Uganda Stop TB Partnership

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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?

In early 2000, the National TB Programme (NTLP) was challenged by shortage of resources to procure anti-TB drugs and to finance other operational aspects. From 2003, the country had the opportunity to receive a Global Fund grant and also to be included in the first group of countries from the WHO led ISAAC initiative.
The then Minister of Health made a commitment to promote the formation of a national level partnership for mobilising additional human resource in order to take full advantage of the unusual funding opportunity. It was established that a number organisations already in the country had the additional human resources and were willing to put them at the disposal of NTLP to address the problem of TB in Uganda. It was also envisaged that the partnering process some more financial resources would be mobilized.

- 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?

The ISAAC and other available funds were distributed to 3 international non-governmental organisations (NGO): CUAMM, AVSI and AISPO with mandates to: (i) work with local government structures to build capacity to mobilise and use effectively the funding available for TB control (AVSI).
(ii) Provide additional human resources for support supervision to supplement pre-existing NTLP structures with the aim to accelerate the progress towards achieving the NTLP case finding and treatment success targets (CUAMM)
(iii) Strengthen TB laboratory networks and the implementation of External Quality Assurance of TB smear microscopy services (AISPO).
All these organizations did to some extent achieve their set objectives in the targeted areas but they did not (in the short term) lead to a significant acceleration in the NTLP overall performance but many elements of the district level changes are still sustained.

The partnering process (i) speeded up and mediated the agreements with local governments and (ii) provided fora for regular monitoring of the activities.

- 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?
- 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?

After the Minister of Health had made a commitment to facilitate the formation of a national level partnership, a process of consultations with potential partners began. It was spearheaded by WHO (through the Country Office). Several meetings were organised to explain the aims and potential benefits of partnering. Some international partners of NTLP looked at the initiative suspiciously like an attempt to create "another structure" parallel to NTLP.

A WHO visiting consultant facilitated a stake holders meeting that culminated in a resolution by the participants to form a national partnership. They agreed on a roadmap towards the official launching of the partnership. A significant amount of time was spent developing and agreeing on the Terms of Reference for the Partnership; the costs of the preparatory process in terms of venue costs and stationery were covered by the potential partners.

The Uganda Stop TB Partnership (named by consensus during the preparatory meetings) was launched on 10th December 2004 by the President of Uganda represented by a cabinet minister for the presidency. It had 17 members then. The launching ceremony was attended by political leaders and health services managers from all Ugandan districts.

Since its launch, the partnership has recorded the following milestones:

1. Efficient use of the ISAC funds
2. Access to additional funds from the Italian Province of Lombardi to support Secretariat operations and continue the activities of NGOs in the targeted districts.
3. Quarterly meetings at which partners could avail of up-to-date information about the status of TB control in the country;
4. Formation of working groups: TB/HIV, ACSM and DOTS Expansion, which were mostly beneficial for monitoring the implementation by partners (DOTS-EXPANSION), and organizing ACSM activities.
5. Through the ACSM working group, the first NTLP Communication strategy was developed
6. Organising the marking of World TB Day every year since the inauguration, through the combined contribution of different partners.
7. Setting up an own website
8. Mobilising human resources for revising the national operational guidelines
9. Participating in the development of the NTLP Global Fund Application as a forum for ensuring that priority areas identified by different stake holders are considered.
10. Participating in the development of the NTLP Strategic Plan particularly the formulation of the ACSM component

11. The USTP was registered in 2010 as a legal entity with a memorandum of association and a constitution.
12. The USTP at last provides a TB focal point (or reference point) for an increasing number of local CSOs that carry out TB related activities.
13. Membership has grown to over 30.

Measures for revitalization:

- The ACSM WG took the initiative to respond to a funding opportunity – the CFCS– as an opportunity to implement partnering. Several CSO's will participate in the implementation of the project according to their individual strengths but will share one plan and target joint outcomes. The experience has taught us that it is possible to do this again and again when funding opportunities arise.
- We have tried to attract CSOs that were not members of USTP but were noted to have accessed funding for TB related activities; through the interaction they are helped to align their activities better to the NTLP strategy.
- It is necessary to work more with local CSO's and encourage them so that they ultimately take ownership of USTP.
- It may have been wise to mobilise operating funds from the partners from the beginning in terms of admission fees and annual subscriptions; introducing a category of individual members of USTP (not just organizations) after defining clear expectations and benefits (also asking them to contribute fees).

- **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?**

National TB Programme (NTLP)
Civil Society (NGOs and CBOs)
The National TB Programme is by constitution of USTP and ex-officio member of the governing board. The Chair of USTP at the moment (since the launch) is the NTP Manager.
The members are involved in one or more of the following ways:

- Participate in general meetings and WG meetings
- Implement activities to support district levels in improving case detection and treatment outcomes.
- Provide funding to others to implement
- Provide technical expertise to NTP and the partnership activities.
- Mobilise additional human and financial resources.

WHO – Provided legal umbrella for USTP from the launch and still houses the secretariat with support services. Funds some USTP activities including quarterly meetings and part of the costs for marking World TB Day.
GLRA – part time services of the Country Medical Adviser for coordinating the partnership (functioning as Executive Secretary)
PRIVATE AND BUSINESS SECTOR – there are some members but are not active

- Posta Uganda was initially involved in ACSM, partnered in circulating a series of postage stamps with TB and TB/HIV messages. Now in an operational agreement with the national TB reference laboratory and FIND to use the network of post buses

and post offices to deliver specimens from upcountry to the national lab and the results back to the source.

- 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?

What partners receive?

- all partners appreciate and value being part of (belonging to) this national effort against TB and are proud of the contribution they make.
- gain access to information regarding the disease burden, the available resources, opportunities and gaps.
- Exchange of technical information relevant to their own TB related activities.
- Linkage to public health systems.
- Opportunity to publicise their work.
- Opportunity to air their views regarding TB control and contribute to policy formulation.

Interest is sustained through getting them actively involved in meetings and other opportunities e.g. by giving time to present their on going activities and success stories. They are invited to contribute materials for the USTP website.

Building the partnering initiative

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

    - Building trust and assuring the partners that there is no risk of loss of their own identity.
    - The partnership's own operations have been slowed down by
        - Lack of full time secretariat staff (that would dedicate their time entirely to USTP)
        - Lack of funds particularly for ACSM activities; the local CSO partners were ready to participate in planning but would need additional funding to implement activities. The lack of funds also manifested as failure to organise quarterly and other meetings in time as funds had to be mobilised "each time" for this.
        - Partnering with corporate and business sector never worked out well. The partners that were entrusted with following this up from the beginning were not committed. The situation did not improve even after a consultancy.

- 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?

This has not been done. Attempts were made to map geographical coverage of the country in order to highlight opportunities for building synergies but also to avoid duplication at the expense of equitable distribution of services.
One database simply shows the partners classified as either "funding", or "technical" or "implementing" with a brief description of the nature of activities carried out.

- 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?

Several partners, particularly the international NGOs have mobilised additional financial resources and also implemented part of the national TB plan especially in areas of human resource development, training, infrastructure development, provision of supplies and supply chain management.

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

Partners make their own plans and maintain separate accountability systems but their plans are aligned to the overall NTLP plan and cover the following areas:

1. Develop and disseminate NTLP guidelines
2. Purchase laboratory equipments and reagents
3. Strengthen External Quality assurance (EQA)
4. Strengthen M&E activities country wide
5. Build capacity of health workers to manage TB.
6. Store and distribute anti-TB medicines.
7. Institutionalize TB HIV at district level
8. Build capacity through training, coaching and mentoring health workers at the central, regional, district and HSD level for implementation of integrated TB/HIV services.
9. M&E tools develop DR-TB management guidelines and tools.
10. Maintaining a susceptibility surveillance system to monitor trends of DR-TB in the country.
11. Strengthen ACSM for special populations
12. Facilitate meetings with all stakeholders at all levels to ensure buy in
13. Sensitization and training of health workers
14. Foster Advocacy, Communication and Social Mobilization
15. Mobilize resources to make the necessary infrastructural adjustments
16. To enhance Capacity of health workers for effective and efficient delivery of TB & Leprosy services at all levels
17. To strengthen and sustain support for professional competence of health workers to deliver quality TB and Leprosy services
18. Sponsor quarterly meetings of the USTP
19. Conduct situational analysis on extent and feasibility of PPM-DOTS in urban and rural areas
20. Train private health providers (PHPs) on DOTS services provision
21. Annually commemorate World TB Day

The recent CFCS funds will be transferred to a USTP Bank account and accountability will be done through USTP mechanisms. This is meant to be the way to go.

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

According to the USTP constitution and in practice, all partners meet quarterly (x4/year). The agenda includes: updates from the NTP, activity reports from individual partners, discussion of profiles of any new potential members, acceptance of new members, sharing information and communication from Global Stop TB.
Working groups (ACSM and TB/HIV) meet more frequently to address emerging issues. Minutes from the formal meetings are kept by the secretariat. The meetings were hitherto held in the board room of the WHO Country Office and in a conference facility of a hotel located quite close to the NTP Central Unit.
The USTP is a registered legal entity. Its governance structure has the Ministry of Health and WHO as ex-officio members of the Governing Board. The secretariat is expected to be housed by the WHO Country Office for the first 2 years after registration and thereafter USTP should be located in an independent facility.

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)?

    - Community Based Organizations
    - International bilateral and multilateral agencies
    - Civil Society and non-governmental Organizations
    - Faith Based Organizations*
    - Organizations of Private Health Practitioners
    - Business and Private Sector*
    - Academic Institutions*
    - Sections of Ministry of Health other than NTP e.g. The Health education division.*
    - Professional Organizations /Associations e.g. Uganda Medical Association, Uganda Nurses and Midwives Association.*
    - Media people*
    - Patients or former patients' associations

*not yet members

- 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?

Partners have an opportunity to identify gaps in coverage and to avoid duplication of services.
Those actively participating in WG activities benefitted from support in monitoring and evaluation of their own activities.
The various presentations during meetings offer an opportunity to share experiences and to learn about best practices.

What should be improved?
More definite inputs into a shared plan; this should be facilitated by mapping coverage (not only geographical) but also of elements of the Stop TB Strategy and the National Strategy.
Show-casing of the Partnership could be improved by identification of an "Ambassador" for TB in Uganda.

- 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?

For Uganda, the best illustration is marking World TB day at national and sub-national levels. This was almost entirely organized and funded by partners.

- How do you think the Stop TB Partnership could support your partnering initiative?
    - We need funding to establish a home for the partnership with a few full time staff.
    - Support to attract the others listed potential partners that we do not have on board yet.
    - For at least 2 years, support to show-case the partnership e.g. TB Symposium or walk etc.
    - Support for attempts to benefit from funding opportunities
    - Sharing experiences of partnering initiatives of other countries.
    - Documentation of activities which is remains a very weak area.

- Anything else you would like to highlight?!

Only to appreciate this exercise as a great tool for reflecting on our country partnership.