quite influential and present opportunities for partnerships in addition to oil and telecommunications industries.
- Uganda. Experience with POSTA Uganda benefitting from their core competences. Branding and marketing skills (stamps with TB messages produced, distributed and sold) and country coverage from the capital to the peripheries (transportation of sputum specimens to the capital reference laboratory). A try was made to involve a business coalition.
- Ghana. Experience with telecommunications companies.
- EMRO. a) Business sector needs to be approached with their interest in “return on investment” perspective i.e. offering something in value. In case of Pakistan, Mc Donald's got a lot of positive publicity when they got engaged into TB activities. In Sudan, private sector telecom company saw political mileage in engaging with a forum which is patronized by the First Lady of the country. In Jordan, private business sponsored activity of Luis Figo as they saw positive imaging in this. b) We are traditionally reluctant to ask Pharmas for active involvement because of nature of their business. For institutions like WHO, this is understandable. However why not welcoming them in national partnerships? They are eager to fund activities which could justify their sales and address their sense of social responsibility needs. c) Business need to be approached from their “portfolio” perspective and not necessarily cash i.e. a television company could offer free broadcasting space (as it happened in Sudan), Mc Donald's could offer free meals on TB quiz (which they did in Pakistan). d) Traditionally businesses offer partnership opportunities on special events like TB Day like a famous pharmacy offered support on TB Day in Egypt. Developing a package (rather a menu) of engagement opportunities could be very helpful in attracting them

- There is a need for a plan for partnerships to use when engaging with the business sector that clearly identifies what partnerships can offer business sector partners and what the business sector can provide to the partnerships (how to get to a win-win). This will come from further development of the business sector leaflet. ***National focal points are willing to contribute to this work*** with inputs from their own experiences.

Discussion on other experiences and challenges.

This moment was reserved to discuss experiences and any challenge national focal points may be facing at the moment.

- An issue that needs more discussion is on whether a partnership should have a legal status or should remain housed by a partner organization. This especially in relation to the need for resource mobilization, related to Global Fund grants or other donors.
- More communications between partnerships will be helpful - countries with a low-burden of TB are looking to work with countries with a high burden in order to use high-burden countries' stories for lobbying their own governments to focus on TB and low-burden countries may have different things they can offer to high-burden countries in return. This could be a good win-win between partnerships. The Secretariat will facilitate more discussion on webinars / Go2Meeting online sessions. In addition, Stop TB Canada and Ghana are willing to facilitate more communications among national partnerships.
- Presentations at Symposium in Lille will be a good tool for promoting the added-value of partnerships. Need to develop one presentation that includes examples from countries that can be used to show the added value of partnerships to the NTP and other interested stakeholders.

Participants

Stop TB Afghanistan - Salim Rasooli, Akhkar, Habibullah Habib (NTP) and Karam Shah and Ali Akbar (WHO)

Stop TB Canada - Anne Fanning

Stop TB Egypt - Alaa Mukhtar, Essam Elmoghazy

EMRO Partnership - Wasiq Khan

Stop TB Ghana - Austin Obiefuna

Partnership for TB Care and Control, India - Darivianca Laloo

Stop TB Kenya - Grace Gitonga

Korea Stop TB Partnership - Kwan-ho Park

Nigeria Stop TB Partnership - Haruna Adamu

Swaziland Stop TB Partnership - Kefas Samson, Themba Dlamini

Uganda Stop TB Partnership - Joseph Kawuma

UK Coalition - Aparna Barua

Stop TB Partnership Secretariat, Geneva - Giuliano Gargioni, Elisabetta Minelli