

Stop TB Partnership Kenya

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Value added of the partnering initiative

- **Why was the partnering initiative established? What was the major problem that you wanted to address by establishing a partnering initiative?**

Kenya is a high TB disease burden country. It is among the 22 TB high burden countries and also among the first twenty countries with the highest TB case notification rates (which may parallel incidence). Although Kenya has made great progress in TB care and control a lot more needs to be done for Kenya to sustain this effort and to begin to move towards TB elimination. The fight against TB must be EVERYBODY's business: from the ministry of health to the smallest community based organization; from the Head of state to the ordinary person in the village; from the mega corporate organization to the smallest grocery store in the village; from the renown academic to the small child in nursery school who is just a potential. The Stop TB Partnership – Kenya was therefore established to create a massive **movement of organizations** with individuals committed to the fight against TB in order to bolster actions and leverage resources for TB elimination in Kenya. Specifically the partnership is expected to advocate for the appropriate actions for TB elimination including partner engagement community mobilization, coordination and harmonization of partner efforts for TB prevention, care and control, mobilization of resources and the engagement of partners in the development, dissemination and adoption of technical norms for TB care and control in Kenya.

- **How has the partnering initiative responded to that problem? In what way has the situation changed? What has been the value added for different partners and for TB patients?**

Although Kenya's national Stop TB Partnership, as an organizational entity, is relatively young and may be considered to not as yet achieve memorable successes, the partners in the partnership have greatly contributed to Kenya's TB care and control

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achievements. Since 2006 or so Kenya's TB case detection and overall treatment success rate have been above 70% and 85% respectively. HIV screening of TB patients has become routine with more than 80% of patients offered and accepting to be tested. The majority of HIV infected TB patients are offered cotrimoxazole preventive therapy and about half are offered anti-retroviral treatment. The provision of HIV related interventions to TB patients occurs across both the public and private sector. Although the TB screening of HIV infected persons and the provision of TB preventive therapy has lagged behind, there is a renewed interest and commitment by partners to move this forward. These achievements would not have accrued if it was not for the fact that major players in TB care and control have played their game in a partnership mode. With the formation of the partnership it is hoped that a broader range of partners will be linked to the current pool of players to enhance the TB care and control effort and to change the momentum from a control to elimination mode.

The successful pre-launch of the Stop TB partnership in August 2010, has culminated in renewed engagement of partners more specifically from the corporate, not forgetting the accelerated political commitment from the political and corporate actors. A good example being one of the great leaders in the corporate sector – Chris Kirubi a respected business who set the space for resource mobilization for TB in the private sector. Continuous momentum is thus needed to ensure the political elite truly get engaged and participate in the transformation towards TB elimination as in line with the global targets. With the formation of the partnership it is hoped that a broader range of partners will be linked to the current pool of players to enhance the TB care and control effort and to change the momentum from a control to elimination mode.

Value added for partners includes: wider network for acquisition of resources, synchronised work plans, a common goal and agenda, effective distribution of resources and information to partners.

Value added for partnership: access to more resources, quality and standardized information to patients and the participation of patients in the decision making process.

- **Do you think the partnering initiative has worked so far?**
- **If it has worked well, why? How have you set it up? What process have you used? What were the main steps?**

The partnership was launched on August 10, 2010 by Hon. Beth Mugo, Minister for Public Health and Sanitation. In the build up to the launch founding partners established a partnership steering committee. This steering committee developed the structures that will govern the Stop TB Partnership in Kenya and also organized the prelaunch event. Technical support for the development of the partnership structures was sought from and was provided by the secretariat of the Global Stop TB Partnership and from the American Thoracic Society. Funding for the nascent partnership was provided by the USAID funded Tuberculosis Control Assistance Program (TBCAP) and from the Global Stop TB Partnership Secretariat with some funding also coming from among the founding partners. The build up to the launch of the national partnership created a sense of comradeship among partners and increased partner commitments to TB care and control. The launch itself was a hugely successful event that attracted not less than 150 persons including the media, health care providers, the private corporate sector and others. The interest in TB among private sector players was enhanced as exemplified by the donation of KES 1 million (about USD 125,000) by one

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prominent businessman to the partnership. The challenge now is how to keep the fire burning. The Stop TB Partnership is an objective under ACSM in the national strategic plan.

- **If it has not worked that well, why? What do you think has hindered your efforts? Would you try it again, and why? How would you revitalize it?**

Partnerships are relationships and different organisations have different policies and getting different organisations and people to harmonise the plans will take time. It also takes commitment from different partners to have a functional partnership. 'We are still courting.'

Kenya's National Stop TB Partnership is constrained currently by lack of resources, which is partly due to the fact that a number of donors shy away from funding high profile advocacy work at the same time with the current financial crisis, funding for office set up is hard to come by. There are no funds to carry out key activities such as establishing a well resourced secretariat with dedicated staff to work on partnership issues; carry out a national mapping exercise to identify and loop in partners especially community based organizations and players; carry out sustained advocacy efforts to create awareness and to raise funds for the partnership, TB prevention, care and control needed to strengthen partnership structures. The founding partners are being urged to commit resources specifically for these critical events and it is hoped that commitments will soon be made by these partners to move Kenya's Stop TB Partnership forward.

Efforts are also being pursued to organize events and reach out to the private corporate sector to mobilize resources for the partnership. Future funding requests from major external sources of funds for TB care and control will also include budgets to support the national Stop TB Partnership. It is thus expected that the national Stop TB Partnership in Kenya will endure and eventually flourish for the benefit of those who are affected by the disease. The partnership will potential is critical in the transformation of national TB efforts thus resulting in greater progress beyond the attainment of TB control targets in the MDGs.

- **Who among the following stakeholders – national TB programme, civil society (faith based organizations, non-governmental organizations, community based organizations) and the private/business sector – is involved? In what way?**

In the formative stage a small number of organizations that have been involved in TB care and control have been driving the development of the Stop TB Partnership Kenya. They are listed below:

Organization	Role
The Government of Kenya through Ministry of Public Health and Sanitation Division of Leprosy, Tuberculosis and Lung Disease (DLTLD)	Policy formulation Financial support Technical Support Country-wide Network
Kenya Association for the Prevention of	Private sector participation

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Tuberculosis and Lung Disease (KAPTLD)	National reach Technical support ACSM support
The African Medical Research Foundation (AMREF)	Regional participation with emphasis on the hard-to-reach areas Technical support
KNCV– Kenya	Technical support
Program for Appropriate Technology in Health (PATH)	Health technologies and solutions designed for low resource settings Technical Support
Malteser International	Fighting AIDS and Tuberculosis in the slums Technical support
The Global Business Coalition on HIV, TB and Malaria(GBC)	Business community participation
The World Health Organization (WHO)	Technical support
Kenya Medical Research Institute (KEMRI)	Research
TBACTION GROUP (TAG)	Representing the voices of the community Technical support
USAID– Kenya Country Office	Financial & technical support Systems strengthening
The Kenya AIDS NGOs Consortium (KANCO)	HIV prevention, care and control Technical support Network of NGOs with a countrywide reach

Other civil society organisations including community based organizations will also be looped in to develop a strong movement of partners united against TB. Renewed interest among Civil society groups are expected to bring in organizations that initially were primarily engaged with HIV prevention, care and control, this include NEPHAK, WOFAK, KANCO, KENWA. A key strategy for the Kenyan partnership is to engage with umbrella organizations such as the Central Organization of Trade Unions (COTU), the Kenya Federation of Employers (FKE), Kenya Association of Manufacturers (KAM) and professional associations such as the Kenya Medical Association (KMA) to bring a large body of individuals and organizations to support TB care and control.

▪ **What does each partner perceive as an advantage of being in the partnering initiative? What sustains their commitment? If partners are not engaged, what are you planning to do to attract and maintain their interest?**

- ❖ Access to information regarding disease burden, country challenges , available resources opportunities and gaps
- ❖ Pooling of and access to a larger network of human and financial resources,
- ❖ Collective planning, resource mobilisation and effective utilisation of resources and monitoring of country's achievements
- ❖ Networks and fora to air their views regarding the Disease and policy formulation
- ❖ Recognition and opportunity to publicise their work
- ❖ Improving relationship and strengthening accountability of partners

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Interest is sustained by giving them roles and responsibility ensuring ownership and active participation.

Building the partnering initiative

- **What have been some of your challenges in bringing the various stakeholders together in a partnering initiative?**

The work of the partnership is currently in the hands of persons who also have other commitments related to their portfolios in various organizations. This has meant that partnership activities are often not prioritized and thus progress has been slow. Trust is also an issue as many of the smaller organizations fear losing their identity. As indicated above funding is the major constraint. The lack of funding is also impeding the implementation of desired activities especially those activities that are needed to truly launch the partnership beyond the hotel restricted launch activity that was carried out in August 2010.

- **Have partners done a mapping/inventory of the resources (financial, technical, human, in-kind) that each can contribute to the implementation of the national TB plan and in which area of the country? If yes, could you share your plan showing various roles and responsibilities and highlighting possible remaining gaps?**

Founding members were mapped; however a geographical mapping has not been done. Plans are under way to expound on the DLTLD database of partners in order to build synergies and avoid the duplication of services.

- **Have the partners jointly mobilized resources to implement a shared national TB plan? What type of resources have they mobilized (financial, technical, human, in-kind)? How did this process work?**

Current TB care and control activities implemented by various players in Kenya are based on the national five year strategic plan. The five year TB strategic plan was itself developed through a consensus based multi stakeholder approach and thus it is widely accepted by implementing partners. Over the years TB control activities have generally been facilitated by both bilateral and multi-laterals funders, this include– USAID, GFATM, CIDA, GOK among others. Achieving resources mobilization targets for the Stop TB partnership means engaging a broader donor base alongside the already committed funders. Two key players have committed human resources and limited funding to support activities of the partnership secretariat while others are contributing by including partnership activities into the work plans of individuals working on TB in the respective organizations. In this way some partnership work is moving forwards but as previously indicated dedicated funding and human resources will be needed to greatly enhance the work that is being done.

- **Which national TB plan activities are the partners contributing to?**

Partners engaged in TB care and control in Kenya are contributing to the implementation of the entire Stop TB Strategy and the 2011 –2015 National TB strategic plan

Though it's important to note that the component of empowering communities and TB patients is currently picking up and the country is headed in the right direction. With the final launch of the Stop TB partnership in Kenya, progress will be made in achieving resource mobilization targets for the underfunded components of the Stop TB strategy–ACSM , Patients charter, research .

- **How have partners organized their work? Do they regularly meet? What structure has been chosen (if this has been formalized)?**

The national steering committee of the partnership was meeting more than once a month in the run up to the launch of the partnership in August 2010. Since then the steering committee has been meeting once every three months. Two main groups were set up to provide technical inputs into the work of the partnership: a technical working group and an advocacy, communication and resource mobilization working group to raise awareness about TB and the partnership and very importantly to raise funds for the partnership and for TB care and control. These two technical working groups have not yet started working and need to be revamped. However many of the persons engaged in the partnership also serve in existing structures created by the Ministry of Health through the NTP (DLTLTD) such as the TB –ICC and its working groups and therefore to some extent the work of the partnership is already being advanced through existing mechanisms. There have been a lot of discussions on role separation and complementarity between the TB–ICC and the working groups of the partnership and some consensus has emerged. The partnership is now being viewed as the vehicle to bring in new players from across the board and is expected to enhance the work being done by the TB–ICC. The STP Kenya is an objective in the national strategic plan

Thinking through and taking stock

- **Which stakeholders of society do you see as essential or ideal members to a partnering initiative, if you want to effectively address TB in your country context (please answer this independently of whether these stakeholders are currently partners of your initiative)?**

The pot must have everybody: A key strategy for the Kenyan partnership is to engage with policy makers from the Government (health, finance and planning housing, education, transport ministries, NASCOP, NACC), local government bodies, financiers including government and its development partners, bilateral & multilateral agencies, the corporate sector through the Kenya Federation of Employers (FKE), Kenya Association of Manufacturers (KAM), trade unions e.g the Central Organization of Trade Unions (COTU), professional organizations such as the Kenya Medical Association (KMA), civil society including TB patients, community based organizations, research

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and academic institutions, the media, the public and others to support TB care and control. Just as every body part has different functions, stopping TB should be largely everyone's business, the partnership is thus committed to engaging diverse stakeholders with a commitment to TB elimination.

- **What do you think the major outcomes of the partnering initiative are? In what way the partnering initiative has benefited the work of the partners? What do you think could be strengthened/improved?**

It provides an opportunity to share experiences, learn, avoid duplication of services, it also makes the partners accountable and there is effective monitoring and evaluation of the activities.

Bring on board other players outside of the TB control partners these include especially the HIV policy makers and CSOs, research institutions, the media, and other ministries, and local government bodies.

- **Do you have any example you would like to share about occasions (implementation of activities of national TB plan) in which having a partnering initiative in place has made a difference?**

The launch of the partnership would not have happened if it was not for the partners. The World Stop TB Day commemoration was organized through the partnership. The development of the five year TB strategic plan was a "partnership" effort. These are three major events in which the partnership mode made a difference. But the most important may in fact be the achievements that Kenya has made in TB care and control. Through a partnership mode persons with TB have been found, treated and cured. Deaths from TB have been averted. TB patients have been and continue to be empowered through their engagement in the community strategy. The wellbeing of individuals and families has been preserved. This is the bottom line that Kenya would wish to continue pursuing.

- **How do you think the Stop TB Partnership could support your partnering initiative?**

The Global Stop TB Partnership could enhance country based partnership through a number of ways including but not limited to mobilizing resources to support country partnering initiatives, providing technical support to nascent country partnerships and providing forums for exchange of ideas and experiences related to country partnerships.

- **Anything else you would like to highlight?!**

The STOP TB partnership through the government is making TB care and control an agenda in Kenya's Vision 2030 group as well as making the national top leadership aware of the problem and is lobbying to make TB a national issue. Other health programs are emulating the initiatives by the TB programs in Kenya.