Stop TB Partnership

Co-ordinating Board, Osaka, 19-21 February 2002

DRAFT

Building National Partnership for DOTS expansion

draft

Executive Summary

If the global Stop TB targets are to be achieved, DOTS, as the appropriate response to the tuberculosis problem, must be significantly accelerated and expanded. This requires strategic reorientation of the tuberculosis control to broaden its base. In many countries a significant degree of fragmented efforts characterises the scene. The establishment of linkages between the different stakeholders and supporting/implementing agencies is an essential step towards an expanded national response that will involve all in a cohesive and constructive manner.

Existing health services in most high burden countries were not designed to deal with the dramatic increase of the tuberculosis over the last two decades. Historically tuberculosis control was in most countries integrated in the general health service to a limited extent, and maintained a special status with separate dedicated staff and support. Tuberculosis control had often a credible performance, especially in comparison with other components of the health services. However the system was not geared nor equipped to meet the increased demands of the tuberculosis burden in particular during the times when overall resources for health and health services became more and more scarce.

Socio-economic and political changes had in many countries a profound impact on the performance capacities and capabilities of the health services. Tight health budgets and low economic growth resulted in low investment levels for health. Political and economic liberalisation was linked to the adaptation of the overall health sector strategies, resulting in a spectrum of different shades of health sector reforms. Also the health sector is now linking up with related initiatives in other sectors. In many countries the previous sole implementation power of the government for health services was replaced by a sharing arrangement by all stakeholders. Government maintains responsibility for the crucial policy making and strategic monitoring. These changes involve often a thorough re-orientation of health workers and patients/clients and have certainly affected the performance of national tuberculosis programmes.

Also numerous non-governmental, private and community based organisations have emerged. Many of these organisations provided, often with independent external funding, crucial assistance to national programmes. Others have acted in a more independent manner.

Finally the international donor landscape for development co-operation has changed dramatically. In the wake of the 1997 World Bank Report on International Development Co-operation, many bilateral agencies introduced important policy changes aiming at greater local ownership and nationally steered donor co-ordination. Under strong domestic pressure for tangible results, many bilateral donors have adjusted their policy directions and are looking hard for “success-stories. Convergence among (bilateral) donors (donor co-ordinating groups) rather than divergence can be observed at country levels, which is a valuable opportunity.

This paper explores the opportunities and the potential difficulties towards the creation of a broader based national effort to upscale tuberculosis control through DOTS expansion. National Inter-Agency Co-ordinating Committees can play a crucial strategic and initiating role. Some case studies in this overview will illustrate valuable lessons learned.

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1. Background

One third of the world's population is already infected with M. tuberculosis, with the greatest burden of disease and infection borne by people in developing countries.

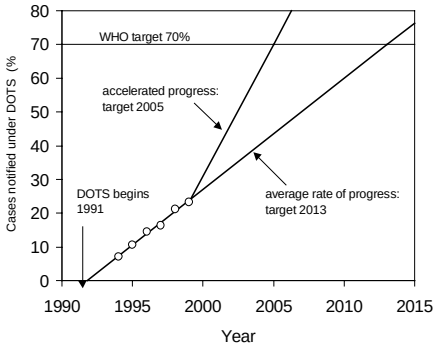
Current estimates confirm that, 50 years after the introduction of effective chemotherapy, TB remains a leading infectious cause of adult mortality in the world, with up to 2 million deaths each year. The number of new TB cases has climbed (6% each year between 1997 and 2000), from 8 million to 8.7 million world-wide, as a result of a 20% rise in incidence in sub-Saharan African countries, the region most affected by the epidemic of HIV/AIDS.

Less than half of all TB cases worldwide is notified, and fewer than 60% of those are cured. It is predicted that without unprecedented efforts, TB will still remain as one of the world's top ten causes of adult mortality in the year 2020. HIV is the only other infectious pathogen slated to remain on that list.

The WHO recommended strategy, called DOTS, has produced cure rates more than double those of alternative treatment programmes.

Regretfully DOTS is not universally available. Today only 27% of people diagnosed with TB receive DOTS treatment. Aggressive implementation and expansion of this control strategy is needed if we are to deflect TB trends from their present trend.

Ministers, top officials and senior representatives from government, international organisations and donors met in March 2000 Amsterdam for the first time to determine their common desire to seriously speed up the fight against tuberculosis. The Global Plan to Stop TB was launched in October 2001 and is supported by the Washington Commitment.



The global objectives that were set during that meeting for the coming 5 years are the following:

- To expand the DOTS strategy
- To adapt the strategy for emerging challenges of HIV & drugs resistance
- To stimulate research towards new tools (diagnostics, drugs and vaccine)
- To strengthen the Stop TB Partnership

2. Rationale

In order to meet the objectives and the tight timetable of the Global Plan to Stop TB, DOTS expansion is an urgent necessity. Expansion means that tuberculosis control must become a national issue, involving more stakeholders than just those involved with the traditional national tuberculosis programmes. Expanding the operational base for tuberculosis control can be done by building partnerships with parties that were traditionally not in the forefront of tuberculosis control. The broadening of the horizon of national tuberculosis programme (NTP) managers is the main rationale for this paper.

This paper aims to assist NTP managers in building new links and to participate in a wider network. This paper highlights the issues that need to be taken into careful consideration. Experiences from countries that have taken successful initiatives in this field are mentioned. However it is impossible to make a blueprint that would be appropriate for all countries, as local conditions will determine the feasibility of any partnership development process.

With this generic guideline, we hope that NTP managers and their colleagues in the health sector can benefit and make the right choices to start building partnerships that will work. New experiences are very valuable and hopefully they will be shared as part of the Stop TB Global Partnership, by submitting them for information and comments to the Stop TB Website (www.stoptb.org).

3. The different contexts

3.1 International

Most countries in any particular region or sub-region share similar epidemiological patterns regarding tuberculosis and face more or less similar difficulties regarding tuberculosis control. Regional collaboration between countries is therefore a very useful platform for enhanced tuberculosis control activities. All Regional Offices of WHO are actively supporting the setting up of these regional tuberculosis control working platforms as part of the Global DOTS Expansion strategy.

The high TB burden countries are always represented in such regional co-ordination platform. Regional co-ordination between countries can be effective in different ways. The tuberculosis burden in a region may not be homogeneously distributed. Countries with common features regarding the overall health system and epidemiological conditions, may wish to create their own forum, as a sub committee of the overall Regional Platform.

3.2 National

A changing world and a different environment

The increasing tuberculosis case load and the simultaneous decreasing socio-economic conditions in some countries with reduced

governmental implementation capacity and capabilities, cause operational vacuums to occur. Under these conditions, traditional governmental tuberculosis control services may perform poorly with low DOTS coverage and inadequate cure rates and subsequently further spread of tuberculosis. National TB Programmes (NTP's) must link up strategically with the dynamics taking place at national level.

The traditional rather narrow approach of disease control programme management, sometimes in "splendid-isolation" from other activities, is no longer tenable. TB control programmes in most countries must widen their horizon. They must see their activities primarily in support of patients and in recognition of their socio-economic status. Patients are more than simply the carriers of M. tuberculosis : they are stakeholders and partners. A patient-sensitive and pro-poor approach requires inputs from other disciplines and agencies. Such networking with other partners, requires a special effort on top of the already heavy NTP workload.

Depending on the specifics of the national level in each country, the following parties can play important roles, each with their own background and special purpose.

- Politics
- Other government sectors
- Local partners
  - NGO's
  - Academia
  - Business community
  - Civic society
  - Donors

i. Partners in politics

Politicians, members of parliament, are generally speaking sensitive to complaints from their constituencies, as their (re) elections largely depend on their perceived track records within the communities. The increasing number of tuberculosis patients can produce a strong incentive for politicians to be more sensitive to the needs of TB patients and thus to the NTP at national level, in particular during national budget debates.

ii. Under the governmental umbrella beyond the health sector

The diagnosis and treatment of tuberculosis is a predominantly a clinical task of health workers. However TB control, aiming at full coverage and high cure rates, involves quite a bit more that clinical tasks alone. As DOTS implies supervised treatment often on an ambulatory basis, other (government) sectors can contribute significantly by providing support to community based organisation for the treatment supervision and administration***. (community based DOTS : case stories from Bangladesh, Philippines and Uganda)***

Governmental departments such as social services, education, local government etc. may be able with little efforts on their side to contribute to the DOTS expansion[1]. The participation of these actors needs to be actively explored and negotiated at national level before collaboration at lower implementation levels can be anticipated.

Even within the overall governmental system a number of opportunities for additional financial support are available, although not obviously advertised. In the framework of macro-economic assistance (PRSP, HIPC relief) considerable funding is becoming available via the routine governmental channels for priority sectors such as health. Bringing TB as a poverty related disease on the national development agenda and making DOTS performance one of the health sector indicators, will enhance the political profile of tuberculosis and its macro-economic impact.

Making such strategic links may invite considerable additional support for DOTS expansion, provided the NTP establishes and maintains a good partnership with the Ministry of Finance and Planning.

iii. Local partners

- *NGO's*

NGO's can complement the efforts by the government and may be able to provide services where government is unable (for example slum areas, refugee camps etc.). However NGO's can never replace the government programme. A NGO must follow the government policy directives, and avoid fragmentation and confusion.

The expanding tuberculosis epidemic has stretched governmental resources at times beyond its limits, in terms of available financial resources but also in terms of trained staff. It must be said that the observed operational short comings are not always related to lack of financial resources from the government side, as relatively minor managerial weaknesses in the past are amplified by the sheer increase of the required response to the spread of tuberculosis.

In order to meet the apparent needs and to respond to demands for tuberculosis control services under those circumstances, NGO's may fill operational empty spaces. With independent and sometimes relatively generous external funding, these NGO's may provide a very crucial service. But on the other hand they may also compete with other service providers for the same community. The resulting fragmentation of services and sometimes diversity of approaches do not contribute towards a common national response.

It is therefore of paramount importance that a clear **National Plan for DOTS expansion** is available. That plan will also guide any contributor or NGO in the fight against TB. The absence of a National Plan will certainly contribute towards fragmentation and may even cause chaos at the expense of the TB patients and the communities.

- *Academia*

Adequately trained medical and health staff are crucial to provide the technical competence to sustain the momentum of the DOTS expansion. Extensive retraining and capacity building of existing staff is needed in most countries. But equally important is the adequate preparation of new staff being trained in the various training centres. Adjusting the medical and health curriculum in the medical schools and other training centres to include the DOTS strategy is therefore

essential and requires good relations between the NTP and these schools
In addition local universities may be able to offer expertise on operational and related research issues and become important local partners for the DOTS expansion, thereby reducing the programme's dependency on external consultants and experts.

- *Private (for profit) health sector*

In the past the private-for-profit health sector (private hospitals and practitioners) was regarded by many "conservative" public health officials as "profiteers of illness and misery". The relations between the public health sector and the private sector are in many countries still characterised by mutual tension and distrust. While "equity of access" may not be the main feature of the private sector, it can make important contributions. We have to be pragmatic, as they see and treat many TB patients. Sometimes their prescribed treatments require rationalisation to align them with the DOTS strategy.

A possible avenue into this sector and to acquire their tangible collaboration, as part of the national DOTS expansion, is to approach them via the regional and national professional associations.

- *Employers and trade unions*

Tuberculosis is a disease with high economic costs. Employers feel their share in these costs (sickness and terminal benefits, sick leave etc.). Using DOTS for the treatment of tuberculosis, employees can be treated on an ambulatory basis with a faster return to work, thus reducing their absence considerably. Especially large-scale employers should therefore have, next to their social responsibility towards their employees, a strong economic incentive to join the DOTS expansion. The trade unions, as the natural counterparts of employers, have a similar interest on behalf of the workers to promote DOTS and to be closely involved.

- *Civic society (Community Based Organisations, Charities & service clubs)*

In many countries and societies with the early beginnings of true democratic principles and practices, civic society organisations as the critical yet constructive counterparts of governments are emerging. This process of greater grass root level assertiveness is a reflection of the overall socio-economic and political development but it seems to be a progressive movement in most countries that certainly can be tapped by the DOTS expansion movement. These groups reflect generic or specific "citizens" concerns and/or interests. While their respective agendas may not have direct links with DOTS expansion, their extensive community networks can be very valuable assets. Below are some examples :

	Prime interest	Value for DOTS
Human rights groups	Human rights	Awareness
Patient associations	Patient rights	Advocacy
TB association	TB awareness	Advocacy & network
Sport associations	Sport promotion	Awareness
Service clubs	Community service	Support

- *Donors : "Partners with money"*

Although the cost for the DOTS drugs to treat a patient has recently reduced considerably[1], other components of the DOTS expansion require still considerable funding. In general governments provide the bulk of the financial resources for TB control, with supplementary financial and technical assistance from specialised international organisations, NGO's and/or donors. Such assistance was often in the project or programme support modality.

DOTS expansion requires new additional resources, not only to pay for the additional drugs costs to treat the larger numbers of patients, but also to expand the control efforts and to introduce in many countries additional or revised control procedures and monitoring. National resources that are parts of the government budgets are in most countries not sufficient to fully pay for these scaling up activities.

With stretched and limited national resources, most governments become vulnerably dependent on external (donor) support. Most of such support addresses identified priority needs in the national plan. But some donors may attach conditions that influence the degrees of freedom for policy determination and priority setting of the recipient country. A National DOTS Expansion Plan will provide sufficient leverage in the negotiations to keep the donor-base consistent and compliant to national priorities.

Separate, donor-driven, support of the past resulted often in significant fragmentation, with disappointing overall output. The rationale and modality of development co-operation was critically reviewed in a 1998 World Bank Report. Most bilateral donor agencies have since put a sharper and narrower focus on their development co-operation portfolios. Support to the social sectors is often well represented through specific sector programmes. Similarly a stronger interest from the multi-lateral organisations is clear for overall cross-sector support with defined output. Meanwhile traditional multi-lateral project and programme support may still continue to feature prominently.

The wide diversity of backgrounds of the individual donor interests shows that donor co-ordination is never an automatic or natural process. It requires hard work from dedicated nationals with international exposure and appropriate sensitivity to build the required bridges[2]. This is not an easy task, and often requires third party interventions. It must be recognised that government is the principal negotiator of a country, also on behalf of all national stakeholders. In those negotiations the National Plan is a pivotal issue in presenting the case for donor-support.

Fortunately, since the Amsterdam Declaration (2000) and with recent the Washington Commitment (2001), the Global Partnership to Stop TB aims to provide the supportive framework for such national level co-ordination. For National Programmes in high burden countries there is always one of the Stop TB Partners available to assist in the appropriate handling of such delicate negotiations with the stakeholders at this level.

[2] Stop TB Partnership's Global TB Drug Facility makes DOTS treatment available as an in kind grant or with considerable savings to eligible countries and organisations.
[3] In some countries very dedicated individuals have been able, because of their own personal drive dedication and charisma, to uplift the performance of a national TB control programme.

A strategically important entry-point into the national dialogues with donor-agencies is to ensure that, in high burden countries where tuberculosis is identified as one of the priority diseases, the government health budget has a specific line item reserved for DOTS expansion. With rather independent funding for TB programme in the past, programme managers may not look forward to take active part in a wider network of negotiations and competing priorities. Yet it must be realised that most of the large scale funding that becomes available to countries from donor agencies are channelled via sector and/or basket support. It is therefore crucial that DOTS expansion is regarded as a crucial activity of the health sector as a whole and those investments can count on tangible results. **(Case studies Peru, Tanzania PRSP and NTLP)**.

Donor Co-ordination

In most countries platforms for co-ordination exist in which donor agencies are meeting either formally (under government stewardship) or informally (among themselves with a sector lead-donor) to be informed on the recipient country needs and requests. Frequently donor agencies are establishing partnerships among themselves to address specific (sub) sector interests. It is essential that NTPs are in close contacts with their sector colleagues (negotiators) to ensure the prominence of DOTS expansion on the health sector agenda.

NTP management committees and expansion of interagency co-ordination

Many NTP's in high burden countries are supported by several donor-agencies or international NGO's. The overall management of such programmes is mostly coordinated via a national management committee. While such committee as a programme based interagency co-ordination platform has a fairly narrow scope (only tuberculosis control), it can well serve as a starting point to expand the interest. Most of the bilateral and multi-lateral donor agencies that sit in such committees also participate in donor co-ordination forums with a wider scope such as SWAp Committees, PRSP platforms etc. Thus a NTP programme manager could well make use of the donor-partners in the management committee to present DOTS expansion issues on a higher level in a different forum. (Tanzania, Malawi, Ethiopia)

Macro-economic funding to a country represents, proportionally in financial terms, the bulk of external donor assistance. This is primarily channelled via the Treasury and/or Ministry of Finance / Development & Planning. The health sector is often not adequately, and often not in a timely fashion aware of the contents of these negotiations. Fortunately the social sectors are increasingly being specifically earmarked for special support (PRSP, HIPC relief) and sector specific performance indicators are required to substantiate the use of these generous budget resources.

Funding wise and also for political and financial exposure purposes, it can be extremely worthwhile to be part of such macro initiatives.

Special earmarked global initiatives can also offer unique opportunities for many countries to get additional support for DOTS expansion. The Global TB Drug Facility of the Stop TB Partnership is an example of support for drug procurement that can have a profound effect on the DOTS expansion.

The recently launched Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) is another opportunity for additional support to existing tuberculosis control programmes. It is therefore crucial that the NTP programme managers are aware, now more than ever, of such global initiatives and are prepared to present their cases. In most cases representatives of donor-agencies or multi-lateral organisations are quite prepared to assist further.

3.3 Local partnerships

DOTS expansion requires more than the simple bigger shopping list for drugs, diagnostics, other supporting implements (transport) and trained staff. Sometimes the tendency exists to simply link the needs (and the demand for financial resources) proportionally to the increasing caseload without re-thinking the management approach of an expanded control effort.

Clearly the capacity of existing health workers in most countries is not sufficient to cater for the massive increase of the tuberculosis caseload. Most general health workers at the lowest level of services are already overloaded. The low DOTS-coverage in some countries can be traced back to insufficient diagnostic capacity of the health system and the low DOTS completion rates to insufficient treatment monitoring.

DOTS expansion calls for a national movement in order to facilitate the access of all patients and to reduce the tuberculosis related burden to communities. The strategies and activities must be clearly explained in the National DOTS Expansion Plan.

At local level initiatives that link DOTS with existing (informal) community based networks are vital if TB-coverage and -cure are to increase.

Community groups such as traditional tribal / cultural affiliations, funeral societies, sport clubs, market organisations, saving-and-loans clubs, women's clubs, parent-teacher associations (PTA), religious groups can each make small scale contributions and support that may prove later on to be pivotal points in the scaling up of DOTS.

	Prime interest	Value to DOTS
Tribal & cultural groups	Cultural identity	Awareness & community support
Co-operatives	Financial solidarity	Awareness & peer education
Women's clubs	Solidarity and support	Awareness & peer education
Religious groups	Religion	Reducing stigma
PTA's	Quality education	Health education

It is however crucial those communities are mobilised along the above-suggested lines only when the health services are ready to absorb additional cases coming forward for diagnosis and treatment.

Community mobilisation is often thought to be a simple tool. However communities rarely can be mobilised unless they find the cause worthwhile, cost-effective and less time-consuming. Getting a community on its feet for the polio vaccination effort is a good example. From the community's perspective it is simple, affordable and requires limited efforts. For the health services it is logistically less complicated than, for example, to enrol tuberculosis suspects. The latter requires a much longer period of care and support that drains the resources of the health services and others.

Too many times in the past, communities have been "mobilised" by health workers, only to be disappointed with the actual services afterwards. A critical sequence of events is part of the development of good relations that are strengthened by the reciprocity of promises and confirmed by mutual actions.

Expanding DOTS requires at the local level that the general health worker is taken very seriously. The trained health worker has specific technical input (diagnosis and treatment) and provides expert guidance to the patient and the community. The TB control tasks are to be proportionally and appropriately divided among the trained health worker and community resources. While community relations are generally not mature components of Primary Health Care, serious efforts must be done to look for local solutions that are first and foremost carried out by the community.

4. Building Partnerships

DOTS expansion must be based on a broader base than before. This requires working together with other organisations. But it may result in potential further fragmentation and may even lead to confusion, if the process of working together is not well managed. Such management includes the proper co-ordination of the inputs from the various actors.

Strategically DOTS expansion must be based on a national development plan that covers a sufficiently long period of time (3-5 years). The objectives and the strategic approach of the plan must be shared with and accepted by all actors at national level. A good development plan identifies clearly, against verifiable indicators, the tasks for each of the collaborating agencies.

Inviting others to be part of a larger framework for DOTS expansion cannot be done without a strategic framework in place. Such a framework should clearly describes the aims and objectives.
If potential stakeholders agree on the purpose and objectives of the plan, co-ordination of activities and inputs is possible. Without such agreement on the principles and practices, true co-ordination and actual partnership are not feasible.

Co-ordination is sometimes (wrongly) understood as simply the free exchange of information, without any commitment towards a common goal either way. Certainly this type of familiarisation has an initial value of harnessing better understanding. But, except for the social and informal pleasantries for the participants themselves, simply sitting around a table without any commitment does not help DOTS expansion.

Building partnerships, after having established shared goals and objectives (National DOTS Expansion Plan), calls first for the building of **trust and respect**.

Trust and respect cannot easily be constructed in academic isolation. They are the result of growth and experience over time. Historical differences or misunderstanding between partners must be resolved and all partners should start with a clean slate.

The following components are important:
-All partners should
- recognise the common authority of the national policy making body
- understand and value each other
- accept and respect other points of view
- respect boundaries of partners

Foundation for building a partnership

The basis for building the partnership is the agreement on a strategic development plan, in which the situational analysis is well described. The plan details further actions over time. The plan must be drafted with great care and with an excellent sense of proportion and feasibility.

It is crucial that the plan is formulated with a careful consideration of the local conditions and making best use of local assets, includes all potential partners.

When the cornerstones for a partnership are in place, it is important to be, at least, aware of the dynamics of the partnership. Co-ordination of activities implies that agendas and portfolios of participating agencies may need to be adjusted to accommodate partnership activities. This may in some cases require consultations and review by the parent or home organisation that is not directly involved. Thus participating in a partnership will also mean some kind of intrusion into the dynamics of each partner and some confidentiality may be challenged. Some consider this a threat, which will certainly determine their degree of actual involvement.

Hierarchy in relations
The issue of authority is also crucial. Especially with several high profiles participating parties, the overall management of these relations requires more than the usual politeness and diplomacy, but calls for genuine sensitivity and respect.

A single agency or authority needs to be appointed as lead-agency by consensus. The choice for such leader can be determined, depending on the situation in each country, by its organisational and political background, while sometimes the financial support to the programme is an important factor.

Comparative strength and weakness

Having established the overall stewardship by the government, subsequent understanding of each partner's contribution is the important next step. As part of the process for the partners to get to know each other better an analysis of their comparative strengths and weaknesses must be available. This can preferably be done by an independent or consultant agency that will not be involved in the partnership afterwards, thus reducing any bias. The findings must be shared openly, aiming to obtain a consensus on the available assets and weaknesses. This can be a very sensitive undertaking, as each partner may not wish to be too exposed in the early stages of a

partnership. High quality support during these SWOT[3] meetings from an external facilitator is vital. Based on consensus, the value of each partner can be better established and used as the basis for DOTS expansion.

Hidden and personal agendas

An important aspect of any partnership that is not mentioned nor openly talked about comprises the hidden agendas of the partners. As in many undertakings involving multiple parties, there is a mixture of motivations. Some have a direct interest and their intentions are clearly in line with the overall strategy of the partnership. They are the ones who will benefit from the broader exposure and profile that a partnership will offer them. On the other side of the spectrum of interests are those with only a marginal interest. They will be more inclined to see how much they can draw from the partnership while contributing as little as possible. As in many cases financial aspects are predominant underlying factors. Especially when a partnership is potentially attracting substantial additional extra funding, the chances are quite real that opportunistic partners wish to join the ride principally for their own financial and/or organisational interests. When a partnership has a strong political profile and aims to be associated with national politics, some members may wish to use the partnership's platform to get higher political access and exposure. While such additional interests may not necessarily be a detriment to the partnership, they may pose a potential threat for distraction from the original aims and objectives.

Personal charismatic leadership is in many countries a pivotal force to move a partnership forward. Such personal drive and charisma is a worthwhile asset, and in fact many times necessary to get the initial momentum started. On the other hand it may pose a medium- and longer-term threat if the partnership is seen as an extension of personal ambitions and interests. Especially in countries with less stable and predictable political configurations, a strong personal alignment and attachment by the partnership is risky on the longer term.

5. Partnership platforms

National Inter-agency Co-ordinating Committee

Against the background of complexity of the above-mentioned issues, it is a good start to get a committee established of like-minded agencies and organisations. In many high burden countries a national TB programme management committee is already in place that can be seen as a platform for inter-agency co-ordination. However in those countries where the participating partners are few or do not have a national TB management platform, additional work is needed to expand the scope.

The national DOTS expansion plan is a good start to establish the first contacts with potential new partners. Initially it can be formed by those

[4] SWOT : **S**trengths, **W**eakness, **O**pportunities and **T**hreats

organisations that are already active in TB control in one way or another. The first step for the formation of a national interagency committee must come from the NTP, or the lead agency for tuberculosis control in a country. This committee can formulate its Terms of Reference and identify the development of desirable links with other and similar initiatives[4]. After the establishment of the "core group" for the committee (they are already committed and somehow experienced in TB control), the group needs to draft a strategy for expanding its membership. The criteria for this expansion must be clear and transparent, as anticipated inputs and contributions from new members must result in verifiable results.

Likewise it is recommended that after the initial informal character of the committee when it is being established, the group will eventually acquire some kind of formal status. For example it can be recognised as a sub-committee of a larger forum at higher level, dealing with general health sector policy or other macro issues. The findings and recommendations of the committee will in that case have a greater impact and bearing for the national DOTS expansion.

6. Steps forward

A single road map towards the establishment of an effective national partnership to promote and sustain DOTS expansion will not be practical, as prevailing country conditions must determine the detailed steps to be taken.

However a generic overview of the essential steps can be given as a guideline *(to be graphically represented as a critical pathway)* :

- Make the National DOTS Expansion Plan available to all (potential stakeholders) in the country
- Ensure incorporation of the DOTS expansion plan into national health policy documents and budget
- National presentation of the National DOTS Expansion Plan and obtain feed back
- Consensus meeting of interested parties on National DOTS Expansion Plan
- Link up with Global Stop TB Partnership network
- Link up with WHO Regional Office
- Link up with Regional Tuberculosis Partnership
- Draft TOR for National Co-ordinating Committee
- Start the mechanics for a National Inter-agency Committee
- Identify agencies and organisations at national level who may be interested to contribute or to become involved
- Identify additional financial support agencies and opportunities (GDF, GFATM)
- Identify additional technical support agencies (Stop TB Partnership)
- Identify tasks for technical partners
- Identify tasks for financial partners
- Identify tasks for other interested parties without direct programme responsibilities
- Identify possibilities for the establishment of local partnerships

[5] Some examples : SWAp Health Committee, Health Sector Reforms Steering Group, Donor Co-ordinating Forum for the Health Sector, Health Basket Financing Committee.