Summary Report of the meeting held on 29-30th of July 2013 at Nairobi

Background: The two days event on "Mapping and Dissemination Meeting" was held on 29-30th July 2013 in Hotel Best Western Premier at Nairobi. The workshop was organised under the aegis of **Global Coalition of TB Activists** with the support of **Stop TB Partnership Secretariat**.

Objectives of the Dissemination meeting:

The primary purpose of this Dissemination Meeting is to discuss the results of the mapping survey and to identify regionally appropriate strategies to strengthen TB-related advocacy and community systems. The specific objectives of the meeting were:

i. to disseminate and share findings from the regional mapping exercise.
ii. to enhance the development of a regional network for successful community systems strengthening and support to Global Fund, including TB representation in CCMs.
iii. to provide participants with clearer understanding about the Global Fund and empower them to monitor its TB grants.

Objectives of the Mapping study

The objectives of the mapping study were:

1. to undertake a mapping of TB partners in regions, Asia, Europe and the Americas.
2. develop an inventory and also enhance collaboration of partners through an establishment of regional networks for the future.

The study was intended to assist the Stop TB Partnership and TB Advocacy Consortium in having a clear understanding of partners operating in the different regions. This will provide an opportunity for establishing regional networks and to collaborate together to scale up TB interventions. The study is hoped to identify potential partners for support in submission of Global fund applications and most important exchange of good practice.

Participants/audience of the meeting: The meeting was attended by 24 participants from 6 regions of South Asia, South East Asia, Middle East Asia, Africa, America including Latin America and European region. The participants represent Non-Governmental Organizations / Community Based Organizations, Patient Network Representatives, Development partners and 6 Regional Focal Points. In the meeting at Nairobi, the summary and key results of the study were shared with the participants as a basis for future TB related activities and opportunities for collaboration. It served as a great opportunity for cross learning from various regional participants.

Key deliberations

The first day, the 29th of July was devoted to the presentation of the results of the mapping survey and a discussion about effective approaches to developing Regional TB Networks.

The meeting started with the welcome address by Lucy Chesire representing the host organisation TB Advocacy Consortium (TAC), Nairobi, followed by introduction of participants and then Lucy shared the objectives of the meeting.

Followed by Lucy, Jenniffer Dietrich of Stop TB Partnership Secretariat made a presentation of Global TB Activists, its objectives, structure and functioning. After her presentation, all the six Global TB Consultants who were the regional focal points who conducted the study presented the analysis of the findings and put forward recommendation for each region.

Africa- Carol Nawina
South East Asia – Blessina Kumar
Euro – Nonna Turusbekova
WIPR – David Traynor
MENA- Rawan Ababneh
Americas- Alberto Colarado

Key Conclusions/findings of the Mapping study

This report was compiled from a total of 76 countries across the world, from which 53 percent were from Africa, Asia at 30 percent, Europe at 10 percent, America at 7 percent and Australia at less than 1 percent (figure 1.1).

Figure 1.1: Regional Distribution of the coverage

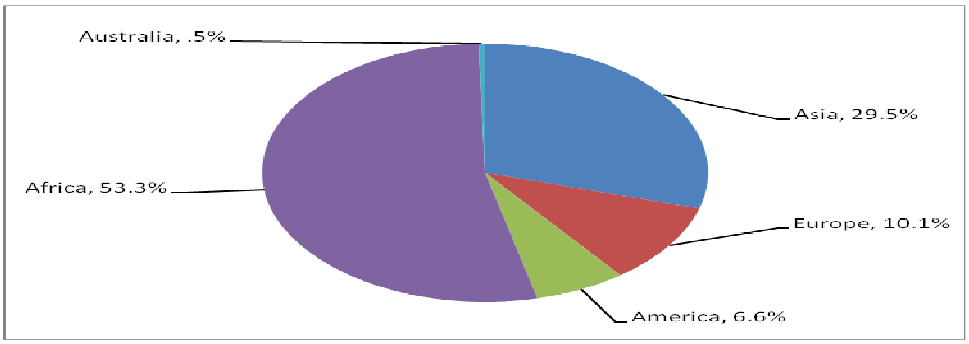


Table 1.1: Member of STOP TB PARTNERSHIP (STBP) by Regional

	Member of STBP					
	Yes		No		Un-established status	
	Freq	Percent	Freq	Percent	Freq	Percent
Regions						
Asia	75	31.4	33	28.7	17	24.3
Europe	19	7.9	14	12.2	10	14.3
America	13	5.4	6	5.2	9	12.9
Africa	131	54.8	61	53.0	34	48.6
Australia	1	.4	1	.9	0	0.0

Table 1.2: Total Employees by Regional

	Regions									
	Asia		Europe		America		Africa		Australia	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
People working in the Organization										
1 - 10	17	13.6	17	39.5	10	35.7	58	25.7	2	100.0
11 - 50	37	29.6	12	27.9	6	21.4	79	35.0	0	0.0
51 - 100	22	17.6	1	2.3	3	10.7	33	14.6	0	0.0
100+	33	26.4	6	14.0	1	3.6	28	12.4	0	0.0
Un-specified	16	12.8	7	16.3	8	28.6	28	12.4	0	0.0

Table 1.3: Activities by Regional

	Regions									
	Asia		Europe		America		Africa		Australia	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Is your organization involved in TB, TB/HIV or MDR-TB work /activities (Yes)	99	79.2	32	74.4	17	60.7	190	84.1	1	50.0
TB/HIV	93	74.4	31	72.1	15	53.6	188	83.2	1	50.0
MDR/TB	45	36.0	18	41.9	12	42.9	56	24.8	1	50.0
Primary/TB dots	47	37.6	11	25.6	4	14.3	58	25.7	1	50.0
TB_Research	22	17.6	7	16.3	2	7.1	27	11.9	1	50.0
Other services	64	51.2	18	41.9	6	21.4	113	50.0	0	0.0

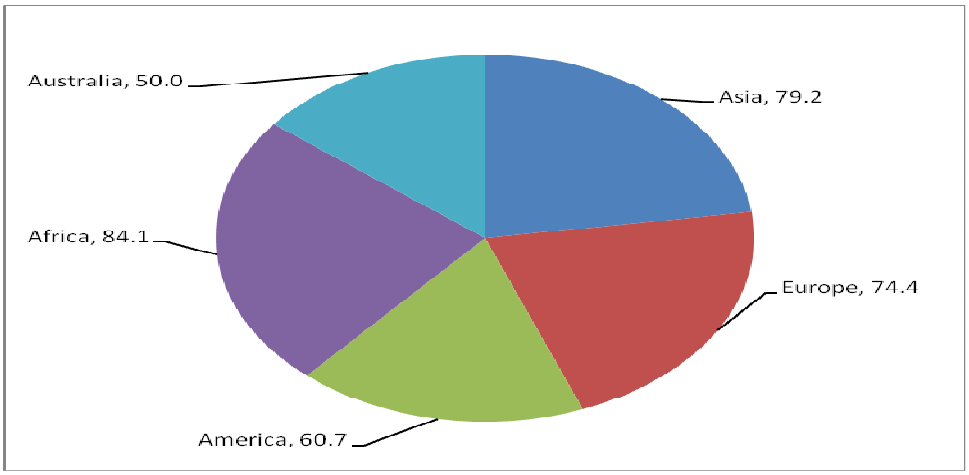
Table 1.4: Advocacy by Regional

		Regions									
		Asia		Europe		America		Africa		Australia	
		Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
How many people in your organization specifically work on advocacy?	None	4	3.7	3	8.3	2	10.0	4	2.0	1	50.0
	1	6	5.5	6	16.7	2	10.0	7	3.5	0	0.0
	2	13	11.9	5	13.9	5	25.0	30	15.2	0	0.0
	3 - 4	27	24.8	7	19.4	4	20.0	72	36.4	0	0.0
	5+	59	54.1	15	41.7	7	35.0	85	42.9	1	50.0
How many people in your organization specifically work on advocacy for TB?	None	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	1	13	13.5	8	25.0	4	25.0	21	11.5	0	0.0
	2	17	17.7	9	28.1	4	25.0	55	30.2	0	0.0
	3 - 4	27	28.1	5	15.6	3	18.8	55	30.2	0	0.0
	5+	39	40.6	10	31.3	5	31.3	51	28.0	1	100.0

Table 1.5: Level of Operation by Regional

	Regions									
	Asia		Europe		America		Africa		Australia	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
International	16	12.8	18	41.9	12	42.9	25	11.1	1	50.0
Regional	39	31.2	16	37.2	6	21.4	44	19.5	0	0.0
National	62	49.6	18	41.9	11	39.3	118	52.2	1	50.0
District	46	36.8	6	14.0	5	17.9	66	29.2	0	0.0
Local	33	26.4	10	23.3	5	17.9	63	27.9	0	0.0

Figure 1.2: Involved in Global Fund



After the presentation of the summary, discussion was held on the findings. The participants commented to have more deeper analysis of the study from the regional perspectives, make the issue of TB more attractive to draw the attention of actors and players and to add more qualitative analysis to have incisive insights.

The participants noted the value of the study from the networking, advocacy, activism and partnership perspectives and complemented the authors and focal points to make the global study useful and relevant to various stakeholders to advance the agenda of global partnership/network building and advocacy on TB.

After the mapping study dissemination, participants of the meeitng presented their organisation, activists, experience and reflections. This helped to understand different perspectives and strands of TB parnterships existing and functioning in five regions of the world.

Values of TB activism: Followed by it, a session on Global Coalition of TB Activists was run by Blessina Kumar and Alberto Colorado. Both shared their experience and the values of having a network and activism. Blessina Kumar drew the challenges and issues of activism, including the latest issue of drug stock out in India. Mr.Alberto referred TB as “social disesease” and urged for change in the bio-medical approach to TB with more ephasis on “social approach” to TB with need

for strengtheing the networking and social support to TB patients to provide social safety net to TB patients, apart from the clinical treatment of TB.

In continuation of it, the African perspective of networking was shared by Carol Nyirenda with the participants with greater stress on the role of networks for capacity building, sharing good practices, cross learning, policy influencing, policy implementation and documentation of evidence for advocacy.

Back up Initiative of GIZ: This was followed by a presentation by Samantha Sokolosky on Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (GIZ). In her presentation on German Back up Initiative, she introduced GIZ, core principles of Back up iniitative such as need based, evidence informaed, right based, result oriented, country owned initiatives linked with Global Fund (GF) process, aligned with national health srategies, equity and solidarity and positive effects of strengthening health and community system. She also presented modes of back up initiative such as fast access mode with 10000 Euros, consultancy mode with 4000 Euros and project mode with a cap of 1,50,000 Euros. She concluded the presentation with the back up application process. She welcome proposals from networks and civil society organisation to advance the GF agdenda at the civil society level. She is accessible in backup@giz.de and for more information on the grant is avialable in **http://www.giz.de/backup .**

GF's new funcing mechanism: The final session was on new Global Fund mechanism. In the presentation, Jenniffer Dietrich of Stop TB Partnership Secretariat drew on the backdrop of the new funding of GF and the salient features, which are outlined below.

- The Global Fund's new funding model is designed to enable strategic investment for maximum impact. Eligible countries like India may apply whenever desired during the three year allocation period so that funding can be more in line with national budgeting cycles and country-specific demands.
- **As of 31 December 2012**, Global Fund (GF) had **USD 1.96 billion** or resources for TB to be used in **2013-2014**. Of this, 467 million was signed and committed, 357 million was signed but not yet committed in the GF financial system, 480 million was approved but not yet signed and committed, and 660 million expected to be approved by the Board for 2013-2014.

- GF increased the TB funding from 16% to 18% which has the following funds.

- **Signed and committed funds**: These are funds which are in a signed agreement and committed in the Global Fund financial system. For this fund, action required is a disbursement request from the country / PRs.
- **Signed but not yet committed funds**: These are funds that have been signed in a grant agreement but not yet committed in the GF financial system due to the staggered commitment policy. Absorption of already committed funds will lead to additional signed funds being committed.
- **Approved but yet to be signed funds**: These are funds approved by the Board but not yet signed in a grant agreement. Speeding up grant negotiation will lead to early movement of these funds to signed funds.
- **Yet to be approved by the Board**: These are maximum amounts that could be approved for second phase of the grant and could be available for the country for 2013-2014. To get a

maximum amount approved from these funds the country should submit ambitious second phase proposals / concept notes to the Global Fund.

- **GF new model has indicative and incentive funding.** Indicative funding is available for a country's priority interventions and incentive funding is intended for creating separate reserve of funding to reward high impact, well-performing programs and encourage ambitious requests.
- In the new model of funding Country Co-ordination Mechanism (CCM) is responsible for in-country decisions and they have to hold country level consultation with various stakeholders. More information about the new model of funding is available in: http://www.theglobalfund.org/en/activities/fundingmodel/

Day 2 Deliberations: Action Plan for strengthening networking of TB Activists

In day two, Regional Focal Points of 5 Regions conducted deliberations and evolved action plans. The meeting also discussed the way forward (e.g.for a regional meeting) to take it further after the meeting in Nairobi.

India is clubbed with the South East Asia Region (SEAR) and we have discussed the existing issues of Global Fund in the morning such as grading mechanism of PR, inclusive CCM with emphasis on representation of strong person with greater voice among TB affected segment, lack of grassroots focus in funding, inadequate investment for community strengthening, need for capacity building of CSOs/community and patient advocates to bring in more local perspectives and voices and to increase the participation of beneficiary, community and CSOs in monitoring and reviewing GF initiatives.

At the end of the second day, we evolved the Regional Network Meeting Action Plan. As per the action plan, the next meeting is tentatively to be held in Manila in January 2013 to take stock of the networking status and to carry forward the agenda for further planning and action. The action plan for SEAR region is attached.

The good feature of the meeting was that the study findings were taken on board for the follow up action and a chain of follow up events are planned to make more impacts, values and differences in responding to the needs and rights of TB patients. The meeting concluded with the wrap up session.

Recommendation to PTCC

- Draw up a proposal to GIZ to tap the funds for strengthening the capacities of members of PTCCI and grassroots TB Advocates.
- Focus more on strengthening the voices and rights of TB patients and local communities with more investments.
- Strengthening of TB Activists/advocates networks at in-country level.