



2016 Partners Survey Final report

Table of contents

Purpose	1
Methodology	2
Description of respondents.....	3
Satisfaction results.....	5
- Communications	5
- Advocacy.....	7
- Partners Engagement	9
- Communities Rights and Gender.....	11
- TB REACH and Challenge Facility for Civil Society (CFCS).....	13
- Global Drug facility	14
Overall Work of the Stop TB Partnership.....	15
Next steps for the work of the Secretariat.....	17

Purpose

The role of the Stop TB Partnership Secretariat is to facilitate, catalyse and coordinate among its partners. It focuses on strengthening support to all current and future partners, working groups and other partnership bodies. It identifies shared opportunities, most effective ways to sustain and expand partners' engagement and create platforms for interaction and collaboration.

Obtaining feedback from Partners is vital to the Stop TB Partnership's work, to gain their thoughts and opinions in order to assess and improve the Partnership's major role to align, catalyse, and facilitate participation of its partners in global efforts against tuberculosis (TB). By participating in the 2016 Partners Survey, partners contribute significantly to the Partnership's ability to gain better understanding of partners needs.

To encourage response from partners on the survey, an incentive (5 iPads given to five lucky winners) was provided to partners who participated and completed the 2016 Partners Survey. The awardees were decided by a random draw and announced on the 24th October during the Stop TB Partnership Town Hall Meeting and Award ceremony, held on the side-lines of the 47th Union World Lung Conference Liverpool, UK.

Feedback and suggestions from respondents in the [2015 survey](#) have been addressed by the Secretariat. Some of which include the following:

Capacity building:

- Continued to provide technical assistance and support countries as they apply for funding from the Global Fund and develop concept notes under the new funding model grant process.

- Trained civil society and communities on the integration of community, rights and gender in the context of TB.
- Maximized the impact of the Global Fund's TB portfolio towards reaching Global Plan Targets.

Grants and resources:

- Provided timely information about funding opportunities from the Secretariat and other donors.
- Advocated, catalyzed and facilitated sustained collaboration and coordination among partners in order to achieve the targets under the Global Plan to End TB 2016-2020 and move towards ending TB.

Advocacy and political engagement:

- Ensured TB is high on the political agenda through increased dialogue and engagement with political decision-makers and influencers and a strong Global TB Caucus.
- Advocated for the need for research in the fight against TB.
- Encouraged the development of new tools increasing the focus on advocacy for funding of research in TB.

Communication and information sharing:

- Enhanced participation and better use of the Secretariat's social media channels (Twitter, Facebook and Instagram) for information sharing
- Used teleconferences, video conferences, Skype and webcasts to create a more personalized dialogue.
- Translated relevant documents into at least one more official UN language - in French and few other languages.

Partners Engagement:

- Ensured representatives attended events to share their constituency inputs and feedback on various issues in TB care and control.
- Encouraged the exchange of experiences between partners in the coordination of the Stop TB Partnership.
- Facilitated sponsorships for conferences, training programs and meetings.

Methodology

The survey was designed by the Stop TB Partnership Secretariat in July 2016 and is composed of two sections. The first part '**general information about you**' is to gather information about the partners'/ respondents' general profile. The second part '**what do you think about the Stop TB Partnership Secretariat?**' is to assess and understand the level of satisfaction of partners in the various activities or functions of the Secretariat. We include mandatory questions to answer for each function of the Secretariat with optional additional questions, if the partner would like to provide more feedback on that particular function.

Recipients

The survey was sent to the listserv of Stop TB Partners via Mailchimp - 1400 organizations based in more than 109 countries. The survey was announced via the monthly newsletter, a news alert and another reminder a few days before the last date of collecting responses.

Timeline

Using “Survey Monkey”, the survey was sent out by the Executive Director on 17 August and concluded on 30 September. Two reminders were sent on 30 August and 20 September by the Stop TB Partnership’s email address and Mailchimp for Stop TB Partners. The Constituency representatives, national platforms focal points and Working groups Secretariat forwarded the request to their members for responses. The Global Coalition of TB Activists too followed up with their members.

Response rate

As the Directory of Partners is updated on an ongoing basis, it is assumed that most recipients were reached i.e. about 1400 partners. The 2016 survey generated a response rate of 27%, higher than the 2015 response rate of 22.45%.

The Secretariat acknowledges that, with a low response rate, this survey does not truly represent the collective views of all its partners. The offer of an incentive to partners taking the survey made a small contribution to the number of respondents.

Discussion will continue in the Secretariat on how to get more partners involved and responsive to surveys so we have a more representative view of partners.

Description of respondents

This section describes the responses to the first part of the survey collecting **general information** about the **respondents**.

Constituencies and countries

Respondents were mainly from developing country NGOs (39.3%), communities (17.7%), countries (e.g. governments, policymakers and the public sector) (9.1 %) and developed country NGOs (8.8%) (Figure 1). Partner organizations such as academia (6.3%), private sector (6%), foundation (3.1%) and a few others also participated in the survey. This year about 5 donor organizations participated in the survey compared to none in 2015.

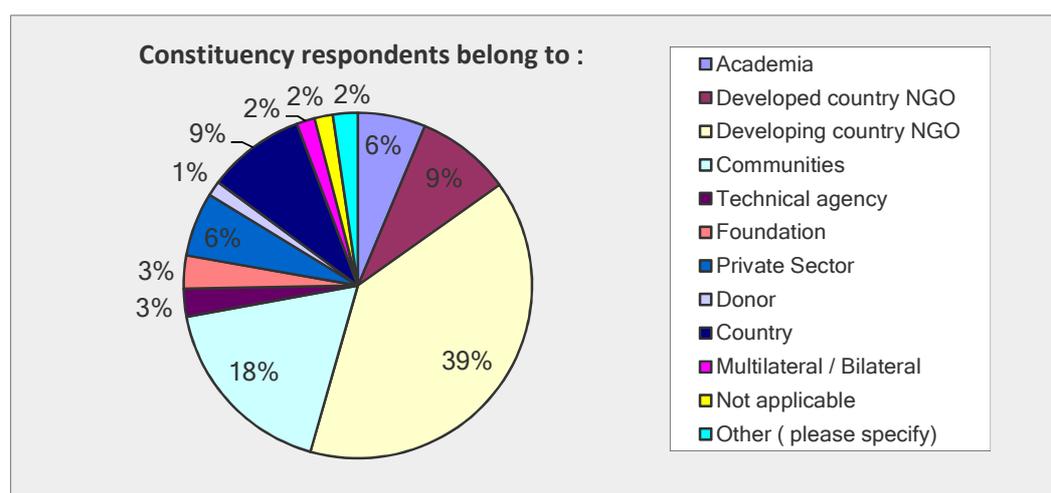


Figure 1

Developing countries such as India, Nigeria, Ghana, Pakistan, Kenya, South Africa and Cameroon, where NGOs are highly represented partners, were the most responsive. Response rate is also high from partners

in the USA and Switzerland. The highest response rates were from countries in which there is an established national TB partnership (25%), from members of Working Groups (56%) such as the Global Drug-resistant TB Initiative, Childhood TB, PPM and from members of the Global Coalition of TB Activists (19%).

Areas of work in which partners engage with the Secretaria

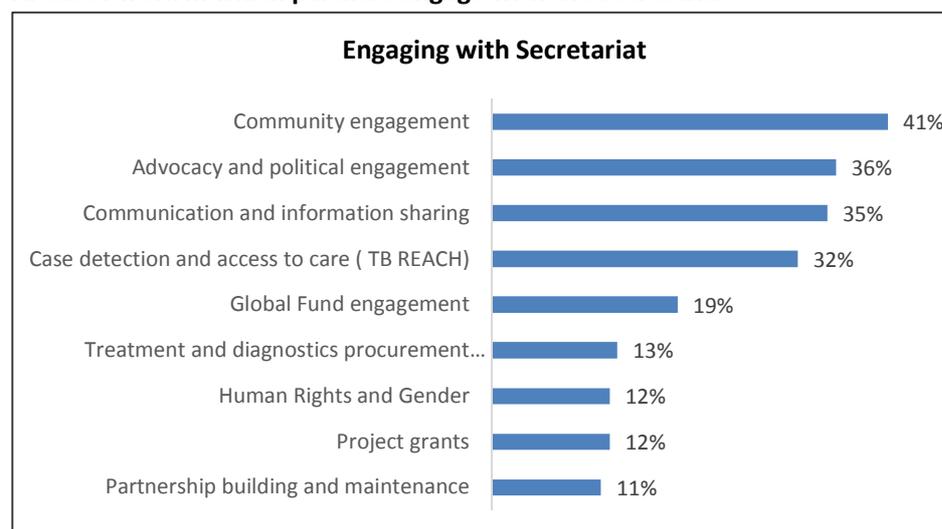


Figure 2

The majority of respondents engage with the Secretariat on community engagement (41%), advocacy and political engagement (36%), communication and information sharing (35%), case detection and access to care (TB REACH) (32%), Global Fund related engagement (19%), treatment and diagnostics procurement (GDF) (13%) and others of 11-12% each engaging with work on human rights and gender, project grants and partnership building and maintenance.

The Stop TB Partnership and the Secretariat have a strong comparative advantage in global advocacy efforts as a neutral voice in TB advocacy including resource mobilization, with the ability to amplify the voices of partners. The Secretariat facilitates and links partners with common areas of interest and creates a platform to facilitate consensus and coordinate advocacy approaches. Engagement with the Global Fund is a priority for the Partnership, given that the Global Fund provides three-quarters of the external financing for TB.

Of the respondents, 89% are engaged with Working Groups. There were respondents from all of the Working groups of the Stop TB Partnership, the national platforms (3%), members of the Global Coalition of TB Activists (4%) and the Global TB Caucus (3%).

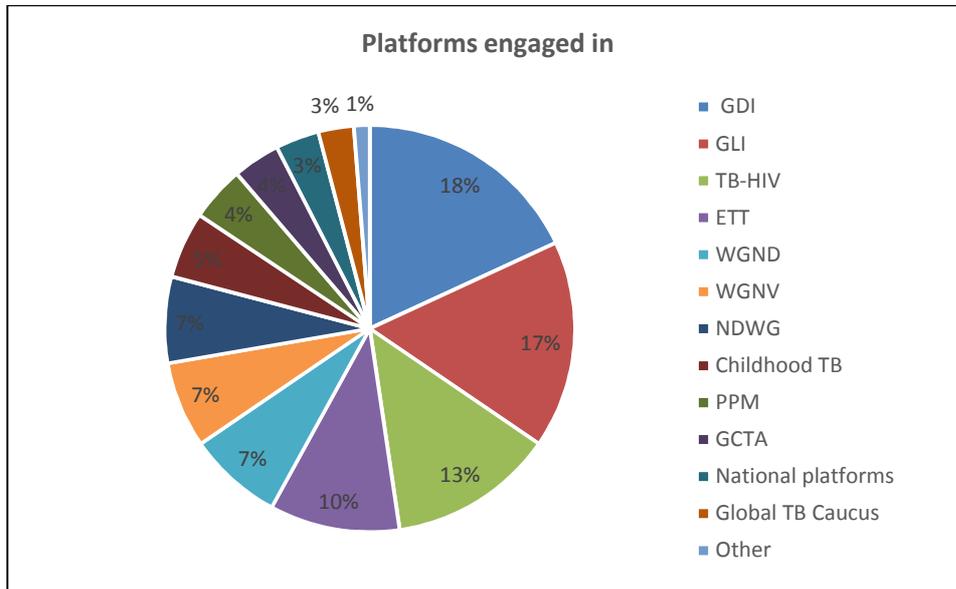


Figure 3

Receiving grant or medicines/commodities

The majority of the respondents (64%) are not grantees of any of the available grants or involved in technical assistance for Global Fund processes. Of the 29% who are grantees 6% are involved with TB REACH, 7% with the Challenge Facility for Civil Society and 6% are clients of the Global Drug Facility. Of the 10% of the respondents are involved in Global Fund processes technical assistance, 4% are providers and 6% are recipients of the technical assistance. The remaining 7% do not know about the grants or activity.

Satisfaction results

This section describes the responses to the second part of the survey on the level of satisfaction with the services and support provided by the Secretariat.

Satisfaction around Communications support:

This section looks at the various tools or channels of communication made available or used by the Secretariat to share information on the latest developments in TB care and prevention and also used to gather feedback from its 1400 partners globally.

Preference about communication channels

A monthly communications newsletter is preferred by partners as the best way to keep in touch with the Secretariat (25%) followed by physical meetings (19%). An updated website is preferred by (16%) of respondents and receiving news E-alerts by (12%) of respondents. Social media is fast increasing as a good channel of communication but fewer partners prefer teleconferences, news stories and web based platforms.

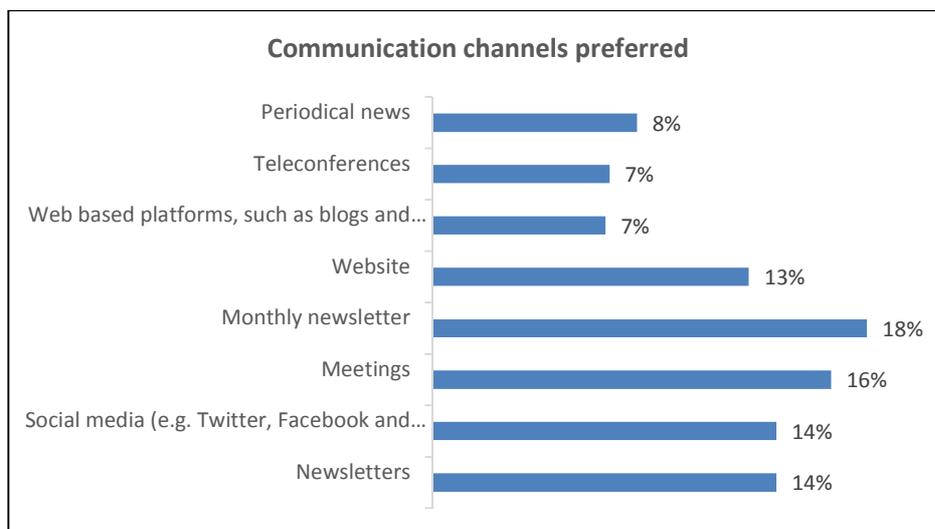


Figure 4

Suggestions on other forms of communications channels include:

- Workshops or short courses
- In collaboration with national and local health department messages
- Emails and skype
- Community mobilization meetings
- Whatsapp group

Frequency of announcements, newsletters and e-alert sent to the partners were voted as **just enough** by 75% of respondents, 8% believed they were not frequent enough while 11% said there were too many. Only 3% were not aware of the announcements and 5% of respondents had made suggestions for improvement.

Some of the suggestions for improvement include:

- Communications can be improved if national partners are encouraged to translate to local languages and messages made short and sharp.
- One pager on different issues/ topics in TB care fortnightly.
- Translation of all communications into different UN languages beginning with French.
- Alerts have been coming in triplicates to the same email. Please check.
- Too much information sent at once.

The **communication channels provided** to Partners to help work with other partners have generated a good response. There were 19% of respondents who are completely satisfied and voted that the channels, more than meets expectations and 59% of partners are satisfied that the Secretariat is doing well. Sixteen percent (16%) of respondents are alright with the support but feel it needs minor additional work. Only two percent are not satisfied with the communications support being provided to partners. (Figure 5)

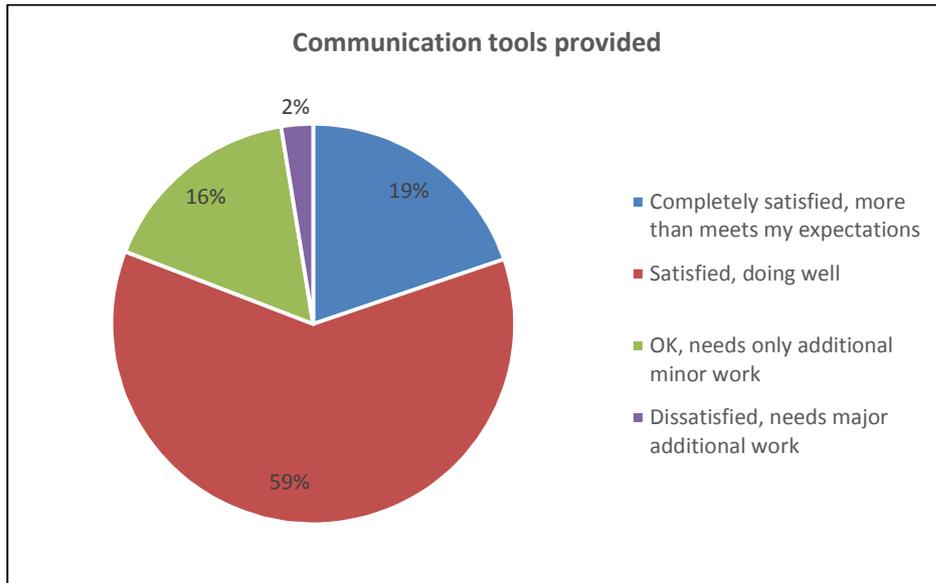


Figure 5

Partners are either completely satisfied (31%), satisfied (52%) or OK (13%) with the **information** being sent to them by the Secretariat keeping them up-to-date about important events and news in the TB community on time.(Figure 6) However 2% of respondents are not satisfied and have recommended major additional work on keeping partners updated.

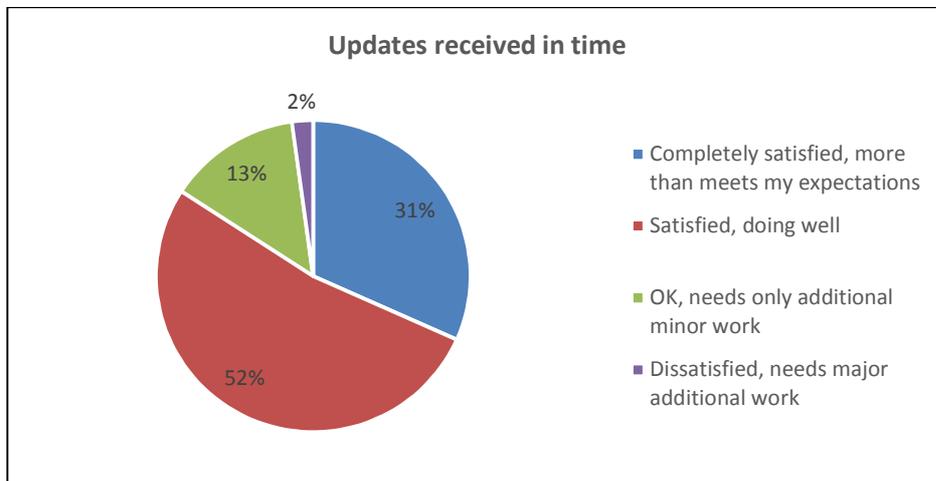


Figure 6

Satisfaction around Advocacy support:

The Stop TB Partnership Operational Strategy 2016-2020 has four goals - three strategic (Goals 1, 2 and 3) and one operational (Goal 4). Goal 1 is for the Secretariat to advocate, catalyze and facilitate sustained collaboration and coordination among partners in order to achieve the targets under the Global Plan to End TB 2016-2020 and move towards ending TB.

The majority of respondents (92%) are aware and have either used or made reference to the [Global Plan to End TB 2016-2020 : The Paradigm Shift](#) and its 90-(90)-90 targets in their work, with only a small 8% who are not aware of the Global plan. Of the 92% of respondents who are aware of the Global Plan, 49% of partners use it/refer to it frequently, 33% refer to it occasionally and 11% rarely .(Figure 7)

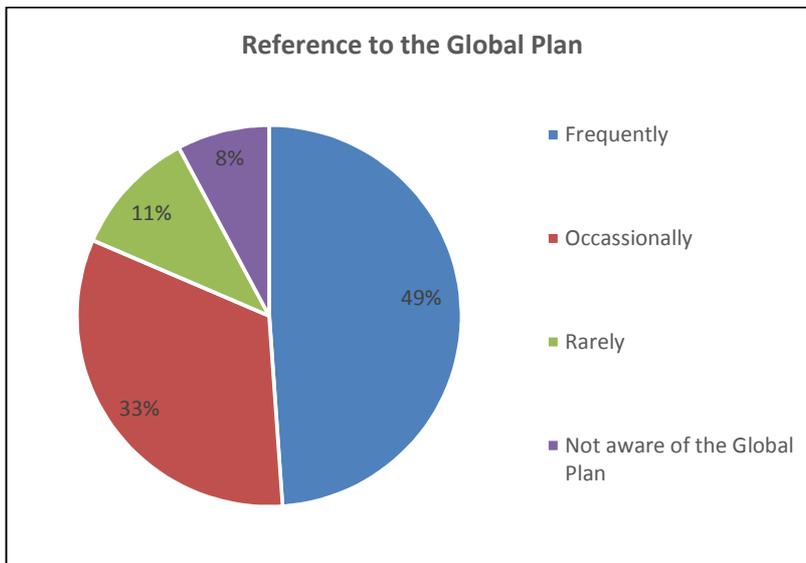


Figure 7

The Secretariat received a favorable response from a total of (90%) of partners who voted they were either completely satisfied or satisfied with the advocacy efforts of the Secretariat, with only (6%) of partners feel it needs major additional work.(Figure 8)

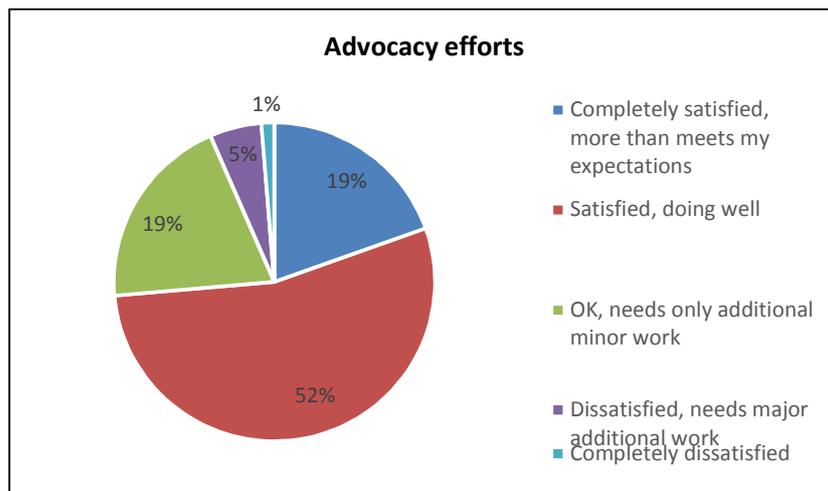


Figure 8

Respondents were asked to select, **in order of priority**, the advocacy activities and outputs that are most useful in supporting partners' work and their choices are:

1. Providing global advocacy leadership through campaigns and activities that ensure TB is high on the international agenda,
2. Convening Stop TB partners, facilitating discussions, and building a strong global advocacy network
3. Providing advocacy materials, messages, and publications to support national advocacy, and
4. Sharing timely information on key global policy developments and meetings relevant to TB.

Satisfaction around support for Partners engagement:

Partners of the Stop TB Partnership belong to a network/ platform that enables them to voice their opinion and engage with activities. Some of these platforms include the Board constituencies, Working Groups, National platform of partners and the Global Coalition of TB Activists. Support is provided to these platforms by the Secretariat and it facilitates collaboration between them.

Partners are generally satisfied in **belonging to a network/platform** of the Stop TB Partnership. Seventy one percent of **Constituency** members are satisfied of belonging to the groups. A few respondents (6 %) have advised the need for major work in this activity. Members (69%) of the **Working groups** are satisfied with their participation in the networks with only (6%) of members recommending additional work. Members of the **Global Coalition for TB Activists (GCTA)** were alright (55%) with the platform but there is a (12 %) of members who feel that the GCTA needs major work on improving partner engagement. National Platforms members (61%) were satisfied with their members' engagements but there is a request of additional work of the platforms by 14% of members.

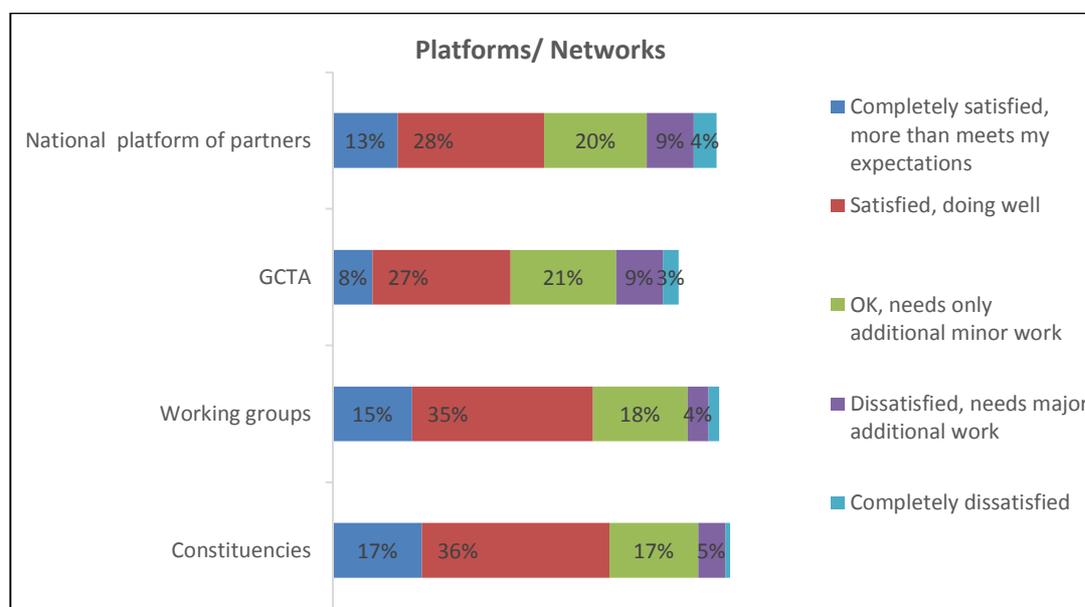


Figure 9

The Coordinating Board structure was streamlined to foster stronger and more representative constituencies, so partners have therefore been organized around the following representative constituencies: “Developing country NGO”, “Developed country NGO”, “Communities” and “private sector” constituencies. Members were asked if they were happy with their engagement in the decision-making processes of the Stop TB partnership through their representatives. Partners (71%) are content with their representatives and feel **included in the decision-making processes**. Fourteen percent of the members are not satisfied and advise additional work to be done around involvement of partners in decision-making processes of the Stop TB Partnership (Figure 10).

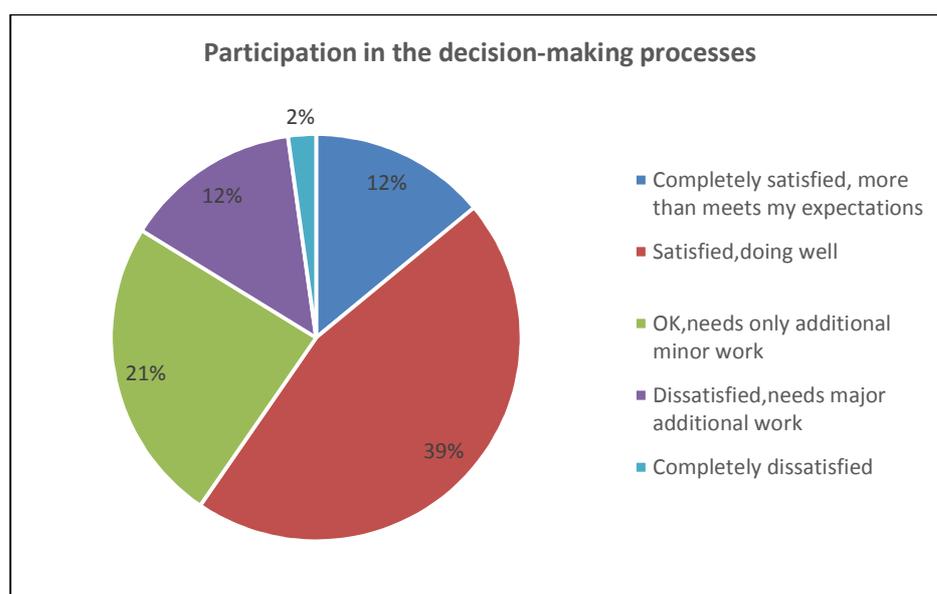


Figure 10

Measures that have helped partners in being engaged with the decision making process of the Stop TB Partnership include receiving information on new developments in TB Prevention and care (61% voted as most effective) , followed by providing feedback and suggestions through their representative (26%). A few partners (13%) felt that being introduced to other partners help.

Partners initiate collaborative activities with other partners both at global and country level often, with (10%) partners reaching out to others once a week, (29%) once a month, (26%) every 3 months and (14%) every 6 months. However (21%) of partners have never reached out to others for collaborative activities.

Some of the suggestions from Partners on improving the engagement of partners in decision-making process of the Stop TB Partnership include:

- Look into having a country focal point for countries without national platforms, who will share information with country partners and gather feedback and inform the Secretariat.
- Encourage the building of national platforms in countries without one.
- Increase engagement of national TB programmes in partnering forums and ensure the involvement of State and District TB associations in countries like India.

- Enhance capacity building opportunities for representatives to be able to fully engage with communities and to use the latest tools to overcome TB.
- Look into the possibility of partners' consultative meeting and/or frequent communication through other means like Skype, WhatsApp, webinars, etc.
- Surveys like this one is a good way to gather information and feedback from partners.
- Increase communities' engagement by engaging small groups or committees in village to monitor for TB.
- Continue with quick or timely information sharing on new developments in TB and sharing innovations with partners.
- Widen social media thereby widening the network of partners
- Enhance the constituency structures to engage well with members
- Look into webinars for partners engagement
- Translation of our communications would help partners especially into French, Spanish, Russian, Chinese, etc.
- Structured electronic questionnaire to provide wider feedback on key issues and documents.

The recommended list of products and/or services that the Partnership could provide to better support partners includes:

- Create regional partnership lists which are available to US based NGOs working in those regions, especially heads of academic liaisons that are gatekeepers to advocacy programs.
- Hard copies of advocacy and IEC materials for improving communications, grant brochures, etc.
- Interactive webinars
- Sharing of best practices
- Organize a separate TB Survivors conference, with representatives of high burden countries along with partners who are committed to hearing their stories and getting their messages out
- Peer to peer communication for community based organizations
- Work with Tobacco control groups.
- Global Advocacy, policy guidance, information, networking and possibly a Stop TB Conference on an annual basis.
- Nationwide memorial souvenir like Christmas Seals, symbol doll, etc.
- Training kit for communities, TB documentation of case stories and community response.
- Tools on M&E, Tools on engaging with private physicians, etc.
- Support inter-country meetings for experience sharing and cross border collaboration.

Satisfaction around support in opportunities provided for communities and people affected to engage with Global Fund on Human Rights & Gender activities:

The Stop TB Partnership is working with all partners to ensure that all TB programmes are centered in a human rights based approach and alongwith UNAIDS has developed the first ever gender assessment tool for national HIV and TB responses to support counties in Global Fund applications which builds on the UNAIDS HIV Gender Assessment Tool launched in 2013 - and adapted to include TB. The tool assists countries to assess both the TB and HIV epidemics from a gender perspective. Findings from the assessment will help countries to make their responses gender sensitive and reduce the burden of TB and HIV. The Global Plan 2016-2020 outlines targets to reach 90% of key populations which refer to people

who are vulnerable, underserved, or at risk as TB "key populations" and provides models for investment packages that allow different countries to achieve the 90-(90)-90 targets.

By facilitating and supporting the engagement of TB communities and providing opportunities to engage with Global Fund on Human Rights & Gender activities, we can ensure that a human-rights-based approach to TB is grounded in international, regional and domestic law and that a gender-based approach to TB aims at addressing the social, legal, cultural and biological issues that underpin gender inequality and contribute to poor health outcomes.

Partners are satisfied with the support in opportunities for communities and people affected to engage with Global Fund on Human Rights & Gender activities provided by the Secretariat, 59% of the respondents are satisfied and feel the support meets their expectations with only 18 % advising minor additional work. There is more we could do with these support services and 10% of partners recommends major additional work. (Figure 10)

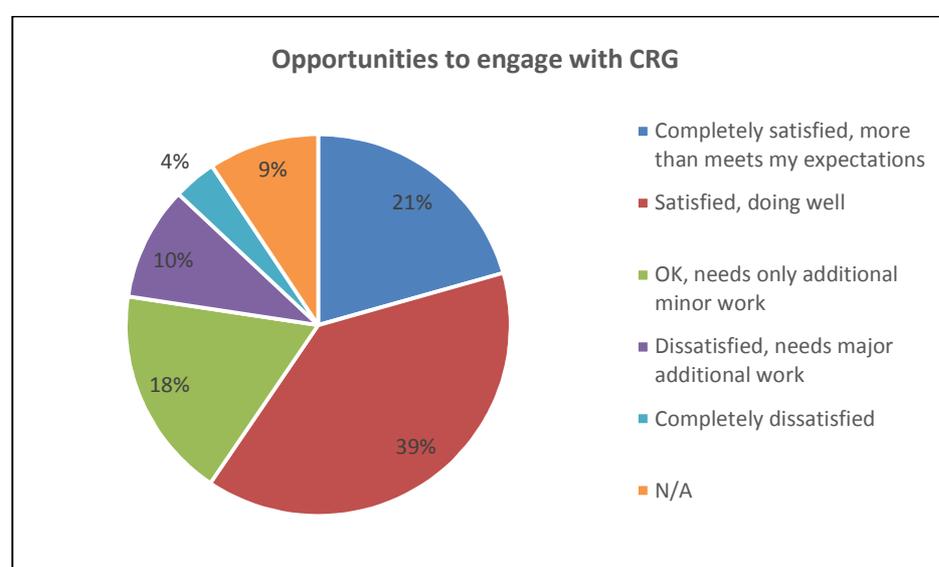


Figure 10

Stop TB Partnership Secretariat also **provides strategic inputs** into the Global Fund processes such as the Global Fund Board, Strategy Investment Impact committee (SIIC), Grant Approval System, etc. Feedback from partners on this function was also very positive with 79% satisfied with the services. Work will be sustained and improved to address the concerns of the 11% who were not satisfied with this aspect and feels that major additional work is needed. (Figure 11)

A member quoted *"I am part of a delegation to the Board of the Global Fund and I find out more information from the Stop TB Partnership than I do from my own delegation. Thank you all for all that you do."*

Suggestions on how to improve our work with **providing strategic inputs into Global Fund processes** include;

- Advocate for increased support for national community to be organised, informed and prioritise issues for inclusion into national strategic plans

- Improve engagement with in-country donors and partners
- Improve the engagement of local communities, community based organizations, reach out to service providers and influencers in the community.
- Advocate for the inclusion of community observatories on access to health services in countries where the civil society is embryonic.
- Increase advocacy efforts for inclusion of GF non-eligible countries that have a high burden of TB.
- Improve efforts of public private partnership against TB.
- Inform GF that the grant approval system needs to be improved, the grant review committee to continue being independent and to ensure that every partner/organization are satisfied with the process. The only platform we have to share our experiences through is the CCM.
- In country partners such as community and civil society should be encouraged to work with the GF, as in most instances its only corrupt ministry officials who get to meet them.

Satisfaction around support for TB REACH and Challenge Facility for Civil Society (CFCS) grants:

TB REACH provides short-term and fast-track grants to projects that aim to achieve early and increased TB case detection using innovative approaches in populations that are poor and vulnerable and have limited access to care. Selection of projects is done via a competitive process by an independent Proposal Review Committee. To ensure the evidence of impact, an independent monitoring and evaluation agency is responsible for measuring progress and validating results.

The Challenge Facility for Civil Society (CFCS) provides grants to technically sound and innovative interventions to support the engagement of communities in national tuberculosis (TB) responses, especially in countries supported by the Global Fund to Fight HIV, Tuberculosis, and Malaria.

Of the respondents of this survey , 26% have applied for the TB REACH grant and 9 % for the CFCS grants. There were 10% respondents who had applied for both grants.

Of the 55 % respondents who have **not applied for any of the grants, popular reasons cited were:**

1. Unaware of the call for applications (40%)
2. Call for proposals outside their scope of work (30%)
3. Country/institution is not eligible to receive funds (25%)
4. Not interested in receiving funds (5%)

Partners were asked if the **Secretariat's announcements for Call for proposals** for the grants were sufficient, 88% of respondents are satisfied with the announcements with a small 10% who are dissatisfied and recommends major additional work. (Figure 11)

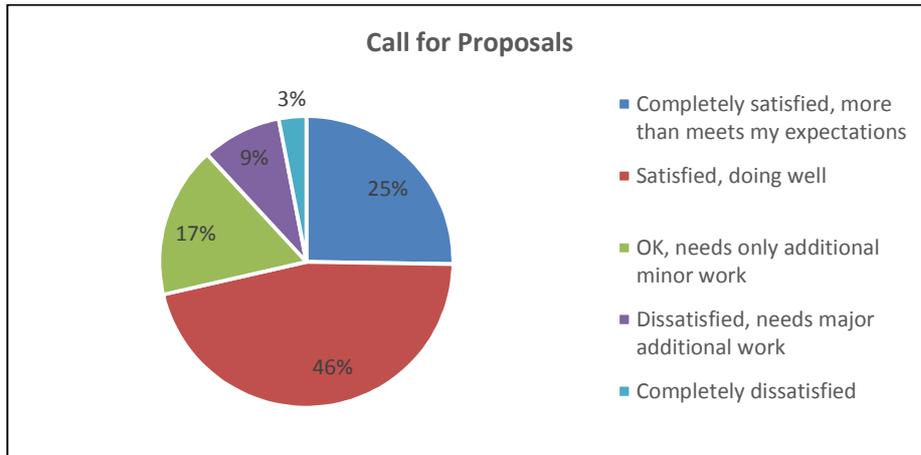


Figure 11

“TB REACH adds value to the fight against TB in areas of innovations and important access in vulnerable communities “ , 99% of partners agree with the statement .

Satisfaction around support with the Global Drug Facility (GDF) :

The Global Drug Facility has changed the landscape of TB care since its creation in 2001 by increasing access to high quality and affordable TB treatments & diagnostics to populations in need. GDF today, is the largest supplier of quality-assured patient treatments (first-line drugs, second-line drugs and paediatric forms) in the public sector worldwide. GDF is a unique TB medicines procurement mechanism providing technical assistance and innovative tools to countries, as well as supporting key projects like TB REACH, TB Expert in the diagnostic field.

Partners (83%) are aware of the Global Drug Facility, of whom 41% of the respondents have experience in working with GDF, 57% of them being a partner of the GDF , 28% are clients of GDF and 15% are suppliers for GDF.

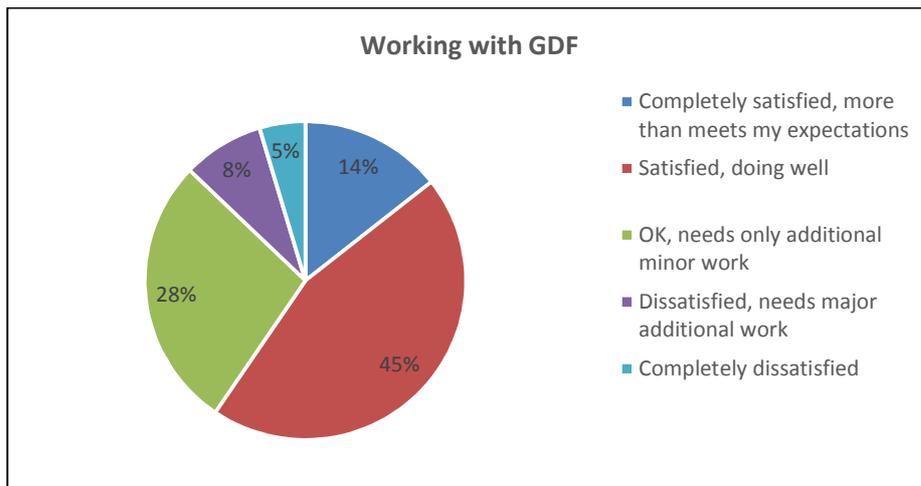


Figure 12

Of the 41% respondents working with GDF a majority of **87% are either completely satisfied or satisfied with working with the Global Drug Facility** although 13% are dissatisfied and feel the need for major additional work.

Areas that GDF have contributed to in the fight against TB according to partners include:

- Reducing price of medicines and diagnostics (58%)
- Uninterrupted medicine supply to countries (56%)
- Introduction of new medicines and diagnostics (55%)
- Technical support to countries in procurement supply management (53%)

On March 6, 2015, the United States Agency for International Development (USAID) and the Johnson & Johnson affiliate, Janssen Therapeutics, signed an agreement to provide Bedaquiline for free to eligible MDR-TB patients, according to WHO interim recommendations on the use of the drug.

Under the agreement, Janssen donated \$30 million worth (30,000 treatment courses) of the drug SIRTURO® (bedaquiline) over a 4 year period to be used for the treatment of drug-resistant TB. The drug donation will enable over 100 low- and middle-income eligible countries to access the life-saving drug for free within their existing MDR-TB programs. The donation will be provided through USAID's agreement with the Stop TB Partnership's Global Drug Facility to facilitate access to quality-assured medicines.

At the time of the survey fifty percent of partners are aware of the Bedaquiline Donation programme of USAID and Janssen and that it can be ordered via the Stop TB Partnership's Global Drug Facility to facilitate access to quality-assured medicines.

Satisfaction on the overall work of the Secretariat of the Stop TB Partnership:

The partners were asked about the **importance of the Stop TB Partnership Secretariat** in the global fight against TB.

An overwhelming 100% of respondents said that the work of the Secretariat was either "very important" or "extremely important" in the fight against TB. This result is extremely positive for the Stop TB Partnership and validates its mandate as a global partnership and collective force to fight TB.

In addition, when asked about their '**overall satisfaction**', a large majority of the respondents (99%) said that they were either satisfied with the Secretariat's work.

Partners are satisfied with the overall work of the Secretariat and a good **98% would recommend others to join the Stop TB partnership.** (Figure 13)

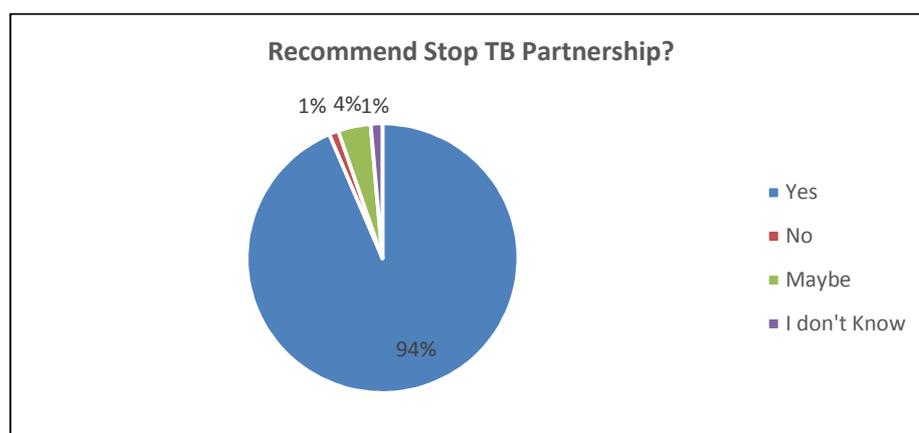


Figure 13

Comments and Suggestions for improvement from partners:

- Wide publicity to be given to Stop TB Partnership works and increase the usage of mass media.
- Need to look at national and community radios as a major channel for information-sharing, even with the growth of IT. Because of the access costs of the internet and the smartphone in developing countries where communities are struggling to meet basic needs like housing, food and education.
- The Stop TB Partnership should join hands with UNICEF and other organizations to get support for advocacy from the National Level.
- The country partnerships must extend their memberships and engage more people and organizations.
- The role of the Partnership is critical and indispensable in our quest to End TB. It is a listening partnership, but we still need more money in TB in order to scale up innovative, evidence-based interventions in TB.
- Stop TB Partnership programs should be decentralized, putting in place regional offices.
- Request for TB REACH to build the technical capacity of their members in the field of resource mobilization to End TB. Provide inclusive participation, also for community-based CSOs on capacity building.
- TB REACH should institute a program of awarding small grants to community-based organizations in developing countries that are effective, but may not have the opportunity to receive TB REACH grants due to national bottlenecks.
- Members to be issued with a Certificate of affiliation for recognition, on a termly basis of three years, or whatever could be convenient, renewable for continued activation in the effort to eradicate dormancy.

Kind words from partners:

- Thank you for all you do. You are a competent, technically sound, committed group of individuals who bring your passion to the fight against TB. We wouldn't be where we are with the gains without you all.

- Thumb Up, In the word of Mother Theresa, I can't do what you can, and you can't do what I can't but together we can do great things.

- GDF is doing great work for developing countries and if ever TB eradicates from the world it will be because of GDF.

- Stop TB never left any key affected population behind which is good and best example for government and international.

- It is good to see Stop TB Partnership standing as a strong and independent international forum.

Next steps for the work of the Secretariat

The Stop TB Partnership Secretariat is grateful to all respondents for participating in this survey and is addressing your feedback as it moves forward to the next Operational Strategy 2016-2020.

Based on the **description of respondents and the survey results**, the Secretariat is considering the following points for action:

Advocacy and political engagement:

- Ensure TB is high on the political agenda through increased dialogue and engagement with political decision-makers and influencers and a strong unified community.
- Advocate for increased support for national communities to be organized, informed and prioritize issues for inclusion in national strategic plans.
- Advocate for the inclusion of community observatories on access to health services in countries where the civil society is embryonic.
- Increase advocacy efforts for inclusion of GF non-eligible countries that have a high burden of TB.

Communication and information sharing:

- Look into national and community radios as a major channel for information-sharing.
- Translate relevant documents into at least one more official UN language - to start with French.

Partners Engagement:

- Encourage the exchange of experiences between partners in the coordination of the Stop TB Partnership.
- Facilitate sponsorships for conferences, training programs and meetings. Members to be issued with a Certificate of affiliation for recognition, on a termly basis of three years, or whatever could be convenient, renewable for continued activation in the effort to eradicate dormancy.
- The country partnerships must extend their memberships and engage more people and organizations.

...../.....