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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, 4 July 2014*

**Dino A.E. Subingsubing, IEC Specialist**  
**Innovations and Multisectoral Partnerships to Achieve Control of Tuberculosis (IMPACT)**

# 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



# Tuberculosis spares no one

Born 26 November 1939 as Anna Mae Bullock. An American singer. She had tuberculosis for several years while she was performing with her husband.

She rebuilt her career as a solo artist after divorcing her husband.

One of the world's most popular entertainers; has been called the most successful female rock artist.



# Tuberculosis spares no one

Born 7 June 1940. A Welsh-born singer of humble coal-miner beginnings. He was knighted by Queen Elizabeth II in 2006. At 12 years old, he was diagnosed with tuberculosis. Many years later he said: *"I spent two years in bed recovering. It was the worst time of my life."* Has sung pop, rock, R&B, show tunes, country, dance, soul and gospel. His first single was released in 1964.



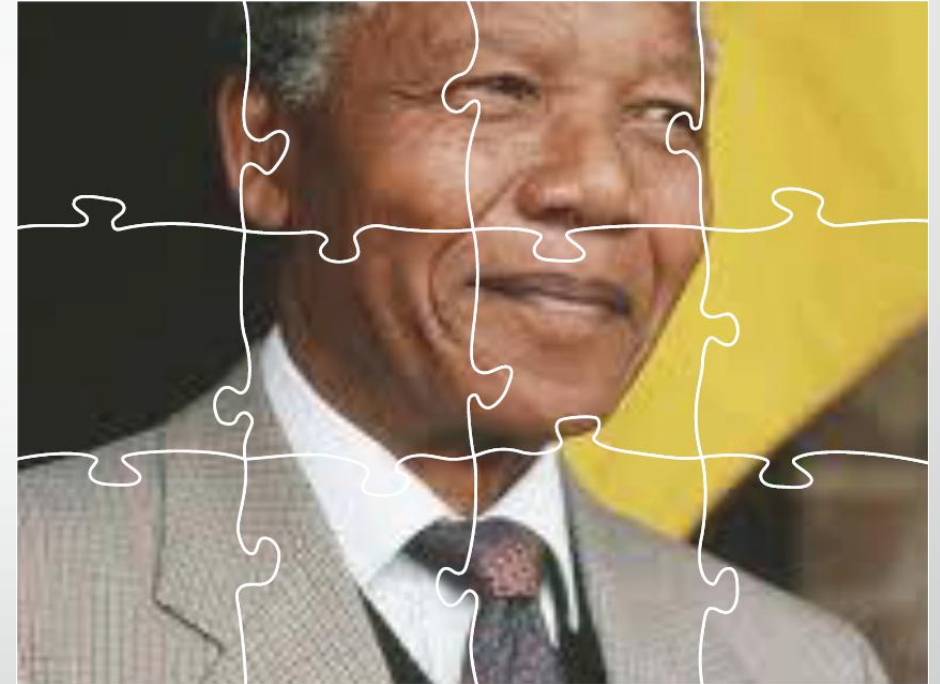
# Tuberculosis spares no one

Born 18 July 1918.

A militant anti-apartheid activist.

Co-founder and leader of Umkhonto we Sizwe, the armed wing of the African National Congress (ANC). He was imprisoned for 27 years.

In 1988, while at Pollsmoor Prison in South Africa, he contracted TB. Fortunately, his strain of tuberculosis was treated before the disease had reached its advanced stages. He served as President of South Africa from 1994 to 1999 and was the first to be elected in a fully representative, democratic election.



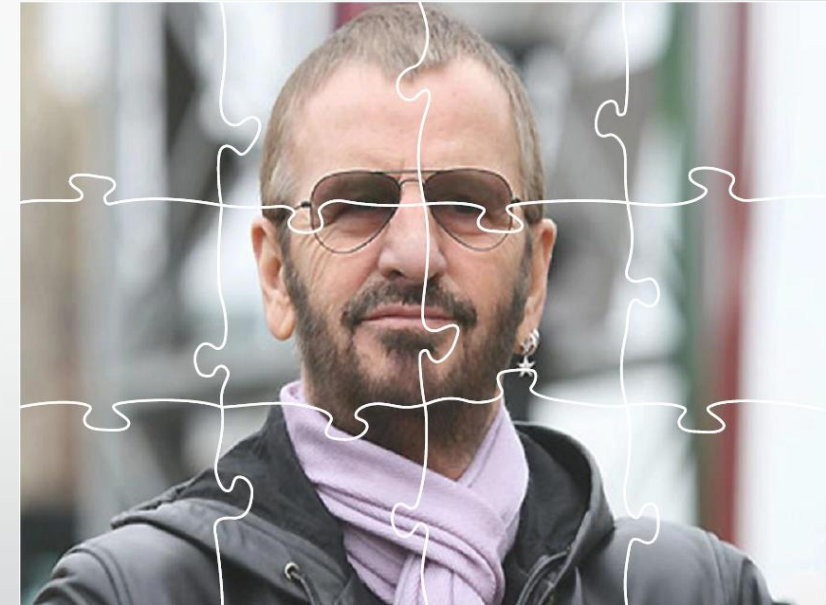


# Tuberculosis spares no one

Born 7 July 1940. English musician, songwriter, actor and member of a famous band.

When six, he had appendicitis, developed complications and fell into a coma. At 13, he developed chronic pleurisy and was admitted to a sanatorium. In his second year there, he fell ill to tuberculosis.

*"In those days, they used to put you in what we called a greenhouse in the countryside. To keep you entertained...it was music. And they'd bring in tambourines, triangles and little drums."* Drums became the love of his life.



# 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



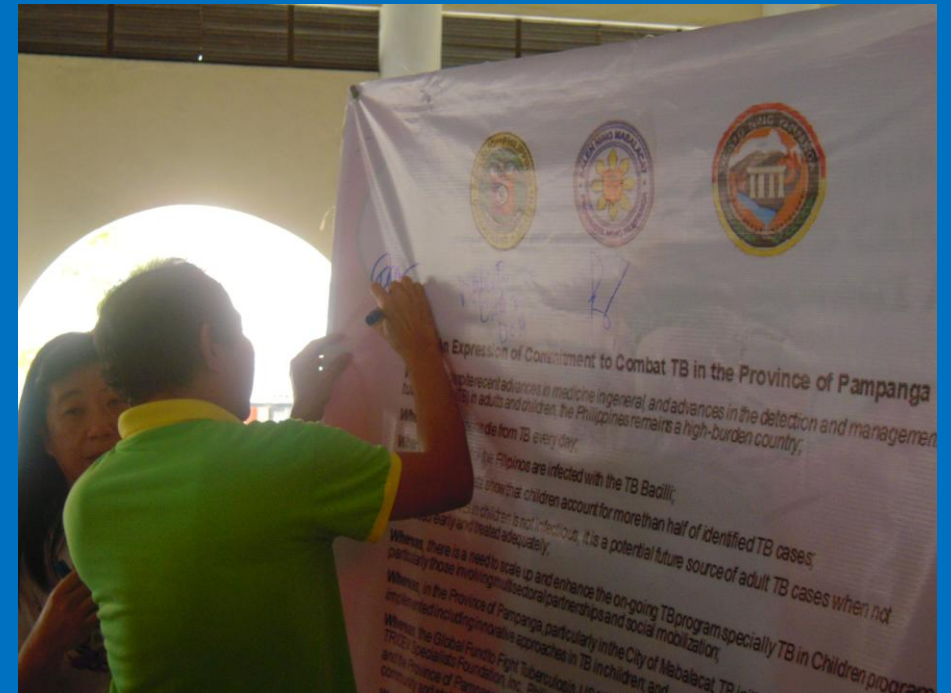
**WORKING TOGETHER TO**  
**STOP TB!**

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

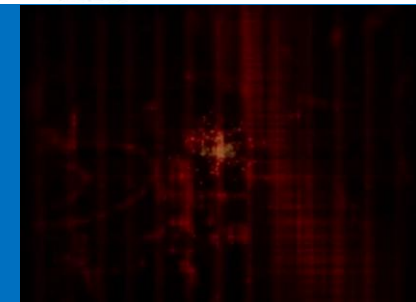
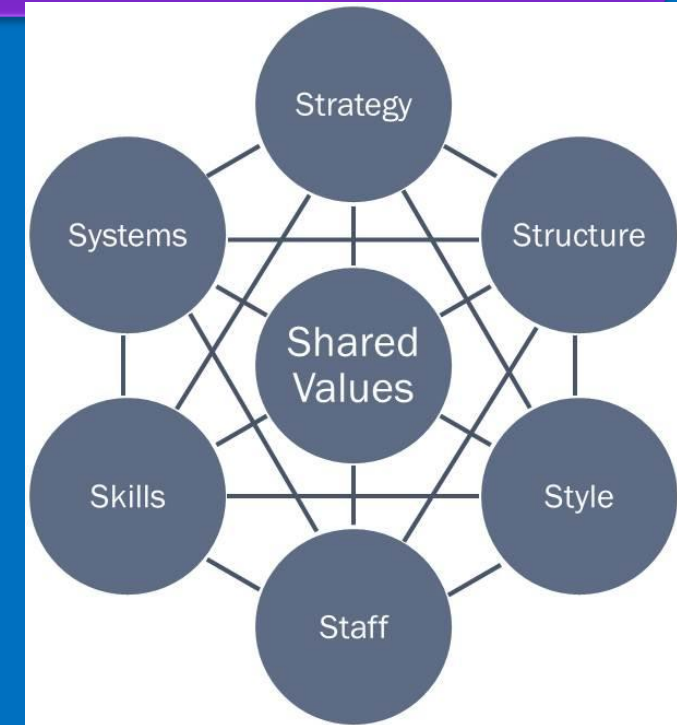
- Hold stakeholders' meetings
- Form the core group / secretariat
- Pitch the MSA to potential stakeholders through customized presentations, lobbying & networking / outreach
- Culminate with the launch (soft / hard)
- Continuous recruitment – Each One Reach One



# 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 2<sup>nd</sup> 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)
<b>Strategic system</b>	<b>Clear mandate</b> articulated by members; <b>written strategy</b>	Ordinance creating MSA; Strategic Plan draft	Final SP + financial support from LGU	Strategy evaluated and 85% achievement of targets
<b>Representational system</b>	At least 90% membership among PhilPACT-mandated groups; 75% of meetings <b>attended by same rep</b>	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
<b>Organizational structure</b>	<b>Written organigram + functional committees</b>	Written organigram + identified or formed committees	Organization reviewed & finalized; committees w/ work plans & regular meetings	Same as stage II
<b>Governance</b>	<b>Functional</b> set of officers + <b>written regularly reviewed</b> job descriptions; <b>regular</b> 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
<b>Programs and projects</b>	<b>Work plan</b> supporting provincial / city TB program + targets, <b>milestones, indicators, timetables</b> ; 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
<b>Operations &amp; internal management</b>	Province / city as secretariat; <b>written policy</b> on & conduct of <b>regular meetings</b> 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
<b>Financial management</b>	Secretariat keeps <b>financial records</b> ; has <b>budget</b> & funds for projects; <b>fund raising / resource mobilization plans</b>	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
<b>Sustainability</b>	Plans & activities for members' continuing involvement in MSA; <b>continuity plans / mechanisms for projects</b> ; strategic <b>alliances</b> 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 (bibingka 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







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