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