



## Informal session of focal points of national stop TB partnerships - Notes 14 November 2012, Kuala Lumpur

- Post 2015 MDG discussion: The role of multi/intersectoral partnerships to tackle social determinants of health and integrated interventions.

How many people already engaged in in-country discussions for post 2015?

- There has been no discussion yet in Afghanistan and India.
  - Nigeria: there has been an effort to engage the government at the federal level. When the health budget was under discussion, the chair of the steering committee went to discuss budget and managed to get more money for next year.
  - Thailand: nothing at this moment since they follow the national strategic plan that ends in 2015. However, they have started gathering partners to think about post 2015.
  - Pakistan: they have not started this consultation post 2015 since they are in the middle of their strategy.
  - European institution level: contribution to the consultation that European Commission started has slowly started.
  - Canada: there has been not that much in terms of UN level discussion, but some civil society have started.
  - UK: there has been lots of general discussions but at very high level.
  - Annick: in France many coalitions have started the discussion on this.
  - There is a UN consultation starting since September and health is one among 9 thematic. Consultations will finish end December. Link to the thematic consultations: [www.worldwewant2015.org](http://www.worldwewant2015.org).
  - David Bryden: USG occupied so there hasn't been a lot of focused conversations. NGOs, in HIV have started, but not a lot of dialogue with the administration so far.
  - Japan: they are still working under a strategy that goes till 2015 and there has not been any discussion yet.
- Presentation from Aparna Barua, UK Coalition and discussion
  - Annick: The SDGs, the System Development Goals, coming from the Rio+20 declarations constitute another opportunity. They are supposed to start after 2013, building from the recommendations of a high level report. It will start at national

level, and not clear how it will run. Just to say there will be broader consultation after September 2013.

- Blessi: focus for national partnerships has to be tied to the ground in the countries and that needs to be reflected at higher level. We need to mobilize all of civil society. While it is a great idea, we cannot do it exclusively. People in the partnership really need to reflect what the realities are. There is great potential, but it depends on how it comes together. Let's keep our targets ambitious. Giuliano should pass the discussions and outcomes but it needs to be a large group of people. I would have liked to see a huge number of people here.
- Swamy: people sitting here can draw a strategy on how representation can be made at high level panel (panel set up by Ban Ki-Moon). STBP should take the lead and rope in other networks. Question is time.
- Karam: taking into account limitations of STBP at country level. Some things are beyond the scope of national partnerships (regarding discussion question 1). Post 2015 framework - we all gave our input. Our job is to complement and support what global TBP wants us to do. Our ambassador is the global STBP. When there are discussion at country level, if countries are asked by whoever, to give some feedback, we should make sure that TB is high on the agenda on the country level. For me, we have to ensure global TBP that we are there at the national level.
- Giuliano: national partnerships can push governments. Instead of being reactive, we are proactive when we have time. When you look at best performing regions, there is an issue, MDR TB, that is not tackled. We stand in position where we have wider perspective than government perspective. As partnerships and alliances at country level that often involve people beyond the health sector, do we have means to show that health is an important determinant in the area of poverty?
- Jenny: if we want global TBP to be there, we need critical mass backing us up. If we go and nobody is behind us, then it is disregarded. What is the channel for the national partnership to influence all this? We bring our voice and our vehicle is the global STBP. National partnership have responsibility to be the driving force and influencing global STBP.
- Subrat: Let's look at how we can utilize the national partnerships first. Let's list out activities we can do. Let's look at what we can realistically do.
- Blessi: we cannot be an extension of the global partnership. this could be one of our roles, but it is not our sole purpose of existence.
- Anne: we're aggrandizing the existing capacity of national partnerships. It would be great if they were that powerful. But until such time as they are, there is a role for some to lead and for some to follow. Not ignoring health but joining hands with others.
- David: we need to have two track strategy.
- Chari Nya: We can develop some key messaging, etc. we can use it as our goals that we want to achieve, but also send it up to the HLP.
- Annick: should do more coalitions with other health networks.

- Fanny: if we don't at least try, it will be our fault. We need to be proactive and talk to all these networks. Why don't we come up with a one pager on the fact we want health on the agenda. Get everyone on board. Why can't we just simply do that?
- Aparna: good to continue the discussion on line, and to come up with global document.

- Presentation from Fanny, TB Europe Coalition and discussion

Founded in 2009. Started with organizations in Western Europe. A lot of HIV NGOs at the beginning. We build capacity of the 100 members to do advocacy. Main goal is to raise political will and resources to fight against TB, as well as to recognize the crucial role of civil society in the fight against TB.

- Resource mobilization for health investment

- Annick: there is a big negotiation going on to ensure that Development has higher budget and that also health and social sectors have high profile in the development budget. EU is also consulting and asking countries to decide which sectors should be prioritized for EU policy development and strategies. This consultation has started in May and supposed to end in September. But nobody was connected and knew about the consultations that were taking place. So we thought we should mobilize all partners. We developed a toolkit on all aspects of EU budget and asked all partners to get in touch with the EU delegation at national level. We sent the toolkit as widely as we could. It is an ongoing process. A tool to strengthen advocacy at national level. The toolkit has 3-pager background that explains process and also a letter to send to the EU delegation. Fanny can send it to the list serv. Important because it's a budget for the 7 years to come. It is key that partners work in coalition.
- India: Indian government told DFID they don't need external assistance.
- Same thing happened to Russia, but advocacy was made and now aid is given directly to NGOs.
- In the European parliament, you have country delegations. Each member has to be in one committee and one country delegation. They have annual exchange. Is there opportunity to produce template letter as introduction to a national partnership, and tell them if they have queries about health in the country, or TB, we would be happy to be source of information. Would EU be open to this? Definitely.
- Giuliano: in TB we have developed dependence in the Global Fund. Now a number of countries are lost because GF is phasing out. Messages like these are really welcome. Healthy message that you need to differentiate the portfolio of donors, and EU can be a major donor. NGOs at national level needs to understand the context and situation of each donor. In Geneva we are few and try to work as a hub. We are a Secretariat . National Partnerships are not peripheral arms of the global partnership. Each country has completely different profile. Partnerships are born out of an effort by people to answer the questions

- they have in their own countries. We can play a useful role in terms of support to what is going on at country level and also work as information hub.
- Aparna: because there is so much information, sometimes hard to process the information. Are there key opportunities in the next 12 months where we can work together? Global Fund's "Here I am" campaign. Is there a way to engage the partnerships? There are opportunities not to reinvent the wheel but get engaged in existing forums.
  - Sevim: need to raise the profile and show the picture, for example the waiting line of diagnosed MDR TB patients who are waiting for drugs to be available. If partnerships could do this, this would help the donor.

## **Participants**

Stop TB Afghanistan - Karam Shah

Stop TB Canada - Anne Fanning

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Stop TB Japan – Noriyo Shimoya

Nigeria Stop TB Partnership - Haruna Adamu

Stop TB Pakistan – Ejaz Qadeer

Thailand Stop TB Partnership – Chawetsan, Jittimanee Suksont

UK Coalition - Aparna Barua

Additional participants: Ahmedov Sevim - USAID, Fanny Voitzwinkler - TB Europe Coalition, David Bryden - Results, Nya Chari – Results Canada, Hara Mihalea – TB consultant, Annik Jeantet – Global Health Advocates

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