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Tuberculosis is Everybody's Business

Multisectoral Stakeholder Alliances (MSA) for Tuberculosis Control

Forum on Synergizing Efforts to Combat TB in Cities

Topic Flow

The Magnitude of TB Disease: Tuberculosis Spares No One

Stopping TB is a Partnership: Mandates for Multisectoral Stakeholders Alliances (MSA)

What is the MSA?

How MSAs Contribute to Health Promotion

Steps in Organizing the MSA / Stages in MSA Development

Lessons Learned

Tuberculosis spares no one (video)



Stopping TB is a partnership

Mandate: Stop TB Strategy elements critical to LGUs & other stakeholders

- **Pursue high-quality Directly Observed Treatment Short-Course (DOTS) expansion & treatment**
 - **Political commitment with increased & sustained funding**
- **Address TB / HIV, MDR TB & other challenges**
 - **Address prisoners, refugees & other high-risk groups & situations**
- **Contribute to health system strengthening**
 - **Improve policy, human resources, financing, management, service delivery & information systems**
- **Engage all care providers**
 - **Public-public and public-private mix (PPM) approaches**
- **Empower people with TB and communities to fight TB**
 - **Political commitment with increased & sustained funding**

Stopping TB is a partnership (2)

Mandate: RA 1136 (An act reorganizing the Division of Tuberculosis in the Department of Health) – June 16, 1954

- **Program:** Coordinate, direct & implement a well-balanced, comprehensive & intensive scheme of TB control services, including prevention by direct and indirect methods, diagnosis, treatment, social rehabilitation, public health training, research...national & international pooling of information
- **Facilities:** Set up 30 provincial TB centers; operate TB wards in provincial hospitals; mobile TB prevention units; National TB Center
- **Multisectoral mechanism:** Set up National Advisory Council on TB – composed of DOH Secretary, representatives from Labor, Education, Social Welfare, PTSI, and two civic organizations.

Stopping TB is a partnership: How LGUs can localize the PhilPACT

Mandate: Philippine Plan of Action to Control TB (PhilPACT 2010-2016) – Goal: 90% case detection (all TB forms); 90% treatment success

- **Strategy 1: Localize TB control implementation (through PHO / MHO / CHO)**
 - Lead in developing / implementing TB control plans, policies, programs
 - Coordinate PPM (public-private mix)
 - Provide financing for local TB program
 - Ensure an adequate & trained workforce
 - Carry out quality assurance for TB laboratories
 - Manage logistics including TB drugs
 - Collect , analyze, & use TB data for local TB program management
- **Strategy 2: Monitor health system performance**
 - Collect , analyze, & use TB data for local TB program management

Stopping TB is a partnership (4)

Mandate: Philippine Plan of Action to Control TB (PhilPACT 2010-2016)

- **Strategy 3: Engage both public & private health care providers**
 - Coordinate PPM (public-private mix)
 - Mandate: EO 187-2003 (Comprehensive, Unified Program to Control TB, or CUP)
- **Strategy 4: Promote & strengthen positive behavior of communities**
 - Communicate and inform presumptive TB cases to **SEEK EARLY CARE and COMPLETE DIAGNOSIS**; and, for TB patients to **COMPLETE TREATMENT**
 - Combat stigma and correct misconceptions on TB disease

Stopping TB is a partnership (5)

Mandate: Philippine Plan of Action to Control TB (PhilPACT 2010-2016)

- **Strategy 5: Address MDR TB, TB / HIV and needs of vulnerable populations**
 - **Address prisoners, refugees & other high-risk groups & situations**
- **Strategy 6: Regulate & make available quality TB diagnostic tests & drugs**
- **Strategy 7: Certify & accredit TB care providers (through PHIC)**
- **Strategy 8: Secure adequate funding & improve allocation & efficiency of fund utilization**
 - **Provide financing for local TB program**

What is a Multisectoral Stakeholder Alliance? Who are our stakeholders?

MSA – different groups, individuals, organizations, communities all with a common stake in promoting healthy communities, working together – doing what they do best – to control TB

- Local communities & individuals affected & their formal / informal representatives
- National / local government authorities & political leaders
- Religious leaders, civil society organizations, groups with special interests in business, media, academe & sectoral groups (women, youth, farmers, labor, transport)
- Zooming in: TB control program stakeholders – LGUs, donor agencies, DOH, NGOs, CSOs, suppliers (TB medicines & logistics)
- At the center of it all: TB patients, their families and other key influencers



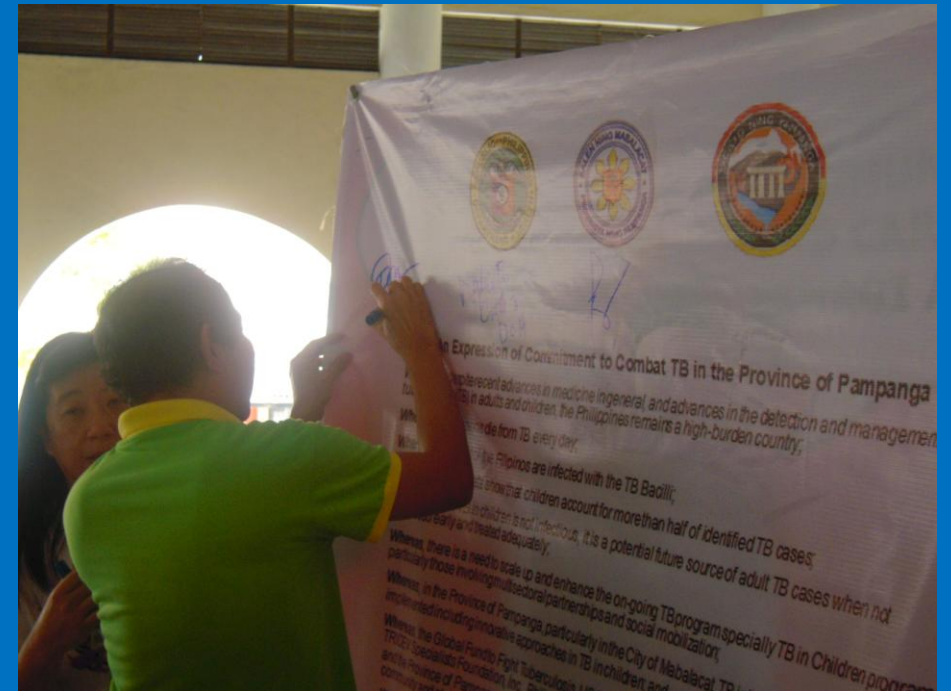
**WORKING TOGETHER TO
STOP TB!**

WORLD TB DAY 2010

How MSAs promote health & TB control

1. Build health public policy

- Policy agenda setting
- LGU issuance of ordinances on TB control with corresponding budgets / lobbying related to this
- Localizing national policies
- Integrating TB program needs / items in provincial / municipal investment plans for health



How MSAs promote health & TB control

2. Create a supportive environment

- Form alliances, coalitions, networks, supportive of TB control
- Set up coordination mechanisms among LGUs or piggyback on existing ones (Local Health Boards, Inter-local Health Zones)
- Coordinate among MSAs in different areas (inter-MSA mechanisms)
- Coordinate public & private health providers
- Provide technical assistance to stakeholders
- Organize volunteer groups for TB control (i.e., treatment partners, TB educators, patients' groups)
- Create more TB DOTS centers
- Tap existing or functional TB councils / alliances / CBOs as stakeholders

How MSAs promote health & TB control

3. Strengthen community action

- Integrate TB agenda into community programs (including CHTs, barangay emergency response teams)
- Hold orientation for treatment partners
- Identify presumptive TB cases and refer them to DOTS centers
- Form TB clubs, TB patients' groups (current or cured)
- Conduct TB education and other awareness raising activities (i.e., concerts, assemblies during World TB Day / Lung Month, sports events)



How MSAs promote health & TB control

4. Develop personal skills

- Use folk media, trainings & orientation workshops, interpersonal communication & counselling (IPC/C) training
- Launching of media campaigns
- Events management (poster-making, jingle composition contests, among others)
- TB awareness seminars for media practitioners, academe, religious groups, etc.



How MSAs promote health & TB control

5. Reorient health services

- Build health workers' & treatment partners capacity for TB DOTS
- Conduct research
- Build a library / resource base of TB control references
- Build the network / directory of referrals for TB DOTS services
- Patient (cured & being treated) and non-health sector participation in TB control activities



MSA Organizing Process

Step 1. Community Diagnostics / Situation Analysis

- What is the TB situation? Current TB program performance?
- Use the data as an advocacy & policy tool, i.e., build the business case / governance case for TB / non-DOTS & MDR TB

Province of Pangasinan: Tuberculosis (TB) Situation Map



LEGEND

Low number of persons with TB symptoms seeking consultation; low number of TB patients completing their treatment

High number of persons with TB symptoms seeking consultation; low number of TB patients completing their treatment

Low number of persons with TB symptoms seeking consultation; high number of TB patients completing their treatment

High number of persons with TB symptoms seeking consultation; high number of TB patients completing their treatment



What You Can Do for Your LGU to Improve TB control

- Pass or approve a local TB control ordinance and allot a budget for the local TB program.
- Allot funds so the Rural Health Unit can hire and train: medical technologists (medtech) for the health center laboratory and midwives to encourage persons with TB symptoms to seek care and TB patients to complete their treatment.
- Build and improve the facilities of the Rural Health Unit, especially the laboratory.
- Buy anti-TB drugs, microscopes and laboratory supplies.
- Enroll poor families in the municipality in PhilHealth's TB Outpatient Benefits Package (TB OBP).

MSA Organizing Process

Step 2. Identify & Prioritize Stakeholders

- Broad scan / mapping of existing & potential stakeholders at provincial, city, municipal, barangay levels
- What are their stakes (+) or (-) negative) on the issue?
- What are their track record & impact (+) or (-) on the issue?
- Based on their stakes and influence / impact, which stakeholder do we prioritize in organizing into the MSA?



MSA Organizing Process

Step 3. Inviting the Stakeholders / Organizing the MSA

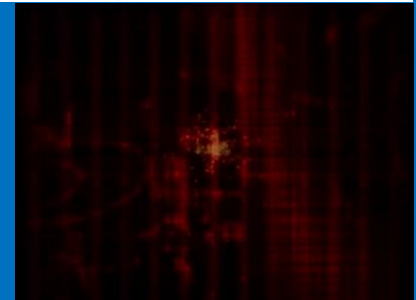
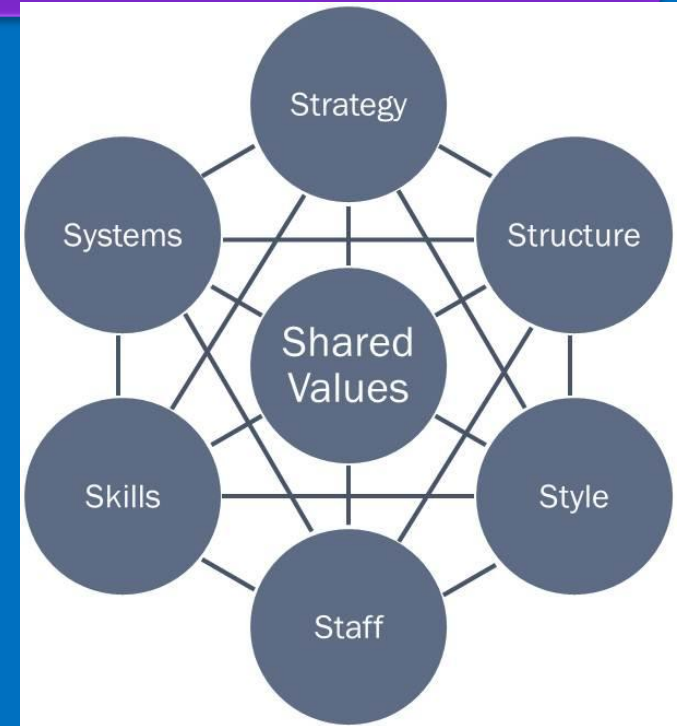
- Hold stakeholders' meetings
- Form the core group / secretariat
- Pitch the MSA to potential stakeholders through customized presentations, lobbying & networking / outreach
- Culminate with the launch (soft / hard)
- Continuous recruitment – Each One Reach One



MSA Organizing Process

Step 4. Strengthening & Sustaining (McKinsey Seven S)

- **Shared values & Strategy.** Strategic plan (with ACSM sub-plans)
- **Structure.** Organize committees
- **Staff & Style.** Elect officers, assign spokespersons, recruit CHAMPIONS / ADVOCATES (put a face, a name and a voice to the MSA), train 2nd liners (succession planning). Recruit more MSA members.
- **Systems.** Regular meetings; consolidation activities (training, celebrations of victories, key TB control events, awards & recognition). Mobilize resources; build partnerships with donors
- **Skills.** Build members' capacities through training and other activities



Stages of MSA Development

System	Final Outcome	Stage I (Infant)	Stage II (Adolescent)	Stage III (Mature)
Strategic system	Clear mandate articulated by members; written strategy	Ordinance creating MSA; Strategic Plan draft	Final SP + financial support from LGU	Strategy evaluated and 85% achievement of targets
Representational system	At least 90% membership among PhilPACT-mandated groups; 75% of meetings attended by same rep	At least 50% membership; at least 50% of meetings attended by same rep	At least 60% membership; at least 50% of meetings attended by same rep	At least 90% membership; at least 75% of meetings attended by same rep
Organizational structure	Written organigram + functional committees	Written organigram + identified or formed committees	Organization reviewed & finalized; committees w/ work plans & regular meetings	Same as stage II
Governance	Functional set of officers + written regularly reviewed job descriptions; regular planning, M&E sessions	Organizational chart + officers w JDs + written roles & tasks + regular meetings	Same as I	Same as I and II

Stages of MSA Development

System	Final Outcome	Stage I	Stage II	Stage III
Programs and projects	Work plan supporting provincial / city TB program + targets, milestones, indicators, timetables ; system of sharing good practice and technologies	One-year work plan & targets + milestones	Achieves at least 50% of targets & milestones; implementing work plan; system of sharing good practice and technologies	Clearly demonstrates results vis-à-vis city / province TB program goals; implementing system of sharing good practice and technologies
Operations & internal management	Province / city as secretariat; written policy on & conduct of regular meetings with agenda & government by parliamentary procedures	Written roles & responsibilities of secretariat + written policy on meetings + conduct of regular meetings	Conduct of regular meetings according to schedule; secretariat performs its function	Secretariat convenes meetings according to schedule; facilitates planning and evaluation sessions; written record of MSA transactions
Financial management	Secretariat keeps financial records ; has budget & funds for projects; fund raising / resource mobilization plans	Funds from LGU; financial records kept; resource mobilization plans	Funds accessed and used according to budget; fund sourcing activities carried out	Regular funds from LGU; carries out resource mobilization plans
Sustainability	Plans & activities for members' continuing involvement in MSA; continuity plans / mechanisms for projects ; strategic alliances w other sectors	Plans for members' education & development + continuity mechanisms for projects; alliance building plans	Educational / updating activities for members; increasing membership; continuity mechanisms	Sustained & expanding membership; ongoing education & development activities; has strategic alliances w other sectors

Lessons Learned: MSA Evaluation (2011)

- **Buy-In & Ownership.** Clear sense of ownership by local leaders to drive the process. Success depends on **support from the top and the bottom (bibinka effect)**. If the ground is not ready, **externally driven initiatives don't work**. MSAs with **CBOs as foundation** would be more sustainable than MSAs that were predominantly top down.
- **Membership.** Define the terms of membership clearly; signing the tarpaulin and the MoA / MoU is **just the beginning**. **Key role of PHO / MHO**. Partners are active if they are **able to identify their specific roles in the MSA and relate these to current work**. **Match tasks** to the strengths of member organizations or individuals. **Make time** for MSA members that need support, technical or otherwise.
- **Understand TB not just from the medical point of view.** People have a **Heart, Mind and Stomach**. **People are not their disease or diagnosis**.
- **Quick wins:** Start with activities that have achievable goals **before moving on to bigger projects**.
- **Ensure regular process documentation and systematic records keeping.**

Lessons Learned: Building Alliances

- Clear & shared vision, goals & objectives
- The alliance must foster trust & teamwork
- The alliance must be flexible, open & transparent, and must demonstrate greater benefit than cost.
- The alliance must have open and regular lines of communication
- The alliance must have a mechanism for monitoring & assessing its activities & accomplishment
- The alliance encourages and supports capacity building & skills development among the members
- Members are clear about why they joined the alliance & their stake in it
- Members operate on the basis of partnership & are clear about their contribution
- Members must be accountable





Any Questions? Thank you.

**“It always seems impossible, until it’s done” – Nelson Mandela,
diagnosed with TB in 1988, underwent treatment and declared cured**