SWAZILAND STOP TB PARTNERSHIP

Framework for Partnership Agreement

1. Background :

1.1. General observation on TB problem

TB affects the most economically productive age group. In addition to the resultant suffering and loss of workers' time, TB disrupts work flow, reduces productivity and increases economic burden both on families and the health system.

The problem of TB is compounded by the HIV/AIDS epidemic. TB is the most frequent opportunistic infection of people living with HIV/AIDS as well as the most common cause of death among them. In many countries in sub-Saharan Africa, employers find that TB is one of the commonest HIV-related diseases that affect employees. Early detection and adequate treatment of TB will bring about a significant improvement in the quality of life of PLWHA.

1.2. The WHO targets and tools

In order to have an impact on TB incidence and transmission in any community, it is necessary to detect at least 70% of all estimated cases with smear positive (infectious) pulmonary tuberculosis and to treat successfully at least 85% of them. Whereas the treatment success target has been almost reached, the case detection rate is estimated at 61%. WHO has set as case detection targets to be achieved globally at 65% by 2006 and 78% by 2010.

1.3. A renewed commitment of donor community to fight TB

The first years of the new millennium have seen a significant rise in the interest of donor countries towards the fight against some of the most deadly and disabling diseases in low income countries, as they have been acknowledged to be a major obstacle towards the achievement of poverty eradication. This revived interest, sustained by the availability of highly cost/effective interventions, has materialized in a number of joint initiatives, the most important of them being the Global Fund to fight AIDS, TB and malaria (GFATM). Swaziland is one of the beneficiaries of the GFATM, currently receiving financial support to tackle the three diseases. It is assumed that the commitment of donors will continue unabated for a number of years, thus assuring sustainability to countries' effort in their struggle against the diseases.

However, one major constraint on the way to disease control in Swaziland and in other developing countries is the critical shortage of qualified human resources, often coupled with inappropriate deployment of staff. Inability to secure adequate qualified personnel in key positions of TB control programmes is seriously jeopardizing the chances of achieving the WHO targets.

1.4. TB in Swaziland

An assessment of TB control in Swaziland conducted by WHO and other technical partners in March 2007 has documented huge epidemiological and organizational challenges. Only 42% of the estimated sputum smear positive cases are currently detected and the treatment success of infectious TB patients stands at 51% only, with an estimated incidence of 1,262/100,000 population/yr, the highest TB incidence rate in the world. With 80% TB/HIV co-infection, Swaziland also has the highest levels of co-infection in the world.

Furthermore, multidrug resistant TB (MDR-TB) has made its appearance, raising further concern. The quality of laboratory services, and the scarcity of human resources adequately trained to implement TB control at all levels of the health system and the lack of primary health care services are among the major challenges facing the national health authorities.

According to data from sentinel survey conducted in 2006 in ANC , the HIV prevalence in pregnant women, may be close to 39%. Referring to DHS carried out in 2006/2007, the HIV prevalence is about 18.8% (22.1% for women and 14.9% for men) in general population aged 2 years and more, and 25.9% (31.1% for women and 19.7% for men). This place Swaziland as the country with the highest HIV prevalence in adult population in the world.

In Swaziland, like in many countries of sub-Saharan Africa, Faith-Based Organizations (FBOs), other Non-governmental Organizations (NGOs) and civil-society organizations (CSOs) work side-by-side with government institutions to deliver health services and they often prioritize their interventions towards people affected by HIV/AIDS and tuberculosis who live in the most disadvantaged areas where access to public services is very difficult because of distance or lack of facilities and qualified staff.

Swaziland is one the high burden countries in the world. The National TB Control Programme of the Ministry of Health is responsible for planning, monitoring and evaluation of TB control activities in the country. At the moment, in spite of the strategy of Community Based TB care with Directly Observes treatment (CB-DOTS), the cased detection rate stands at only 60% and the treatment success at around 42 %. About 8000 new TB cases of all forms are detected annually and about half of them are infectious forms.

Swaziland intends to achieve the global targets described above before the end of 2011 While there are sufficient funding opportunities available to TB control programme, the shortage of human resources will affect the country's ability to exploit those opportunities.

2. A National Stop TB Partnership

To maximize the use of available resources in the country, it is essential to look beyond the normal scope of the Ministry of Health. "An integrated primary healthcare approach is the cornerstone of effective health systems" (Dr Margaret Chan, WHO 2007).

In 2007 WHO reviewed more than 100 studies focusing on the role of FBOs in HIV/AIDS care in sub-Saharan Africa. Many findings apply also to NGOs and CBOs.
Some of the key findings include that FBOs cover about **40% of healthcare** and services in Africa alone and the healthcare provided by FBOs should be seen as complementary to the healthcare provided by the public sector.

A government's role is to ensure services are delivered, but this does not imply that direct provision by government is the only route through which services are provided. Governments are already dealing with mixed economies in health: including the work of FBOs in national plans seems a natural step. Each actor reinforces the efforts of the other.

The involvement of FBOs, CSOs, NGOs and communities is not just a form of **decentralization**, but should be based on a **partnership** between health services and society. Their **motivation** is often solidly rooted in and sustained by personal and community values.

The formation of a **National Stop TB Partnership** is one way of mobilizing yet untapped resources, human and material, and to make them available to the TB programme. A **National Partnership to Stop TB** is a coalition of partners, consisting of CBOs, NGOs, FBOs, private sector, individuals and affected communities to support the National TB Programme, in the context of the national priorities and strategic direction for TB prevention and control.

Each partner brings specific expertise, experience and resources and contributes to the expansion of TB control. The added value of the National partnership is the better coordination and creation of a momentum to upgrade the NTCP to become a true national response and invites especially new input from non-traditional partners.

3. Core Principles

The principle of **subsidiarity** provides a concrete direction to the process of partnering between public institutions and FBOs as well CBOs: it states that a higher institution or level of the society should support and promote what a lesser form of social organization can do to contribute to the common good. A sound partnering process is based on a subsidiary approach.

A partnership provides a **new opportunity** to recognize qualities and competencies of each partner and harnessing these for the common good.

Guiding principles, agreed by all partners, are needed to hold them together. Core principles include:

- **Equity**: equal right to be at the table and validation of contributions that are not measurable simply in terms of cash value.
- **Transparency**: openness and honesty for true accountability to partners donors and other stakeholders.
- **Mutual benefit**: all partners are expected to contribute to and all are entitled to benefit from the partnership.

In practice, it is recognized that:

- Governments and international organizations should recognize and support as part of the public system other actors that institutionally do not belong to the state ("**public function of private initiative**").
- Partnership respects identity.
- Partnership makes the most of what each partner can contribute: **synergy and complementarity**.
- Partnering requires a shift towards a paradigm of mutual support and collaboration rather than competition.
- Practicing these principles is a decision of ethical and political nature, which affects the possibility to establish a partnership, its effectiveness and duration over time.

A number of agencies (bilateral) and non governmental organizations in Swaziland both local and international embraced the idea of forming a national partnership with the aim of mounting a unified effort against tuberculosis and complementing the efforts of NTCP to achieve the 2010 targets in the fist place and sustaining control of the disease subsequently.

The following organizations have agreed to make the first core of partners:

- Ministry of Health & Social Welfare (MOHSW/NTCP) - as ex-officio member
- National Emergency Response Council on HIV/AIDS (NERCHA) - as ex-officio member
- World Health Organization (WHO) - as ex-officio member
- PEPFAR
- The Italian Cooperation
- University Research Co.,LLC
- Baylor Centre of Medicine
- Good Shepherd Hospital
- Nuffield Institute of International Health,UK
- Seventh Day Adventist Church
- Anglican Church

- Church Forum
- CANGO
- Caritas
- Nazarene Clinics
- Nazarne HIV/AIDS Task Force
- Sigombeni Red Cross Clinic
- Medicines Sans Frontiers
- Catholic Clinics
- PSI
- Cabrini Sisters
- TASC
- FLAS

4. Operating principles of the partnership:

The Global Stop TB Partnership is an autonomous entity only being hosted by the Ministry of Health and Social Welfare (National TB programme). All partners maintain their own identity and participate in the partnership with the strength of that identity.

In order to avoid that the partnership is just a gathering, it is essential that core governing body and a basic management structure be created. This would be the solid foundation for the partnership and would be the focal point for the coordination and control of its activities.

The Secretariat supports the partnership and assists partners. In order to ensure the appropriate independence of the Secretariat within the host Institution, the Secretariat must have its own funding. Partners may contribute to the functions of the secretariat by means of financial contributions, provision of equipment/infrastructure or secondment of staff.

The national partnership does not replace or overshadow the NTCP but rather provides the supportive framework for all national and international interested parties. The national partnership is established as a result of a process of consultations with potential members and on the basis of the agreed **Terms of Reference (TOR).**

[1] The Global Plan to Stop TB was the initiative of the DOTS Expansion Group of the Global Stop TB Partnership , GFATM, and the Stop TB Department of WHO.

National Partnership to Stop TB

I. DESCRIPTION OF THE STOP TB PARTNERSHIP

1. Name: The partnership shall be known as SWAZILAND STOP TB PARTNERSHIP. (It is herein after referred to as THE PARTNERSHIP) with its own special visual identity.

2. Nature of the Partnership:

The partnership shall operate under the legal status of an independent non-governmental organization under Swaziland laws.

3. Purpose:

The purpose of the partnership is to support a national response to the problem of tuberculosis, of MDRTB and of TB/HIV co-infection, to contribute to reducing the human suffering due to TB and reducing its spread.

4. Objectives:

4.1 To achieve and sustain the NTCP case finding and cure rate targets.

4.2 To provide accurate information about TB, MDRTB and TB/HIV co-infection, and the fight against them..

4.2 To be a platform for coordination of agencies and stakeholders to contribute to the fight against TB, MDRTB and TB/HIV co-infection.

4.3 Maintain relationship and subscribe to objectives of the Global Stop TB Partnership and of the Global Plan to Stop TB.

5. Membership

5.1 **Types of members**:

5.1.1 Ordinary members:

Any organization (national or international) and individual which subscribes and has the capacity to contribute to the objectives of the Partnership. All **interested parties** who may contribute to the aims and objectives of the partnership should be invited to join.

5.1.2 Ex officio members:

The Ministry of Health, represented by Deputy Director Public Health, National TB Control Programme (NTCP), National Emergency Response Council on HIV/AIDS (NERCHA), National HIV/AIDS Program, the World Health Organization Country Office (WHOCO) and other UN agencies . These are non-voting members.

5.2 Procedures for proposing new members:

New members shall be proposed by at least two existing members of the partnership. They shall be accepted by majority decision during a regular meeting of the partnership and be admitted by signing the Partnership's Framework Agreement.

5.3 Benefits of members:

Members of the partnership shall;

5.3.1 Share and utilize resources mobilized by the Partnership or made available by other members.

5.3.2 Utilize, when necessary and upon authorization by the Governing Bodies, the status of the partnership to facilitate their activities in relation to the TB Control Programme.

5.4 Responsibilities of memberers

Duties of member organizations of the Partnership:

Member organizations shall be expected to:

(i) Mobilize additional resources

(ii) Identify gaps in the fight against TB in Swaziland and design and support appropriate interventions.

(iii) Identify other organizations that subscribe to the purpose and objectives of the partnership

(iv) Attend meetings and participate in decision making

(v) When appointed, allow their staff to serve as officers of the Partnership, being fully or partially supported by the Partnership.

(vi) Update other members on their activities.

6. Decision making procedures

Decision-making by the governance component is by consensus. If either the Chairperson or any ex-officio member recognize that, after due debate, consensus cannot be reached, the issue is referred to a vote.

If a two-thirds majority of participants present (including valid proxies) vote in favor of a proposal, the proposal is accepted.

If such a two-thirds majority is not achieved, the proposal will be rejected.

There shall be a quorum of at least 50% of participants (including valid proxies) applicable to the decision-making process.

II. INSTITUTIONAL FRAMEWORK

1. General Meeting

It is the assembly of the Stop TB Partnership and consists of an inclusive, consultative meeting of representatives of all the Partners.

- **Composition**: one or more representative(s) for each member organization.
- **Role**: to review and comment on the overall progress of the Partnership and to serve as a forum of information exchange on progress, problems and challenges in relation to the work of the Partnership.

- **Function**: to identify problems and new challenges, to reinforce partners' commitment (including high-level political commitment) and to formalize commitment to Partnership's targets and associated strategic plans; to review reports presented by the Coordinating Committee and the Secretariat.
- **Procedure**: the GM meets twice a year to review progress.
  Items for the agenda shall be submitted to the Executive Secretary at least two weeks in advance.
  Decisions made shall conform (not contradict) with overall policies of the NTCP and be made by a simple majority of those present.

2. Coordinating Committee

It represents and acts on behalf of the Stop TB Partnership.

- **The composition** shall represent the constituencies of the Partnership.
  Chair
  Vice Chair
  Executive Secretary
  2 representatives from the ex-officio members
  Chairpersons of Working Groups, if any
  2 representatives of financial donors
  3 representatives of NGOs/FBOs/CBOs
  1 representative of communities affected by TB
  1 representative of professional organizations, if any
  1 representative of the corporate business sector, if any.

Representatives will be nominated by their respective organizations based on commitment, skills and experience.
Coordinating Committee members will serve for a term of two years and may be reappointed for a further term.

- **Function:**
  Formulate priority for action in line with the national health policy and technical partners, including WHO.
  Support the Partners according to the agreed strategy.
  Approve the work plan and budget of the Secretariat.
  Mobilize adequate resources.
  Promote advocacy and social mobilization in support of the Partnership in appropriate fora.
  Review the progress of implementation of the Partnership.
  Provide oversight and review of the use of the Partnership's funds.
  Review annual financial statement and progress report prepared by the Executive Secretary.
  Adopt appropriate rules and guidelines to ensure the proper running of the Partnership.
  Establish Working Groups and Task Forces as it may deem necessary.
  Consider and approve any amendment to the basic Framework Agreement.

3. Working Groups
They are essential components of the Partnership and contribute to the achievement of the Partnership aims.

Their **role** is to implement advocacy or operational activities in the Group's specific area of interest.

The **membership** of the Working Groups is open to institutions, organizations and expert individuals involved in the specific area focus of the Group. The GM will also decide composition of the Working Groups, if any, and elect their Chair and Secretary.

The **functions** of a Working Group are:
- To act as a consensus building mechanism in support of the development of new technical standards/policies/strategies.
- Develop a strategic agenda, a work plan and an estimate of resource needs for activities in the area of interest.
- To help identify priorities accordingly within the global package of the Partnership commitment.
- Report to the Coordinating Committee on plans and progress towards reaching targets

4. The Secretariat of the Partnership
Its essential role is to serve and support the Partnership in terms of administration, operational implementation in pursuit of the achievement of Partnership goals and objectives.

- **Composition**:
  The Secretariat shall comprise of the Executive Secretary, a Technical/Administrative Officer and a secretary. Other staff will be recruited by the Executive Secretary based on agreed needs and available resources.

- **Location**:
  The Secretariat shall be housed in the premises of the Ministry of Health and Social Welfare (National TB Programme). The relation of the two will be covered by a Memorandum of Understanding between the Ministry of Health and Social Welfare, and the Partnership.

- **Functions:**

  ⇒ <u>Co-ordinating function</u>:
  The Secretariat shall function as the coordinating centre for all business relating to the partnership including:

  (i) Organizing meetings of the Partnership

(ii) Producing and dissemination of minutes to all meetings
(ii) Maintaining records of all official transactions
(iii) In collaboration with the Chair, prepare annual work plan and reports to the Coordinating Committee.
(iv) Implement the work plan of the Secretariat, as approved by the Coordinating Committee.
(v) Overseeing the implementation of the Partnership work plan.
(iv) Facilitate the screening of proposals and requests submitted to the Partnership.
(v) Identifying and proposing to the Coordination Committee special working groups for specific tasks.

⇒ Management functions:
The Secretariat shall be responsible for:

(i) Monitoring and evaluation of the Partnership's activities
(ii) Developing plans of action
(iii) Plan for mobilization of resources
(iv) Ensure effective and efficient management of finances

5. Officers of the Partnership:

5.1 The **Officers of the Partnership** shall comprise of Chair, Vice Chair and Executive Secretary.

5.2 Election of Officers of the Partnership:

The Chair, Vice Chair and Executive Secretary shall be nominated by any ordinary partner and elected by an ad-hoc General Meeting; their election will be by secret ballot and based on a simple majority of members present, provided the legal quorum is achieved. The positions shall be held for a term of two years, while that of Executive Secretary will extend for a further period, not exceeding six months, to ensure smooth transition.
The organizations whose staff members have been elected into these offices should be prepared to allow them to spend part of their working time for the Partnership's duties.
In order to ensure smooth start of operations, a Facilitator from one of the ex-officio partners will function as Interim Executive Secretary during the first six months of the partnership.

5.3 Duties of officers of the Partnership:

5.3.1 **Duties of the Chair**: S/he shall chair all meetings of the partnership and represent the Partnership at functions. However, a different chair may be elected, if deemed necessary, for General Meetings.

For the duration of his/her term, the Chair shall function as the spokesperson for the Partnership.

5.3.2 **Duties of the Vice Chair**: S/he shall deputize for the Chair.

5.3.3 **Duties of the Executive Secretary**: the Executive Secretary shall be responsible for running the day-to-day business of the Partnership's Secretariat.

6. Accountability procedures

6.1 Members are expected to send representatives to the Partnership meetings. Those who do not attend 4 consecutive meetings will be asked by the chair if they still wish to be members and if so will be expected to attend the two next quarterly meetings or will loose membership.

6.2 Members are expected to achieve targets, goals and tasks that they agree upon in any Service Level Agreements or other contract they signed. Failure to do so will require an explanation and recovery plan.

6.3 All members will be expected to sign an initial declaration of no conflict of interest.

III. FINAL PROVISIONS

The Stop TB Partnership will exist as long as needed. The Coordinating Committee, nevertheless, may decide on its dissolution.

Any partner may withdraw from participation by notifying the Executive Secretary of its intentions to do so. Such notification will take effect three months after its receipt. The decision to withdraw does not absolve the Partner from outstanding financial, or other, obligations to the Partnership.

This Framework of Agreement may be modified by a simple majority of members present during an Annual General Meeting of the Partnership.