

Group 3: Partnership Contribution to TB/HIV scale up

Representatives from Timor L'Este, PNG, Myanmar, Bangladesh, Mongolia, Fiji, Bhutan, Vietnam, Thailand shared their experiences in partnerships

Achievements 1

- Discussed partnerships with business/labour/unions, private practitioners, academic institutes, civil society, FBOs, police, defence, tourism...obviously others.
- Development of multisectoral coordinating bodies important
- Development of workplace policies with engagement of Min of Labour and Unions
- Faith-based organizations may deliver high proportion of health services in countries
- Partnering with innovators/leaders brings rapid results that can be replicated

Achievements 2

- Joint training to include partners eg private practitioners, workplace practitioners
- Agreement of minimum package of care plus codes of practice/incentives appropriate to partners
- Engagement of PLHIV networks can be done even where civil society engagement is discouraged.
- Using NGO to fill specific technical gap eg MSF and MDR TB in Myanmar
- Consider novel partnerships to increase coverage and reach – police in frequent contact with most marginalized/at risk populations

Challenges 1

- Lack of capacity of national programme to establish and maintain partnerships
- Capacity of partners (knowledge, ability to act, funding)
- Too many committees – try to use existing bodies rather than create endless new bodies/communities
- Lack of leadership/role models/champions
- Lack of data on extent of problem can limit partnership
- Restriction of civil society activism/engagement (informal networks may help to get round this restriction)

Challenges 2

- Weak health systems to support partnerships
- Competing for same limited resources (human & \$)
- Can be ethical/religious issues when working with external partners
- Potential to increase (or decrease) the stigma for both diseases
- Bureaucracy/traditions/laws can restrict building of effective partnerships
- Avoid partnerships for partnerships sake...

Way forwards 1

- Where there is a will there's a way.... But depends who is leading the way...need to achieve shared vision through strong leadership
- Map examples of leaders/champions – share best practice
- Building a multi-sectoral partnership to support the health system
- Identifying incentives to encourage different partners to become engaged (key performance indicators, awards, public recognition....)

Way forward 2

- Transparency – to build trust between partners and manage dynamics between partners
- Programme can also broker partnerships between 2nd and 3rd parties
- Building capacity of partners to act – resources, training, space, legitimacy
- Build capacity of TB and HIV programmes to be able to establish partnerships
- Review rules and regulations that hamper partnerships