

PARTNERING AND PUBLIC HEALTH PRACTICE

Experience of national TB partnerships

Stop TB Partnership



World Health
Organization

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ACRONYMS

CBO:	Community-based organization
CCM:	Country Coordination Mechanisms (CCM). These may develop and submit national proposals to the Global Fund, nominate a principal recipient and, if approved, oversee the approved grant. ¹
CDR:	Case detection rate
CSO:	Civil society organization
DOTS:	The basic package that underpins the Stop TB Strategy. ²
FBO:	Faith-based organization
GISI:	Global Indigenous Stop TB Initiative
HBC:	High-burden country
IFRC:	International Federation of Red Cross and Red Crescent Societies
M&E:	Monitoring and evaluation (M&E) of Tuberculosis is the fifth element of the DOTS strategy. ³
MDR-TB:	Multidrug-resistant tuberculosis. This is the result of improper use of antibiotics in chemotherapy of drug-susceptible TB patients. ⁴
NGOs:	For the purposes of the policy “Principles to govern relations between WHO and nongovernmental organizations (NGOs) in furtherance of Article 71 of the WHO Constitution” nongovernmental organizations include such organizational forms as civil society organizations, associations of professions, industries, patients, foundations, and service providers. ⁵
NTP:	National Tuberculosis Programme (NTP) refers to the governmental body that is in charge of managing prevention and care of TB at the country level.
SWOT analysis:	A strategic analysis of the Strengths, Weaknesses, Opportunities and Threats of an organisation or national TB partnership. ⁶
WHO:	World Health Organization
XDR-TB:	Extensively drug-resistant tuberculosis (XDR-TB) involves resistance to the two most powerful anti-TB drugs, in addition to resistance to any of the fluoroquinolones, and to at least one of three injectable second-line drugs. ⁷

¹ For existing Global Fund grants and CCM representatives see the Grant Portfolio for your country: <http://portfolio.theglobalfund.org/en/Home/Index>, accessed 4 April 2013.

² High-quality DOTS expansion and enhancement: <http://www.who.int/tb/dots/en/index.html>, accessed 4 April 2013.

³ M&E and the WHO Global Task Force on TB Impact Measurement: http://www.who.int/tb/advisory_bodies/impact_measurement_taskforce/en/index.html, accessed 4 April 2013.

⁴ MDR-TB: <http://www.who.int/tb/challenges/mdr/en/>, accessed 4 April 2013.

⁵ World Health Organization and relations with NGOs: <http://www.who.int/civilsociety/relations/en/>, accessed 4 April 2013.

⁶ SWOT analyses specific to national TB partnerships: http://www.stoptb.org/assets/documents/countries/partnerships/1-SWOT_analysis.pdf, accessed 4 April 2013.

⁷ XDR-TB: <http://www.who.int/tb/challenges/xdr/faqs/en/index.html>, accessed 4 April 2013.

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Participants of stakeholder interviews and contributors to the revision of the publication, listed in alphabetical order:

Dr Haruna Adamu (WHO, Nigeria), Dr Francis Adatu (NTP, Uganda), Mrs Mercy Annapoorni (Rainbow TB Forum, India), Dr Muhamed Anwar Choudhary (NTP, Pakistan), Ms Lusiana Aprilawati (PAMALI, Indonesia), Professor Awad Ibrahim Awad (national stop TB champion, Sudan), Dr Draurio Barreira (NTP, Brazil), Mrs Aparna Barua (RESULTS UK), Dr Frank Bonsu (NTP, Ghana), Dr Martin Castellanos (NTP, Mexico), Dr Jeremiah Chakaya (KAPTL, Kenya), Dr Pakhin Chanthathadawong (Raks Thai Foundation, Thailand), Dr Namwat Chawetsan (NTP, Thailand), Mrs Lucy Chesire (TB-affected community, Kenya), Dr Victoria Dalay (De La Salle Health Sciences Institute, the Philippines), Dr Themba Dlamini (NTP, Swaziland), Dr Anas Elias (NTP, Sudan), Mr Musa Emmanuel (TB-affected community, Nigeria), Ms Dyah Mustikawati (NTP, Indonesia), Mr Salah Fadl Alla Ahmed (Zain, Sudan), Dr Anne Fanning (Professor Emeritus, Faculty of Medicine and Dentistry, University of Alberta, Canada), Ms Nadja Faraone (Rede Paulista, Brazil), Mr Arif Hemat (TB Patients' Association, Afghanistan), Mrs Siphwe Hlophe (Swaziland Positive Living, Swaziland), Professor Nguyen Dinh Huong (Stop TB Partnership, Viet Nam), Ms Nikki Jefferey (Target TB, UK), Mr Mayowa Joel (Communication for Development Centre, Nigeria), Dr Martín Castellanos Joya (NTP, Mexico), Dr Joseph Kawuma (German Leprosy and TB Relief Association, Uganda), Ms Prima Kazoora Musiimenta (TB-affected community, Uganda), Dr Mohammad Khaled (NTP, Afghanistan), Ms Shadi Khalilolahi (National Research

Institute of Tuberculosis and Lung Disease, Iran), Ms Evelyn Kibuchi (Kenya AIDS NGO Consortium, Kenya), Mr Kang-Hee Kim (Stop TB Partnership, Korea), Ms Darivianca Laloo (The Union South East Asia Office, India), Ms Vivian Lofranco (TB-affected community, the Philippines), Dr José Antonio Martínez (PATH, Mexico), Dr Mohammad Reza Masjedi (National Research Institute of Tuberculosis and Lung Disease, Iran), Mr Zahid Mehmoob (Pakistan Boy Scouts' Association), Dr Muyabala Munachitombwe (Muna Healthcare Services, Swaziland), Dr Nguyen Viet Nhung (NTP, Viet Nam), Mr Noboru Oba (TB-affected community, Japan), Dr Joshua Obasanya (NTP, Nigeria), Mr Austin Arinze Obiefuna (Afro Global Alliance, Ghana), Dr Lee Reichman (New Jersey Medical School, USA), Dr Kuldeep Singh Sachdeva (NTP, India), Dr Kefas Samson (WHO Country Office, Swaziland), Dr Abhijeet Sagma (Christian Medical Association, India), Ms Amelia Sarmiento (PhilCAT, the Philippines), Mr John Seggerson (Stop TB USA), Dr Karam Shah (WHO, Afghanistan), Ms Noriyo Shimoya (Stop TB Japan), Dr Joseph Sitienei (NTP, Kenya), Dr Bruce Struminger (Centre for Disease Control, Viet Nam), Dr Mohammad Tageldin (EMRO Stop TB Partnership), Mr Hanadi Hussien Tajisir (TB-affected community, Sudan), Dr Lyn Vianzon (NTP, the Philippines), Ms Lara Viganò (Stop TB Italia), and Ms Gini Williams (International Council of Nurses, UK).

Core writing team: Angela Burton (editor), Cintia Dantas (intern), Kathleen Sullivan (writer), Giuliano Gargioni, Elisabetta Minelli, Young-Ae Chu, and Julia Geer (Stop TB Partnership Secretariat).

With special thanks to: Lucica Ditiu (Executive Secretary, Stop TB Partnership).

To share your experience and send comments, please contact us at gargionig@who.int and minellie@who.int.

FOREWORD

Despite progress made in recent years, tuberculosis (TB) remains a global health epidemic. The World Health Organisation (WHO) estimated that there were 8.8 million new TB cases in 2011. In this same year, approximately 1.4 million deaths were caused by TB, of which an estimated 0.35 million deaths were among people who were also HIV-positive. In 2009, nearly 10 million children were orphaned due to their parents dying from TB.

The average performance of all six WHO regions combined indicates that the world is on track to achieve the Millennium Development Goal (MDG) of falling TB incidence rates by 2015. However, approximately 36% of the people estimated to be affected by TB have not been diagnosed nor prescribed treatment, not to mention those who were unable to successfully complete treatment. The overwhelming figures associated with TB only hint at the extent to which millions of patients and their families suffer each day.

This global public health emergency requires a new approach, one that makes full use of available financial and non-financial resources, mobilizes multiple sectors and coordinates these efforts, thus creating a comprehensive strategy to stop TB. In 23 countries, this new approach has been adopted, and it has taken the form of a national partnership.

All of these national partnerships currently have the support of the National Tuberculosis Programme (NTP), representing a fundamental feature of this new approach: the willingness of the public sector to acknowledge and support the efforts of the non-state sector. While National TB Programmes are responsible for providing essential services in TB prevention and care, the non-state sector can complement, rather than compete with, the institutional responsibilities of the NTP. Such activities may include raising awareness about the symptoms of TB, de-stigmatising the disease, supporting patients in the completion of their treatment and several others. When partners join the partnership, they not only commit to taking joint responsibility in the advancement of public health, but also to ensure the coordination of efforts among the numerous actors, creating synergies and complementarities.

Fighting TB also requires a people-centred approach, which means seeing the patient as a person with an absolute value, a person in need of care and support. Seeing the person merely as a “patient affected by TB” hinders the ability to see other needs. For example, if the patient can no longer bear the socio-economic burden of the disease, is perhaps also HIV positive, or feels socially excluded from his/her community, there are clearly other important needs that should be

addressed. The strength of a national partnership is the ability of partners (such as patients' associations, faith-based organizations, community-based organizations, etc.), to create a relationship with the person, because they often operate closer to where people live, and can support the individual in their personal struggle against TB and any other challenges they may face.

The poor performance on TB indicators and the emergence of multidrug resistant TB (MDR-TB) in Swaziland first prompted the consideration of taking a new approach to this epidemic. Stakeholders from multiple sectors joined together and agreed that a national partnership would be the best way to ensure a full-scale national response to TB. The Stop TB Swaziland Partnership builds capacity of partners, develops and disseminates information about TB symptoms and advocates for increased political and financial support in the fight against TB. In terms of national indicators, in 2005, before the national partnership, treatment completion reached only 42%, but in 2010 it reached 73%, thanks to the contributions from partners. Additionally, services have become more decentralized, the number of patients interrupting their treatment has declined, and case detection has increased.

Strong advocacy by the Swaziland Stop TB Partnership prompted Swaziland's government to

declare TB a national emergency in March 2011. The Ministry of Health and the NTP have found that the national partnership has created strong social cohesion, which has facilitated the engagement of new partners – and the creation of a conducive environment for the coordination of activities of partners who otherwise would be competing for resources. The national partnership has given the NTP the opportunity to fully appreciate the value of the efforts and opinions of partners. Partners now feel more empowered and have a greater voice in national TB policy, but also in planning, delivery and evaluation of health services. Recognising that a comprehensive and adequate response to the TB epidemic is something that no single institution or organization can achieve on its own, the Stop TB Partnership in Swaziland is a fundamental step towards our shared goal: ensuring that every TB patient has access to effective diagnosis, treatment, cure and support. We are convinced that such an approach will prove vital in addressing the social determinants of TB, particularly the issue of TB in the mining sector, which is an emerging issue of concern in the Southern African Region and globally.



Honourable Benedict Xaba,
Minister of Health, Swaziland

PURPOSE AND METHODOLOGY OF THIS PUBLICATION

PURPOSE

This publication presents the activities and approaches taken by national TB partnerships to support the work of national TB programmes and partners. By featuring examples from existing

national TB partnerships, the purpose is both to advocate for support of national TB partnerships, and build capacity for building and maintaining one.

OBJECTIVES

- To demonstrate the added value of partnering to improve TB prevention and care, by showcasing examples from current national TB partnerships.
- To provide countries with a clear methodology and innovative suggestions on how to build national TB partnerships based on the experiences of existing national TB partnerships.

TARGETS

- Current and future focal points in the secretariats of national TB partnerships.
- Non-governmental organizations, faith- and community-based organizations working at country level.
- Affected communities who may want to promote a partnering initiative in their country.
- Public institutions (especially, but not exclusively, Ministries of Health and National TB Programmes).
- Private for-profit sector, including businesses and corporations.

METHODOLOGY

Much of the content of this publication is derived from interviews conducted with 58 representatives, partners and stakeholders from active national TB partnerships, and one regional TB partnership. The Stop TB Partnership Secretariat requested the contact information for one representative from the National Tuberculosis Programme (NTP), one or more partner organization, the TB-affected community and the national TB partnership secretariat; all were then asked about their willingness and availability for a stakeholder interview. Stakeholder interviews were conducted with representatives from all these categories who were available during the interview period. At least one representative from one of the stakeholder categories was available during the interview period for 22 of the 23 active national TB partnerships. The interviews were conducted in English, Portuguese and Spanish, based on an interview guide (available upon request in all three languages), while the TB-affected community was given a separate questionnaire more specific to TB-patient issues.

A concept note for the publication was developed prior to conducting the interviews and was shared

with the Task Force for the publication (focal points from national TB partnerships in Uganda, Swaziland, India, the Philippines, Brazil and the Eastern Mediterranean Regional Office). Their comments were included in the final concept paper, which directed the development of the interview guide. The interview guide clearly states that the purpose of the interviews is to collect information about national TB partnerships in order to draft a publication on multisectoral partnerships for TB prevention and care. Interviewees were assured that their participation was entirely voluntary, and that they were not required to answer any questions that made them feel uncomfortable. Interviewees were also encouraged to share all feedback –positive and negative. The first two questions ascertain if the interviewee has any questions, and if they agree to be interviewed. The interviews are available upon request in the form of the original audio registration or the transcript. The drafts of this publication have been circulated to the task force, national focal points, the Stop TB Partnership and Stop TB Department Secretariat, all interviewees, as well as relevant partners, and their comments and revisions were included in the final draft of this publication.

INTRODUCTION

National partnerships bring a variety of partners together to develop and implement shared action plans to tackle tuberculosis (TB). The partnering approach builds on the skills and competences of all partners, increases efficiency by avoiding duplication of efforts and waste of resources, and uses partners' reach to improve access to TB services.

The international financial crisis, TB/HIV co-infection and the rise of drug-resistant TB are

stretching the resources of national TB programmes around the world. This makes the case for forming national partnerships that optimize partners' resources all the more compelling.

Current national partnerships have been helping people with TB in different ways, such as improving service provision by involving civil society, giving a unified voice to non-state partners, raising awareness through partners' networks, and supporting advocacy and resource mobilization.

CHALLENGES POSED BY THE TB EPIDEMIC

Despite the fact that tuberculosis is a curable disease, it continues to claim countless lives and cause immeasurable suffering; particularly in developing countries where vast territories, large numbers of vulnerable groups, hard-to-reach areas or civil unrest make it exceedingly difficult for people to access essential health services.

The magnitude of this epidemic is regularly documented by the World Health Organization's Global Tuberculosis Reports, published every year. Between 2011 and 2012, the estimated number of

new cases was 8.8 million with 1.4 million deaths, but only 64% of these cases had been diagnosed and treated. There were an estimated 1.1 million HIV-positive new TB cases, with almost one in four deaths among people with HIV due to TB. Multidrug resistant-TB cases (by definition, resistant to both Rifampicin and Isoniazid) reached approximately 650 000 with nearly 150 000 deaths.⁸

Such enormous figures provide only a glimpse of the extent to which millions of people and their families are suffering.

⁸ WHO Global Tuberculosis reports: http://www.who.int/tb/publications/global_report/en/, accessed 4 April 2013.

Major progress has been made worldwide in providing care and support to people affected by tuberculosis, but there are several specific aspects of the TB epidemic that require the renewed attention of political leaders, and, at the same time, the commitment of substantial human and financial resources from all sectors of society:

- TB diagnostic tools and an effective therapy for TB exist, but this does not mean that they are available and accessible to all those in need.
- TB is most effectively treated when there is a functional public health system capable not only of providing drugs at specialized point-of-care centres, but also of establishing regular contact with each patient. This entails follow-up for several months in order to ensure the continuation of a standardised treatment regimen, and the evaluation of treatment outcomes.

- Family and community members provide the daily support required by people affected by TB. These individuals need to be properly engaged, informed and supported in their efforts.

Only when these conditions are met can the cycle of TB transmission be curbed, as required by a sound public health approach.

Supporting the efforts to stop TB – led by civil society and the TB-affected community – is essential to ensuring their continued engagement in the fight against TB; this approach should be built into, and complement, any public health intervention. For this reason the Stop TB Strategy, launched by WHO in 2006, placed great emphasis on partnership and community engagement.

THE STOP TB PARTNERSHIP AND PARTNERING MOVEMENTS IN COUNTRIES

The Stop TB Partnership was established in 1998 as the 'Stop TB Initiative' – a global collaboration and social movement to stop TB. It is housed at WHO headquarters in Geneva. Currently, the partnership comprises 1000 organizations, including governmental development agencies, technical agencies, and non-governmental organizations (NGOs) such as civil society organizations (CSOs), faith-based organizations (FBOs), and patients' associations.⁹

Similarly, in several countries, analogous initiatives to start a TB partnership have been

based on the decision to join efforts to best address all aspects of this complex epidemic, rather than relying simply on the top-down approach that many national disease control programmes used in the past. Furthermore, this decision stems not only from the need for an intersectoral approach to the TB epidemic, and from the opportunities that multiple partners present, but also from the consideration that all those who are directly affected or are involved in the response to the TB epidemic should also be involved in the decision-making process and be supported in their efforts.

⁹ Stop TB Partnership [web site]: (www.stoptb.org, accessed 4 April 2013).

The decentralisation of services and functions within the health system may be considered an application of what is called, in social justice terminology, the principle of vertical subsidiarity (“lower” levels of the health system pyramid being supported and empowered with more responsibilities). But it is often not enough to ensure universal access to essential health services if existing human and financial resources (and often infrastructures) are insufficient.

The mission of a partnership between public institutions, the private sector and multiple types of NGOs is actually part of the horizontal subsidiary approach (moving horizontally, beyond the public health sector, supporting and working together with all other stakeholders).

The challenges posed by TB control at the global and country levels require this sort of innovative approach, capable of harnessing the contributions and supporting the efforts of all partners, to ensure that every TB patient has access to effective diagnosis, treatment and cure, in order to mitigate the human, social and economic toll of TB, and to stop the transmission of the disease.

The initiatives described in this publication and their initial – yet encouraging – results provide the best rationale for such a partnering approach.

Without neglecting the remarkable efforts and achievements of national partnerships in industrialized countries, it is really impressive to observe the momentum of commitment, solidarity and joint efforts that national partnerships have generated in developing countries. In many of these countries, public health services (and well-trained

human resources) are often concentrated around capital and major cities, while the population living in rural or remote areas has more difficulty accessing essential health services. Currently, it is quite common that NGOs take on the task of expanding health services to these rural or remote areas, beginning by initiating a dialogue with the local community in order to discover the local health needs and agree on priorities for the provision of services. It is both equitable and cost-effective for public health services to support these initiatives (directly financing activities, granting access to training, etc.). This ensures that essential care is available and accessible to all and, at the same time, it promotes people's involvement and co-responsibility for their own health. By supporting this approach and, in turn, being part of these partnerships for health, national governments can recognize and support (as part of the public system) the actors who institutionally do not belong to the state, yet contribute to the achievement of shared development goals.¹⁰

The joint decision to promote a partnership in a given country requires a commitment to start what is a demanding process. The main “steps” to initiate a national TB partnership consist of:

- an **exploratory component** – conducting an initial workshop that establishes a shared vision for the national TB partnership and maps the resources (financial, technical, human, networks, etc.) that each partner will contribute based on its core competencies and geographic reach;
- a **building component** – arriving at one national, operational TB plan (based on the national TB control strategy) that outlines the roles and responsibilities of partners based on their strengths;

¹⁰ Community involvement in tuberculosis care and prevention: towards partnerships for health. Guiding principles and recommendations based on a WHO review. Geneva, World Health Organization, 2008, pp.11–16 (WHO/HTM/TB/2008.397, available at http://whqlibdoc.who.int/publications/2008/9789241596404_eng.pdf, accessed 4 April 2013).

- a **maintenance component** – jointly mobilising resources and implementing the national operational TB plan, including the necessary monitoring and evaluation of the effectiveness and impact of agreed activities.¹¹

This methodology is validated by the experience of several national partnerships to stop TB that have developed over the past few years in very different countries. Good practices and lessons learned from the partnering process clearly emerge from the narratives of various stakeholders and partners interviewed from the 23 current national TB partnerships.

The lessons learned from these experiences go beyond the mere documentation of successful partnering initiatives and show the initial progress made towards a more holistic approach to the TB epidemic, with the active participation of all parts of society.

Health is a part of the common good that every society aims to achieve. People's responsibility and their spontaneous initiatives of solidarity can be strengthened through partnering initiatives that involve both public institutions and the non-state sector. This subsidiary approach leads to better health for all.

¹¹ Tennyson R. The Partnering Toolbook. The International Business Leaders Forum (IBLF) and the Global Alliance for Improved Nutrition (GAIN), 2003 (available at <http://www.energizeinc.com/art/subj/documents/ThePartneringToolbookMarch2004.pdf>, accessed 4 April 2013).



**HOW NATIONAL
TB PARTNERSHIPS
MAKE A DIFFERENCE AT
COUNTRY LEVEL**

There are currently 23 active national TB partnerships, and these partnerships are fairly evenly distributed in all six WHO regions: Africa, the Americas, South-East Asia, Europe, the Eastern Mediterranean, and the Western Pacific (see Box 1). The Eastern Mediterranean Partnership to Stop TB works with four national TB partnerships and other National TB Programmes (NTPs) to coordinate efforts to stop TB in the region. Although some national TB partnerships date

back to the 1990s, many were only founded in the past few years. There is also great diversity in the type of national TB partnership, as each one has been created to meet country-specific needs and available resources. Despite their differences, all national TB partnerships have successfully taken a people-centred approach and engage partners from various sectors to create a common platform to promote and sustain the participation of the non-state sector in public health initiatives.

A TB PATIENT WHO RECEIVES TREATMENT AT HOME THANKS TO THE SUPPORT OF HER NEIGHBOURS IN YUCATAN, MEXICO.



BOX 1:**PARTNERSHIPS IN HIGH-BURDEN COUNTRIES¹² AND IN WHO REGIONS****Partnerships in high-burden countries**

Afghanistan
 Bangladesh
 Brazil
 Cambodia
 China
 Democratic Republic of the Congo
 Ethiopia
 India
 Indonesia
 Kenya
 Mozambique
 Myanmar
 Nigeria
 Pakistan
 Philippines
 Russian Federation
 South Africa
 Thailand
 Uganda
 United Republic of Tanzania
 Viet Nam
 Zimbabwe

Partnerships in WHO regions and high-burden countries**AFRICA REGION**

Ghana
 Kenya
 Nigeria
 Swaziland
 Uganda

REGION OF THE AMERICAS

Brazil
 Canada
 Mexico
 USA

EASTERN MEDITERRANEAN REGION

Afghanistan
 Iran
 Pakistan
 Sudan
 Regional Partnership

EUROPEAN REGION

Italy
 UK

SOUTH-EAST ASIA REGION

India
 Indonesia
 Nepal
 Thailand

WESTERN PACIFIC REGION

Japan
 Republic of Korea
 Philippines
 Viet Nam

A PEOPLE-CENTRED RESPONSE TO THE TB EPIDEMIC

A global health epidemic such as TB requires a multifaceted approach. Simple diagnosis and treatment of TB patients is not enough to stop transmission of the disease, or to mitigate the human, social and economic toll that TB takes. The first step towards creating a people-centred response to the TB epidemic is often to change the concept of the disease as a solely medical issue. The TB-affected community's involvement in national TB partnerships is key to a people-centred approach, in which the experiences,

needs and concerns of TB patients are more frequently expressed and considered. Engaging indigenous groups in the planning, implementation and evaluation of TB care and prevention activities is key to ensure access to essential services to often marginalized populations, as they can provide crucial insights about the needs of their community. National TB partnerships are the perfect platform from which to raise awareness about the nature of the epidemic and engage the TB-affected community and indigenous groups.

¹² For more on high-burden countries: <http://www.stoptb.org/countries/tbdata.asp>, accessed 4 April 2013.

RAISING AWARENESS ABOUT THE COMPLEXITY OF THE TB EPIDEMIC

WHEN INDIVIDUALS, LOCAL COMMUNITIES, INSTITUTIONS, BUSINESSES AND OTHER ORGANIZATIONS ARE ENABLED BY THE NATIONAL TB PARTNERSHIP TO JOIN THE FIGHT AGAINST TB, ACTIVITIES EXPAND BEYOND MERE BIOMEDICAL INTERVENTIONS TO A MORE HOLISTIC APPROACH, PLACING EACH TB PATIENT AT THE CENTRE OF THE RESPONSE TO THE EPIDEMIC.

National TB partnerships promote participation and propose a change in health-care seeking behaviour. Once people learn more about TB and begin to create strong relationships with members of the partnership, the network of support to TB patients can expand. In Nigeria, partners report that this approach has made a difference at the community level by changing the general population's perceptions of and attitudes to TB. Prior to the partnership, TB was considered a medical issue to be handled by the health sector alone. Now, partners have noted a change in the

Prior to the national TB partnership in Nigeria, TB was considered merely a medical issue. Now, partners have noted a change in people's attitudes, with people considering TB to be a disease related to development, involving everyone.

population's attitudes, with people now considering TB to be a disease related to development, which involves every person in the community directly or indirectly. Raising awareness about the complexity of the TB epidemic and explaining that TB is not just a medical issue challenges new stakeholders to take on innovative and complementary roles in the fight against TB.

Linking TB to social determinants to illustrate it is not just a disease epidemic but also a social issue allows partners from different sectors to begin a more comprehensive strategy to reduce access barriers and address the socioeconomic factors that put people at a higher risk of TB.¹³ In Afghanistan, the national TB partnership has made a difference by involving more stakeholders from various sectors at the sub-national and community levels. There are many sectors that can support TB patients and their families in addition to the National Tuberculosis Programme (NTP). For example, the national TB partnership brings the community together through fundraising events that collect cash and in-kind donations to support TB patients and their families (Dr Karam Shah and Dr Mohammad Khaled – focal point and NTP manager, personal communication, 13 March 2012).

¹³ Lönnroth K, Jaramillo E et al. Tuberculosis: the role of risk factors and social determinants. In: Blas E, Sivasankara Kurup A, eds. Equity, social determinants and public health programmes. Geneva, World Health Organization, 2010, p.219–241 (http://www.who.int/sdhconference/resources/EquitySDandPH_eng.pdf, accessed 4 April 2012).

COLLABORATING CLOSELY WITH THE TB-AFFECTED COMMUNITY

The TB-affected community is an essential pillar of an effective national TB partnership because it is in a unique position to inform TB policy decisions and to best support TB patients. The TB-affected community fully understands the emotions and difficulties that TB patients experience on diagnosis and throughout treatment, making them a great resource in supporting patients during their personal struggle. Patients' associations can work with the entire community, reducing the stigma attached to TB in order to enhance social inclusion and promote community support mechanisms (Mr Arif Hemat – affected community, personal communication, 20 June 2012). In Nigeria, the TB-affected community has been involved in the national TB partnership since its inception, and has been crucial in identifying and engaging informal, patients' support groups (Mr Emmanuel Musa – TB-affected community, personal communication, 21 June 2012). Treating a patient means more than providing a diagnosis and a cure; engaging TB patients' associations that operate closer to the local community makes it possible to also address a patient's social and psychological needs.

The engagement of the TB-affected community within the national TB partnership can contribute in many ways to the provision of additional support to TB patients. The Sudanese TB Patients' Association was one of the founding members of the national TB partnership, and it works to reduce the socioeconomic toll of TB by expanding health education, distributing food baskets and providing a revolving fund for small business creation for TB patients (Hanadi Hussien Tajesir – affected community, personal communication, 18 May, 2012). Other ways the TB-affected community contributes

In Sudan, the TB-affected community contributes through advocacy, communication and social mobilization activities, community training sessions on TB, informing HIV/AIDS groups on TB/HIV co-infection, monitoring the availability of TB drugs and notifying authorities of shortages.

are through advocacy, communication and social mobilization¹⁴ activities, community training sessions on TB, informing HIV/AIDS groups on TB/HIV co-infection, monitoring the availability of TB drugs, notifying authorities if there are shortages, and participating in high-level advocacy to reduce stock-outs. One community representative in Uganda believes that it is the responsibility of the TB-affected community to give a human face to the disease, reducing the stigma and giving hope to patients (Prima Kazoora Musiimenta – affected community, personal communication, 20 June 2012). In Japan, one representative of the affected community believes that former TB patients could be engaged more to raise awareness in industrialized countries about the fact that TB is not a disease of the past (Mr Noboru Oba – affected community, personal communication, 22 June 2012).

¹⁴ For more on advocacy, communication and social mobilization: http://www.who.int/tb/people_and_communities/advocacy_communication/en/index.html, accessed 4 April 2013.

ENGAGING INDIGENOUS GROUPS

Engaging the indigenous community and its representatives in national TB partnerships is yet another way to reach TB patients on a personal level, ensuring that patients are supported beyond diagnosis and provision of medicines. Recent data estimate that there are 370 million indigenous people living in 70 countries.¹⁵ However, research on the prevalence of TB in indigenous groups globally has not yet been conducted. Aboriginal peoples represent only 4% of the population in Canada yet carry 21% of the burden of TB. Additionally, one report found that in 2007, the rate of reported active TB cases for one indigenous

group (First Nations) living on-reserve was 58.8 times higher than the Canadian-born non-Aboriginal population.¹⁶ The focal point at Stop TB Canada has noted that one of the major benefits of having a national TB partnership is in raising awareness among parliamentarians about TB in indigenous groups in Canada and globally. Stop TB Canada also supports the Global Indigenous Stop TB Initiative (GISI) that recently proposed and successfully secured funding for a TB intervention with Nigeria's Fulani people (Dr Anne Fanning – focal point, personal communication, 22 May 2012).

Aboriginal peoples represent only 4% of Canada's population yet carry 21% of the TB burden. One of the major benefits of having a national TB partnership is awareness-raising among parliamentarians about TB in indigenous groups globally and in Canada.

ENGAGEMENT OF PARTNERS BY CREATING A COMMON PLATFORM

THE UNIFIED VOICES OF ALL PARTNERS

SHARING A COMMON PLATFORM

ARE MUCH MORE POWERFUL THAN THE

SUM OF EACH INDIVIDUAL VOICE.

Although NTPs are responsible for the epidemiological aspects of TB prevention and care, there are many other activities that can be taken up by partners. These activities may be carried out by bilateral and multilateral agencies; local, national and international NGOs; private practitioners and traditional healers;

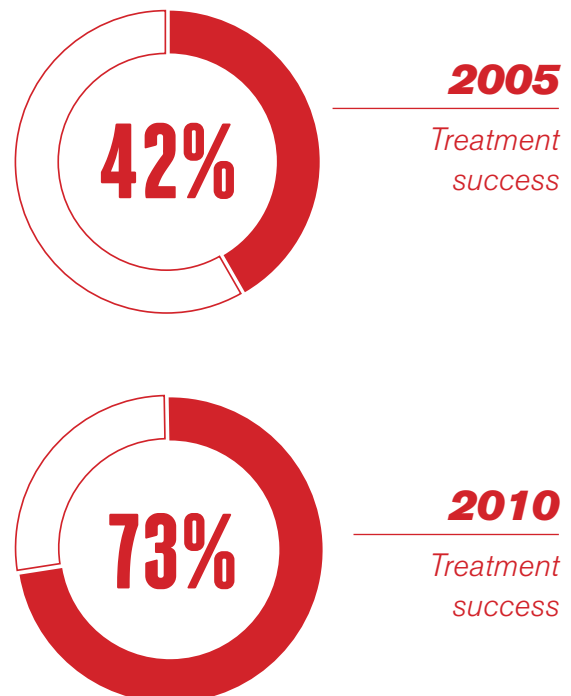
¹⁵ Indigenous Peoples, Indigenous Voices [factsheet]. New York, United Nations Permanent Forum on Indigenous Voices (http://www.un.org/esa/socdev/unpfii/documents/5session_factsheet1.pdf, accessed 4 April 2013).

¹⁶ Summary of Epidemiology of Tuberculosis in First Nations Living On-Reserve in Canada 2000-2008, Ontario, Health Canada, 2012 (http://www.hc-sc.gc.ca/fnihah-spnia/pubs/diseases-maladies/_tuberculos/tuberculos-epidemiio/index-eng.php, accessed 4 April 2013).

the business sector, and private individuals. The management of so many bilateral ties with all of these partners may be cumbersome for the NTP. For this reason, a national TB partnership offers a more effective way to coordinate the many partners active in the fight against TB. The NTP in India found merit in the fact that rather than contacting each organization on a single basis, the NTP can contact the national TB partnership as one common platform reaching a large number of organizations (Dr Kuldeep Singh Sachdeva – NTP representative, personal communication, 15 April 2012). The NTP in India and many other NTPs have found that the partnership streamlines yet widens communication, opening up a space for a rich dialogue with many different groups that represent a wide range of perspectives on the best practices to curtail TB in their country.

In addition to facilitating communication among the many non-state actors fighting TB and the NTP, national TB partnerships can create synergies based on the strengths of each partner, and avoid duplication. The focal point of Stop TB Swaziland noted that since the creation of the partnership, partners have begun to collaborate more frequently, enabling them to take on more responsibilities. For example, partners became the driving force for community-based care – the partnership builds the capacity of partners, supervises their work, and drafts and disseminates informative material for TB patients and communities. Treatment outcomes for TB suggest that since the establishment of the partnership in 2008, significant improvement has been made in TB prevention and care. In 2005, treatment success was only 42%, but by 2010 was 73%. Similarly, case detection rates rose from 48% to 66% in the same period (Dr Kefas Samson – focal point, 27 April 2012).

Treatment outcomes for TB suggest that since the establishment of the partnership in Swaziland in 2008, significant improvement has been made in TB prevention and care. In 2005, treatment success was only 42%, but by 2010 was 73%. Case detection rates rose from 48% to 66% in the same period.



The national TB partnership as a common platform for partners from multiple sectors is an advocacy tool in and of itself. The simple fact that the partnership represents so many voices means that even a small NGO can advocate at the highest levels. This is the case for Target TB in the UK, a small organization with only six members. Being a small organization, they did not have much of a voice when working

alone, but joining the UK Coalition to Stop TB made it possible for Target TB to express their opinions and bring their unique perspective to decision-makers at higher political levels. Through the Coalition, Target TB now advocates with the national government and the Department for International Development (DFID) to keep TB on the agenda (Ms Nikki Jeffery – partner, personal communication, 2 May 2012).

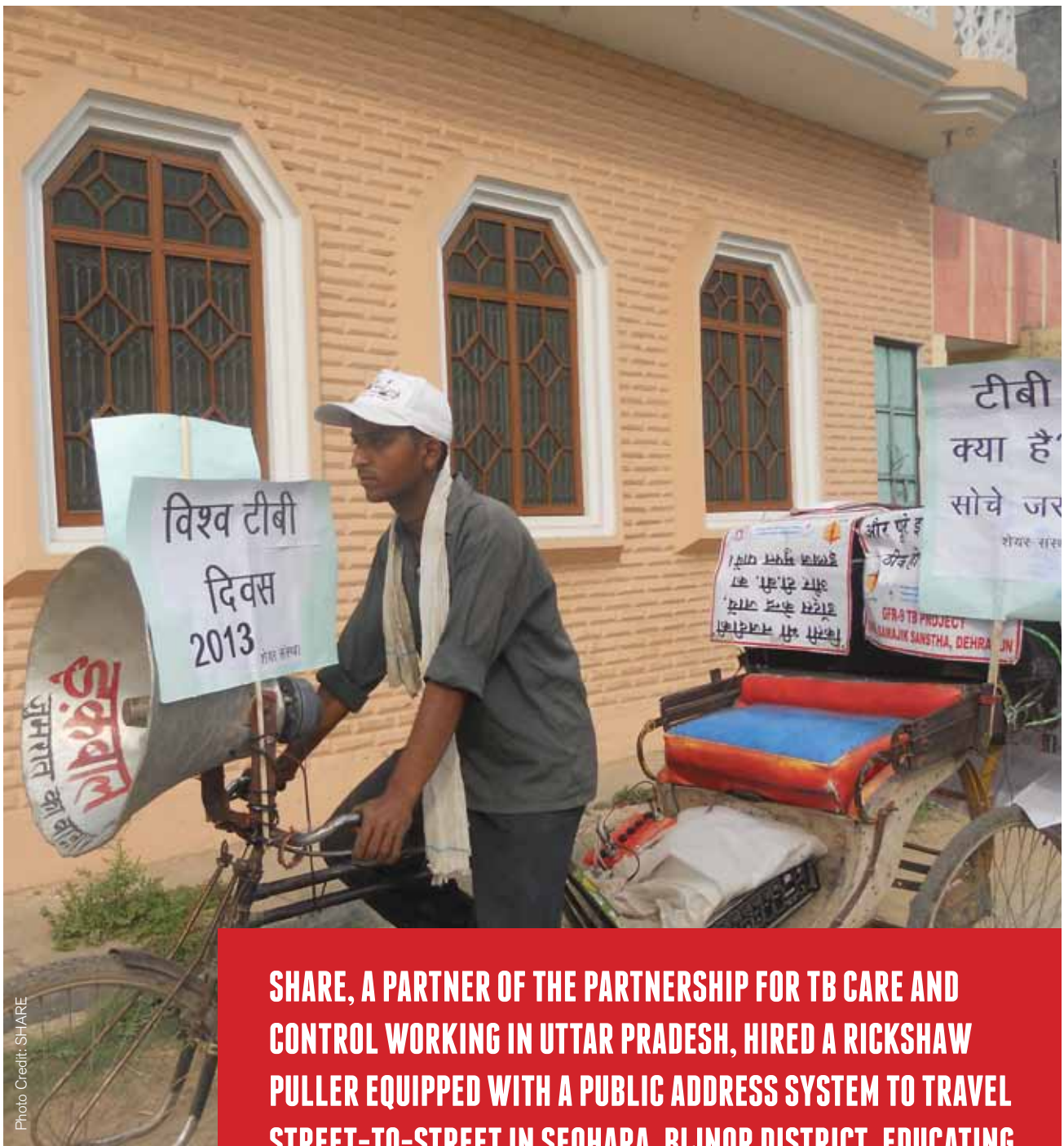


Photo Credit: SHARE

SHARE, A PARTNER OF THE PARTNERSHIP FOR TB CARE AND CONTROL WORKING IN UTTAR PRADESH, HIRED A RICKSHAW PULLER EQUIPPED WITH A PUBLIC ADDRESS SYSTEM TO TRAVEL STREET-TO-STREET IN SEOHARA, BIJNOR DISTRICT, EDUCATING RESIDENTS ABOUT TB.

PARTICIPATION OF THE NON-STATE SECTOR IN PUBLIC HEALTH INITIATIVES

NATIONAL TB PARTNERSHIPS ARE IN A UNIQUE POSITION TO GATHER TOGETHER A MORE DIVERSE GROUP OF STAKEHOLDERS WITH THE NTP, BRINGING A MORE SYNERGISTIC AND WIDER SOCIAL APPROACH TO TACKLING TB.

The greatest strength of a partnership is often the diversity of its partners. The nature of a complex disease such as TB requires a combined effort of many multisectoral partners and the NTP. National TB partnerships provide a forum to discuss gaps in

the national response to the epidemic and to identify strategies to build on the strengths and stimulate synergies among partners. The NTP is clearly a vital component of any national TB partnership, but equally vital are the professional/non-professional associations and private healthcare providers that interpret and implement NTP guidelines. Win-win partnerships with the business sector can be found by effectively using non-financial resources and providing TB prevention and care services for employees. Other non-state sector organizations that do not specialize in TB can also be engaged based on their expertise and strong ties to the community. Box 2 gives an idea of the range of different partners that can be involved in the national TB partnership.

BOX 2: **EXAMPLES FROM NATIONAL TB PARTNERSHIPS OF POTENTIAL STATE AND NON-STATE PARTNERS**

Opinion leaders:

- Traditional authorities, chiefs and queens – Stop TB Ghana
- Religious leaders and parliamentarians – Stop TB Afghanistan
- Local philanthropists – Stop TB Kenya
- Youth Association – Stop TB Partnership Korea
- Prominent politicians – Eastern Mediterranean Partnership to Stop TB
- Traditional healers – Partnership for TB Care and Control (PTCC), India

Public-Public partnerships:

- City police departments – Stop TB Pakistan
- Government ministries beyond ministries of health – Gerdunas, Indonesia
- Prison organisations and armed forces – Iran Stop TB Committee
- International Cooperation Agency – Stop TB Japan
- Food and drug regulatory agencies – Stop TB USA

Business sector:

- Rotary Club – Philippine Coalition Against Tuberculosis (PhilCAT)
- Multinational pharmaceutical companies – UK Coalition to Stop TB
- Non-health sector multinationals – Parceria Brasileira contra a tuberculose, Brazil
- Companies specializing in communications – Nigeria Stop TB Partnership
- Industrial sector – Stop TB Swaziland
- Car, oil and sports companies – Stop TB Partnership Sudan

Other non-state sectors:

- Human rights NGOs – Comité Alto a la Tuberculosis, Mexico
- Maternal and Child Health NGOs – Uganda Stop TB Partnership (USTP)
- Assemblies of indigenous groups – Stop TB Canada
- Mass organizations – Viet Nam Stop TB Partnership (VSTP)
- Immigrant rights' organizations – Stop TB Italia
- HIV/AIDS foundations, coalitions, NGOs etc. – Thailand Stop TB Partnership
- NGOs advocating for marginalized groups – Tuberculosis Control Network, Nepal

SECURING PUBLIC SUPPORT

A sound national health system cannot ignore non-state sectors and their efforts to contribute to public health. At the same time, actively involving partners from non-state sectors reflects the determination of the NTP to build non-state sector capacity, and to recognize and support the services it provides. In the case of Ghana, the NTP was willing not only to recognize and support non-state partners, but also to request their support in service delivery. The NTP made significant contributions to the national TB partnership by financing trips around the country to meet potential partners, and invite

them to join the partnership. Now the partnership has almost 120 small, local implementing partners along with others such as international organizations (Dr Frank Bonsu – NTP manager, personal communication, 30 May 2012). There are some national TB partnerships that began as civil society movements and only engaged the NTP at a later stage. However, there are no currently active national TB partnerships that do not have public sector support and participation. Securing strong public support is the first step in bolstering the participation of the non-state sector.

PROFESSIONAL/NON-PROFESSIONAL ASSOCIATIONS

Once the NTP is on board, one of the national TB partnership's most important roles is to identify and engage potential partners by discovering their untapped resources and capabilities. For example, prior to partnering, the Indonesian Pharmacists' Association did not have a specific role in TB care, but now it provides essential support to the NTP. The association's new role is not only to double-check that doctors have given the correct treatment according to NTP guidelines, but also to explain

how the treatment works, emphasise treatment completion and provide additional support to patients (Ms Dyah Mustikawati – NTP manager, personal communication, 18 June 2012). Many existing national TB partnerships have found there are many partners from the non-state sector who previously were not responsible for the provision of TB services or medicines, but can contribute in new ways to the coordinated efforts of the national TB partnership.

PRIVATE HEALTHCARE PROVIDERS

Private healthcare providers are often an essential part of the national TB partnership, as they have direct contact with potential TB cases, and can complement the NTP in its efforts to increase the case detection rate in the country. One such example comes from the

Philippine Coalition against Tuberculosis, or PhilCAT, which successfully implemented the Private-Public Mix (PPM)¹⁷ strategy through Global Fund Rounds 2 and 5. In planning for PPM implementation, it was discovered that the missing link was a referral system

¹⁷ Private-Public Mix for TB Care and Control: A Tool Kit. Geneva, World Health Organisation, 2010 (http://www.stoptb.org/wg/dots_expansion/ppm/assets/documents/PPM%20Toolkit%20full%20version.pdf, accessed 4 April 2013).

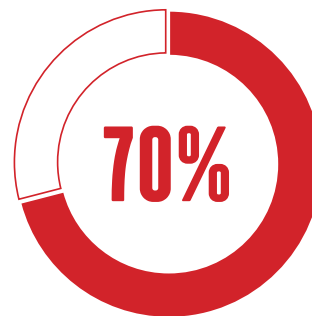
to connect private practitioners to public facilities. After the implementation of the PPM strategy, the case detection rate exceeded the 70% target. The strategy was scaled up to the national level, where the case detection rate reached 76%, 6% of which was directly attributable to the PPM strategy (Ms Amelia Sarmiento – focal point, personal communication, 26 March 2012). The contribution of PhilCAT allowed for the streamlined referral system, bonding together the public and private systems, which ultimately led to concrete results in TB prevention and care.

INNOVATIVE BUSINESS SECTOR ENGAGEMENT

Building relationships with non-state sector partners is not always immediate, because, unlike the NTP, these partners do not have an institutional mandate for TB prevention and care. The Uganda Stop TB Partnership (USTP) created strong ties with the non-state sector by recognising the specific skills of their partner, Posta Uganda. The first agreement was based on matching their marketing and communications skills with the medical expertise of USTP to create a postage stamp with TB and TB/HIV educational messages. Posta Uganda agreed to collaborate further, this time involving more partners (Foundation for Innovative New Diagnostics (FIND) and the national TB reference laboratory). This new agreement allowed for the use of postal service buses and offices to deliver specimens to the laboratory, and results back to the source.¹⁸ When national TB partnerships engage partners by recognising the importance of what they can specifically contribute, it is possible to build stronger and longer lasting relationships based on mutual recognition and trust.

National TB partnerships are able to create strong ties with the business sector to fight TB when non-

The Philippine Coalition against Tuberculosis successfully implemented the Private-Public Mix (PPM) strategy through Global Fund Rounds 2 and 5. In planning for PPM implementation, a referral system connecting private practitioners to public facilities was found to be a ‘missing link’. After the PPM strategy, case detection exceeded the 70% target.



After the PPM strategy, case detection exceeded the 70% target.

financial resources of the partner are recognized as valuable by the partnership. Box 3 shows three different ways in which one business sector partner, pharmaceutical company Eli Lilly, has contributed to fight TB in three different countries. Working with any private company that employs a large number of people can be a win-win situation for the NTP and the company itself. In Pakistan, a Memorandum of Understanding was drawn between a fast-food company and the national TB partnership in which the company promised, for World TB Day, to print

¹⁸ Collection of good practices/lessons learned from partnering initiatives at country level – March 2011. Kampala, Uganda Stop TB Partnership, 2011 (http://stoptb.org/assets/documents/countries/partnerships/gp_Uganda.pdf, accessed 4 April 2013).

and provide space for educational material in their outlets; provide badges for staff to wear; decorate outlets with the World TB Day brand, and provide 20 free meals to lucky draw winners. The company agreed to continue leaving space for TB materials in their outlets in exchange for TB information sessions

for its staff.¹⁹ The national TB partnership was successful in creating a long-term partnership with the business sector because of their recognition and appreciation of the non-financial resources that the fast-food company possesses, instead of merely seeking a financial contribution.

BOX 3:
**THREE
COUNTRIES AND
THREE WAYS
ELI LILLY IS
CONTRIBUTING
TO STOP TB**

Patient support: In Brazil, Eli Lilly trained local people in the Rocinha community (a poor part of Rio de Janeiro with a very high burden of TB) to best support patients to complete treatment. With an increased awareness about TB, the first support group for TB patients (GAEXPA) was established in Rocinha (Ms Nadja Faraone – partner, personal communication, 18 May, 2012).

Referrals: In India, Eli Lilly provided training to traditional healers, leading to an increase in referrals to local health centres. These health centres noted an increase in diagnoses and sputum samples (Ms Darivianca Laloo – focal point, personal communication, 15 March 2012).

Media engagement: Training from Eli Lilly Italy and Eli Lilly MDR-TB in communications skills complemented the partnership's strong base of medical expertise. During this collaboration, the partnership held an event in the Senate and launched an educational campaign about TB in Italy (Ms Lara Viganò – focal point, personal communication, 12 April, 2012).

PUBLIC-PUBLIC PARTNERSHIPS

Determining the objectives and needs of public institutions beyond the Ministry of Health, the partnership in Pakistan established an innovative collaboration with the Islamabad Traffic Police (ITP). The partnership recognized that traffic police officers could be a strong force in awareness-raising, given their direct interaction with so many people each day, and the ITP were eager to protect their officers from TB. On World TB Day, the traffic police officers were asked to wear TB badges, participate in awareness-raising activities, and disseminate information. In return, the ITP was acknowledged for their contributions in the fight against TB in national media, and their officers

On World TB Day, the traffic police were asked to wear TB badges, participate in awareness-raising activities, and disseminate information. In return, the ITP was acknowledged for their contributions in the fight against TB in national media, and their officers were more aware of TB.

¹⁹ Stop TB Partnership Pakistan (STP) Outreaching Non-traditional Partners (http://stoptb.org/assets/documents/countries/partnerships/nontradpartners_website.pdf, accessed 4 April 2013).

were more aware of TB.²⁰ The Iranian Stop TB Committee also has long-standing ties to other public institutions. For example, the NTP, the Prison Organisation of Iran, the Centre for Disease Control (CDC), and Massih Daneshvari Hospital

announced in May 2012 that a TB ward will be built at the hospital, to be completed by January 2014 at the latest. Additionally, there will be training sessions on TB and HIV for all health workers at the Prison Organisation of Iran.²¹

NGOs, ASSOCIATIONS AND FEDERATIONS

THE NTP CAN MAKE GREAT PROGRESS IN TB PREVENTION AND CARE WITH THE HELP OF PARTNERS WHO HAVE STRONG ROOTS IN THE COMMUNITY.

Innovative partnerships with other members of the non-state sector, such as NGOs, associations and federations, can be extremely successful, especially if these collaborations make good use of the non-financial resources of their partners. In the case of Brazil, the Association of the GLBT (Gay, Lesbian, Bisexual and Transgender) Parade of São Paulo has begun activities working towards destigmatising TB and raising awareness about TB/HIV co-infection in the GLBT community. Another partner, the Girl Scouts' Federation of Brazil (Federação de Bandeirantes do Brasil), has been an active member of the national TB partnership and has helped to fight TB by organising awareness-raising activities on the rights of patients, public health and treatment in the subway of São Paulo

and at the Fórum do Futuro (Ms Nadja Faraone – partner, personal communication, 18 May 2012). A message about TB coming from peers rather than a government office can have a stronger impact on the target audience. Local partners can most effectively encourage people to seek medical advice if they have any TB symptoms. The NTP manager is pleased with the results because partners are spreading the word about measures taken by the government to improve diagnosis, treatment and quality of services. Additionally, the combined voice of many partners, through the national TB partnership, gives the NTP an extra edge when advocating for budget support to maintain a high quality of care (Dr Draurio Barreira – NTP manager, personal communication, 28 April 2012).

²⁰ Stop TB Partnership Pakistan (STP) Outreaching Non-traditional Partners (http://stoptb.org/assets/documents/countries/partnerships/nontradpartners_website.pdf, accessed 4 April 2013).

²¹ 34th Meeting of the Iranian Stop TB Committee (<http://www.stoptb.org/assets/documents/countries/partnerships/IranianSTB.pdf>, accessed 4 April 2013).



**MAIN ACTIVITIES
REPORTED BY NATIONAL
TB PARTNERSHIPS**

National TB partnerships provide a perfect platform for bringing together partners from multiple sectors to join the fight against TB. When there is a partnership in place to coordinate partners and facilitate communication among different sectors, it is possible to streamline all activities using a single strategy and one national plan. Within a national TB partnership, the members have a greater voice as a unified force, and can more effectively advocate for human and financial resources for TB interventions. Partners can also carry out TB-prevention activities,

such as raising awareness among the local community in an effort to change health care-seeking behaviour. Raising awareness and engaging non-state healthcare providers will support the NTP by increasing the number of referrals to public health centres and eventually improving the success of treatment. Since there are country-specific challenges to be faced in TB prevention and care, each existing national TB partnership has reported variations of these main activities, adapting their strategy based on the local or national context.

COORDINATION AND HARMONIZATION OF ACTIVITIES TO STOP TB

NATIONAL TB PARTNERSHIPS CAN BUILD ON SHARED GOALS BY SUPPORTING THE NTP IN HARMONIZING TB PRACTICES AMONG PUBLIC, PRIVATE AND TRADITIONAL HEALTHCARE PROVIDERS, THEREBY ENHANCING EACH INDIVIDUAL HEALTHCARE PROVIDER'S ABILITY TO PROVIDE THEIR PATIENTS WITH QUALITY TB CARE BASED ON THE MOST RECENT DATA ON TB PREVENTION AND CARE.

RECOGNIZING EACH PARTNER'S CONTRIBUTION

National TB partnerships that are able to coordinate the activities of a variety of actors from multiple sectors under one comprehensive national TB plan create an atmosphere of mutual recognition for the partners' contributions, which in turn increases partners' motivation to collaborate. In India, the NTP noted certain areas where the treatment success rate was lower than the national average. It mobilized the Christian Medical Association of India (CMAI) because of its core competency working with marginalized groups, and their geographic reach in the target areas.

CMAI found volunteers to raise awareness about TB, to refer people to public health centres if they had any TB symptoms, to encourage TB patients to adhere to their treatment, and to help in sputum collection and transportation. The NTP also trained volunteers identified by CMAI to become accredited community DOTS providers. Since the involvement of CMAI, the state-level treatment success rate has increased, and the NTP has given increased recognition at the national level to CMAI for their contributions to the national plan (Dr Abhijeet Sagma – partner, personal

communication, 15 March 2012). Clearly stating the goals of the national TB partnership, finding partners to contribute to the achievement of these goals, and monitoring the progress on these goals allows partners to see the difference they can make and perhaps even discover new opportunities for making an even greater impact.

The national TB partnership supports the NTP by expanding access to TB services and ensuring that

private healthcare is in line with the national TB plan. For example, NGOs focus on traditional healers or homeopathic private practitioners while the Indian Medical Association focuses solely on allopathic practitioners in order to avoid duplication of activities (Dr Kuldeep Singh Sachdeva – NTP manager, personal communication, 15 March 2012). The national TB partnership provides a platform for fitting the set of skills, geographic reach and core competencies of each partner into a shared plan to fight TB.

WORKING UNDER A COMMON FRAMEWORK

Another way that the national TB partnership can best coordinate activities among partners is to create a common policy based on a vision all partners can share. In Afghanistan, the emergency situation brought in numerous donors from a wide range of donor countries, and each organization had its own institutional mandates and priorities that drove TB activities. Once these donors were integrated into the national TB partnership, the multilateral and bilateral agencies allied themselves with NGOs and the NTP, adopting one common policy (Dr Karam Shah and Dr Mohammad Khaled – focal point and NTP manager, personal communication, 13 March 2012). Conflict or emergency situations, in which the national government is not able to provide basic services in all parts of the country, clearly require a coordinated effort to bring all people the essential health services they need. The partnering approach has proved to be effective in bringing together the many partners involved not only in emergency or conflict situations, but also in countries that face challenges with coordination of a fragmented international aid system.

Often one of the first actions of a national TB partnership is to ensure that all partners have a common framework for the prevention and care of TB. In many countries, the common framework is

The emergency situation in Afghanistan brought numerous donors from a wide range of countries, and each had its own institutional mandates and priorities for TB activities. Once donors were integrated into the national TB partnership, multilateral and bilateral agencies allied themselves with NGOs and the NTP, adopting one common policy.

provided by the NTP and is based on international standards proven to be the most effective to curtail TB. In the case of Canada, where there is a low burden of TB, there was a standard procedure for

treating TB. The national TB partnership, however, took the initiative one step further by standardising the information given to patients in a national patient manual. This manual has been disseminated to provincial TB controllers and other partners to ensure that all TB patients have full access to TB information and supportive advice on coping skills (Dr Anne Fanning – focal point, personal communication, 22 May 2012). Standardising patient care is a way to ensure that all patients are aware of their rights to quality care and are properly supported in treatment. The NTP may not have the resources to create a standardised patient manual, so a national TB partnership can complement the NTP to constantly enhance efforts to reduce and ultimately eliminate TB.

In Mexico, one of the NTP's major challenges was overcome with the help of the national TB partnership in a joint effort to translate all of the major international standards relating to TB into Spanish, and to create other standardised guides that would apply to all health establishments nationwide. The national TB partnership helped to translate guides on the following key themes: HIV/TB co-infection; paediatric care of TB; a nursing guide for caring for TB patients; management of direct microscopy and laboratory studies; a practical guide to improve the

quality of services for TB patients (supported by the Pan American Health Organisation). The main goal of creating these guides was to establish a holistic approach that puts patients at the centre of any action and engages local groups in standardised TB interventions (Dr José Antonio Martínez – partner, personal communication, 21 May 2012). National TB partnerships can build on shared goals by supporting the NTP in harmonizing TB practices among public, private and traditional healthcare providers, thereby enhancing each individual healthcare provider's ability to provide their patients with quality TB care based on the most recent data on TB prevention and care.

The partnering approach can also take partners who were once competing for financial resources, and bring them together on a common platform for resource mobilization. In India, a 2010 Global Fund grant gave way to Project Axshya (meaning "TB free"), which engages many partners depending on their geographic reach and competencies. The broad scope of sub-recipient partners made it possible to implement service delivery activities in 374 districts across 23 states of India, reaching approximately 744 million people by 2015 (Ms Darivianca Laloo – focal point, personal communication, 15 March 2012).



Photo Credit: MAMTA HIMC

A TB AWARENESS PROGRAMME ORGANIZED BY MAMTA-HIMC, A PARTNER OF THE PARTNERSHIP FOR TB CARE AND CONTROL, AT MAHA KUMBH, ALLAHABAD, UTTAR PRADESH, INDIA.

JOINT EFFORT TO ADVOCATE FOR MORE HUMAN AND FINANCIAL RESOURCES FOR TB INTERVENTIONS

The NTP can be supported by the national TB partnership in terms of maintaining political pressure to keep TB on the national health and development agenda. In Brazil, one of the major accomplishments of the national TB partnership was to successfully advocate for a public audience on TB in the National Congress. In the meeting there were 24 congressmen, former ministers and former senators discussing a Parliamentary League against TB. Thanks to their political support and the work of the national TB partnership, there is now a group in Congress to lobby for the creation and approval of laws that promote actions to curb the TB epidemic. Additionally, political pressure levied by the partnership resulted in the government allocating US\$ 74 million as TB budget, which is about 14 times more than the 2002 allocation – approximately US\$ 5.2 million. The national TB partnership has also helped gain political sway in Congress that will hopefully lead to legislation that favours TB patients. Lastly, the national TB partnership is advocating to include TB patients in the government project called Brasil sem miséria (“Brazil with no poverty”), that focuses on helping those under the poverty line (Dr Draurio Barreira – NTP manager, personal communication, 28 March 2012). Engaging political leaders and decision-makers in the national TB partnership can mean securing more funding, so that the NTP can dedicate more human and financial resources to the fight against TB.

By building on non-financial resources, such as the human capital, political ties and strengths of each partner, national TB partnerships can work towards greater financial stability. In Viet Nam, the engagement of mass organizations has allowed

**IN THE LONG TERM,
A LARGE NETWORK OF PARTNERS
WILL BE A STRONG ADVOCACY TOOL
TO MOBILIZE FINANCIAL RESOURCES
AT THE NATIONAL LEVEL.**

the national TB partnership to reach half of the population: the Farmers' Union reaches 10 million people, the Women's Union reaches another 14 million, the Youth Union reaches 6 million, the Viet Nam Red Cross 10 million, and the Viet Nam Veteran's Association 3.5 million (Dr Bruce Struminger – partner, personal communication, 1 May 2012). Prior to the partnership, these mass organizations had very little involvement in TB, but after the capacity building and engagement of these groups, they have carried out many educational activities and contribute towards changing healthcare-seeking behaviour. Additionally, the support of mass organizations allowed the partnership to advocate at the highest levels of government. The partnership was able to make strong ties with the General Assembly and several departments of the ruling party, such as the departments of communications and training, and of culture and social affairs, which has helped generate political capital at a national level (Professor Nguyen Dinh Huong – chair of partnership, personal communication, 2 May 2012). Tapping into the non-financial resources of partners can allow the national TB partnership to implement more activities at low or zero cost.

RAISE THE GENERAL POPULATION'S AWARENESS ABOUT TB

Raising awareness about TB is one of the most important ways that national TB partnerships support the NTP. The role of the NTP is very clear when it comes to the provision of services in public facilities. However, when the patient leaves the facility, or before the patient even arrives, there are many entry points for other organizations to raise awareness about the symptoms of TB, how to reach health facilities and the importance of treatment completion. For instance, the Boy Scout Association in Pakistan plans to mobilize the scouts to raise awareness about the symptoms of TB and the importance of treatment completion once diagnosed with TB. Since girls have recently been included in the association, this could mean involving even more young volunteers than the half a million boy scouts currently engaged. The national TB partnership also established patients' groups in each NTP district, and these groups work to empower patients to use their personal experience of TB to design effective messages in awareness-raising campaigns.

When more organizations are made aware of the challenges TB poses, they may realize that they too can join the fight against TB. As seen in Box 4, it is only when partners realize that TB is a global health epidemic requiring a coordinated effort that they may decide to become involved. Raising awareness about the burden of TB and focusing attention on high-risk groups has been a successful combination for the national TB partnership in Uganda. NGOs working in camps for internally displaced persons were trained by the partnership on microscopy and this led to an improvement in case detection in these

STAKEHOLDERS CAN ONLY BECOME ENGAGED IN TB PREVENTION AND CARE IF THEY ARE MADE AWARE OF THE COMPLEX NATURE OF TB, AND WHY IT REQUIRES A MULTISECTORAL APPROACH.

hard-to-reach areas (Dr Francis Adatu – former NTP manager, personal communication, 19 March 2012). In Swaziland, the partnership has responded to the growing threat of TB/HIV co-infection by raising awareness about TB among HIV patients' groups. The members of Swaziland Positive Living (SWAPOL) report to the NTP about the quality of TB services from the local perspective, working from the bottom-up. SWAPOL also brings national and global developments, news and information about TB to local communities, translated into local languages (Mrs Siphwe Hlophe – TB-affected community, personal communication, 21 June 2012).

Fighting stigma associated with TB requires an awareness-raising strategy that goes beyond simply informing people about TB symptoms. The national TB partnership in Sudan raises awareness through Zain, a telecommunications partner with an estimated 13 million subscribers. Zain began to include awareness-raising information about TB in their internal communications, and externally the company provided TB patients with free SIM cards and held T-shirt giveaways that raised

The Boy Scout Association in Pakistan plans to mobilize scouts to raise awareness of the symptoms of TB, and the importance of treatment completion once diagnosed with TB.

BOX 4:

ASK THE PARTNERSHIP:

Why is it important to raise awareness?

Eastern Mediterranean Region and Brazil share their stories

Eastern Mediterranean Region: “It is clear that the awareness about TB, and the treatment and adherence to treatment has improved. An example is that before people thought that TB had been eradicated in the region and with the new cases they did not understand why TB came back as an emergency issue. This means that they were not aware about TB, as TB was never really eradicated from the region. Now we have managed to have publications in the media, we have meetings in congresses, we have supported the NTPs for early case detection, management of risk groups, and stress on compliance of patients and regularity of treatment” (Dr Mohammad Tageldin – focal point, personal communication, 18 June 2012).

Brazil: “Before the partnership, TB was considered a government issue. There was no involvement of other sectors such as the civil society – mainly because the population did not have a notion on the size of the problem TB played in the country. The government, through the NTP, started to inform and gather stakeholders. The partners committed to discussing TB in their institutions, in the areas they work and come up with proposals to improve the situation in Brazil... Today, meetings and projects related to TB are more frequent, the TB dialogue has increased considerably in Brazil among the different sectors” (Ms Nadja Faraone – partner, personal communication, 18 May 2012).

awareness about TB (Mr Salah Fadl Alla Ahmed – partner, personal communication, 29 May 2012). As seen in Box 5, Sudan also participated in the Eastern Mediterranean Partnership’s Million Youth March on World TB Day in 2009. The march engaged almost 2 million young people in public demonstrations aiming to show their support for TB patients and to bring more attention to the disease. Fighting stigma is an essential element of any awareness-raising activities, because simply providing information about TB symptoms may

not be enough to properly persuade people to visit their local health centre.

Partnerships can facilitate these types of collaboration by strengthening internal communication among partners. Enhanced communication may allow partners to see their own strengths in a new light, prompting them to offer to train other partners in this area. In India, partners’ newsletters²² and meetings have been very valuable because it gives partners a



EGYPTIAN YOUTH CELEBRATE WORLD TB DAY AS PART OF THE MILLION YOUTH MARCH, 2009.

²² Partnership for TB Care and Control [newsletters] (<http://www.tbpartnershipindia.org/Newsletters.asp>, accessed 4 April 2013).

BOX 5:**NUMBER OF YOUTH FROM EACH COUNTRY WHO PARTICIPATED IN THE MILLION YOUTH MARCH**

Country	Number of youth
Afghanistan	1 200 000
Bahrain	100
Djibouti	12 000
Egypt	7000
Iran	25 000
Iraq	700
Jordan	900
Kuwait	300
Libya	1000
Morocco	5000
Oman	1200
Pakistan	530 000
Qatar	5 000
Saudi Arabia	30 000
Somalia	20 000
Sudan	10 000
Syria	10 000
Tunisia	4000
United Arab Emirates	200
Yemen	3600
Total, Million Youth March	1 866 000

chance to share their own knowledge and learn from others. Keeping the channels of communication open and freely sharing information within the national TB partnership also allows for cross-fertilisation of ideas and techniques from partners operating in different sectors. For example, PATH opened up its internal advocacy, communication and social mobilization training sessions to other partners from the national TB partnership and Eli Lilly trained partners on how to engage with the media (Ms Darivianca Laloo – focal point, personal communication, 15 March 2012).

Raising awareness with the help of national celebrities, health and science experts, business leaders and other influential opinion leaders can strengthen the message and expand the reach to a larger audience. In December 2011, the Stop TB Partnership and the International Federation of Red Cross and Red Crescent Societies (IFRC) hosted a meeting for national Champions against Tuberculosis²³ in Geneva, where nine national champions met to share their strategies on raising awareness in their countries.²⁴ The national champion from Sudan, Professor Awad Ibrahim Awad, who has taken up the role of Chair of Stop TB Sudan, helps to design the partnership's stop TB messages so that people can realize that TB is a curable disease, and there is no reason to be ashamed or isolated from the community. The national TB partnership spreads this message through media campaigns on radio, TV and in newspapers, and asks partner organizations and companies to educate their staff on TB (Professor Awad – stop TB champion, personal communication, 29 May 2012).

²³ Champions against Tuberculosis: A practical guide to collaborative partnerships with national celebrities. Geneva, Stop TB Partnership and World Health Organization, 2012 (http://www.stoptb.org/assets/documents/resources/publications/acsm/handbook_champions_Web.pdf, accessed 4 April 2013).

²⁴ Awad Ibrahim Awad (TV presenter, Sudan), Sonia Goldenber (journalist and director, Perú), Behrooz Sabzwari (actor, Pakistan), Obour (pop singer, Ghana), Zaal Chikobava (theatre director, Georgia), Gerry Elsdon (TV presenter, South Africa), Deepak Raj Giri and Deepasri Niraula (actors, Nepal), and Rania Ismail (actor, Jordan).

IMPROVING ACCESS: PARTNERS CONTRIBUTE TO CASE DETECTION AND CARE

SINCE NATIONAL TB PARTNERSHIPS CAN PROVIDE MORE THAN JUST INFORMATIONAL MATERIAL TO TB PATIENTS, THEIR PEOPLE-CENTRED APPROACH IS ABLE TO PRODUCE CONCRETE RESULTS IN TERMS OF IMPROVING HEALTHCARE-SEEKING BEHAVIOUR AND TREATMENT COMPLETION.

TB-prevention activities of national TB partnerships can produce concrete results, measurable in terms of national TB indicators. The NTP in Mexico noted that through the work of the partnership, there has been an increase in the number of patients seeking medical advice if they have TB symptoms.

The work of the NTP can now be less focused on finding patients and more focused on preparing their staff and TB centres for receiving more patients. Additionally, the national TB partnership raised awareness among schools, NGOs, the Human Rights Commission and organizations focused on HIV/AIDs and diabetes to help them integrate TB awareness into their organizations (Dr Martin Castellanos – NTP manager, personal communication, 17 May 2012). TB-prevention activities are a fundamental way in which national TB partnerships support and complement the NTP so that people change their healthcare-seeking behaviour.

After a patient has been referred to the health centre, diagnosed with TB and given the proper instructions for treatment, it can be difficult for the NTP to follow-up with all patients to ensure treatment completion. National TB partnerships, through their partners, can support TB patients during the entire period, from



COMMUNITY VOLUNTEERS IN GHANA RECEIVE TRAINING IN RAISING AWARENESS ABOUT TREATMENT COMPLETION.

the first TB symptoms to the successful completion of treatment. In Ghana there has been a major improvement in reducing the number of people who interrupt their treatment since the creation of the national TB partnership. Partners began to support patients at the community level by reducing stigma, engaging traditional authorities such as African queens and chiefs, and raising awareness about treatment completion. In the major cities there has been great success: in Accra the default rate went from approximately 50% to 0.8%, while in Kumasi the default rate has decreased to zero (Dr Frank Bonsu – NTP manager, personal communication, 30 May 2012). There are many entry points for the non-state sector to take on new roles in promoting public health.

Engaging partners who are operating in areas that are not covered by government health services is key to ensuring universal access to essential TB services; a coordinating mechanism such as a national TB partnership plays an important role in establishing such a collaboration and in advocating for adequate distribution of resources, based on the delivery of services. In Swaziland, the NTP integrated inputs from partners in the National Strategic Plan 2010-2015. This plan was used as the basis for a Global Fund proposal, and now the national TB partnership's secretariat and activities of implementing partners are financed by this grant. Collaboration with community-based partners all over the country has allowed for strengthened case detection mechanisms and the extension of TB services to hard-to-reach areas. The NTP is now supported by many partners, and each partner is clear about their specific role in expanding access to TB prevention and care (Themba Dlamini – NTP manager, personal communication, 9 July 2012). The increased coordination of partners' activities through a national TB partnership has allowed for improved access to essential health services.

National TB partnerships give partners the support they need to most effectively fight TB and expand access to TB services. In Uganda, the NTP is able to focus resources on expanding TB services now that the national TB partnership has taken greater responsibility for awareness-raising and advocacy. Although the direct impact of each member of the national TB partnership has not yet been measured, the NTP has noted the improvements in the availability and quality of TB diagnostics services, the enhanced collaboration between TB and HIV healthcare providers, and the greater engagement of local, small NGOs in providing additional support to TB patients. As a part of the commitment to the partnership, one NGO hospital initiated a programme to strengthen laboratory quality assurance and to build capacity for supervision of microscopy centres (Dr Francis Adatu – former NTP manager, personal communication, 19 March 2012). Since national TB partnerships can provide more than just informational material to TB patients, their people-centred approach is able to produce concrete results in terms of improving healthcare-seeking behaviour and treatment completion.

The Thailand Stop TB Partnership is starting to be considered by the national TB programme as a means to address a series of challenges in the country. Migrants from neighbouring countries cannot benefit from the country's health insurance schemes, and therefore have limited access to TB diagnosis and treatment. The problem has been successfully addressed by a number of NGOs, supported through Global Fund resources, who have been able to win the confidence and collaboration of community leaders from migrant populations. While the Global Fund is phasing out, the national programme and NGOs involved with it are planning to continue their collaboration through the national partnership.



**PARTNERING
PROCESS**

The Stop TB Partnership Secretariat has collected information and concrete experiences since its inception, most recently from questionnaires on good practice and lessons learnt from national TB partnerships²⁵ and from stakeholder interviews. This information has allowed the Secretariat to reconstruct a rough outline of an effective partnering process, based on national TB partnerships' experiences.²⁶ During the course of the stakeholder interviews, many elements of the partnering process, as seen in Box 6,²⁷ were reaffirmed and expanded upon. The main elements of the partnering process are threefold:

- **Exploratory component:** Conducting an initial workshop that establishes a shared

vision for the national TB partnership and maps the resources (financial, technical, human, networks, etc.) that each partner will contribute based on its core competencies and geographic reach.

- **Building component:** Arriving at ONE national, operational TB plan (based on the national TB control strategy) that outlines the roles and responsibilities of partners based on their strengths.
- **Maintenance component:** Jointly mobilising resources and implementing the national operational TB plan, including the necessary monitoring and evaluation of the effectiveness and impact of the agreed activities.

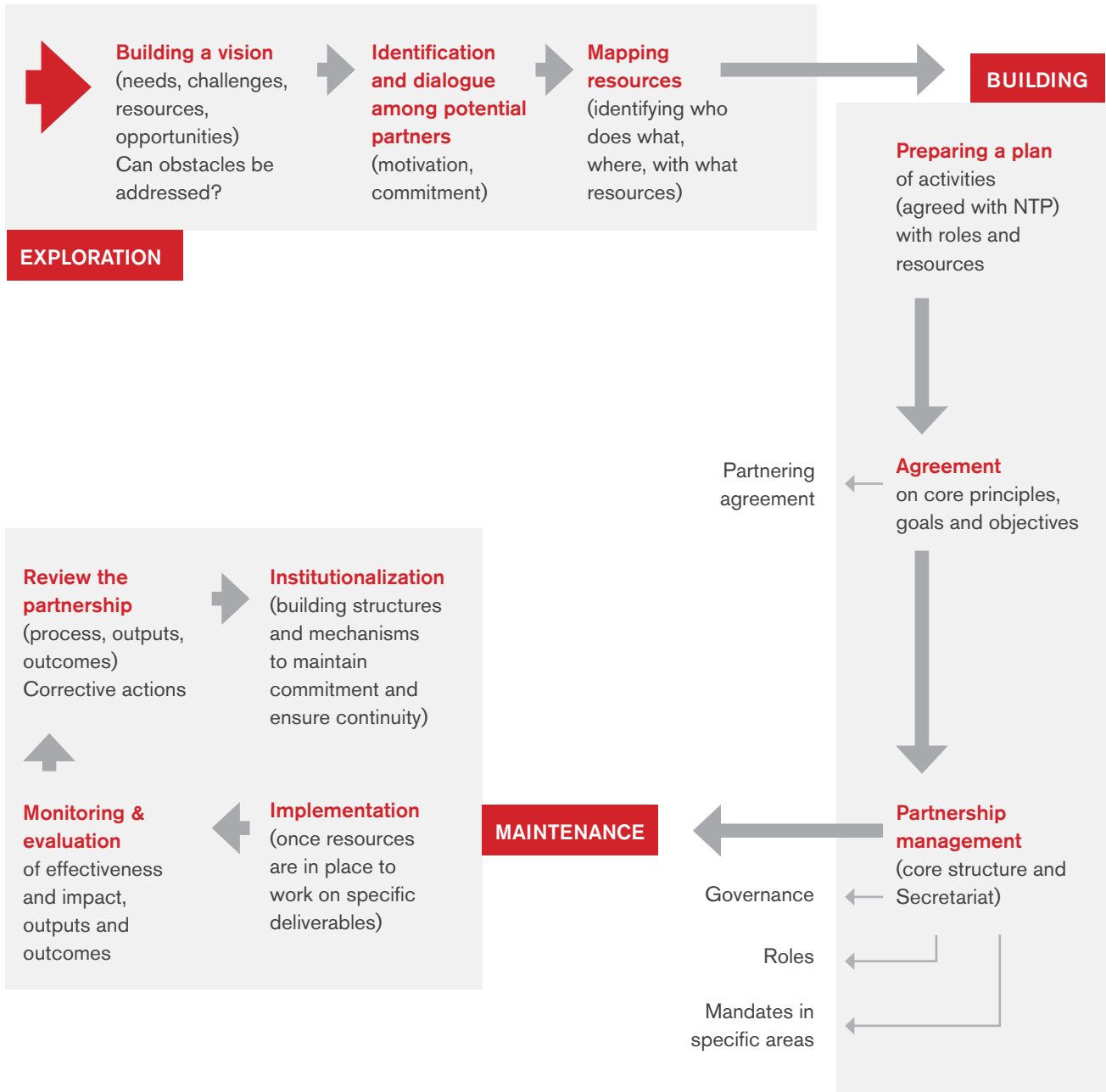
²⁵ Collection of good practices/lessons learned from partnering initiatives to stop TB at country level. Geneva, Stop TB Partnership (<http://www.stoptb.org/countries/partnerships/gpll.asp>, accessed 4 April 2013).

²⁶ Partnering Process. Geneva, Stop TB Partnership (<http://www.stoptb.org/countries/partnerships/process.asp>, accessed 4 April 2013).

²⁷ See Partnership maintenance. Presentation on concept note available at <http://www.stoptb.org/countries/partnerships/> (accessed 4 April 2013).

BOX 6:

PARTNERING PROCESS AT COUNTRY LEVEL



Although it is important to follow a process, each country may have different economic, political and social contexts, and so the partnering process outlined above cannot be considered a fixed checklist. Existing national TB partnerships have found certain steps more useful than others, and have added other steps depending on the local context. Each national TB partnership may also have different constraints on time and resources, meaning that not all national TB partnerships complete the steps shown here in the chronological order in which they appear. Existing

national TB partnerships have often decided to revisit earlier steps at a later stage, or decided to cycle frequently through the steps, continuously enhancing the partnership. In Box 7, one approach from the Philippines shows how to choose a partnering process that best suits the local context. Using best practices and lessons learnt from the many existing national TB partnerships can give greater depth to the partnering process, as each partnership has found its own way to enhance their partnership, according to the country's specificity.

BOX 7:

ASK THE PARTNERSHIP //

What are the steps to build a partnership?

PhilCAT uses the 'FLAME' steps

Formation and promotion:

gathering and engaging all potential stakeholders

Launching and direction-setting:

informing the population about the partnership and planning

Actualisation and alignment:

implementation of the joint plan

Monitoring and evaluation:

monitor and evaluate the initiatives done by the partnership

Expansion and enhancement:

expand membership and/or strengthen the partnership



**ESTABLISHMENT OF
STOP TB JAPAN.**

EXPLORING THE NEED FOR AND UTILITY OF A NATIONAL TB PARTNERSHIP

The experience of existing national TB partnerships has highlighted the importance of several factors that favour the establishment of a strong national TB partnership. Firstly, the initial partners and the NTP must have the willingness to partner and coordinate activities together. Secondly, the objectives of the national TB plan must provide the basis to establish collaboration with various partners. Lastly, it is important to identify, contact and engage any pre-existing collaborations in the country (e.g. Interagency Coordination Committees, Country Coordinating Mechanism – CCM,²⁸ National TBTEAM,²⁹ Public-Private Mix Group,³⁰ ENGAGE-TB NGOs' coordinating body³¹, etc.) and determine if there is in fact a pre-existing collaboration functioning

as a national TB partnership, rendering unnecessary the establishment of another one. Additionally, the initial partners may find it useful to conduct a problem tree³² or SWOT (strengths, weaknesses, opportunities and threats, as seen in Box 8)³³ analysis in order to determine whether or not a national TB partnership can be useful in solving the identified problems.³⁴ Often national TB partnerships find it useful to conduct an exploratory workshop in which a core group of partners discuss a common vision, a resource map and a set of objectives that partners can only achieve together. The mapping part of the exploratory phase allows for greater streamlining of resources (financial, technical, physical, human, networking, etc.) from multiple sectors.

BOX 8:

AN EXAMPLE OF QUESTIONS DRIVING SWOT ANALYSIS



Internal

Strengths:

what is the advantage of national partnership? Outline a resource/capacity that the partnership can use to achieve its objectives.



Weaknesses:

what is the limitation/challenge of a national partnership in your context? Outline a limitation/fault that will keep the partnership from achieving its objectives.

External

Opportunities:

what external factors would be helpful to a national partnership? Outline any favourable situation in the partnership environment that will enhance the partnership ability to achieve its objectives.

Threats:

what external factors would damage a national partnership? Outline any unfavourable situation in the partnership environment that potentially damages the partnership ability to achieve its objectives.

²⁸ Country Coordinating Mechanisms. Geneva, The Global Fund to Fight AIDS, Tuberculosis and Malaria. (<http://www.theglobalfund.org/en/ccm/>, accessed 4 April 2013).

²⁹ National TBTEAM. [Terms of reference]. (http://www.stoptb.org/countries/tbteam/assets/documents/National_TBTEAM_TOR_5nov.pdf, accessed 4 April 2013).

³⁰ Engaging all health care providers in TB control: Guidance on initiating Public-Private Mix Approaches. Geneva, World Health Organization, 2006 (http://whqlibdoc.who.int/hq/2006/WHO_HTM_TB_2006.360_eng.pdf, accessed 4 April 2013).

³¹ The ENGAGE-TB Approach: Integrating community-based TB activities into the work of NGOs and other CSOs. Geneva, World Health Organization, 2012 (http://www.who.int/tb/people_and_communities/en/, accessed 4 April 2013).

³² Problem tree analysis tool: <http://www.stoptb.org/assets/documents/countries/partnerships/Analysis%20of%20Problems.Mspdf>, accessed 4 April 2013.

³³ SWOT analysis: http://www.stoptb.org/assets/documents/countries/partnerships/1-SWOT_analysis.pdf, accessed 4 April 2013.

³⁴ For more on partnering, see The Partnering Toolbook. An essential guide to cross-sector partnering. International Business Leaders' Forum, 2003 (<http://thepartneringinitiative.org.s109685.gridserver.com/wp-content/uploads/2011/11/Partnering-Toolbook-en-20113.pdf>, accessed 4 April 2013).

GATHERING INTERESTED STAKEHOLDERS

Once the initial partners have determined it is useful to establish a national TB partnership, the partners may decide it is useful to identify and contact other potential partners.³⁵ In Box 9, the UK Coalition to Stop TB shared their strategy for the exploration component of the partnering approach (Ms Gini Williams – partner, personal communication, 8 May 2012). Some other points to take into consideration could be which specific contributions a potential partner would bring to the national TB partnership (by looking at their “track record” through annual reports and external evaluations), and evaluating the risks and rewards that the potential partner could bring to the national TB partnership.³⁶ Being well informed about the organization’s history, mission and objectives will be advantageous when the initial partners approach the potential partner because they will have a clear idea of the synergies and complementarities that could be created through the national TB partnership.

The existing national TB partnerships have taken different approaches to the first steps in establishing a national TB partnership. In the United Kingdom, one single organization initiated the process with other founding members supporting the initiator (Ms Nikki Jeffery – partner, personal communication, 2 May 2012). The core members then invited all stakeholders to join the partnership at a later phase. These stakeholders were gathered to discuss the mission, vision and expectations of the national TB partnership, and a year later a steering group was established to coordinate all partners (Mrs Aparna Barua – focal point, personal communication, 1 May 2012). Another method to establish a national TB

In Japan the Preparation Committee, composed of seven founding members, planned a meeting that gathered 4000 people (including individuals, the pharmaceutical sector, private companies and NGOs) – all signed a document to support the establishment of a national TB partnership.

partnership is to gather all relevant stakeholders and involve partners from the beginning of the partnership. In Japan the Preparation Committee, composed of seven founding members, planned a meeting that gathered 4000 people (including individuals, the pharmaceutical sector, private companies and NGOs) and all signed a document to support the establishment of a national TB partnership (Ms Noriyo Shimoya – focal point, personal communication, 1 June 2012). There is a delicate balance to be struck between creating a participatory approach that invites many stakeholders to take part and the need to create a core group of partners to steer the partnering process.

³⁵ Identification of Relevant Partners tool: http://www.stoptb.org/assets/documents/countries/partnerships/2-Identifying_relevant_partners.pdf, accessed 4 April 2013.

³⁶ The Partnering Toolkit. An essential guide to cross-sector partnering. International Business Leaders’ Forum, 2003, p.11–12 (<http://thepartneringinitiative.org/s109685.gridserver.com/wp-content/uploads/2011/11/Partnering-Toolkit-en-20113.pdf>, accessed 4 April 2013).

BOX 9:**ASK THE PARTNERSHIP //****How do you choose the right partners?**

UK Coalition to Stop TB partner advises other national TB partnerships to “be inclusive”

1. Identify and contact a broad range of people that could become partners.
2. Invite partners based on their expression of interest to be involved.
3. Avoid having only the usual suspects.
4. Have a good mix of partners with different experiences and expertise.
5. Maintain a large group with different competences but also a smaller group to steer the coalition.

BUILDING A COMMON VISION

Alongside the decision to establish a national TB partnership, many steering committees or founding groups found it useful to convene partners in order to establish a common vision or mission of the national TB partnership that commits each partner to work towards a common goal, as well as follow their own institutional mandates. The lesson that the NTP took away from the partnering process in Uganda was that partners would lose interest if the vision or objective of the national TB partnership were not well understood by all partners. If partners join only because they are looking for a funding opportunity, it is clear that enthusiasm could wane if funding diminishes (Dr Francis Adatu – former NTP manager, personal communication, 19 March 2012). However, if the mission is clear from the beginning, partners will understand that they could help in mobilising resources for the national TB partnership as a whole, as well as make other contributions that do not require financial resources. The national TB partnership in Kenya found it useful to define the vision of the

national TB partnership during its formalization phase, so partners were clear on the identity (vision, mission, goals, structure) for the national TB partnership (Dr Jeremiah Chakaya – partner, personal communication, 22 March 2012). The articulation itself of the common vision will bring out any differences of opinions that could have otherwise created conflict during implementation.

The national TB partnership in Kenya found it useful to define the vision of the national TB partnership during its formalization phase, so partners were clear on the identity (vision, mission, goals, structure) for the national TB partnership.

MAPPING PARTNERS AND DETERMINING THEIR COMMITMENT

The Stop TB Partnership in Nigeria shared their positive experience following a mapping of partners, part of which is shown in Box 10.³⁷ The mapping evaluated each partner's core competencies, available resources and geographic reach, and determined the best way that the partner could contribute to the national TB partnership. Generally, partners volunteered to divide themselves into three categories: the Ministry of Health (MoH) and NTP volunteered to provide policies and guidelines for TB prevention and care; civil society decided to contribute by mobilising communities; and the private sector committed to collaborate based on their expertise on issues such as advocacy and

communications strategies (Mr Mayowa Joel – partner, personal communication, 19 April 2012). During the mapping of partners, many potential synergies to make best use of limited resources were discovered. For example, one NGO recognized the partnership's gap in diagnostic services in certain areas, and so they decided to ask partners for the proper medical training in order to make best use of their microscope. Other partners offered to provide supervisory support to patients. It is often the case that after a mapping of partners, existing partners can expand their activities or can seek new partners in order to fill identified gaps in services or geographic reach.

THE MAPPING OF PARTNERS IS AN IMPORTANT TOOL BECAUSE IT ALLOWS EACH ORGANIZATION TO SEE THEIR OWN STRENGTHS AND WEAKNESSES IN A NEW LIGHT, AND OPENS UP SPACE FOR PARTNERS TO COMMIT THEMSELVES IN NEW WAYS TO THE FIGHT AGAINST TB.

BOX 10:
**THE NIGERIA
STOP TB
PARTNERSHIP
SHARES A
SELECTION FROM
THEIR MAPPING OF
PARTNERS**

Functions:

- Identification of TB symptoms and referral to local TB centre:
 - Some civil society partners chose this area because of their direct contact with the communities.
- Collection of sputum samples and laboratory testing:
 - Only one partner came forward, they put their microscope on the table, and asked for training.
- Providing HIV testing to TB patients:
 - Many partners who also specialize in HIV expressed interest in taking responsibility.
- Providing TB treatment:
 - Many partners offered to provide support on a daily basis for supervising TB treatment.

In addition, partners have responsibilities involving:

- helping the NTP advocate for TB – NGOs can make noise;
- training health staff on interpersonal communication (partners from communication industry);
- providing resource mobilisation competences and skills.

³⁷ Resource Mapping Guide: http://stoptb.org/assets/documents/countries/partnerships/3-Resource_mapping.pdf, accessed 4 April 2013.

During the mapping of partners, individual organizations are able to analyse their core competencies with respect to TB, which can inspire partners to commit themselves to new roles and responsibilities, based on the gaps and challenges specific to the country. The Iranian Stop TB Committee has a variety of partners that bring different competencies and skills, allowing the national TB partnership to address multiple aspects of TB. To give some examples, the executive director lists major contributions from a selection of partners in Box 11 (Dr Mohammad

Reza Masjedi – executive director, personal communication, 14 June 2012). The involvement of prison organizations and the armed forces is particularly interesting, because it means that the national TB partnership was able to identify the shared goal of fighting TB in prisons and the army, and build a collaboration based on this common interest. Each organization, no matter what their internal goal, can recognize the value in having a healthier workforce, but there are often further entry points for increased collaboration with the national TB partnership.

BOX 11:

ASK THE PARTNERSHIP//

What other roles can partners play?

Stop TB Committee Iran
shares some examples

- National Research Institute of Tuberculosis and Lung Diseases (NRITLD) – hosts the Secretariat.
- Health Commission of Iranian Islamic Parliament – helps to ratify laws that support TB programmes.
- Iranian Medical Council – added TB training courses to Continuous Medical Education (CME) courses; CME courses about TB for General Practitioners and Specialists also available online.
- Imam Khomeini Imdad Committee – one of the biggest non-profit organizations in Iran which gives monthly food baskets and other financial support to TB patients.
- Iranian Charity Foundation for Tuberculosis and Lung Diseases (ICFTLD) – provides financial support.
- Prison Organisations – works with NRITLD and Ministry of Health for finding TB cases, increasing treatment success rates, training prison employees on TB.
- Medical Society (Bassij) – conducts widespread advocacy, communication and social mobilisation activities.
- Social Security Organisation – follows the NTP plan in their hospital and informs physicians of best practices.
- Medical Insurance Organisation – follows the NTP plan in their hospitals to improve referrals.
- Islamic Republic of Iran Broadcasting – raises awareness about TB.
- Health and Medical Education of Army Forces – implements the NTP plan and raises awareness about TB.

Determining the core competencies of an organization can be an important step internally for each partner, but it is also an essential measure to build an efficient national TB partnership. In Uganda, partners are divided into three different categories – funding partners, technical support

partners and implementing partners. Knowing that some partners can take more than one of these roles, the role of the Secretariat is to coordinate activities undertaken by partners in one of these three roles and to monitor the fulfilment of agreed-upon responsibilities (Dr Joseph

Kawuma – partner, personal communication, 22 March, 2012). The clear division of roles among the many stakeholders in Thailand has allowed for specialization in one area within the broad range of TB interventions. For instance, the focal point for advocacy and communication activities and for TB in migrants shares his expertise with other partners and works with partners specializing in other types of TB activities (Dr Pakhin Chanthathadawong – partner, personal communication, 8 June 2012). When each partner is clear about their own responsibilities and those of other partners, there is more room to streamline activities to increase efficiency and effectiveness with limited resources.

Despite the pressure or general tendency to rush to a formal launch of the national TB partnership, many existing national TB partnerships have found it useful to take the time to explore the interests and commitment of partners beforehand. The national TB partnership in Nigeria reported a negative experience in skipping over this step. For this reason, the national TB partnership decided to revisit this step at a later phase, this time deeply analysing the interests, competencies and contributions of each partner (Dr Haruna Adamu – focal point, 20

April 2012). In Viet Nam, the formation process of the national TB partnership took two years, and the lengthy preparatory phase allowed for a high degree of participation. Additionally, the vast majority of current partners were involved from the very beginning, so they have built a long-standing relationship among themselves and now interact regularly at multi-stakeholder forums held by the partnership (Dr Bruce Struminger – partner, personal communication, 1 May 2012). Lessons learnt and good practices from existing national TB partnerships suggest that it is best to determine the levels of interest and commitment of a core group of partners before officially launching the partnership.

In Viet Nam, forming the national TB partnership took two years, and the lengthy preparatory phase allowed for a high degree of participation.



**FIRST STOP TB MEETING
IN THAILAND.**

BUILDING THE PARTNERSHIP

While the type of national TB partnership is necessarily closely linked to the local context and available resources in the country, experiences from all existing national TB partnerships have shown the usefulness of engaging a core group of partners to develop an initial draft of three key documents: the operational plan, the governance structure, and the partnering agreement. Existing national TB partnerships have found that it is more efficient if a few partners guide the building of the partnership through the initial drafting phase, and then – to make the process transparent and participatory – ask all partners to provide comments and feedback for the final draft. The **operational plan**³⁸ is a tool for coordinating the contributions of partners based on the mapping of resources, roles and responsibilities of partners, major products and

costed activities, indicators and milestones, and gaps that need to be addressed. The **governance structure**³⁹ is necessary to ensure that the decision-making process and management of the national TB partnership is transparent and agreed upon by all partners. Lastly, the **partnering agreement**⁴⁰ is generally a formal, yet not legally binding commitment by partners that provides the core principles, goals and objectives of the national TB partnership, the roles and responsibilities of all partners, the governance structure, and the operational plan. These three documents are found in every existing national TB partnership, in varying forms, and have proven to be effective and time-efficient tools for setting the direction of the national TB partnership and keeping all partners focused on their shared goals.

WHAT SEEMS TO MATTER MOST IS A SERIOUS PARTNERING PROCESS, WHICH LAYS A STRONG FOUNDATION FOR A SHARED VISION, CLEARLY DEFINED ROLES AND RESPONSIBILITIES, AND COMMITTED PARTNERS.

OPERATIONAL PLAN

The operational plan is generally formulated after considering the national TB strategic plan, proposals for the Global Fund or other major donors, and the core competencies of each partner. In Swaziland, the partners all work together with the NTP on one national operational plan. In this way, activities in the country are chosen based on each partner's available resources, core competencies and geographic reach.

Now the NTP can easily monitor and evaluate the contributions of all partners, and some partners can now provide free services thanks to the medicines and supplies provided to them by the NTP (Muyabala Munachitombwe – partner, personal communication, 7 June 2012). The Stop TB Partnership in Nigeria is currently in the process of preparing an operational plan, after having completed the mapping of partners.

³⁸ Operational plan: http://www.stoptb.org/assets/documents/countries/partnerships/4-Planning_tools_operational_plan.pdf, accessed 4 April 2013.

³⁹ Governance structure: http://www.stoptb.org/assets/documents/countries/partnerships/6-Governance_structure.pdf, accessed 4 April 2013.

⁴⁰ Partnering agreement: http://www.stoptb.org/assets/documents/countries/partnerships/5-Components_partnering_agreement.pdf, accessed 4 April 2013.

The operational plan will be a full summary of the competencies of the national TB partnership, as it outlines the areas in which each partner has committed to carry out activities (Dr Haruna Adamu

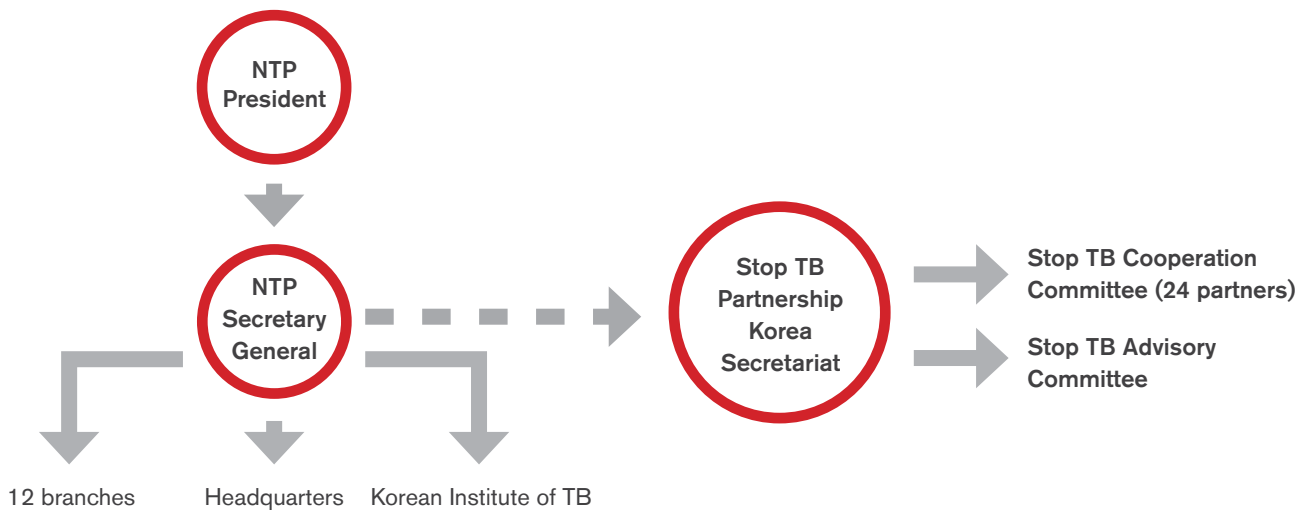
– focal point, 20 April 2012). The operational plan is a good starting point for a monitoring and evaluation system for the national TB partnership, and it holds partners accountable for their promised contributions.

GOVERNANCE STRUCTURE

The governance structure of a national TB partnership reflects the specific needs and available resources of a country, so there are various approaches used by existing national TB partnerships. Generally, the national TB partnerships have a secretariat (with varying roles based on the nature of the partnership), a general assembly or partners' forum (where all partners in the partnership meet, usually on an annual basis) and a Steering Committee, Board of Directors or Coordinating Board (a core group of partners that guide the partnering process). Additionally, some partnerships have thematic working groups or committees (Kenya, Mexico, Nigeria, Pakistan, Philippines and Uganda) that tackle specific topics such as advocacy and communication, resource mobilization, development of common standards, revision of the national plan, and training.

Each national TB partnership has chosen their governance structure based on the function of the

partnership. For example, Stop TB Japan is composed of a Secretariat, Board of Representative Members and an Advisory Board. Some partners have an informal relationship with the national TB partnership (such as private individuals), while others (such as the Japanese International Cooperation Agency) are formally integrated into the governance structure of the partnership, based on the Stop TB Action Plan (Ms Noriyo Shimoya – focal point, personal communication, 1 June 2012). As seen in Box 12, Stop TB Korea divided the partnership Secretariat's two main responsibilities into two separate committees: the Cooperation Committee and the Advisory Committee (Mr Kang-Hee Kim – focal point, personal communication, 7 June 2012). The definition of the governance structure of the national TB partnership creates a clear division of roles and responsibilities within the national TB partnership, complementing the operational plan that clearly defines the operational roles and responsibilities of partners.

BOX 12:**STOP TB KOREA'S ORGANIZATIONAL STRUCTURE**

National TB partnerships ensure proper representation of all members by including them in the General Assembly, but some partnerships have found additional ways to give a voice to all partners. The national TB partnership in Brazil divided partners into nine categories (government, medical and nursing councils, academia, the private sector, cooperatives, activist NGOs, technical assistance NGOs, faith-based organizations), and for each category there are biannual elections for representatives to fill

one permanent seat and one rotating seat in the Executive Secretariat. This ensures that all partners from the nine categories have a say in the decision-making process (Ms Nadja Faraone – partner, personal communication, 18 May 2012). Having a mechanism built into the national TB partnership to ensure equal representation has been proven to increase transparency and participation. Box 13 sets out three basic principles to guide governance structure.

BOX 13:**BASIC
PRINCIPLES OF
GOVERNANCE
STRUCTURE**

The governance structure of national TB partnerships should take into consideration three basic principles:

1. The structure must be based on the function (goal/strategy) of the partnering initiative, and not vice versa.
2. Start small and keep it simple. Expand only if partners decide that there is an additional function to be carried out.
3. Stay flexible so that the structure can be easily adapted to possible changes.

PARTNERING AGREEMENT

The partnering agreement is an important cornerstone for the building of a national TB partnership. Generally it includes the main motivation for creating a national TB partnership, the common vision and objectives that partners share, the clearly defined roles and responsibilities of partners as determined by the mapping of resources, the governance structure and, occasionally, the operational plan of the national TB partnership.

As shown in Box 14, the partnering agreement in Swaziland begins by defining the general duties of all partners, making clear from the very start what is to be expected.⁴¹ Partners then commit themselves to specific tasks or roles within the operational plan and within the management of the partnership itself. The key elements are usually the common vision, mission and set of objectives based on shared goals in TB prevention and care.

BOX 14:
EXCERPT
FROM STOP TB
SWAZILAND'S
PARTNERING
AGREEMENT

A partnership provides a **new opportunity** to recognize qualities and competencies of each partner and harness 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.

Since there is no 'one-size-fits-all' partnering agreement, existing national TB partnerships have used different ways to formalize relationships with partners – either through a partnering agreement, a letter of commitment, a national TB partnership constitution, or another type of non-binding yet formal document. In India, the partnering agreement has taken the form of a letter of commitment, but all the key elements of a partnering agreement are present.⁴² The Uganda Stop TB Partnership chose

a constitution and directly in the preamble, as seen in Box 15, the core principles of the national TB partnership are clearly outlined and all partners commit themselves to respect the constitution in its entirety when carrying out TB interventions.⁴³ When a national TB partnership is able to generate a wide consensus for the creation of a common agreement, it often means that the national TB partnership has gone through a robust exploration of partners' interests and commitments.

⁴¹ Stop TB Swaziland's partnering agreement: http://www.stoptb.org/assets/documents/countries/partnerships/agreement_swaziland.pdf, accessed 4 April 2013.

⁴² PTCC's Letter of Commitment: http://www.stoptb.org/assets/documents/countries/partnerships/letter_of_commitment_india.pdf, accessed 4 April 2013.

⁴³ USTP Constitution: http://www.stoptb.org/assets/documents/countries/partnerships/constitution_Aug_11.pdf, accessed 4 April 2013.

BOX 15:
EXCERPT
FROM UGANDA STOP
TB PARTNERSHIP'S
CONSTITUTION

We members of the Uganda Stop TB Partnership (USTP) do undertake to form ourselves into an Association to mobilize untapped human and material resources and to jointly contribute to the fight against tuberculosis. The Association shall form a coalition of partners agreeing on the national strategy for TB control that is spearheaded by the Ministry of Health. Through this coalition, we shall enhance effectiveness and efficiency and influence public policies for sustainable development and better health.

LEGAL STATUS OF THE PARTNERSHIP

One milestone common to all existing national TB partnerships is the discussion on whether to register the national TB partnership as an NGO, or remain a loose collaboration. Out of the 23 national TB partnerships interviewed, 11 are registered as NGOs, and 12 are currently loose collaborations. Of the national TB partnerships that are loose collaborations, two are currently considering legal registration, while five are hosted by the NTP and therefore cannot qualify as a non-governmental organization under national legislation. The remaining five are the national TB partnerships from Canada, Iran, Nepal, the United Kingdom and the United States, which prefer to remain loose collaborations because they do not see their current status as undermining their ability to unite partners. The decision to register as an NGO will depend on available funding, the legal system and the national TB partnership's internal analysis.

Of the partnerships that have registered or would like to register as NGOs, there are a variety of reasons behind this decision. In many countries, the reason for becoming a registered NGO was

to enhance resource mobilization. In Ghana and Kenya, this was the driving force that led them to register, and in Nigeria it is a key reason behind their consideration of registering as a NGO. The national TB partnership in Swaziland continues to be hosted by the NTP. However, they were able to find a way to legally register as a NGO and in this way are administratively autonomous from the Ministry of Health. This was also the case in Viet Nam, where the NTP hosts the national TB partnership, but it is registered as a VUSTA (Viet Nam Union of Science and Technology Associations). The NTP in India also believes that having a secretariat hosted by partners could eventually lead to conflicts. For this reason, the NTP is in favour of having the national TB partnership register as an NGO (Dr Kuldeep Singh Sachdeva – NTP representative, personal communication, 15 March 2012). Of the national TB partnerships that have registered as NGOs, none has reported any regrets about this decision.

Instead of becoming a formally registered NGO, other national TB partnerships remained a loose

collaboration either by choice or because national legislation prevents the partnership from eligibility for NGO status. The national TB partnership in the UK has so far decided to remain a loose collaboration and their status has not affected their ability to engage with government civil servants. If this changes in the future, or a need develops for more sustainable funding, they will consider formally registering to become a NGO (Mrs Aparna Barua – focal point, personal communication, 1 May 2012). The decision to remain a loose collaboration will depend on the local situation, national laws and the partners in the national TB partnership. The experiences of existing national TB partnerships prove that both systems work. What seems to matter most is a serious partnering process, which lays a strong foundation for a shared vision, clearly defined roles and responsibilities, and committed partners.

The UK's national TB partnership has so far remained a loose collaboration, and their status has not affected their ability to engage with government civil servants. If this changes, or a need develops for more sustainable funding, they will consider formally registering as an NGO.

MAINTAINING THE PARTNERSHIP

According to the Stop TB Partnership's outline of a generic partnering process, the final component is the maintenance component, and generally includes four elements that are cycled through over time in order to ensure the sustainability of the national TB partnership –implementing the agreed-upon joint activities, monitoring and evaluation, reviewing and institutionalisation. These steps are very specific to the outcomes of the prior two phases and the country context, so it is useful to adapt this model to the country

and to learn from other national TB partnerships' experience with the maintenance phase. The most common challenges that most national TB partnerships face in the maintenance phase are related to enhancing partners' engagement, expanding resource mobilization strategies, and innovating new approaches to monitoring and evaluation. Existing national TB partnerships have shared their solutions and advice on how to solve these problems and maintain a strong partnership over time.

REGULAR COMMUNICATION TO SUSTAIN PARTNERS' ENGAGEMENT

One of the best ways that existing national TB partnerships have found to keep partners' engagement high has been frequent and consistent communication between the partnership and its partners. Stop TB USA engages partners by enhancing internal communication: disseminating important information through the newsletter, having regular meetings to discuss achievements and creating a patients' forum (Mr John Seggerson – partner, personal communication, 16 May 2012). In the Philippines, the national TB partnership also communicates to partners about existing opportunities to receive grants from foreign donors, and chances to receive financial rewards for every referred TB case through the Phil Health TB Benefit package (Dr Victoria Dalay – partner, personal communication, 27 March 2012). In Iran, there is a high level of commitment among partners thanks to public support. The national TB partnership invites partners to NTP training courses on TB, where they receive official certificates upon completion (Dr Mohammad Reza Masjedi – Executive Director, personal communication, 14 June 2012). The NTP also opens up meetings for suggestions and different perspectives, but also identifies gaps in the country and asks for help from partners based on their comparative advantages (Ms Shadi

Stop TB USA engages partners by enhancing internal communication: disseminating important information through a newsletter, meeting regularly to discuss achievements, and creating a patients' forum.

Khalilolahi – focal point, personal communication, 5 June 2012). Partners can be further engaged when there is a high level of internal communication among partners and strong ties with the NTP.

Other national TB partnerships have found that giving recognition to partners who have greatly contributed to achieving common goals can help partners maintain their momentum in the fight against TB. The NTP in India has found that honouring the special skills of partners can be done by encouraging

SHOWING THE PARTNERS THAT THEIR WORK IS RECOGNIZED AND APPRECIATED NOT ONLY BY THE GOVERNMENT AND THE SECRETARIAT, BUT ALSO BY ALL THE STAKEHOLDERS IN TB PREVENTION AND CARE, FOSTERS A PARADIGM OF COLLABORATION RATHER THAN COMPETITION OR MUTUAL COMPLAINT.

partners to nominate a particular organization to conduct a capacity-building training session based on their core competencies. This allows others to learn from the sharing of experiences and it really shows that the whole is greater than the sum of its parts (Dr Kuldeep Singh Sachdeva – NTP representative, personal communication, 15 March 2012). The NTP in India has taken a proactive approach to partnership by informing partners when they are not active enough,

guiding the national TB partnership on how to support the national plan and insisting partners are accountable for their actions (Dr Abhijeet Sagma – partner, personal communication, 15 March 2012). Showing the partners that their work is recognized and appreciated not only by the government and the Secretariat, but also by all the stakeholders in TB prevention and care, fosters a paradigm of collaboration rather than competition or mutual complaint.



**2011 WORLD TB DAY
CELEBRATION IN THE
PHILIPPINES.**

RESOURCE MOBILISATION

National TB partnerships are a perfect platform for joint resource mobilization strategies, as shown in Box 16. This is often achieved by combining many small organizations that would not be eligible alone for large grants from major donors. PhilCAT has begun including project management and the administrative costs of running the partnership into the partnership's proposals for major donors in order to ensure the sustainability of the partnership. They have also taken additional measures to sustain their activities, such as charging annual membership fees, registration fees for annual conventions, and separate fees for corporations who would like to participate in the convention as an exhibitor (Ms Amelia Sarmiento – focal point, personal communication, 26 March 2012). In India, partners commit in-kind resources and share the expenses of national meetings (Ms Darivianca Laloo – focal point, personal communication, 2012). The main trend in resource mobilization has been to encourage partners to recognize the benefits of partnership and to contribute financially in some way to support the administrative costs of sustaining the partnership.

The current national TB partnerships have various fundraising strategies based on the needs of the country and the objectives of the national TB partnership. In Italy, private donations have been the main source of funding and so far this approach has been successful thanks to their strategy of raising awareness about their projects in other countries that have a higher burden of TB (Ms Lara Viganò – focal point, personal communication, 12 April, 2012). The national TB partnership in Afghanistan was inspired by a regional resource mobilization strategy that took place on Ramadan, the Muslim holy month and preferred time of year for individuals to make

The national TB partnership in Afghanistan was inspired by a regional resource mobilization strategy that took place on Ramadan, the Muslim holy month and preferred time of year for individuals to make charitable donations.

The initiative raised

US\$ 11 000
in cash

US\$ 1 000
worth of commodities

that provided food to approximately

200 TB
patients.

charitable donations. The national TB partnership and sub-national TB partnership of Herat together raised US\$ 11 000 in cash and US\$ 1000 worth of commodities that provided food to approximately 200 TB patients. The sub-national TB partnership of Mazar-e-Sharif also organized similar events and

received US\$ 5000 worth of free TV advertising from a private television channel (Dr Karam Shah and Dr Mohammad Khaled – focal point and NTP manager, personal communication, 13 March 2012). Finding financial autonomy through national and international resource mobilization campaigns is one of the highest priorities of national TB partnerships.

Regional partnerships have not taken shape in all regions where national TB partnerships are present, but may play an increasing role in the future to fill financing gaps. As previously mentioned, to mobilize resources domestically, Stop TB Afghanistan adopted the Eastern Mediterranean Regional Partnership's resource mobilization strategy and decided to launch their own campaign, which was highly successful (Dr Karam Shah and Dr Mohammad Khaled – focal point and NTP manager, personal communication, 13 March 2012). This innovative strategy was effective

because the regional partnership developed a sophisticated resource mobilization strategy that was then adapted to fit Afghanistan's national, sub-national and local contexts. The Korea Stop TB Partnership decided to enhance its role in the region by organising a forum to host partnerships from the South-East Asia Region and the Western Pacific Region (Mr Kang-Hee Kim – focal point, personal communication, 7 June 2012). In Ghana, the focal point took on the responsibility to approach NTPs from other African countries to discuss the difference that a national TB partnership can make in resource mobilization and, more generally, in TB prevention and care (Mr Austin Arinze Obiefuna – focal point, personal communication, 9 May 2012). The Eastern Mediterranean Regional Partnership has already proven to be effective, and other budding regional collaborations are very promising.

BOX 16:

**MAIN TYPES
OF RESOURCE
MOBILIZATION
STRATEGIES**

- **Proposals submitted to global health Initiatives** (e.g. Global Fund, TB Reach, bilateral donors) include the partnership's activities and maintenance costs.
- **Resource mobilisation strategy at country level:** targeting the corporate/business sector or creating a network of supporters.
- **In-kind and cash contributions from partners:** financial and non-financial resources (human, technical, networking, etc.) are essential elements of a sound resource mobilisation strategy
- **Regional collaborations:** regional partnerships or informal collaborations can combine the financial and non-financial resources of all regional stakeholders.

MONITORING AND EVALUATION

Creating a link between the national TB partnership and positive outcomes in TB prevention and care using a strong Monitoring and Evaluation (M&E) strategy may be the most effective way that

national TB partnerships can advocate for more resources to be dedicated to the NTP and the national TB partnership from their own government or international donors. Of the 23 national TB

partnerships reporting on M&E strategies, 19 partnerships reported interest in improving the existing M&E framework or in creating one if not in place. The stop TB partnership in Nigeria is in the process of developing a strategic and operational plan that will have an M&E component. This plan will monitor the internal achievements of the national TB partnership and its contribution to the implementation of the national TB plan (Mr Mayowa Joel – partner, personal communication, 19 April, 2012). In Box 17, the NTP shared some ideas about how to measure the impact of the national TB partnership (Dr Lyn Vianzon – NTP manager, personal communication, 26 April

2012). Measuring the impact of the national TB partnership can be a way to mobilize resources but also may be a good tool to determine room for improvement internally.

FINDING NEW WAYS TO MEASURE THE IMPACT OF THE NATIONAL TB PARTNERSHIP CAN BE IMPORTANT FOR ATTRACTING NEW PARTNERS AND MOBILISING RESOURCES.

BOX 17:

ASK THE PARTNERSHIP//

How can we measure the success of the partnership?

Ideas from the Philippines

- **The satisfaction of members on the performance of the coalition:** if the coalition is effective, more partners will be willing to join.
- **The financial aspect:** being a group in constant growth, there is a need for increasing investment and budget. If more resources are raised, the coalition will be able to support more activities.
- **Technical and managerial capacity of the secretariat:** this is needed to ensure the efficiency of the day-to-day activities and engagement of partners. If more partners are effectively engaged, there will be more organizations implementing the national plan.

Aside from the global targets of detection, cure and treatment completion rates and the international standard indicators for DOTS, TB/HIV and MDR-TB, the national TB partnership in Swaziland is currently developing indicators specific to the work of its partners. For example, the national TB partnership is currently interested in developing a strategy to monitor and evaluate the advocacy and communication activities of the partnership. This would require the national TB partnership to choose a set of qualitative and quantitative indicators

to measure the frequency and effectiveness of these activities. The national TB partnership also intends to measure certain process indicators of the partnership, such as the number of active partners (Muyabala Munachitombwe – partner, personal communication, 7 June 2012). Although there is not yet a separate M&E system in place outside of the Global Fund system, the national TB partnership conducted a Knowledge, Attitude and Practice study that could serve as a baseline to measure the impact of the partnership in the future

(Dr Kefas Samson – focal point, 27 April 2012). In the Philippines, the national system includes a registry that keeps track of the total number of cases referred and the precise contribution of

each partner to this number (Ms Amelia Sarmiento – focal point, personal communication, 26 March 2012). Box 18 sets out some key components for monitoring and evaluating national TB partnerships.

BOX 18:

MONITORING AND EVALUATION OF NATIONAL TB PARTNERSHIPS: KEY COMPONENTS

1. Process indicators of the national TB partnership (establishment of shared vision, frequency of meetings, commitment of partners, etc.).
2. Monitoring and evaluation of contributions of each partner to the operational plan (all activities implemented by partners).
3. National statistics (incidence and prevalence of TB, TB case detection rate, treatment success rate, etc.).

Existing national TB partnerships have designed their monitoring and evaluation strategies based on need and the available human and financial resources. The main M&E mechanisms in place in Afghanistan are reports made for donors. To give one such example, the national TB partnership in Afghanistan collaborated with the World Health Organization and received financial support from the Italian government's Development Cooperation Agency to hire an international photographer who will design photo-stories on TB patients for national and international exhibitions aiming to raise awareness about TB globally. Additionally, the annual report presented on World TB Day will include a declaration from 300 patients stating that they had access to a cure thanks to the sub-national TB partnership in Herat (Dr Karam Shah and Dr Mohammad Khaled – focal point and NTP manager, personal communication, 13 March 2012). The partners who currently finance activities of the national TB partnership in Mexico are provided with

The NTP in Afghanistan's annual report, presented on World TB Day, will include a declaration from

300 PATIENTS

stating that they had access to a cure thanks to the sub-national TB partnership in Herat.

trimestral reports on the strengths of the alliances with partners, the rate of TB in the country and the current rate of MDR-TB, TB/HIV co-infection and TB/diabetes co-infection. However, this

year the NTP would like to add more information pertaining to the reach of partners and measure their achievements in improving qualitative and quantitative indicators (Dr Martin Castellanos – NTP manager, personal communication, 17 May 2012). The annual reports provided to donors often make for good building blocks in the creation of a more complete M&E system, one that measures the full impact of the national TB partnership's interventions.

Many national TB partnerships have reported the desire to provide more evidence of the great impact they make. The NTP in Kenya has noticed some indirect benefits of partnership, such as the fact that NGOs are more interested in helping the NTP. NGOs could help the NTP increase access to

services and improve the quality of care by engaging local communities in TB issues, referring patients to local health centres and helping patients to complete their treatment (Dr Joseph Sitienei – NTP manager, personal communication, 6 June 2012). Since the role of the national TB partnership is often to engage many actors from various sectors, one possible indicator of the success of the partnership could be the increased engagement of the non-state sector in the improvement of public health. Documenting and reporting on gains that go beyond the immediate operational, epidemiological returns is in need of further expansion and exploration. Increasingly, creative approaches need to be used to capture the intangible and tangible results of the partnering approach to TB prevention and care.



**PATIENTS SCREENED FOR TB
IN AFGHANISTAN.**



**CHALLENGES
AND PROPOSED
SOLUTIONS**

The experiences documented in this publication already provide many unique solutions and innovative strategies to overcome day-to-day difficulties encountered by national TB partnerships. However, in analysing the stakeholder interviews, it became evident that there are currently three main challenges that many national TB partnerships are struggling with: the Global Fund transition to a new funding model, external communication strategies to ensure visibility, and partners' engagement. It seemed appropriate to discuss these three topics more in-depth, because prior work on good practices and lessons learnt⁴⁴ has proven helpful. It is a useful exercise not only so that national TB partnerships may see the solutions that other national TB partnerships have found, but also to encourage future collective action to face these challenges together. A representative of the TB-affected community used the Japanese parable called "the three arrows" to explain why it would be useful for national TB partnerships to connect more: although you can easily break one arrow, you cannot break three arrows when held together (Mr Noboru Oba – TB-affected community, personal communication, 22 June 2012). With this idea

in mind, the next section lists the three principle challenges, but also the solutions proposed by national TB partnerships. The solutions provided in this publication may be useful – both for existing national TB partnerships and for stakeholders interested in starting a national TB partnership in their country – in circumventing easily resolvable difficulties, and in anticipating and preparing for greater challenges.

A representative of the TB-affected community used the Japanese parable called "the three arrows" to explain why it would be useful for national TB partnerships to connect more: although you can easily break one arrow, you cannot break three arrows when held together.

GLOBAL FUND TRANSITION TO A NEW FUNDING MODEL

The greatest challenge that national TB partnerships currently face is maintaining financial stability and sustainability. Since its birth in 2002, the Global Fund has been the major source of funding for NTPs, financially supporting projects that contributed to the prevention and care of

TB worldwide and provided anti-TB treatment for several million people. However, the current transformation of the Global Fund⁴⁵ will mean drastic changes for national TB partnerships and their resource mobilization strategies. Currently, eligibility criteria for grants are under revision.

⁴⁴ Stop TB Partnership. Collection of good practices/lessons learned from partnering initiatives to stop TB at country level: <http://www.stoptb.org/countries/partnerships/gpill.asp>, accessed 4 April 2013.

⁴⁵ Global Fund Transformation: <http://www.theglobalfund.org/en/transformation/>, accessed 4 April 2013.

While countries deemed eligible will still be entitled to apply or reapply for Global Fund grants, other countries that are not eligible need to find creative, new solutions. In the past, many national TB partnerships have received support from the Global Fund. In Ghana, the national TB partnership is represented in the Country Coordinating Mechanism (CCM) for Global Fund Round 10, which allowed it to be more involved and informed on TB interventions implemented by all actors in the country. There are many more examples of national TB partnerships receiving Global Fund grants in their countries, but fewer examples of them requesting funds to cover the costs related to the partnering process and the maintenance of secretariats.

Several national TB partnerships currently receiving support from Global Fund grants have been affected by the cancellation of Global Fund Round 11, and several more will be affected in the future by the phasing out of current grants. Brazil, for example, no longer considered eligible to apply for Global Fund grants based on the size of the national economy, is already facing the challenges that will be posed to other countries

by the grant phase-out. In the meantime, the Brazilian government has replaced the funding from the Global Fund with domestic resources, but the national TB partnership will need a more aggressive resource mobilization campaign in the future to guarantee the sustainability of the national TB partnership (Dr Draurio Barreira – focal point and NTP manager, 28 March 2012). The Eastern Mediterranean Partnership noted that the biggest threat of diminishing financial resources is to the sustainable improvement of quality of care and the availability of drugs for MDR-TB and XDR-TB cases (Dr Mohammad Tageldin – focal point, personal communication, 19 June 2012). The focal point of the UK Coalition to Stop TB proposed to pair partnerships from countries that were traditional donors with high-burden countries where national TB partnerships exist, and to work more collaboratively in advocacy for greater resource mobilization towards tackling global TB (Mrs Aparna Barua – focal point, personal communication, 1 May 2012). In the meantime, however, national TB partnerships will have to find original, new resource mobilization strategies and ways to make the best use of the scarce resources currently available.

The Eastern Mediterranean Partnership noted that the biggest threat of diminishing financial resources is to the sustainable improvement of quality of care and the availability of drugs for MDR-TB and XDR-TB cases.

EXTERNAL COMMUNICATION STRATEGIES TO ENSURE VISIBILITY

National TB partnerships often face challenges in designing external communication strategies to increase their visibility. In the UK, partners worry that the partnership has neither enough visibility outside the partnership, nor within it. Partners may not be fully aware of the difference that they can make when they act together (Ms Gini Williams – partner, personal communication, 8 May 2012). One solution proposed by Stop TB Canada is to enhance the communication of national TB partnerships with the Stop TB Partnership (Dr Anne Fanning – focal point, personal communication, 22 May 2012). This would allow the members of national TB partnerships to be more motivated about the work being done and could lead to better global coordination of activities. The focal

point from Stop TB Korea has proposed that national TB partnerships provide their partners with a certificate stating that they are members of the Stop TB Partnership because it could increase partners' loyalty to the national TB partnership if they feel that their work is recognized on such a high level. Another suggestion is to engage global stop TB champions at the national level (Mr Kang-Hee Kim – focal point, personal communication, 7 June 2012). Increased visibility of the national TB partnership can be an important tool to mobilize resources. However, it is necessary to have some resources to dedicate to public information and communication. For this reason, visibility and resource mobilization remain two of the greatest challenges for national TB partnerships.



THE VIETNAM STOP TB PARTNERSHIP REACHES WOMEN THROUGH THE WOMEN'S UNION.

PARTNERS' ENGAGEMENT

One of the main challenges to partners' engagement is a lack of time and resources to dedicate to national TB partnership activities. In Italy, most partners collaborate voluntarily in their free time, and their full-time positions are often very demanding. This makes it difficult for partners to meet regularly and be fully engaged in the national TB partnership (Ms Lara Viganò – focal point, personal communication, 12 April 2012). Similarly, the national TB partnership in Kenya was facing difficulty in keeping partners engaged because of the limited time partners could afford to spend on the national TB partnership. In response, the national TB partnership worked with each partner to delineate the specific benefits or advantages of working together. This approach proved very successful, because partners realized that working in a partnership often benefits their own organization as well, and so the work with the partnership become more of a priority. This was the case with the AIDS NGO Consortium, and as a result they gave one staff member a specific budget line dedicated to partnership work (Ms Evelyn

Kibuchi – partner, personal communication, 24 April 2012). Members of a national TB partnership may be able to prioritise work with the national TB partnership when they are reminded of the specific goals shared by both their own organization and the partnership.

Engaging the TB-affected community can also be an important challenge for national TB partnerships. In Box 19, a representative from a TB-affected community in Indonesia gives advice on how to be respectful and supportive when engaging current and former TB patients (Lusiana Aprilawati – TB-affected community, personal communication, 20 June 2012). The TB-affected community can be supported and mobilized by the national TB partnership to advocate for increased funding for TB at the national level, to be a source of information for quality assurance of public services, and to sensitise the community to reduce the stigma attached to TB, thus contributing to improve healthcare-seeking behaviour of people affected by the disease.

The national TB partnership in Kenya worked with each partner to delineate the specific benefits or advantages of working together. This approach proved very successful – partners realized working in partnership often benefits their own organization, so the work with the partnership becomes more of a priority.

BOX 19:

ASK THE PARTNERSHIP//

How to best engage the TB-affected community?

Lusiana from Indonesia shares ideas

- Start with a local activity, such as gathering small groups of (ex-)patients.
- Provide a safe space, comfortable for (ex-)patients to meet, talk and share.
- Empower and build capacity of (ex-)patients.
- Involve patients' associations or groups in every TB programme and activity.
- Enable (ex-)patients to meet (ex-)patients from other areas and sectors.
- Enable (ex-)patients to voice their opinions in local and national meetings.
- Link (ex-)patients to international groups and activities, based on interest.

Another challenge related to the engagement of partners is the difficulty in fostering a sense of ownership among them. In Indonesia, the national TB partnership built on existing social movements, such as the poverty reduction movement, to create locally rooted Gerdunas (sub-national TB partnerships). There are currently Gerdunas in seven provinces of Indonesia, and the NTP is very encouraged by their work and hopes that the national TB partnership can facilitate the creation of more Gerdunas in other provinces (Ms Dyah Mustikawati – NTP manager, personal communication, 18 May 2012). The sub-national TB partnerships in Afghanistan were founded on the belief that communication

strategies and planning should be developed from the bottom-up, taking into account the local reality. One example that provides concrete evidence of the impact of sub-national TB partnerships is that of women suffering from infertility in certain regions of Afghanistan. It was discovered that 80% of the infertility cases were due to TB, so the sub-national TB partnership organized workshops to discuss the high number of genital TB cases, provided technical assistance, capacity building of local healthcare providers and provided TB diagnosis equipment for maternal hospitals. Sub-national TB partnerships can provide local solutions to TB care and control while also being part of a coordinated national effort.

PROPOSED SOLUTIONS

An activity that strengthens resource mobilization, external communications that ensure visibility, and partners' engagement is the creation or proper use of the national TB partnership's monitoring and evaluation system. Measuring the impact of each partner's contribution can give them more visibility and prove their effectiveness in TB interventions. Data documenting the national TB partnership's impact can be used both for fundraising and for enthusing partners about the work of the national TB partnership. The

The NTP manager in Viet Nam proposed that an M&E tool should be developed to measure the effectiveness of all partners of the national TB partnership, believing this could also be a tool to attract more people to join the partnership.

OFTEN, THE BEST SOLUTIONS TO THE CURRENT CHALLENGES OF SOME NATIONAL TB PARTNERSHIPS CAN BE FOUND IN THE GOOD PRACTICES AND EXPERIENCES OF OTHER NATIONAL TB PARTNERSHIPS.

NTP manager in Viet Nam proposed that an M&E tool should be developed to measure the effectiveness of all partners of the national TB partnership. The NTP believes that this could also be a tool to attract more people to join the partnership (Dr Nguyen Viet Nhung – NTP Vice Director, personal communication, 23 May 2012). The national TB partnership in Brazil is also

interested in creating an M&E mechanism to measure the effectiveness of the partnership, but so far it has been difficult to find the human or financial resources to make this possible (Ms Nadja Faraone – partner, personal communication, 18 May 2012). Setting up a monitoring and evaluation system requires an initial investment of time and resources, but once completed,



NATIONAL PARTNERSHIPS EXCHANGE EXPERIENCES AT THE FIRST FORUM OF NATIONAL TB PARTNERSHIPS IN THE WHO WESTERN PACIFIC AND SOUTH-EAST ASIA REGIONS.

it can be an important tool for addressing many of the challenges faced by national TB partnerships.

The specific experiences of each existing national TB partnership may give inspiration for country-specific techniques to solve common problems. The Stop TB Partnership in Nigeria shared some of their current challenges and proposed solutions. Firstly, the large size of the country makes it difficult to mobilize partners in every part of the country and to have regular meetings with partners outside of the capital, Abuja. In order to solve this problem, the national TB partnership is planning to try to meet with partners during other NTP events to economise scarce time and resources. Another challenge has been the partners' limited access to an Internet connection, which has meant that internal communications among partners and to and from the Secretariat are not always sent or received in a timely way. The national TB partnership hopes that these communication issues do not lead to the creation of more dominant partners, and one way they plan to mitigate this risk is to elect representatives to sit on the various task forces (Mr Mayowa Joel – partner, personal communication, 19 April 2012). The challenges and potential solutions shared by the national TB partnership in Nigeria could be relevant in many other countries facing similar time and resource constraints.

In the interview, there was one question as to whether or not the interviewee would find it useful to connect with other national TB partnerships. Of the 55 individuals interviewed (representatives of the NTP, focal points of the national TB partnership, partners and TB-affected communities), all who answered (52) responded affirmatively. Some national TB partnerships were already doing so or planning to do so in the future, such as the national TB partnerships of India and Afghanistan, and Japan and Indonesia. TB-affected communities were also very much in favour of meeting up with other national TB partnerships. The representative of the

The TB-affected community in Kenya believes there is a need to connect with other national TB partnerships in order to facilitate cross-fertilization, knowledge transfer and exchange of good practices.

TB-affected communities in the Philippines was especially interested in connecting with indigenous, high-risk and vulnerable groups because they can be important resources to improve TB prevention and care (Ms Vivian Lofranco – TB-affected community, personal communication, 22 June 2012). Another representative of the TB-affected community from Kenya believes that there is a need to connect with other national TB partnerships in order to facilitate cross-fertilization, knowledge transfer and exchange of good practices (Mrs Lucy Chesire – TB-affected community, personal communication, 2 July 2012). Lastly, the TB-affected community in Swaziland is interested in meeting other national TB partnerships in order to learn from those who have successfully integrated TB and HIV services in their clinics and health facilities (Mrs Siphwe Hlophe – TB-affected community, personal communication, 21 June 2012). National TB partnerships are in a unique position to understand, give advice and collaborate to solve common problems.

Stakeholders from national TB partnerships also made suggestions on how best to facilitate closer collaboration among national TB partnerships. Many partnerships suggested phone or video conferences, newsletters, meetings and Internet-based interactions as means of connecting to other national TB partnerships. One suggestion was to

meet at international events where representatives of the partnerships will already be present, as was done at the 2011 International Union against Tuberculosis and Lung Diseases conference in Lille, France (Mrs Aparna Barua – focal point, personal communication, 1 May 2012) and in previous Union conferences. This suggestion was taken into immediate consideration, and at the 2012 Union conference in Kuala Lumpur, Malaysia, national TB partnerships met for an informal session for focal points and participated in the symposium entitled “Building national and international partnerships to ensure a sustainable response to TB challenges”.⁴⁶ Stop TB Partnership Korea took the initiative to organize the First Forum

of National Partnerships in the WHO Western Pacific and South-East Asia Regions⁴⁷ in order to network with other national TB partnerships and identify ways to better support them (Mr Kang-Hee Kim – focal point, personal communication, 7 June 2012). The national TB partnership in Swaziland included travel expenses in its Global Fund proposal, which will ensure its participation in international meetings (Themba Dlamini – NTP manager, 9 July 2012). Taking advantage of meetings that partners already participate in and making good use of communications technology are feasible and cost-effective ways in which national TB partnerships can connect to one another.

Stop TB Partnership Korea took the initiative to organize the First Forum of National Partnerships in the WHO Western Pacific and South-East Asia Regions in order to network with other national TB partnerships and identify ways to better support them.

⁴⁶ National stop TB partnerships meet at the Union Conference in Kuala Lumpur, Malaysia, 13–17 November, 2012 (<http://www.stoptb.org/countries/partnerships/kl2012.asp>, accessed 4 April 2013).

⁴⁷ First Forum of National Partnerships to Stop TB in the WHO Western Pacific and South-East Asia Regions, Seoul Republic of Korea, 2–23 November 2012 (<http://www.stoptb.org/countries/partnerships/korea2012.asp>, accessed 4 April 2013).

CONCLUSIONS

Current TB control challenges have led national authorities to appreciate the contribution of the non-state sector and of civil society, and to establish effective collaborations with them. The experiences collected in this publication demonstrate the need for a new culture of work based on partnering and they clearly document successful attempts to work together. If this happens, working in partnership will remain an essential ingredient to achieve the future targets for TB prevention and care, and for public health as a whole.

When we consider, for example, the daunting goal of ensuring universal access to essential health interventions, it is clear that reaching out to all, and particularly to those who are more vulnerable and more in need of care, will require more resources

for health – but it will also imply the harmonization and effective cooperation of all resources already available. Coordinating the work of partners contributes to making essential services available and accessible to all who need them.

Building on synergy and complementarity of functions and resources makes the health system more efficient and the financial resources invested in health a better investment.

Finally, the engagement of communities and civil society organizations show that partnerships are a long-term endeavour that aims not only at improving the quantity and quality of services, but also at strengthening people's ownership of their own health and well-being.



**COUNTRY
PROFILES**

STOP TB AFGHANISTAN



Established in:	2009		
Legal status:	Registered as an NGO	Host:	WHO Country Office
Governance structure:	Coordinating Board (30 members), Core Team (composed of representatives from the Ministry of Education, the WHO Country Office, national parliament, NTP and WHO Eastern Mediterranean Regional Office), Secretariat		
Initial partners:	WHO, NTP, Canadian International Development Agency (CIDA) and Ministry of Health		

Motivations for starting a national TB partnership

In Afghanistan, numerous actors were activated in response to the emergency situation and began providing basic health services, including TB services. However, each actor operated according to their own internal policies and strategies, and there was no common policy on TB prevention and care. The initial partners agreed that a national TB partnership was the best platform to bring together these various actors and provide for greater coordination of efforts in the fight against TB.

How has the national TB partnership made a difference?

- Stop TB Afghanistan was successful in bringing together the actors already providing TB services (international and national NGOs, bilateral and multilateral agencies, the NTP and patients' associations), the business sector, and religious leaders under one common policy.
- The national TB partnership has been particularly successful in attracting partners from multiple sectors, and encouraging existing partners to become more active.
- Sub-national TB partnerships in Herat and Mazar-e-Sharif adapt national advocacy and communication strategies to fit the local context, making the message resonate more with local people. Sub-national TB partnerships also give local partners a voice at the national level and within the NTP, thanks to strong ties between the NTP and the national TB partnership.
- National and sub-national TB partnerships are able to mobilize partners all over the country to spread important messages. For example, the national TB partnership found that 80% of infertility cases were due to TB, and so partners were mobilized to organize informational workshops, provide capacity-building sessions for healthcare professionals, and provide TB diagnostic equipment to maternity hospitals.
- Patients' associations exist at both the national and sub-national levels, functioning much in the same way as the national and sub-national TB partnerships, in that they give local people a voice at the national level while also spreading national messages at the local level.

What challenges does the national TB partnership face?

- Coordinating the many national and international actors present in Afghanistan is a challenge that the national TB partnership will continue to work on, aiming to best create synergies and maximise the potential of all partners present in the country.
- More data on the difference national and sub-national TB partnerships have made will help the partnership to evaluate its own strategy. The partnership will be asking partners and patients about the impact of the partnership in the next national survey.

STORY BASED ON INTERVIEWS WITH:

13 March 2012	Dr Karam Shah	Position	Focal Point
13 March 2012	Dr Mohammad Khaled	Position	NTP Manager
20 June 2012	Mr Arif Hemat	Position	TB-affected community (TB Patient Association)

PARCERIA BRASILEIRA CONTRA A TUBERCULOSE – NATIONAL TB PARTNERSHIP IN BRAZIL



Established in:	2004	
Legal status:	Part of the NTP. The partnership has a separate, formal structure and is governed by by-laws	Host: NTP
Governance structure:	Executive Secretariat (all nine constituencies of partners are represented), Local Committees (11 metropolitan committees, involvement based on local TB burden), General Assembly (all partners, meets annually)	
Initial partners:	The Pan-American Health Organisation (PAHO) and the NTP	

Motivations for starting a national TB partnership

The Brazilian government set up 40 000 health units across the country, especially in hard-to-reach areas such as favelas, but it realized that non-state actors are essential in advocating for high-quality TB services and continued funding of these centres. The aim of creating a national TB partnership was to facilitate coordination between the public health and non-state sectors.

How has the national TB partnership made a difference?

- The national TB partnership is a common platform for numerous actors to advocate for more public spending on TB prevention and care. As a result, in 2011 the government allocated US\$ 74 million, which is about 14 times as much as the US\$ 5.2 million spent in 2002.
- Members of the national TB partnership find ways to best complement the NTP based on their core competencies. For example, community-based organizations raise awareness about TB, while the business sector provides logistics support in hard-to-reach areas.

What challenges does the national TB partnership face?

- The national TB partnership intends to work towards achieving greater financial stability. Currently it receives a large contribution from the government, but there is a real need to diversify sources of funding in order to ensure long-term sustainability.
- There are some challenges related to engagement at the international level due to language barriers. Since some partners speak only Portuguese, it is difficult to regularly keep in touch with the Stop TB Partnership and other national TB partnerships.

STORY BASED ON INTERVIEWS WITH:

28 March 2012	Dr Draurio Barreira	Position	Focal Point and NTP Manager
18 May 2012	Ms Nadja Faraone	Position	Partner (Rede Paulista)

STOP TB CANADA



Established in:	2001		
Legal status:	Loose collaboration of partners	Host:	British Columbia Lung Association
Governance structure:	Secretariat, Executive Committee and Stop TB Canada Chair		
Initial partners:	A group of approximately 30 individuals (TB service providers, politicians, academics, advocates and NGO representatives)		

Motivations for starting a national TB partnership

The lower burden of TB in Canada has prompted the country to focus more on global TB, as Canada is a strong donor for TB in the world. Against this backdrop, several stakeholders decided to start a national TB partnership in order to enhance Canada's contribution to the Millennium Development Goal (MDG) to reduce TB by 50% by 2015, and to support the G8 Okinawa Declaration to reduce poverty and diseases of poverty (including TB) by 50% in 2012. The national TB partnership works from Canada to raise global awareness about TB, but also works towards eliminating TB in Canada.

How has the national TB partnership made a difference?

- The national TB partnership has advocated at the national level to raise awareness among parliamentarians about TB, both globally and domestically.
- One of the national TB partnership's major successes at the national level was the creation of a patient manual that was made available to patients and provincial providers of TB services.
- The regular meetings of partners at the North American Union Conference has allowed for advocacy and communication activities that reach about 300 people in the USA and Canada.
- The national TB partnership works with indigenous groups in Canada and abroad in order to facilitate information sharing and work towards reducing the higher burden of TB among indigenous peoples worldwide.

What challenges does the national TB partnership face?

- The National TB Controller Association has been recently dismantled in Canada, so the national TB partnership has advocated, and will continue to advocate, for a substitute association to take its place.

STORY BASED ON INTERVIEWS WITH:

22 May 2012

Prof Anne Fanning

Position

Focal Point

EASTERN MEDITERRANEAN PARTNERSHIP TO STOP TB



Established in:	2007		
Legal status:	Loose collaboration of national TB partnerships or NTPs from countries in the region	Host:	Egyptian Society for Chest Disease and Tuberculosis
Governance structure:	Chairman and two Co-Chairs. Quarterly meetings of all partners. Soon will add a Steering Committee of 5-10 members that will meet more frequently		
Initial partners:	WHO Eastern Mediterranean Regional Office (EMRO), Egyptian Society for Chest Disease and Tuberculosis		

Motivations for starting a national TB partnership

The regional TB partnership was launched to support the NTPs of countries in the region and to advocate for earlier case detection, proper management, and treatment completion. The aim was also to engage NGOs and other organizations that already participate in the fight against TB.

How has the national TB partnership made a difference?

- Given that many partners in the region met regularly at scientific congresses, such as The Union regional conference in Cairo, the regional partnership took advantage of these opportunities and decided to hold partnership meetings concurrently, providing a time-efficient and cost-effective solution for partners.
- Support from the Eastern Mediterranean Partnership to Stop TB allowed for the adoption of a fundraising strategy in Afghanistan, while support from sub-national TB partnerships allowed for the adaptation of this strategy to the local context. The fundraising campaign proposed by the regional partnership in 2009 was based on the knowledge that Ramadan is the Muslim holy month preferred for charity, and once implemented by the local and national TB partnerships the campaign was very successful, and has been repeated every year since.
- The Million Youth March was organized on World TB Day in 2009 in 22 countries in the region, and engaged 1 866 000 young people in the march to raise awareness about TB.

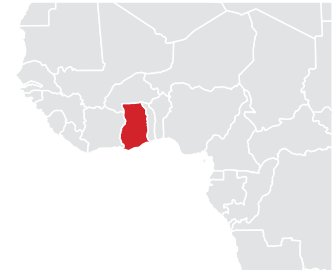
What challenges does the national TB partnership face?

- The most important challenge for the future of regional and national TB partnerships will be the sustainable improvement of quality TB services and the availability of medication for TB, MDR-TB, and XDR-TB cases.
- In some countries in the region, too much time passes between the diagnosis and the establishment of an adequate treatment, which can threaten treatment success.

STORY BASED ON INTERVIEWS WITH:

19 June 2012	Dr Mohammad Tageldin	Position	Focal Point
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STOP TB GHANA



Established in:	2002		
Legal status:	Registered as an NGO	Host:	NTP
Governance structure:	Annual meeting of (all 215) partners and the Board (smaller group of elected partners)		
Initial partners:	Afro Global Alliance, NTP, Ghana Society for Prevention of TB, NTP		

Motivations for starting a national TB partnership

Academic leaders in Ghana began a discussion about the potential impact a national TB partnership could have in the fight against TB, and when the NTP agreed to the partnering approach, they brought together additional stakeholders from multiple sectors.

How has the national TB partnership made a difference?

- The national TB partnership has allowed civil society to work under one single umbrella, enabling the government to encourage all partners to disseminate uniform messages and reduce duplication of efforts.
- The national TB partnership considers itself to be the communication arm of the NTP, and does not feel the need to have its own strategic plan, but rather complements the national plan of the NTP.
- The national TB partnership engages important opinion leaders, such as traditional authorities, queens and chiefs, and youth in order to break the stigma attached to TB and to raise awareness.
- A major success of the national TB partnership was the bridging of private and public healthcare. Now, patients can choose public or private care, and, in either case, treatment will be free. Private laboratory facilities are now also providing results to the NTP, and other partners are referring more patients to health centres.

What challenges does the national TB partnership face?

- The national TB partnership currently faces challenges related to financial stability, and so the partnership is discussing what mechanisms they could develop to ensure sustainability of the partnership.
- In 2009, 11% of detected cases came via partners of the national TB partnership, and the partnership intends to continue to increase their contribution.

STORY BASED ON INTERVIEWS WITH:

9 May 2012	Mr Austin Arinze Obiefuna	Position	Focal Point
30 May 2012	Dr Frank Bonsu	Position	NTP Manager

PARTNERSHIP FOR TB CARE AND CONTROL (PTCC) IN INDIA



Established in:	2008		
Legal status:	Loose collaboration of partners	Host:	The Union
Governance structure:	Steering Committee (where the NTP, the WHO Country Office and The Union are standing invitees), Secretariat, and national and regional bodies of partners		
Initial partners:	25 members of civil society and financial support from USAID		

Motivations for starting a national TB partnership

The aim of creating a national TB partnership was to gather together all organizations already involved in the fight against TB, and bring them under the same umbrella so as to best coordinate activities, avoid duplication of effort, and facilitate communication between stakeholders. The use of a national TB partnership as the platform was considered to have additional benefits in terms of increased visibility of partners, the creation of a unified voice, and the local community's increased ownership.

How has the national TB partnership made a difference?

- The national TB partnership is a unified platform for civil society to express its views on best practices and local solutions. Given this unified voice, the NTP was able to receive and incorporate the perspective of civil society into the revised national TB plan.
- Before the national TB partnership, the NTP had difficulty staying in touch with the many TB actors, but now that the partnership represents so many organizations, two-way communication is much easier, and civil society feels more empowered through a unified voice.
- In terms of service delivery, Project Axshya (funded by the Global Fund, and many sub-recipients are part of the partnership) aims to strengthen TB care and control in 374 districts across 23 states of India, reaching some 744 million people by 2015.
- Each new member of the national TB partnership brings its own network as well. For example, when the Christian Medical Association of India joined the partnership, so did their 330 mission hospitals and 10 000 healthcare professionals.

What challenges does the national TB partnership face?

- Financial stability is one of the biggest challenges of the national TB partnership. Currently, there are a few partners from the business sector, such as the Confederation of Indian Industry, but the partnership hopes to further strengthen and expand relationships.
- The national TB partnership also intends to continue building capacity within the partnership in areas such as implementation, engagement of partners, and creating ownership.

STORY BASED ON INTERVIEWS WITH:

15 March 2012	Ms Darivianca Laloo	Position	Focal Point
15 March 2012	Dr Kuldeep Singh Sachdeva	Position	NTP Representative
15 March 2012	Dr Abhijeet Sagma	Position	Partner (Christian Medical Association of India)
22 June 2012	Mrs Mercy Annapoorni	Position	TB-affected community (Rainbow TB Forum)

GERDUNAS (GERAKAN TERPADU NATIONAL) – NATIONAL TB PARTNERSHIP IN INDONESIA



Established in:	2000		
Legal status:	Loose collaboration of partners	Host:	NTP
Governance structure:	A National Congress for Gerdunas brings together sub-national TB partnerships on a quarterly basis		
Initial partners:	NTP, Canadian International Development Agency (CIDA), USAID, the Pharmacists' Association, and the Hospital Management Department of the Ministry of Health		

Motivations for starting a national TB partnership

There was great concern about the high burden of TB in Indonesia in 1995, so some partners began to work as a partnership informally at this time. By 2000 the national TB partnership was more formally established and hosted by the NTP, and soon afterwards the Gerdunas TB were established at the provincial level to support the work of the NTP at the local level.

How has the national TB partnership made a difference?

- The establishment of the national TB partnership allowed for TB to be recognized not only as a health problem, but also an issue tied to housing, economic growth, education, etc., and so partners from the private sector and civil society began to join the partnership.
- The national coordination of the Gerdunas allows the national TB partnership to take advantage of existing networks and social movements, such as the poverty reduction movement, and mobilize these groups also in the fight against TB.
- During a Congress of partners in 2005, partners developed and signed a letter of commitment, which identified each partner's specific area of contribution, and each partner is held to their promised contributions.
- The national TB partnership has found that by engaging, supporting and empowering the TB-affected community, they can be a significant driving force for promoting better healthcare-seeking practices at the local level, as well as collaborating with NTP in monitoring the quality of TB services.

What challenges does the national TB partnership face?

- The national TB partnership plans to hold workshops at the national level, which will identify strategies to sustain Gerdunas at the local level, such as how to recruit new members and how to mobilize resources.
- The national TB partnership will also continue to advocate for the prioritisation of TB in the national agenda.

STORY BASED ON INTERVIEWS WITH:

18 June 2012	Ms Dyah Mustikawati	Position	NTP Manager
20 June 2012	Ms Lusiana Aprilawati	Position	Representative of TB-affected community

IRANIAN STOP TB COMMITTEE



Established in:	2005		
Legal status:	Loose collaboration of partners	Host:	National Research Institute for TB and Lung Disease
Governance structure:	Secretariat, frequent meetings of all partners		
Initial partners:	Iranian Charity Foundation for TB and Lung Diseases (ICFTLD), Ministry of Health and Centre for Disease Control (CDC), NTP, academia, the Iranian Medical Council, the Health and Medical Education Department, politicians from the Health Commission of the Iranian Islamic Parliament		

Motivations for starting a national TB partnership

The purpose of creating a national TB partnership was to create a space for motivated professionals who were already involved in TB prevention and care, in order to share problems and find solutions by working together.

How has the national TB partnership made a difference?

- Members of the national TB partnership have made great progress in building capacity on TB in Iran. For example, the Centre for Disease Control and the Iranian Medical Council collaborated on a project that organized training courses on TB and designed an online Continued Medical Education course on TB.
- The engagement of the Prisons' Organisation led to the establishment of TB wards to help reduce the risk of transmission, and to treat TB patients.
- The national TB partnership works to indicate which areas of Iran have a higher burden of TB. For example, in 2006, the partnership identified eight provinces that had the highest burden, and advocated that government and universities should give more attention to these communities.
- The NTP works with the national TB partnership by identifying gaps in the country, and partners are able to take on roles and responsibilities that both fit their own core competencies and also complement the work of the NTP.

What challenges does the national TB partnership face?

- The national TB partnership is interested in continuing improvements in case detection and prevalence rates. For example, despite the progress in case detection rate – rising from 54% in 2005 to 81% in 2010 – the partnership has not yet reached its internal goals.

STORY BASED ON INTERVIEWS WITH:

5 June 2012	Ms Shadi Khalilolahi	Position	Focal Point
14 June 2012	Dr Mohammad Reza Masjedi	Position	Executive Director

STOP TB ITALIA



Established in:	2004		
Legal status:	Registered under Italian ONLUS status (non-profit organization)	Host:	Villa Marelli Health Centre
Governance structure:	Steering Committee (six members elected by associates, quarterly meetings), Scientific and Technical Committee (four members, quarterly meetings), Board of Auditors, Steering Committee (representatives from all partners, annual meeting)		
Initial partners:	Specialized doctors (pulmonologists, microbiologists, infectious disease specialists, etc.), Maugeri Foundation and representatives from universities		

Motivations for starting a national TB partnership

The main motivation for creating a national TB partnership was the need to remind people in Italy that TB is not a disease of the past, and that it remains a challenge in industrialized countries as well. The national TB partnership aims to guarantee access to high-quality TB services to all TB patients in Italy, put TB on the national agenda, offer medical expertise and training support to national healthcare providers, and to raise awareness about TB. Given the low burden of TB in Italy, the national TB partnership also works to contribute to the reduction of TB in other countries around the world.

How has the national TB partnership made a difference?

- Stop TB Italia implemented Project Gugulethu in South Africa, which included the renovation of a TB clinic and the provision of nutritional supplements to children affected by TB and their families.
- One key milestone for Stop TB Italia was the contribution from Lilly MDR-TB Partnership and Eli Lilly Italy to enhance the national TB partnership's communication strategies, and to provide human and financial resources for the partnership's international projects.

What challenges does the national TB partnership face?

- The lack of a national TB Programme in Italy has been a significant challenge, but the national TB partnership allied itself with the City of Milan to gain political support for its activities. In collaboration with the City of Milan, the partnership organized a convention on TB in metropolitan areas for World TB Day in 2012, bringing TB to the attention of national and international decision-makers.

STORY BASED ON INTERVIEWS WITH:

12 April 2012	Ms Lara Viganò	Position	Focal Point
18 April 2012	Ms Sabrina Spina	Position	Partner (Eli Lilly)

STOP TB JAPAN

Stop TB Partnership
JAPAN



Established in:	2008		
Legal status:	Registered as an NGO	Host:	Secretariat of Stop TB Japan
Governance structure:	Secretariat (weekly meetings), Executive Board (27 members, monthly meetings)		
Initial partners:	Ministry of Health, Labour and Welfare, Ministry of Foreign Affairs, Japan International Cooperation Agency (JICA), Japan Anti-Tuberculosis Association (JATA), RESULTS Japan, Parliamentary Federation of Japan, representatives from private companies		

Motivations for starting a national TB partnership

The idea to create a national TB partnership was first discussed in 2007 when 4000 people drafted and signed a document calling for the creation of a national TB partnership to stop TB. One year later, the partnership was officially registered as a legal entity. The focus of the national TB partnership is twofold: to provide support to other countries with a higher burden of TB, and to address TB domestically.

How has the national TB partnership made a difference?

- The national TB partnership engages members in advocacy and communication activities to promote public awareness about TB, aiming to improve case detection. For example, the Japan Advertising Council collaborates with the partnership to create awareness-raising material for TV, newspapers, and other media.
- The national TB partnership also works on fundraising to support research and development in the field of TB.
- At the International Symposium held during the Hokkaido Tokyo Summit, the national Stop TB Japan Action Plan, *Private-Public Partnership for International Cooperation towards the Elimination of Tuberculosis*, was developed to set clear goals and identify the contributions of each partner.

What challenges does the national TB partnership face?

- In order to promote better healthcare-seeking practices, the national TB partnership is working to raise awareness by distributing informational material on TB to high-risk groups, creating new media strategies, and organising public health and academic conferences.
- The national TB partnership intends to design a strategy to enhance internal communication among partners, one that will facilitate greater participation and engagement of all partners.

STORY BASED ON INTERVIEWS WITH:

1 June 2012	Ms Noriyo Shimoya	Position	Focal Point
22 June 2012	Mr Noboru Oba	Position	TB-affected community (Hoseikai)

STOP TB KENYA



Established in:	2010		
Legal status:	Registered as an NGO	Host:	NTP
Governance structure:	Partners' Forum (representatives from all partners), Steering Committee, two Working Groups		
Initial partners:	Many partners, including government ministries, NGOs and industry		

Motivations for starting a national TB partnership

Stakeholders in TB prevention and care had been working using a partnering approach since 2001, but the national TB partnership was not formalized until 2010 due to difficulty defining the legal role of the NTP within an NGO. The purpose for creating a national TB partnership was to focus on advocacy, resource mobilization and awareness-raising, in order to avoid overlap with the NTP.

How has the national TB partnership made a difference?

- Considering the importance of TB/HIV co-infection, the national TB partnership also engaged HIV/AIDS NGOs and patients' groups, such as the Kenya AIDS NGO Consortium and the Kenya Network of People Living with HIV. One of the immediate consequences of this collaboration was the addition of TB issues to the focus of organizations specializing in HIV/AIDS.
- All partners now use the same reporting system as the NTP, and they are in regular contact with the NTP in order to enhance communication among partners.

What challenges does the national TB partnership face?

- Just prior to its launch, the national TB partnership received a large donation from a private individual, but as time passed, the partnership's financial resources became insufficient to support all of the partnership's activities. The partnership is now advocating for more public expenditure on TB, and creating resource mobilization strategies to find additional donors.

STORY BASED ON INTERVIEWS WITH:

22 March 2012 Dr Jeremiah Chakaya

Position Focal Point

24 April 2012 Ms Evelyn Kibuchi

Position Partner (Kenya AIDS NGO Consortium)

2 June 2012 Mrs Lucy Chesire

Position Representative of the TB-affected community

6 June 2012 Dr Joseph Sitienei

Position NTP Manager

STOP TB PARTNERSHIP KOREA



Established in:	2010		
Legal status:	Loose collaboration	Host:	NTP
Governance structure:	Cooperation Committee (annual meetings), Advisory Committee (quarterly meetings)		
Initial partners:	Ministry of Health, Centers for Disease Control and Prevention, Korean Medical Association, Youth Association, Association of Hospitals		

Motivations for starting a national TB partnership

The national TB partnership was established to achieve global and national goals: nationally, the partnership aims to foster greater public-private cooperation and raise awareness about TB; at the global level, the partnership is a way to connect with the international community in order to help other countries with a higher burden of TB.

How has the national TB partnership made a difference?

- In order to lead the fight against TB in the region, the national TB partnership hosted a Forum of national TB partnerships of the Western Pacific Region and the South-East Asia Region in 2012.
- Close ties to the government have allowed for strong public leadership, starting with the government's comprehensive plan to fight TB, and the law adopted by the Korean National Assembly to help improve TB prevention and care.
- The national TB partnership supports the NTP by providing TB screening to vulnerable groups, and provides financial support to low-income MDR-TB patients.

What challenges does the national TB partnership face?

- The national TB partnership recently conducted surveys capturing the opinions of the general population, doctors, nurses and journalists in order to evaluate the TB awareness of each group. After analysing the research, the partnership decided to create both a mid-term and a long-term plan for advertisement campaigns, to further expand their support to vulnerable groups, and to play a more significant role in supporting other countries in their fight against TB.

STORY BASED ON INTERVIEWS WITH:

7 June 2012

Mr Kang-Hee Kim

Position

Focal Point

COMITÉ NACIONAL STOP TB IN MEXICO



Established in:	2004		
Legal status:	Part of the Ministry of Health	Host:	Ministry of Health
Governance structure:	Executive (President, Vice-President, General Director), Thematic Working Groups (six groups that organize the remaining representatives from partnered organizations)		
Initial partners:	Universidad Nacional Autónoma del Mexico (UNAM) and other faculties of medicine, Ministry of Health, NTP, USAID, paediatric associations, and pulmonologists' associations		

Motivations for starting a national TB partnership

The initial partners first considered the creation of a national TB partnership to address the poor response to the spread of TB during the 1990s, a time when an average of 19 000 cases were registered each year. A national TB partnership was first proposed by USAID, and then other partners agreed it would be a good way to build capacity and strengthen the national response to TB.

How has the national TB partnership made a difference?

- The national TB partnership works with TB-affected communities on a project called Fotovoces (photo-voices). Active in 12 states, this project gives the TB-affected community a chance to represent their experience with TB through photographs.
- The national TB partnership has made a great impact by integrating many health institutions under one uniform information system – each of which previously had its own information, reporting systems, policies, and methods.
- The national TB partnership standardised several guides on TB services and translated the international standards on TB into Spanish in order to promote high-quality TB services.
- Before the national TB partnership, the NTP noted that many people were not aware of the difference between flu/cold symptoms and those of TB. More recently, the NTP saw a large increase in case detection rates (1000 additional cases were detected in 2010), and believe this is due to the change in healthcare-seeking behaviour following the awareness-raising activities of the national TB partnership.
- Collaboration with the National Association of Pharmacies led to the agreement to sell TB medicines in fixed-dose combination instead of the four separate dosages that in the past had potential negative consequences for success and treatment completion rates.

What challenges does the national TB partnership face?

- The national TB partnership will continue to advocate at the national level in order to bring more attention to TB, hoping to build consensus on the prioritisation of TB in the national agenda.
- The next major objective of the national TB partnership is to enhance the engagement of the TB-affected community in the partnership by working towards de-stigmatising the disease.
- The engagement of the pharmaceutical industry is another major goal, because the national TB partnership aims to reduce the financial burden on TB patients.

STORY BASED ON INTERVIEWS WITH:

24 April 2012	Dr José Antonio Martínez	Position	Partner (PATH)
17 May 2012	Dr Martín Castellanos Joya	Position	Focal Point and NTP Manager

THE TUBERCULOSIS CONTROL NETWORK (TBCN) IN NEPAL



Established in:	1992		
Legal status:	Loose collaboration	Host:	WHO Country Office
Governance structure:	Chairmanship and Secretariat positions are held by partners on a rotational basis, with a meeting of partners every four months		
Initial partners:	WHO, NTP		

Motivations for starting a national TB partnership

After a consultation with all public and private sector partners, TBCN was established to provide a formal forum for developing TB policy, planning and strategy, as well as providing effective coordination.

How has the national TB partnership made a difference?

- TBCN is the main platform for national TB policy, strategy, planning and guideline development.
- This forum is also used for coordinating resource mobilization for the NTP and its partners. For example, in 2006, TBCN was the platform for the development of Global Fund proposals and other grant applications.

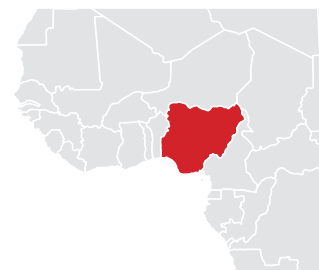
What challenges does the national TB partnership face?

- TB remains a significant public health problem in Nepal, and there are several challenges related to building consensus among public and private sector partners, as well as with the coordination of activities of partners.

STORY BASED ON INFORMATION FROM THE STOP TB PARTNERSHIP WEBSITE:

http://www.stoptb.org/countries/partnerships/np_npl.asp

NIGERIA STOP TB PARTNERSHIP



Established in:	2009		
Legal status:	Loose collaboration	Host:	WHO
Governance structure:	Secretariat, Working Groups (to steer the partnering process), All Partners' Assembly		
Initial partners:	WHO, USAID, International Federation of Anti-Leprosy Organisations, civil society, professional associations, National HIV/AIDS control, NTP, and representatives from academia, private sector and the TB-affected community		

Motivations for starting a national TB partnership

The discussions to establish a national TB partnership began as early as 2005, and the first formal meeting of stakeholders took place in Cape Town, South Africa in 2007. The partnership was officially launched in April 2009 by the Minister of Health. The main goals of the partnership are to complement the work of the NTP, advocating for more funding for TB and increasing awareness and community mobilization for TB.

How has the national TB partnership made a difference?

- The partners contribute to TB prevention and care based on their core competencies and interests. After determining the skills of each partner, responsibilities within the national TB partnership are assigned based on the available resources and partners' individual capacities.
- The TB-affected community plays an active role in the national TB partnership by giving support to TB patients, giving suggestions on quality assurance, and information sharing to and from the TB-affected community. Additionally, the TB-affected community has been particularly effective in the identification and engagement of new partners, such as informal support groups and community-based organizations.
- National TB case detection rates improved from 30% in 2007 to 43% in 2011. Nigeria now ranks 10th among the 22 high-burden countries (HBCs), down from the 4th highest burden.

What challenges does the national TB partnership face?

- The national TB partnership is currently in the process of developing a strategic and operational plan that will include a monitoring and evaluation component. Having a monitoring and evaluation system will allow the partnership to measure its own internal achievements and its contribution to the national plan.

STORY BASED ON INTERVIEWS WITH:

19 April 2012	Mr Mayowa Joel	Position	Partner
20 April 2012	Dr Haruna Adamu	Position	Focal Point
23 April 2012	Dr Joshua Obasanya	Position	NTP Manager
21 June 2012	Mr Emmanuel Musa	Position	Representative of the TB-affected community

STOP TB PAKISTAN



Established in:	2009		
Legal status:	Registered as an NGO with the Department of Social Welfare	Host:	WHO
Governance structure:	Secretariat, Coordinating Board, provincial Steering Committees		
Initial partners:	Provincial Managers of TB services, NTP, local NGOs, representatives from the private sector		

Motivations for starting a national TB partnership

The provincial managers first identified and contacted potential partners in order to create a diverse group of stakeholders already working – or interested in working – to stop TB. After contacting these partners, there was a national meeting, and soon after the national TB partnership was established.

How has the national TB partnership made a difference?

- Engagement of diverse partners, for example: local, national and international NGOs, the Ministry of Health, provincial NTPs, multilateral and bilateral organizations, the Pakistan Anti-TB Association, medical colleges, patients' associations, the Chamber of Commerce, private hospitals, prison organizations, the private sector, and the media. All partners sign a Memorandum of Understanding, and then the national TB partnership conducts a mapping of partners, which clearly defines the roles and responsibilities of each partner based on interest and competencies.
- One important component of the resource mobilization strategy of the national TB partnership is to recognize the non-financial resources that partners can bring, so that the partnership can coordinate activities in such a way as to make best use of these resources. Partners contribute with in-kind resources, such as their own expertise, raising awareness, contributing to policy-making, organising training sessions, and conducting monitoring and evaluation activities.
- The national TB partnership also places emphasis on the engagement of youth. For example, one partner, the Boy Scout Association in Pakistan, plans to mobilize the scouts to support TB patients during treatment and to disseminate information on TB prevention and treatment. The recent inclusion of girls in the association will mean many more volunteers, in addition to the half million boys already engaged.

What challenges does the national TB partnership face?

- The main challenge faced by the national TB partnership related to registering the partnership as an NGO and creating an independent bank account for self-sustainability. Now that the partnership has been registered, resource mobilization and other challenges have improved.

STORY BASED ON INTERVIEWS WITH:

13 April 2012 Dr Muhamed Anwar Choudhary

Position Focal Point

13 April 2012 Mr Zahid Mehmoob

Position Partner (Boy Scouts' Association)

PHILIPPINE COALITION AGAINST TUBERCULOSIS (PHILCAT)



Established in:	1994		
Legal status:	Registered as an NGO	Host:	PhilCAT
Governance structure:	General Assembly (representatives from each partner organization), Board of Directors (steers the coalition), Secretariat and Thematic Committees (set policy standards on key topics)		
Initial partners:	The TB Control Service of the Department of Health, private doctors, representatives from academia, special societies and pharmaceutical companies		

Motivations for starting a national TB partnership

The first discussions on creating a coalition began in 1993 when both the private and public health sectors began to notice a gap in communication, and recognized the need to collaborate more closely to effectively fight TB.

How has the national TB partnership made a difference?

- The national TB partnership has successfully created a link between the NTP and the various stakeholders in TB prevention and care. Now, whenever the NTP would like to discuss the implementation or development of TB guidelines or policies, PhilCAT is asked to mobilize all partners, so that the NTP can get a more complete picture of the current progress and challenges in the fight against TB.
- The Private-Public Mix (PPM) strategy of the national TB partnership has been the most effective in improving global targets for TB prevention and care. In the PPM project areas, the number of patients treated increased from 247 to 5615, while the default rate in this larger sample size remained under 5%.

What challenges does the national TB partnership face?

- For the future, PhilCAT aims to enhance its current internal communications strategy to improve information sharing.
- PhilCAT also intends to begin monitoring the specific activities of individual partners that support the NTP, rather than measuring the total contribution of the national TB partnership as a whole.

STORY BASED ON INTERVIEWS WITH:

26 March 2012	Ms Amelia Sarmiento	Position	Focal Point
27 March 2012	Dr Victoria Dalay	Position	Partner (De La Salle Health Sciences Institute)
26 April 2012	Dr Lyn Vianzon	Position	NTP Manager
22 June 2012	Ms Vivian Lofranco	Position	TB-affected community (support group for former TB patients)

STOP TB PARTNERSHIP SUDAN



Established in:	2009		
Legal status:	Registered as an NGO	Host:	NTP
Governance structure:	Cooperation Committee (annual meetings), Advisory Committee (quarterly meetings)		
Initial partners:	NTP, First Lady of Sudan, other stakeholders from the business sector, NGOs, and patients' associations		

Motivations for starting a national TB partnership

TB was a forgotten issue in the country despite the fact that Sudan had the second highest burden of TB in the Eastern Mediterranean Region, so in 2009 several partners came together to establish a national TB partnership. The political support allowed the partnership to attract the attention of other politicians, decision-makers and representatives from the private sector.

How has the national TB partnership made a difference?

- The national TB partnership has been especially successful in attracting partners from the private sector. For example, collaborations with an important opinion leader and TV presenter, private companies from the automotive and sports sectors, and a telecommunications company with approximately 13 million subscribers have all been very effective in reducing stigma and raising awareness about TB.
- Civil society and TB patients' associations provide information on TB, food baskets and follow-up to patients during home visits, in order to ensure people are aware of the symptoms of TB, and to provide TB patients the support they need to successfully complete treatment.
- The Sudanese TB Patients' Association (STPA) contributes to the partnership by providing food baskets to patients and their families, and giving patients access to revolving funds to set up small businesses.

What challenges does the national TB partnership face?

- Currently, the main challenge of the national TB partnership is reaching as many people as possible to help them recognize the symptoms of TB, and remind them that treatment is free.
- Another challenge tackled by the national TB partnership is treatment completion: partners support patients upon leaving health centres, encouraging them to finish the entire course of treatment.

STORY BASED ON INTERVIEWS WITH:

18 May 2012	Dr Aayid Munim	Position	Focal Point
18 May 2012	Prof. Awad Ibrahim Awad	Position	Chair and Stop TB Champion
18 May 2012	Mr Salah Fadl Alla Ahmed	Position	Partner (Zain)
18 May 2012	Dr Anas Elias	Position	Head of advocacy, communication and social mobilization unit
29 May 2012	Mr Hanadi Hussien Tajesir	Position	TB-affected community (STPA)

STOP TB SWAZILAND



Established in:	2008		
Legal status:	Registered as an NGO	Host:	NTP
Governance structure:	Secretariat, Executive Board (7–15 elected members), and the General Meeting (representatives of all partners)		
Initial partners:	Private practitioners, Cabrini Ministries, Ministry of Health, WHO Country Office, NTP, Women Together, Swaziland Network of People Living with HIV, and other local NGOs		

Motivations for starting a national TB partnership

The NTP first considered the partnering approach because it realized that TB was something the government cannot fight alone. To begin with, the main role of the national TB partnership was to best coordinate partners so as to create synergies and complementarities.

How has the national TB partnership made a difference?

- One of the major achievements of the national TB partnership was the mapping of partners, which identified the roles and responsibilities that each partner could take on in way that best coordinated the numerous partners to create synergies and complementarities.
- The work of the NTP has been facilitated by the fact that all partners adhere to the NTP guidelines. Partners feel more appreciated and supported by the NTP now that they work more closely with it, and the NTP takes their feedback into account in the national plan.
- In terms of global targets, outcomes have improved since the national TB partnership was founded: the treatment success was 42% in 2005, and now has reached 73%, while the case detection rate also rose from 48% to 66% during this period.
- Now that they are members of the national TB partnership, all partners operate under the same standards for TB care and TB medicines.

What challenges does the national TB partnership face?

- The national TB partnership's main concern is to maintain the high interest and commitment of partners. The partnership's strategy to achieve this goal is to interact more often with partners, either in capacity building sessions or by visiting partners in the field.
- The national TB partnership hopes to connect more with other national TB partnerships, and is hoping that their website, available soon, will facilitate communication at the international level.
- The national TB partnership is also planning for future financial stability, and so it has included the organization of resource mobilization events in their Global Fund proposal.

STORY BASED ON INTERVIEWS WITH:

27 April 2012	Dr Kefas Samson	Position	Focal Point
7 June 2012	Dr Muyabala Munachitombwe	Position	Board Chairman and Private Sector Focal Point
21 June 2012	Mrs Siphwe Hlophe	Position	TB-affected community (Swaziland Positive Living)

THAILAND STOP TB PARTNERSHIP



Established in:	2010	Host:	NTP
Legal status:	Loose collaboration		
Governance structure:	There is no formal structure, general meetings occur every six months, but preparatory meetings for World TB Day occur more frequently		
Initial partners:	NTP		

Motivations for starting a national TB partnership

The NTP has been collaborating with various organizations through informal, bilateral partnerships for about 30 years. However, the establishment of a national TB partnership was prompted by the Global Fund Round 1 grant, which formalized these partnerships under one common platform and brought in new partners.

How has the national TB partnership made a difference?

- The national TB partnership has made a big difference for communities that are not registered in any part of the current health insurance system, such as migrant groups. Partners have complemented the work of the NTP by reaching vulnerable groups and people in hard-to-reach areas.
- Partners from universities have also complemented the work of the NTP by improving clinical guidelines and policies.

What challenges does the national TB partnership face?

- Since there are many private healthcare professionals that provide TB services, the NTP is currently collaborating with the national TB partnership to create an electronic reporting system that will cover all partners.
- For the future, the national TB partnership is working on creating a mechanism to mobilize resources and ensure the financial stability of the partnership beyond the Global Fund.

STORY BASED ON INTERVIEWS WITH:

8 June 2012	Dr Pakhin Chanthathadawong	Position	Partner (Raks Thai Foundation)
22 July 2012	Dr Namwat Chawetsan	Position	NTP Manager

UGANDA STOP TB PARTNERSHIP (USTP)



Established in:	2004		
Legal status:	Registered as an NGO	Host:	WHO Country Office
Governance structure:	General Assembly, Board, Executive Secretary, three working groups		
Initial partners:	Many national and international NGOs (such as: CUAMM – Doctors with Africa, Traditional and Modern Health Practitioners against HIV/AIDS, the Union), local NGOs such as the Aids Support Organisation (TASO), Germany Leprosy and TB Relief Association (GLRA), NTP, WHO, USAID, Italian Cooperation, and the national army		

Motivations for starting a national TB partnership

The first discussions about starting a national TB partnership began in 2003 during the meeting of representatives of the WHO and Ministry of Health's Intensified Support Action Countries' (ISAC) Initiative. The main motivations in establishing a partnership were to coordinate the many implementing partners, to increase access to TB services, and to make best use of financial resources from international donors.

How has the national TB partnership made a difference?

- The central changes attributable to partners have been the improved recording and reporting system, higher quality diagnostics services, increased TB screening, greater TB/HIV collaboration, and a rise in case detection rates, especially in hard-to-reach areas.
- The national TB partnership supports the NTP by implementing components of the national plan, such as advocacy and communication, capacity building of healthcare practitioners, and the strengthening of the monitoring and evaluation system.
- The engagement of patients' groups in the national TB partnership has been very effective in best designing strategies to reach and support TB patients, and in giving a human face to the disease.
- All partners provide biannual reports on their activities, which enable the national TB partnership to keep track of individual and joint achievements throughout the year.
- The national TB partnership places particular emphasis on the non-financial resources that each partner could contribute. For example, the engagement of Posta Uganda was based on its advertising and branding expertise, and their nationwide distribution system, rather than by simply donating financial resources. This strategy allowed for the creation of a strong, long-lasting relationship with the partnership.

What challenges does the national TB partnership face?

- Guaranteeing the future financial stability of the national TB partnership is the biggest challenge faced by the partnership. Currently, the partnership is considering the introduction of membership fees, among other strategies.

STORY BASED ON INTERVIEWS WITH:

19 March 2012	Dr Francis Adatu	Position	Former NTP Manager
22 March 2012	Dr Joseph Kawuma	Position	Focal Point
20 June 2012	Ms Prima Kazoora Musiimenta	Position	TB-affected community (HEPS Uganda)

UK COALITION TO STOP TB

**UK Coalition
to Stop TB**



Established in:	2009		
Legal status:	Loose collaboration	Host:	RESULTS UK
Governance structure:	Secretariat, Steering Group, thematic working groups, and partners' quarterly meetings		
Initial partners:	RESULTS UK, Target TB and TB Alert		

Motivations for starting a national TB partnership

The motivation for the creation of a coalition in the UK is similar to the motivations of other national TB partnerships in higher burden countries, because the initial partners discovered that the same problems persist (drug stock-outs, diminishing public spending on TB and difficulty accessing TB services) despite the fact that the UK is not a high-burden country. For this reason, domestic activities of the coalition have included advocating for TB services to remain available and properly funded, monitoring drug stock-outs, and mobilising extra units to provide TB services to vulnerable groups, such as homeless people. The coalition also advocates for the UK Department for International Development (DFID) to invest more in high-burden countries, and for the integration of TB in other key health priorities, such as maternal and child health and HIV/AIDS.

How has the national TB partnership made a difference?

- The main benefit to partners has been the stronger voice that they have together as a coalition, rather than as a single organization. For example, when the coalition writes letters to media outlets, these letters are taken into greater consideration, given that it is signed by multiple organizations.
- UK Coalition members have, in the midst of major reforms to the UK's National Health Service (and against a backdrop of low TB burden) advocated for TB services (diagnosis and treatment) to remain available and funded.
- Since the establishment of the partnership, we have built and strengthened our relationship with key civil servants such as the TB Policy lead within the Department of International Development, and now we have health policies that integrate TB and generate investment in TB control for the UK and at the international level.
- In addition, at the end of 2010 and beginning of 2011, three members undertook research on TB drug stock outs in which pharmacies were contacted to find out whether there were enough TB drugs and pediatric TB drugs in the country. It was verified that drugs to treat TB in children and MDR-TB drugs were not sufficient, and to fill the gap some patients had to purchase drugs from the neighboring countries.

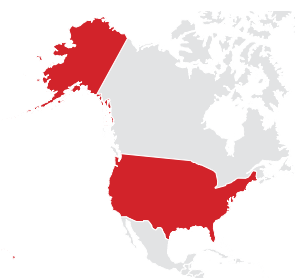
What challenges does the national TB partnership face?

- The national TB partnership has not yet conducted a formal mapping of partners, because there are few partners who actively assist in the implementation of coalition activities on a regular basis. For the future, the coalition hopes to more actively engage existing members with a view to growing the coalition and its voice, hoping to influence and improve UK policy on TB domestically and abroad.
- Related to the engagement of partners, the coalition realizes it would be useful to have someone working full-time on the coalition in the Secretariat, but an increase in human resources also means increasing financial resources to meet those needs. This poses challenges in terms of the coordination of partners' activities, partners' engagement, and internal communication within the national TB partnership.

STORY BASED ON INTERVIEWS WITH:

1 May 2012	Mrs Aparna Barua	Position	Focal Point (RESULTS UK)
2 May 2012	Ms Nikki Jefferey	Position	Partner (Target TB)
8 May 2012	Ms Gini Williams	Position	Partner (International Council of Nurses)

STOP TB USA



Established in:	1991	Host:	ATS
Legal status:	Loose collaboration		
Governance structure:	Coordinating Board with a Chair, Chair-Elect, Secretary and Treasurer		
Initial partners:	American Thoracic Society (ATS), American Lung Association, and Centre for Disease Control (CDC)		

Motivations for starting a national TB partnership

The initial partners wanted to raise awareness about TB and MDR-TB outbreaks, and influence policy-makers to pay more attention to TB, so they established the US Coalition for the Elimination of TB. Years later, the coalition changed its name to Stop TB USA, and decided to invite partners that could bring other skill sets to the national TB partnership. The partnership then became the venue for the development of public-private partnerships with different institutions working with high-risk groups, such as prisoners, migrants, HIV/AIDS risk groups, the homeless and refugees.

How has the national TB partnership made a difference?

- One of the most important achievements of Stop TB USA was a report entitled *A Call for Action on the TB Elimination Plan for the United States*. This report highlighted the funding gaps and other needs that need to be met in order to eliminate TB. After its release in 2009, Stop TB USA partners testified before the US Congress specifically about the findings of the report, and more generally about the TB needs in the US and abroad.
- Members of the national TB partnership work on screening, diagnosis, treatment and prevention of TB in prisons and homeless shelters in order to reach high-risk groups.
- Through the *Stop TB USA Wire* (the national TB partnership's newsletter), the partnership shares information about TB, and advocacy updates from partners.

What challenges does the national TB partnership face?

- In terms of resource mobilization, the national TB partnership was highly successful in the past – they obtained US\$ 100 million for TB-prevention work from the US government, and USAID started to include TB in its funding activities. However, recently resource mobilization has become more difficult, and the Secretariat is volunteer-driven. For this reason, the partnership is applying for a CDC grant and is exploring new donors.
- For the future, the national TB partnership plans to develop annual, formal work plans with an M&E component, which will include clear objectives and indications in order to measure the achievements and impact of the partnership.

STORY BASED ON INTERVIEWS WITH:

16 May 2012	Mr John Seggerson	Position	Focal Point
24 May 2012	Dr Lee Reichman	Position	Partner (New Jersey Medical School Global Tuberculosis Institute)

VIET NAM STOP TB PARTNERSHIP (VSTP)



Established in:	2010	
Legal status:	Registered as a Union of Medical Associations, under Viet Nam Union of Scientific and Technical Associations	Host: NTP
Governance structure:	Chairman and two Co-Chairs. Quarterly meetings of all partners (and will soon add a Steering Committee of 5-10 members that will meet more frequently)	
Initial partners:	NTP, Ministry of Health, Ministry of the Interior and 30 partners	

Motivations for starting a national TB partnership

The NTP initiated the process with the intention of coordinating the efforts of the many actors in TB care and control by developing a common plan that avoided overlap and improved efficiency. Of the 39 current partners, 30 were involved from the beginning as key actors in the establishment of the national TB partnership.

How has the national TB partnership made a difference?

- Engagement of mass organizations such as the Farmers' Union (representing more than 10 million people), the Women's Union (14 million people), the Youth Union (6 million people), the Viet Nam Red Cross (10 million people), and the Viet Nam Veterans' Association (3.5 million people). Thanks to this collaboration, the national TB partnership can reach the household level, while also advocating at the highest political levels.
- The Ministry of Education collaborated with the national TB partnership to provide TB trainings in schools so students know how to identify TB symptoms, look for a healthcare unit and access services free of charge.
- The NTP has noticed changes in access and utilisation of services, and attributes these changes to the national TB partnership's strong advocacy, communication and social mobilization component.

What challenges does the national TB partnership face?

- Currently, the national TB partnership faces resource constraints, and so it intends to expand its fundraising activities by organising donor meetings, attracting business sector partners, preparing grant proposals for international donors, and engaging celebrities to become national stop TB champions.
- Due to administrative and legal circumstances in Viet Nam, TB can only be treated by the NTP, but the national TB partnership is currently trying to understand how they can better engage private practitioners and pharmacists.
- There is no comprehensive Monitoring and Evaluation system, but the national TB partnership plans to create one soon to measure its impact.
- Each mass organization – Farmers' Union, Women's Union, Youth Union, Viet Nam Veterans' Union and the Viet Nam Red Cross – has a training centre and they provide training on TB to their members, but a key step for the future will be to standardize the materials that each union uses in TB training sessions based on the NTP's guidelines and policies.

STORY BASED ON INTERVIEWS WITH:

1 May 2012	Dr Bruce Struminger	Position	Partner (CDC)
23 May 2012	Professor Nguyen Dinh Huong (interview done by the Centre for Disease Control in Hanoi)	Position	Partnership Chairman
23 May 2012	Dr Nguyen Viet Nhung	Position	Focal Point and NTP Vice Director

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Stop TB Partnership

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