



2017 Partners Survey Final report

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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 2017 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, as the previous year, an incentive (3 iPads given to three lucky winners) was provided to partners who participated and completed the 2017 Partners Survey. The awardees were decided by a random draw and announced on the 9th October during the Stop TB Partnership: Partners evening and Award ceremony, held on the side-lines of the 48th Union World Lung Conference Guadalajara, Mexico.

Winners of the 2017 partners' survey:

Center for Health Policies and Studies	Republic of Moldova
Development AID from People to People (DAPP)	Zimbabwe
Socios En Salud / Partners in Health	Peru

Feedback and suggestions from respondents in the [2016 survey](#) have been addressed by the Secretariat. Some of which include the following:

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 unified community. The engagement will be further enhanced as preparations are ongoing for the UNHLM on TB that takes place in September/ October 2018.
- The Affected Communities and Civil Society Advisory Panel convened its first meeting on 10 October 2017 with the support of the Stop TB Partnership and International Civil Society Support (ICSS) at the 48th Union World Conference on Lung Health in Guadalajara, Mexico. The meeting was opened by Stop TB Partnership board member Austin Obiefuna, who noted the importance of conducting their role in the spirit of partnership and collaboration, being strategic and coordinated, and ultimately ensuring that the voice and priorities of communities are represented during all aspects of the United Nations High-Level Meeting on TB. The group came together as a result of a Request for Proposals (RFP) previously released by the Affected Community and Civil Society members of the Stop TB Partnership Board. In July 2017, during a meeting of over 70 TB community advocates and network representatives, there was an agreement that a Panel to represent affected communities and civil society needed to be established and that community engagement needed strategic coordination at the global level.
- Advocated for increased support for national communities to be organized, informed and prioritize issues for inclusion in national strategic plans. A new national platform for Ukraine is in the development phase and many national platforms are part of planning meetings for national strategic plans.
- Increased advocacy efforts for inclusion of GF non-eligible countries that have a high burden of TB by Stop TB Partnership leadership in most Global Fund meetings.

Communication and information sharing:

- Partners in certain countries are using communication channels like national and community radios as a major channel for information-sharing on TB and its related issues.
- Responding to demand from communities and civil society, the Stop TB Partnership, in collaboration with community organizations and Dure Technologies from Switzerland have developed the first TB Community App for people with TB. The App empowers communities by helping them to collect, analyze, understand and communicate key information about the local TB response with regards to the availability and quality of services, barriers to accessing these services and inequalities. The information generated can then be reported by community actors to the local and national level TB program management units to contribute to improved quality and access to services.
- Some of the publications are being translated into at least one more official UN language. The Out of Step report in EECA is translated into Russian. The Gender toolkit has been translated into French, Russian and Spanish along with a few Key Population Briefs for Children, Miners, Mobile Populations; people who use drugs, prisoners, rural populations, urban populations, among others.

Partners Engagement:

- Encouraged the exchange of experiences between partners through introductions and requests on particular TB related issues.

- Community members' participation have been ensured in many high level events on TB. Four regional civil society meetings were organized in collaboration with the Global Coalition of TB Activists and other civil society partners.
- Country partnerships are encouraged to extend their memberships and engage more people and organizations. A monthly introduction to new members joining the Stop TB Partnership to national platforms for inclusion and collaboration.

Methodology

The survey was designed by the various teams at the Stop TB Partnership Secretariat in July 2017 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** (Each function or activity)?' 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, social media, a news alert and reminders before the last date of collecting responses.

Timeline

Using "Survey Monkey", the survey was sent out by the Executive Director on 16 August and concluded on 22 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 and also posted on social media. 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 2017 survey generated a response rate of 20% (n=279), this rate is lower than the 2016 response rate of 27% and 2015 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 in 2016 but this decreased or not helped in the current survey.

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. There are suggestions on improving the survey from partners and the Secretariat will keep these in mind while preparing the next survey in 2018.

Description of respondents

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

Countries and Constituencies:

Two hundred and seventy nine partners from 64 countries took the 2017 partners survey, with 8% of the total headquartered in the United States and 8% located in India, 7% each from Ghana and Nigeria and 6% of the 279 respondents from Pakistan (Fig.1)

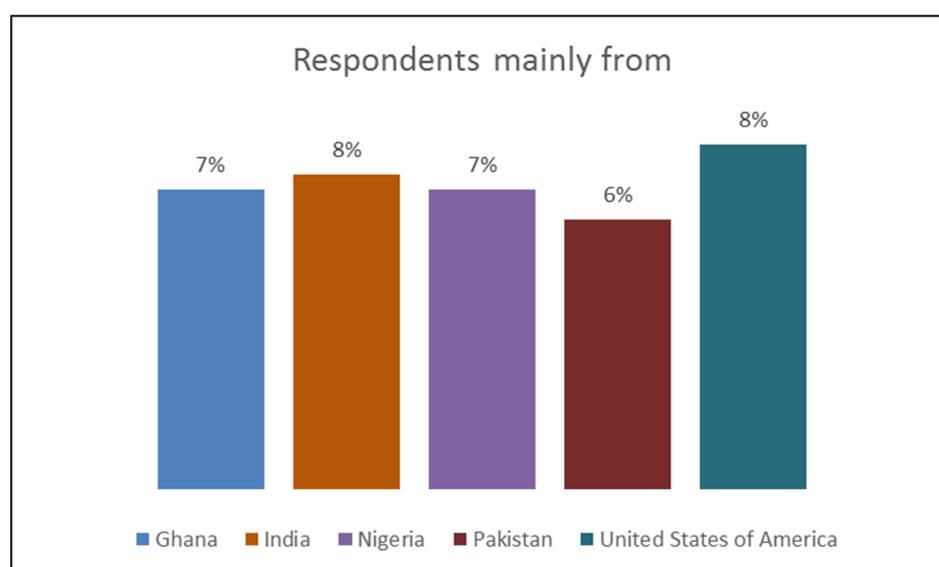


Figure 1 : Respondents to the survey were mainly located in these countries.

Respondents were mainly from the following constituencies, developing country NGOs (32.3%), communities (19%), Country (e.g. governments, policymakers and the public sector) (15.1 %) and developed country NGOs (12.2%) (Figure 2). Partner organizations such as academia (11.5%), private sector (5.7%), foundation (2.2%) and a few others also participated in the survey. This year 2 donor organizations participated in the survey compared to 5 in 2016. (Fig. 2)

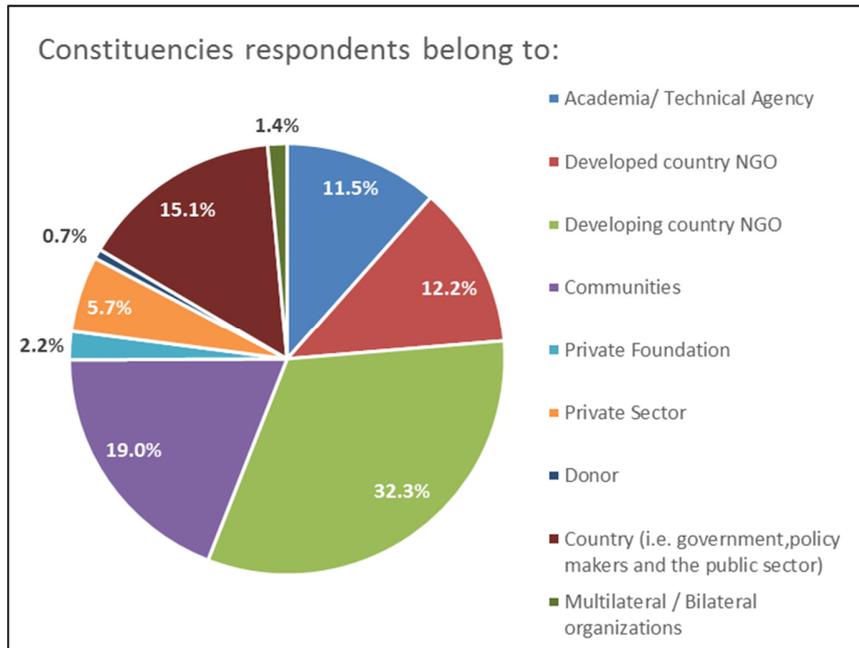


Figure 2: Constituencies of the respondents

Developing countries such as India, Nigeria, Ghana, Pakistan, where NGOs are highly represented partners, were the most responsive. Response rate is also high from partners in the USA. The highest response rates were from countries in which there is an established national TB partnership (30.89%), from members of various Working Groups, such as the Global Drug-resistant TB Initiative (GDI=10.73%), Global Laboratory Initiative (GLI= 5.69%), TB-HIV (27.64%), End TB transmission Initiative (ETTi= 12.2%) , New TB Drugs (WGND=8.13%) , New TB Vaccines (WGNV= 4.07%), New TB Diagnostics (NDWG= 8.94%), Child and Adolescent TB (11.38%) and Public-Private Mix (PPM= 13.01%), members of the Global Coalition of TB Activists (22.76%) and Global TB Caucus (10.57%) (Fig. 3).

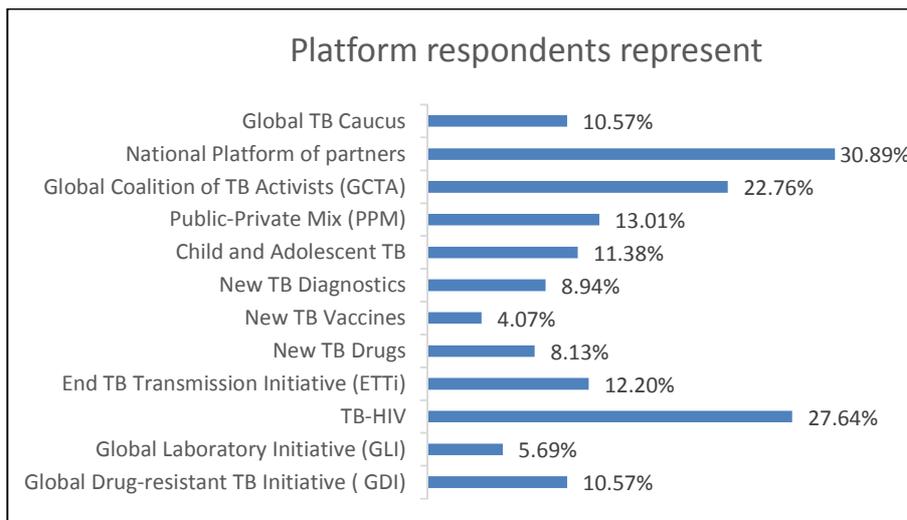


Figure 3 : Platforms

Areas of work in which respondents engage with the Secretariat



Figure 4: Ways of engagement

The majority of respondents engage with the Secretariat for communication and information sharing (37%), followed by case detection and access to care (TB REACH) (35%) and community engagement (35%), advocacy and political engagement (28%), Global Fund related engagement (21%), treatment and diagnostics procurement (GDF) (14%) and human rights and gender another (14%) others of 10-13% each engaging in partnership building and maintenance and with project grants. (Fig.4)

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.

Receiving grant or medicines/commodities

The majority of the respondents (68%) are not grantees of any of the available grants or have received medicines and diagnostics from GDF. Of the 24% who are grantees, 18% are involved with TB REACH, 6% with the Challenge Facility for Civil Society and remaining 12 % are clients of the Global Drug Facility.

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. The responses will be described of each function or activity of the Secretariat.

Satisfaction around Communications support:

About 37% of the respondents selected communication and information sharing as their engagement with the Stop TB Partnership Secretariat. The questionnaire included a few questions related to communication looking 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.

Preference about communication channels

A monthly communications newsletter is preferred by respondents as the best way to keep in touch with the Secretariat (62.5%) , followed by social media (e.g. Facebook, Twitter,etc.) (56.7%) and physical meetings (55.5%) . An updated website is preferred by (42.9%) of respondents and receiving news E-alerts by (40.6%) of respondents. Fewer partners prefer periodical news (24.8%) , teleconferences (20.9%), and web based platforms (20.5%) (Fig.5).

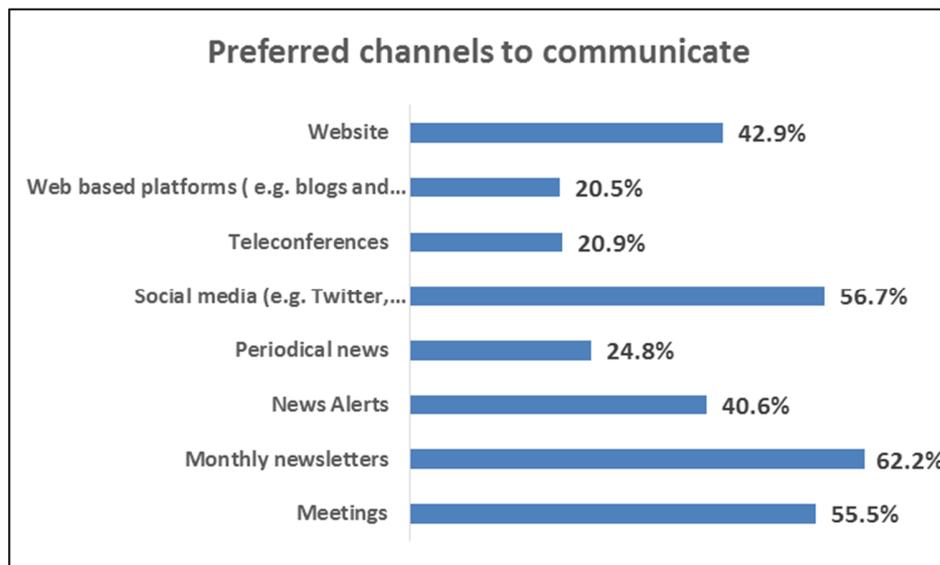


Figure 5: Communication channels

Suggestions on other forms of communications channels include:

- Emails and skype
- Webinars
- Face to face meetings when possible
- Whatsapp group

Stop TB Partnership has an active website (<http://stoptb.org/>)that is regularly updated and contains all the latest information of work on TB care and prevention. Fifteen percent of respondents visit the website daily, once a week (17%), 2-3 times a week (17%), once a month (21%) and intermittently (32%) (Fig.6)

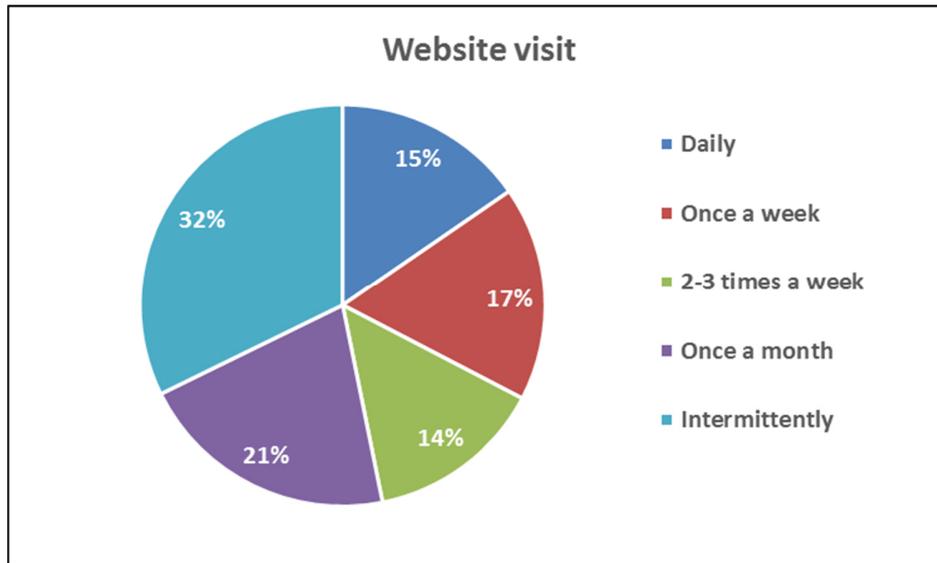


Figure 6: Stop TB Partnership website visits

Frequency of announcements, newsletters and e-alert sent to the partners were voted as **just right** by 71% of respondents, 7% believed they were not frequent enough or too less, while 5% said there were too many, 11% were not aware of the announcements and 6% of respondents had made suggestions for improvement.

Some of the suggestions for improvement include:

- Web translation is important for countries that do not have english as a second language
- Include more success stories from the field to motivate people on increasing work on TB
- Need to post community advocacy initiatives
- More emphasis on social media and perhaps sponsor the post for more reaches
- Text is sometimes too lengthy
- Involve more case studies with individuals affected by TB.

Respondents were asked on the **type of communications they would like to receive more of**, and 66% prefer to hear about workshops and meetings taking place globally followed by scientific and policy news (65%), major funding news are of interest too (59%), newsletters (42%) and of lesser interest are editorial pieces (24%) (Fig.7).

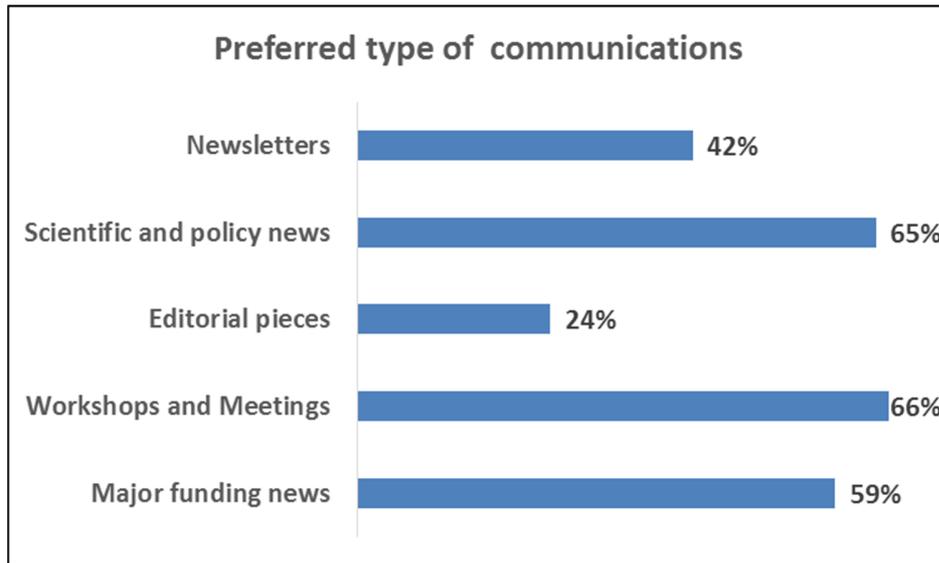


Figure 7: Preferred type of communications

The **communication tools (e.g.meetings,Stop TB Partnership website, media, partners directory, newsletters,e-alerts,etc.) provided to partners to help work with other partners** have generated positive response . There are 58.1% of respondents who are completely satisfied and feels we are doing well and 32.6% of respondents are satisfied but feels only minor additional work is needed. Only 4.7% percent are not satisfied with the communications support being provided to partners and feel major additional work is required. (Fig. 8)

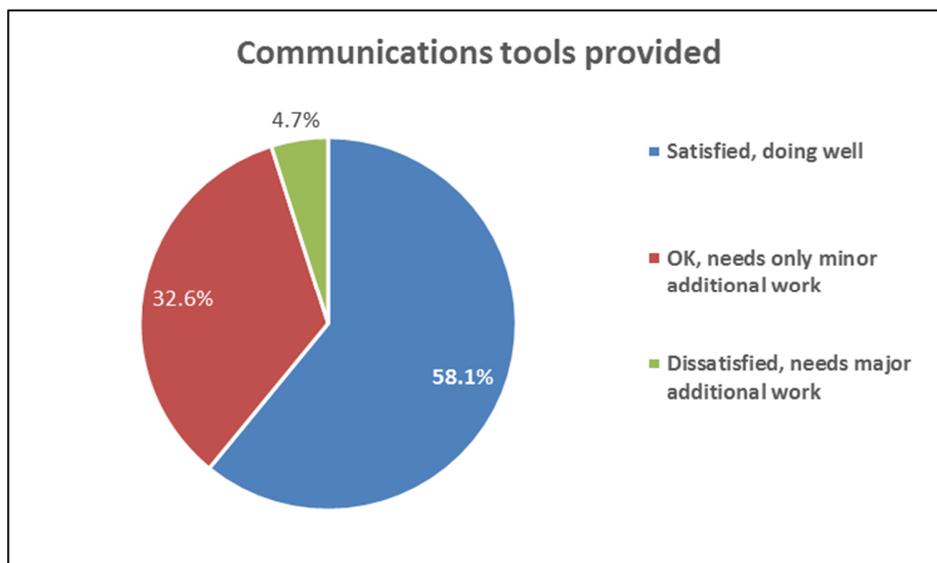


Figure 8: Communication tools provided

Respondents are satisfied (63.3%) or OK (25.7%) with the **Stop TB Partnership Secretariat in keeping partners up-to-date about important events and news in the TB community** ,being sent to them.(Fig. 9) However 6.3% of respondents are not satisfied and have recommended major additional work on keeping partners updated.

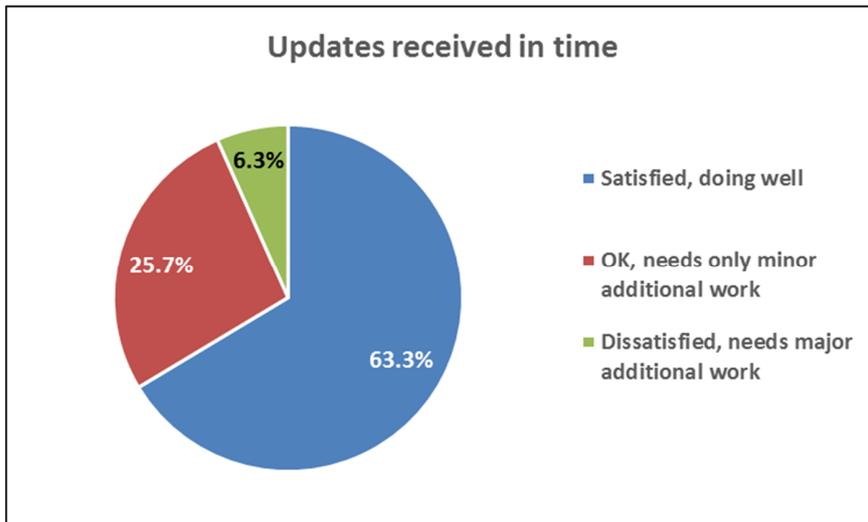


Figure 9: Updates received

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 (93.1%) 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 7 % who are not aware of the Global plan. Of the 93.1% of respondents who are aware of the Global Plan, 48.7% of partners use it/refer to it frequently, 30.9% refer to it occasionally and 13.5% rarely .(Fig. 10)

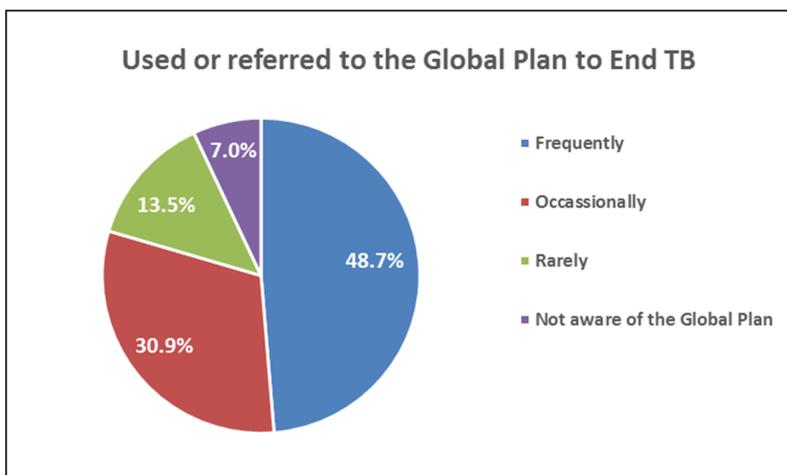


Figure 10: Global Plan to End TB 2016-2020 awareness

The Secretariat received a favorable **response in facilitating, supporting and aligning partners around key advocacy messages and resource mobilization opportunities to end TB**; from a total of (80.9%)of respondents who voted they were either satisfied (46.5%) or OK (34.4%) with this function of the Secretariat, with only 11.3% of respondents feel it needs major additional work.(Fig. 11)

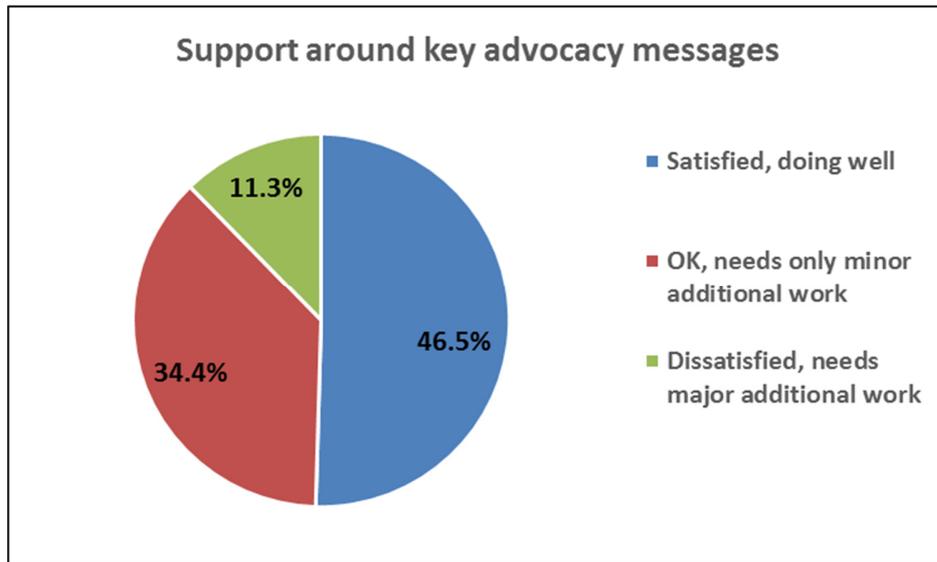


Figure 11: Support around key messages and resource mobilization

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 (weighted average = 3.19) ,
2. Sharing timely information on key global policy developments and meetings relevant to TB (weighted average = 2.86)
3. Providing advocacy materials, messages, and publications to support national advocacy, (weighted average = 2.57), and
4. Convening Stop TB partners, facilitating discussions, and building a strong global advocacy network (weighted average = 2.39).

A United Nations High-Level Meeting (UN HLM) is convened by the UN General Assembly (UNGA), the main decision-making body of the UN representing all 193 UN Member States, and governments. Agreement to hold a dedicated UN HLM on a specialized topic is taken in exceptional circumstances through a UN resolution and vote, with the purpose of reaching agreement on cooperation measures and solutions on important global issues among Heads of State and governments. The UN HLM on TB will be the fifth time the UN has called for a high-level meeting devoted to a health issue, the first being the 2001

Special Session on HIV/AIDS, followed by UN HLMs on Non-communicable Diseases, Ebola, and Antimicrobial Resistance.¹

The Stop TB Coordinating Board encouraged the UN General Assembly to agree the High Level Meeting on TB be held in September 2018 in conjunction with the UNGA General Debate in order to maximize the attendance of Heads of State, and that it be 1.5 days in length. The Board also appealed to the President of the UNGA to invite civil society to create a representative Civil Society Taskforce for the HLM, to ensure the voice of civil society is included in the preparations and during the UNHLM on TB.

Partners were asked if they are **aware of the UNHLM on TB taking place in 2018**; **54%** of the respondents were **aware** but **46% not aware**. Of the 54% of respondents who answered positively, when asked if **Key TB Stakeholders in their country are engaged for the United Nations High-Level Meeting on TB taking place in 2018**, 28% respondents state that the level of engagement is very much, 38% feels the engagement is average and 30% feels their engagement is too less and should be improved. A 4% of respondents feel their key TB stakeholders are not aware of the UNHLM on TB. (Fig 12)

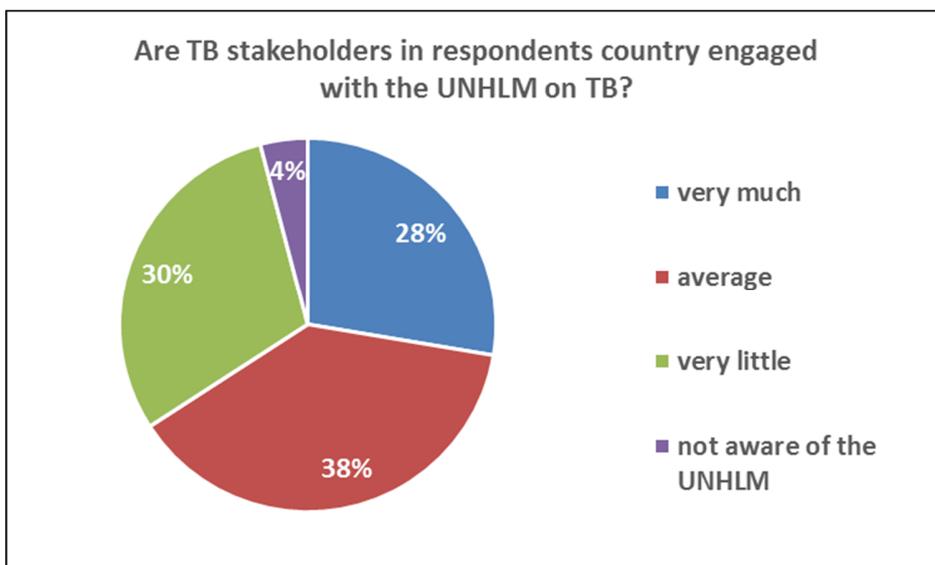


Figure 12: Key TB stakeholders in countries engagement with the UNHLM on TB

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.

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

¹ For more information http://www.stoptb.org/assets/documents/about/cb/meetings/29/29-11%20UNGA%20HLM%20Intro/29-11.1%20UN%20HLM%20on%20TB_Q&A.pdf

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. Are partners satisfied with their **engagement in the decision-making process of the Stop TB Partnership through their Constituency representative**, 53% of respondents are satisfied and doing well and are OK with engaging with the representatives, however 24% feel this function needs major additional work (Fig 13).

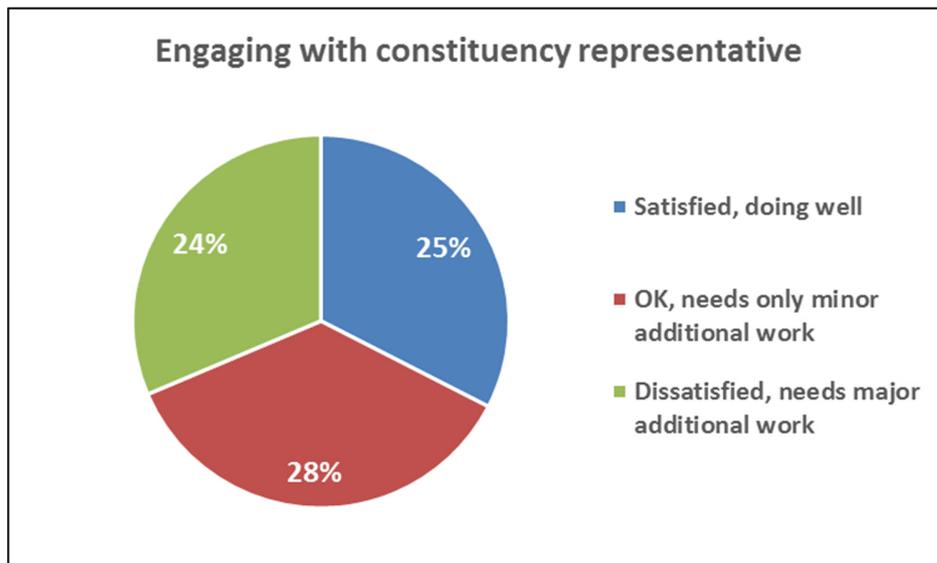


Figure 13: Engaging with Constituency representatives

Partners are generally satisfied in belonging to a network/platform of the Stop TB Partnership. Fifty nine percent of Constituency members are satisfied (34%) and OK (25%) of belonging to their constituency. A few respondents (15 %) have advised the need for major work in this activity.

Members (54%) of the Working groups are satisfied (25%) or Ok (29%) with their participation in the groups with 16% of members recommending additional work.

Members of the Global Coalition for TB Activists (GCTA) were alright (49%) with the platform but there is 18 % of members who feel that the GCTA needs major work on improving partner engagement.

National Platforms members (45%) were satisfied (20%) or Ok (25%) with their members’ engagements but there is a request of additional work of the platforms by 26% of respondents.

Forty eight percent of the members of the Stop TB Partnership Core group on Global Fund are satisfied (27%) or Ok (21%) with being part of the core group. About 18% of members recommend major additional work. (Fig. 14)

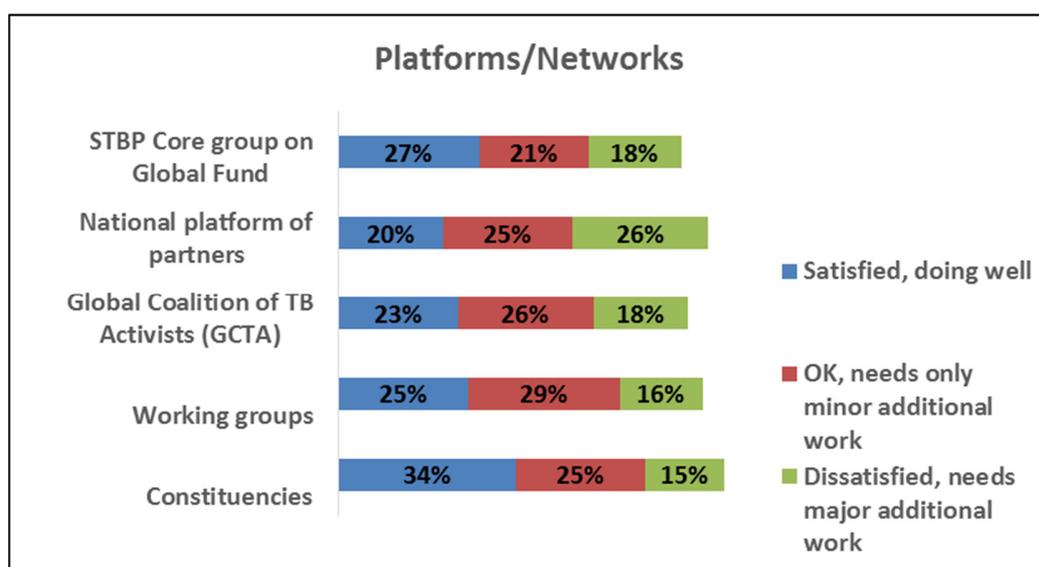


Figure 14: Belonging to a platform or network

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 (64% voted as most effective) , followed by providing feedback and suggestions through their representative (24%). A few partners (12%) felt that being introduced to other partners help (Fig.15)

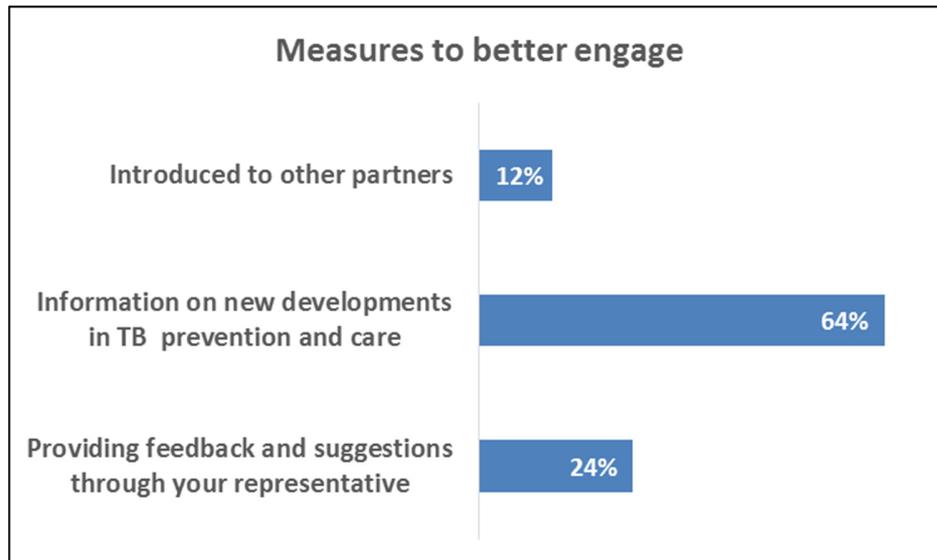


Figure 15: Measures to better engage

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

- **Increasing affected communities engagement and participation;**

- by supporting cured TB person as peer educator
 - include inputs from communities in regulations, ministerial decree, acknowledgments, etc.
 - continuous community advocacy to sustain empowerment and reduce TB stigma,
 - assistance in community health care services,
 - engage more community actors and TB activists,
 - encourage students' involvement through school programs and use social media to involve youth as change makers.
 - help of organizations like Rotary clubs to spread the message and rope in the common people through screening programmes organized at grass root level,
 - communities around the world have different experiences in terms of culture, economic status, access to medicines and human rights and need to be able to meet and share these experiences before they are classified blindly into high risk groups.
 - increase participation of communities in workshops , meetings or events and in CCM,
 - strengthen CSO networks in countries,
 - a global community of activists beyond TB that fights for equal access to quality care and prevention (a revitalized UHC initiative might work).
- **Improving communications with partners through;**
- Increase in workshops, meetings in developing countries, being organized and provide opportunities for more stakeholders to attend,
 - newsletters from monthly to weekly,
 - maintain synergy in strategic directions among partners to ensure harmonized application of strategies,
 - creation of WhatsApp groups, Google groups, etc.
 - simplify TB documents for grass root workers,
 - sharing of articles, web based seminars , presentations, periodicals to all,
 - experience sharing of what partners are doing,
 - regional webinars, video conferences, etc.
 - translate documents into other languages like Portuguese, etc.
- **Enhance communication and feedback through Constituency representatives, Working Groups, national platforms;**
- Sharing information about what is going to be discussed at the STBP Board meeting ahead of time with constituencies
 - More detailed feedback from representatives and opportunities for inputs and sharing of experience,
 - Request for constituency representatives to design a feedback mechanism for members,
 - More information on national platforms and their work ,
 - Through rotational memberships
 - Increase memberships in national partnerships
 - Encourage formation of more national partnerships through quicker processes,
 - Re-establish the TB-HIV Working group that have been inactive,

- Understand how small Public Private Practice can be developed and rolled out. Disseminate lessons learned,
- Forming working groups in various African countries,
- Engage other members of the Working Groups in discussions, beyond core group members.

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

- **Increase in funding opportunities in the following areas:**
 - Education or research funds for community engagement, TB fellowships, etc.
 - Sponsoring meeting for clinicians who manage TB so they receive latest updates and policy decisions,
 - Grants/ Funds of projects that support TB affected persons with food and transportation cost in addition to medications, treatment adherence incentives, etc.
 - Engagement of private hospitals, pharmacists to partner with the national TB Program.
 - Funding for trainings on TB, its care and prevention and related issues.
 - Increase support to communities in attending high level TB related events.
- **Improvement in information sharing and communications:**
 - Translation of documents and important information to other languages like Portuguese, Arabic.
 - An integrated calendar of all TB related events on the website so partners are aware of events happening in their countries.
 - Information Education Communication (IEC) materials that can be shared with partners for use in their work.
 - An interactive website for quick response,
 - Best practices compilation from partners on innovative approaches to TB care and prevention and community engagement, and
 - Grant information and technical assistance.
- **Increase in scientific publications and guidelines :**
 - Information on new tools for TB care
 - Advocacy guidelines and mentoring in international advocacy with link to regional advocacy platforms
 - Linkages with other initiatives like TB and HIV, Health system strengthening, etc.
 - Monitoring and evaluation of community projects.

Satisfaction around support in opportunities provided for Communities Engagment, 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. The human rights-based approach to TB addresses inequities in treatment by emphasizing the rights of people living with and vulnerable to TB, including the rights to life, health, nondiscrimination, privacy, informed consent, housing, food and water. People affected by TB need to be able to claim their rights to information, participation, and informed consent; and win greater protections against discrimination through litigation and advocacy based on constitutionally derived human rights.

The Legal Environment Assessment guide aims to build national capacity for facilitating an inclusive and participatory process through which to develop a human rights framework for TB and to bring national laws and policies in line with this framework. In the broader context of national efforts to address TB and HIV epidemics, Legal Environment Assessments (LEAs) play an important role in identifying multiple contextual issues impacting access to diagnosis, treatment and care for those who are most vulnerable to the two diseases.

Partners were asked if they are aware that a **human rights barriers and legal assessment for TB been undertaken in their country**. Of the respondents 29% were aware that the assessment is done, 28% said it was not done, 39% don't know if this is being undertaken and 4% do not know what is the human rights barriers and legal assessment for TB (Fig.16)

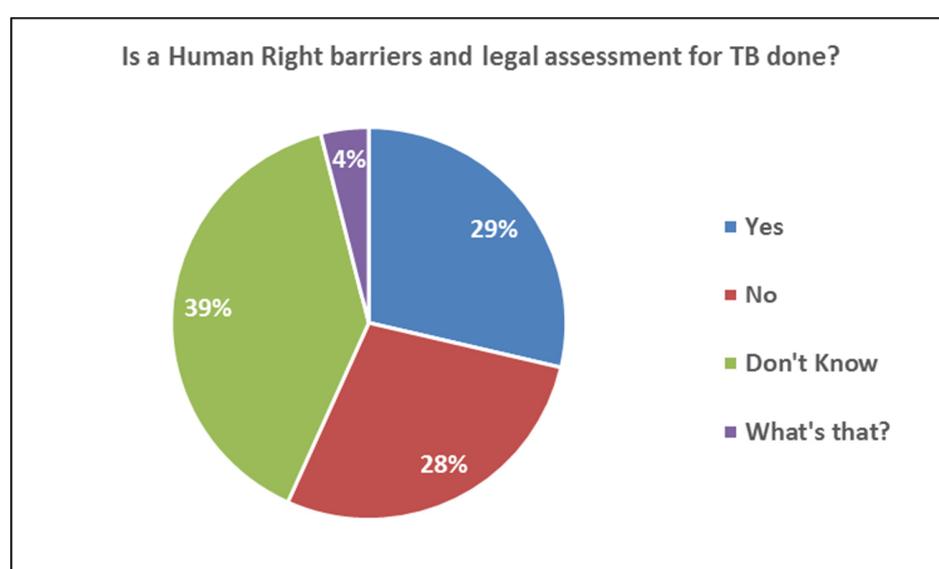


Figure 16: Human Rights barriers and legal assessment for TB

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. It encourages activities that are gender-responsive investments to prevent new cases of TB, and strengthen the response to fulfil the right to health of women and girls, men and boys in all their diversity. Wherever applicable, these protections should be included in constitutional law or legislation. If this is not possible, they should be incorporated as legal rights in national and local TB policies.

The Stop TB Partnership and UNAIDS 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.

Partners were asked if they are aware that a **gender assessment for TB been undertaken in their country**. Of the respondents 36% were aware that the assessment is done, 25% said it was not done, 36% don't know if this is being undertaken and 3% do not know what is a gender assessment for TB (Fig.17).

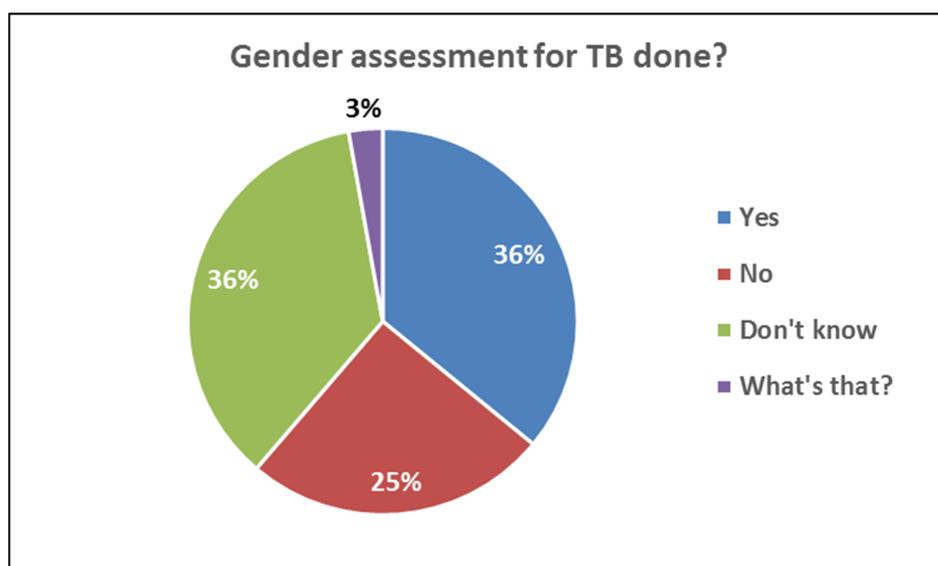


Figure 17: Gender assessment for TB

The Global Plan to End TB 2016-2020 refers 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. The Plan also suggests that all countries:

- Identify the key populations at national and subnational levels according to estimates of the risks faced, populations size, particular barriers to accessing TB care and gender related challenges.
- Set an operational target of reaching at least 90% of people in key populations through improved access to services, systematic screening where required and new case finding methods - and providing all people in need with effective and affordable treatment
- Report on progress in TB with data that are disaggregated by key population
- Ensure the active participation of key populations in the delivery of services and the provision of TB care in safe environments

The Stop TB Partnership hosted the first ever meeting of TB key populations in Bangkok, Thailand. The outcome of that meeting was the development of mini guides which define seven key populations that implementers need to consider when programming TB interventions. These populations (prisoners, miners, people who use drugs, PLHIV, healthcare workers, mobile populations, children < 5 years, rural and urban poor and indigenous peoples) all have specific needs in order to remove barriers to their accessing TB and TB/HIV services. These guides outline the key issues for each population and make recommendations on how we can remove barriers to access to prevention, diagnosis, treatment, care and support. Our aim is to now disseminate these guides and advocate for programs, implementers and donors to be responsive to the needs of key populations in TB.

Partners were asked if **discussions on TB key populations been undertaken between the national TB programme, community and civil society in their country**. Of the respondents 65% stated that discussions have undertaken, 15% said it was not done as yet, and 20% don't know if discussions took place in the country (Fig. 18).

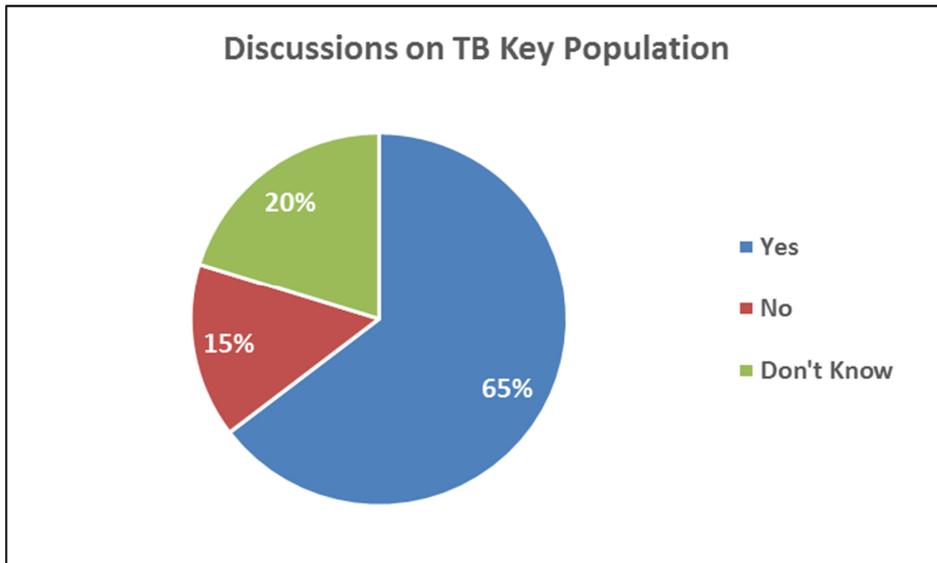


Figure 18: Discussions on TB Key Population

Partners were then asked on which of the three above assessments i.e. human rights and legal assessment, gender assessment or TB Key populations discussions were of a **priority** and the respondents voted: **Priority 1** with a weighted average of 2.19 is the discussions on **TB Key Population**, **Priority 2** with a weighted average of 2.14 is the **human rights and legal assessment for TB**, **Priority 3** with a weighted average of 1.69 is the **gender assessment for TB**.

Respondents (70%) are generally satisfied in the Secretariat **providing opportunities for communities and people affected to engage with Global Fund on Human Rights & Gender activities** with 44% who felt we were doing well and 26% said minor additional work could be done. Of the respondents who answered this question only 18% were not happy and requested for major additional work (Fig.19)

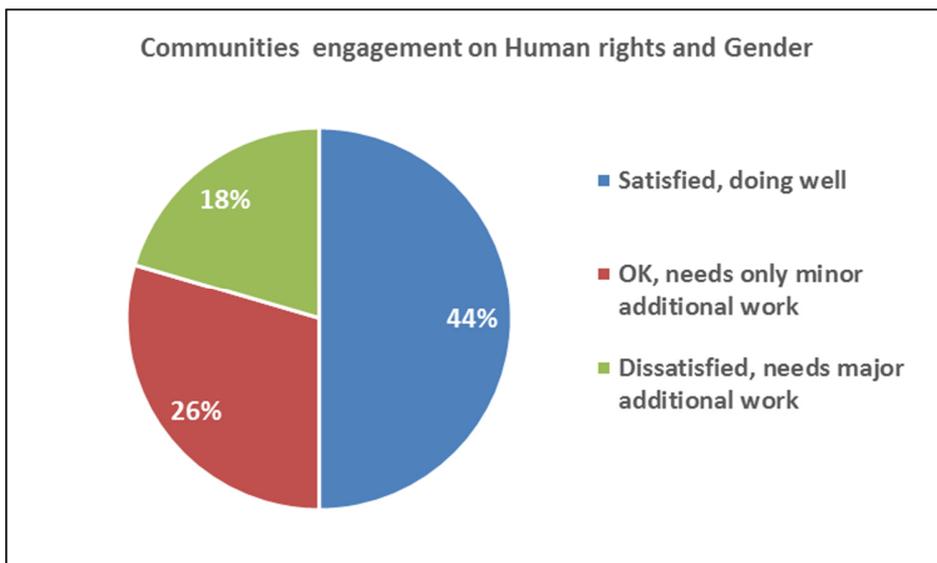


Figure 19: Communities engagement with Human Rights and Gender

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 respondents on this function was also very positive with 67% satisfied with the services. Work will be sustained and improved to address the concerns of the 15% who were not satisfied with this aspect and feels that major additional work is needed. (Fig.20)

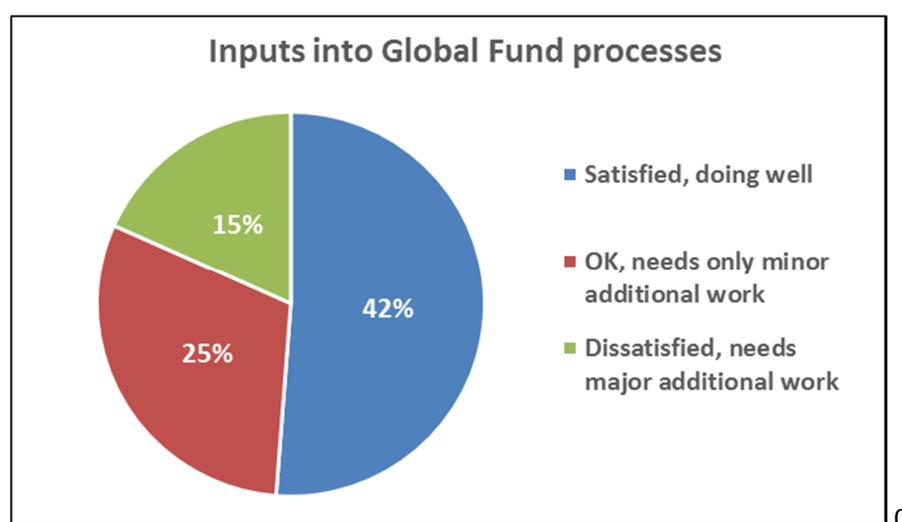


Figure 20: Strategic inputs into Global Fund processes

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

- In countries where Global Fund has difficulties and Stop TB Partnership has innovative interventions working with encouraging results, there is need for more proactive engagement of Global Fund to channel support through the Stop TB Partnership for improved implementation.
- Representation in GF Board and CCM needs to be rotational .
- A physical verification of the actual performance and real interest of the recipient should be made before approving grants.
- Consider Government structure,function,role and authority and all capital the country might have for implementation. Sustainability and transitional funding should be included in operational issues and put in as indicator for evaluation of the performance.
- More consistency in opportunities and less process formalities
- Stop TB Partnership should help in defining priorities which are sometimes different than the country's need.
- Increase communities engagement like participation at all levels of planning, execution and evaluation, access to funding by community based organizations , allow them to propose names of their representatives at regional levels and inclusion of activities/services/tools to ensure human rights.

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, 27% have applied for a TB REACH grant and 4% for a CFCS grant, 9% have applied for both grants and 61% of respondents have not applied for any grant from Stop TB Partnership (Fig. 21).

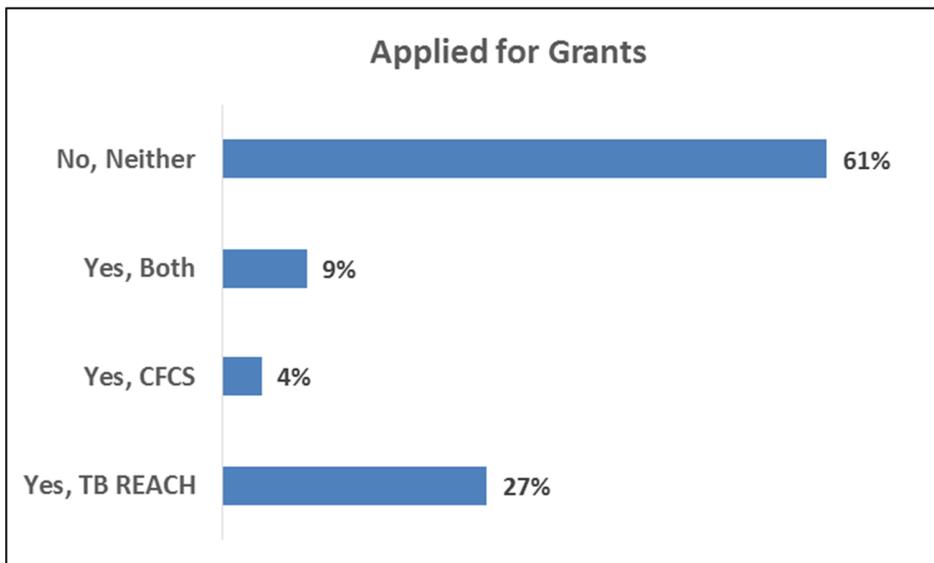


Figure 21: Respondents who applied for a grant

Partners were asked if the **Secretariat's announcements for Call for proposals for the TB REACH grants** were sufficient, of the 36% who have applied for TB REACH grants, 89% of them are satisfied and said we were doing well (72%) or needs minor additional work (17%) with the announcements but a small 10% are dissatisfied and recommends major additional work with announcements (Fig.22)

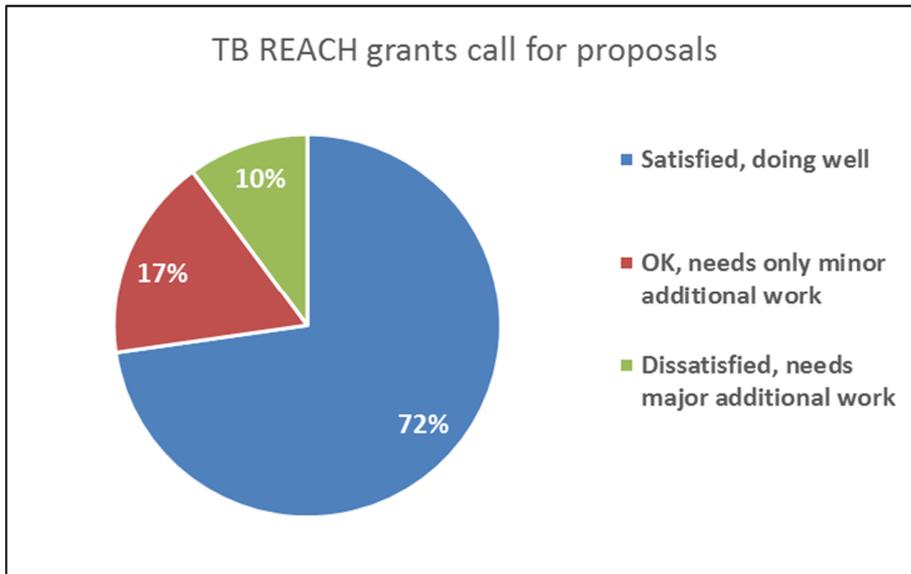


Figure 22: Call for proposals for TB REACH grants

Similarly for the **Secretariat’s announcements for Call for proposals for the Challenge Facility for Civil Society(CFCS) grants** were sufficient, of the 13% who have applied for CFCS grants , 88% of them are satisfied and said we were doing well (48%) or needs minor additional work (40%) with the announcements but a small 12% are dissatisfied and recommends major additional work with announcements (Fig.23)

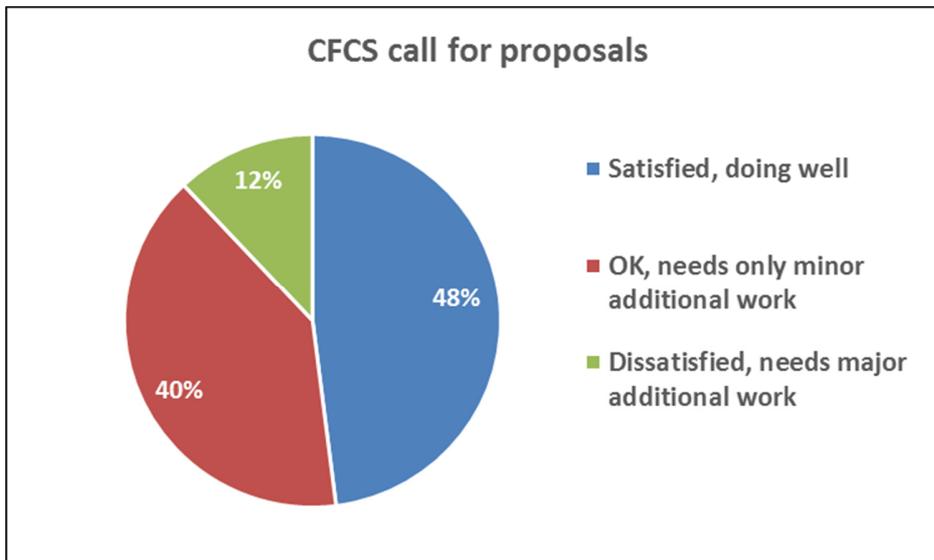


Figure 23: Call for proposals for CFCS grants

“TB REACH adds value to the fight against TB in areas of innovations and access for key populations “ , 99% of respondents who have applied for TB REACH grant agree with this statement .

“CFCS aims to strengthen the capacity of community-based organizations and networks to better engage with TB prevention and care programs “ , 92% of respondents who have applied for CFCS grant agree with this 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.

Respondents (74%) are aware of the Global Drug Facility, of whom 39% of the respondents have experience in working with GDF. Of the respondents with experience of working with GDF, 58% of them are a partner of the GDF , 28% are clients of GDF and 14% are suppliers for GDF (Fig.24)

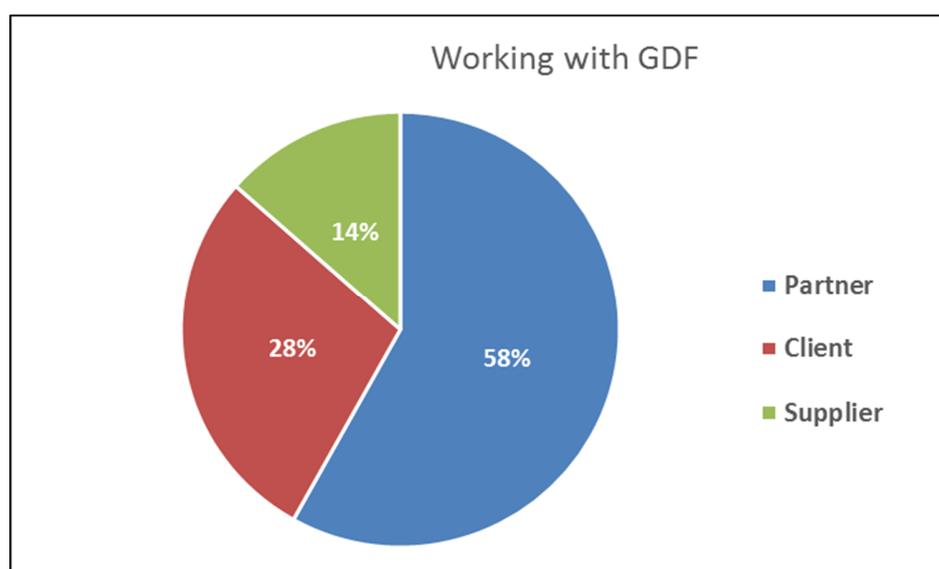


Figure 24: Working with GDF

Of the 39% respondents working with GDF a majority of **90% are satisfied working with the Global Drug Facility**, with a 59 % who mentions GDF is doing well and 31 % who feels minor additional work is needed although 10% are dissatisfied and feel the need for major additional work (Fig.25) .

Respondents were asked to list the **strengths and weaknesses of GDF**, and the responses were:

Strengths :

- GDF is a great initiative for developing countries to provide uninterrupted drugs to TB patients, in a reliable manner and at reasonable prices for FLD.
- Excellent provision of quality items with effectiveness
- Good communication
- Price negotiations, leadership, best products, and updates on important events in the global health landscape that could affect quality, affordability, and availability.
- Major impact in supporting diagnostic capacity building and introduction of new diagnostic technologies
- Provision of SLDs and Group 5 drugs.

- Have a good pool of PSM experts that support country programme; facility for direct procurement
- Simple, stream-lined, non-bureaucratic process to receive medications
- Good quantification methods.

Weaknesses:

- Would be great to include more products in its catalogue and promote products that could help assure best diagnosis/treatment/prevention, e.g. the LAM test, IPT/b6/cotrimoxazole formulation.
- Should work on monitoring to ensure compliance of global and national protocols and standards.
- Turnaround time for paper work was slow when we procured Xpert machines and cartridges.

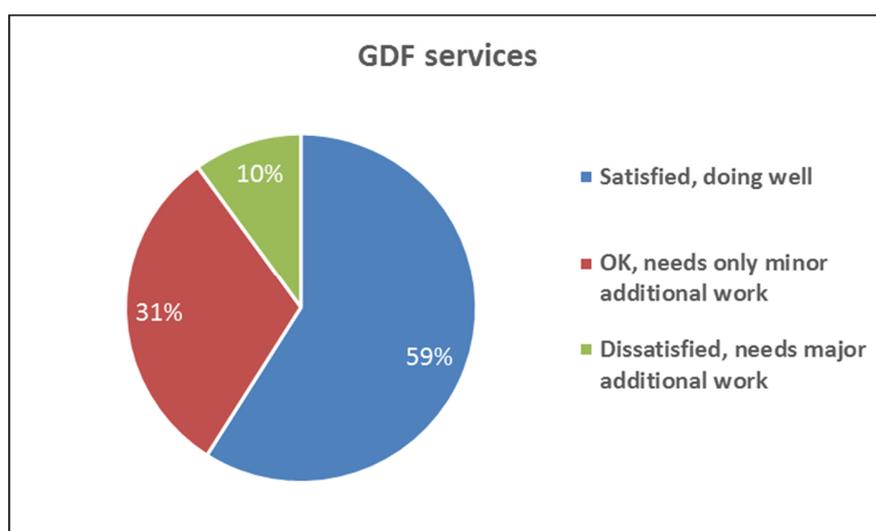


Figure 25: GDF services

Areas that GDF have contributed much to the fight against TB according to respondents include:

- Uninterrupted medicine supply to countries (71%)
- Reducing price of medicines and diagnostics (62%)
- Introduction of new medicines and diagnostics (58%)
- Technical support to countries in procurement supply management (55%)
- Market shaping and Policy guidance (21%)

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 51 % of respondents 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.

In 2016, the StopTB Partnership and Otsuka announced an innovative public-private partnership to allow all countries eligible for financing TB activities through the Global Fund to access delamanid through the Global Drug Facility.

Partners were asked if they are **aware that eligible countries can purchase Delamanid through the GDF**, 40% of respondents are aware of this possibility but 60% of respondents were not aware.

Satisfaction around support for Strategic Initiatives and Innovative Financing (SIIF)

Strategic Initiatives and Innovative Financing is a new activity being conducted by the Stop TB Partnership secretariat and to understand from partners on what can be addressed a few questions on this activity have been included.

Partners were asked on what **type of entrepreneurial initiatives and innovative financing mechanisms should the Stop TB Partnership Secretariat pursue**, here are a few suggestions from respondents:

- Provide entrepreneurial initiatives for patients, like livelihood programs, micro-credit, nutrition support, etc.
- Do more resource mobilization to increase and sustain the TB REACH and CFCS initiatives.
- Help countries to have fast track mechanism on drug and other TB related logistics.
- Active case finding and engage with private healthcare providers
- Research for new TB medicines and a TB Vaccine
- Increase basic service and service quality
- Use of MHealth for case finding and improving M&E
- Match funding for private sector donation (e.g. get companies to provide funds for TB case identified in workplace or community where business operates)
- Innovative educational material targeting children
- Social marketing
- Stop TB can support in developing a business case for TB that can be presented to world leading corporate to support the cause. Companies like leading telecommunication companies, beverage companies to have them make TB their business. E.G. make a case to Coca cola and ask for a cent from their sales to save lives of their clients/customers?

The Stop TB Partnership and its partners launched a social impact fund called Venture Lab (vLAB), which will pool and blend private and public capital to address systemic barriers in the TB space. vLAB will finance the development and implementation of targeted initiatives designed to support the achievement of the goals set forth in the Global Plan to End TB, 2016-2020 and the End TB Strategy. As such, it is currently exploring and piloting, as its inaugural project, an **Accelerator for Impact (a4i)**, which aims to:

- support innovators with promising, new TB tools to achieve rapid introduction and widespread scale-up;
- partner for long-term success by identifying and implementing sustainable business relationships and opportunities between the innovators and early adopter countries; and
- bring a return on capital for its donors.

Partners was asked if they have **heard of the Accelerator for Impact (a4i) initiative**, 13% of respondents have heard of a4i but 59% have not heard and 28% does not know what it is (Fig.26) .

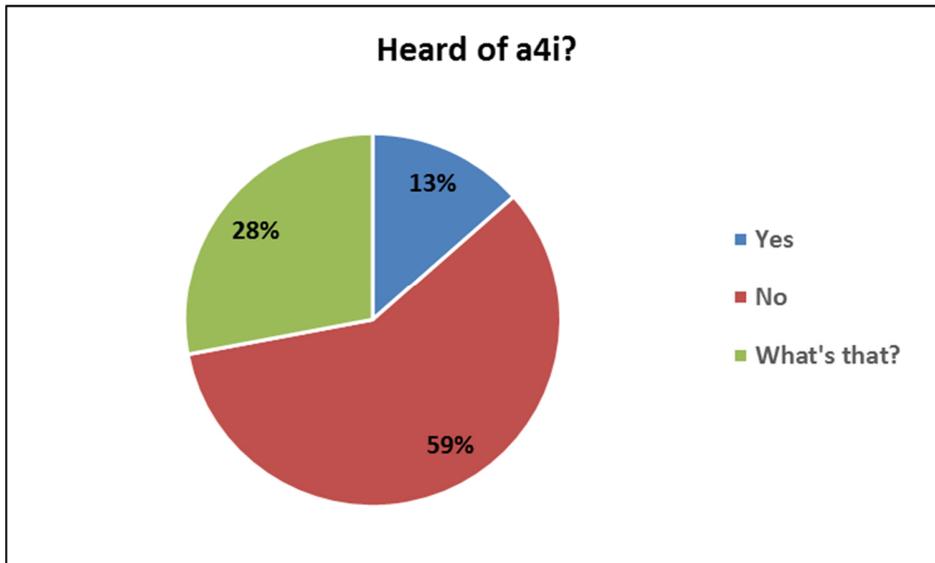


Figure 26: Accelerator for Impact (a4i) initiative

Based on the Accelerator for Impact (a4i) initiative, partners were asked if they **saw value in reviving TB products/technologies that were not successful in being commercialized and/or rolled-out**. Majority of respondents agree that the TB products/technologies should be revived and some of the comments to their positive response are:

- Yes with improved mode of delivery
- Yes for certain products/technology that are useful or effective and done after pilot testing. We need to evaluate the challenges experienced and then make a plan for improvement.
- Yes if there is a maximum reach out to and for the TB affected .

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

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 “somewhat 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’ of the Stop TB Partnership Secretariat’s work** , a large majority of the respondents (90%) said that they were satisfied with the Secretariat’s work and a small percent of 7% who feel major additional work is required (Fig.27).

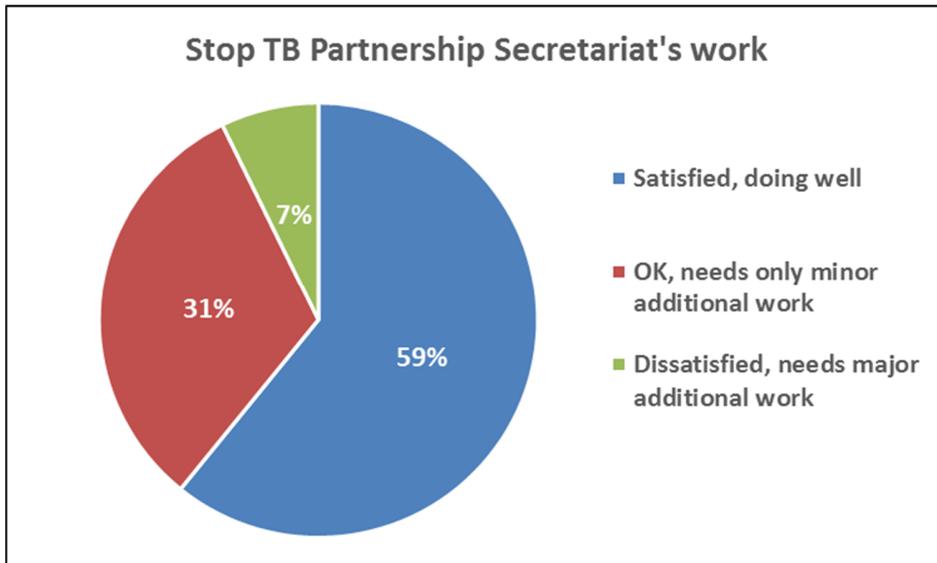


Figure 27: Secretariat's work

Partners are satisfied with the overall work of the Secretariat and a good **93% would recommend others to join the Stop TB partnership.** (Fig.28)

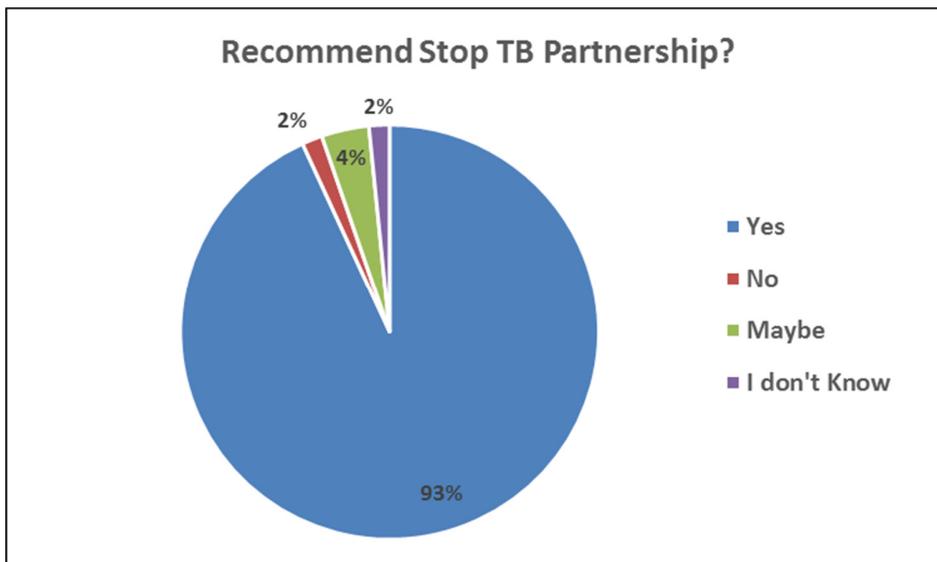


Figure 28: Recommend to others

An additional question was included in the survey, to get an idea from partners on the survey questions and if other **types of questions can be built in for the next survey.** Respondents (53%) agreed that other type of questions can be built in, a maybe from 21% of respondents and 11% feels these questions are good enough and no addition required.

Comments and Suggestions for improvement on the work by the Secretariat from partners:

❖ **On the survey:**

- *I am real proud of this survey ,it is a best practice to sustain*
- *I really appreciate Stop TB that wants to hear our voice*
- *Very good survey- thank you for the opportunity*
- *It's very important that agency so big like you is interested and realize the importance of feedback*
- *Very proud to be part of this survey and hope all recommendations made would be adhered to, for improvement in the fight against TB*

❖ **On our work:**

- *We need the vision and voice of the Stop TB Partnership in the fight against TB.*
- *Information from Stop TB Partnership is very important*
- *You are doing well, continue.*
- *Leadership of the program, partnership, social mobilization and strengthening regulation in the country is crucial in sustaining the TB program towards TB elimination*

❖ **Suggestions for improvement:**

- *Maybe STBP would make visits to country without prior announcements to see what happens in the field 'for real'.*
- *Model the CFCS in such a way that sub-national NGOs who are doing the real work of TB across low resource settings and in high burden TB countries can apply and make a success out of it.*
- *Need to involve more physicians in the control of TB. Also academia and private organizations needs to be engaged, as currently all international funding is channeled to the national TB program which may not be a correct approach.*
- *Need more support for national platforms especially national TB community, national TB partnerships and national TB caucuses.*
- *Stop TB's country involvement is weak and this is where the gap is- in political will and capacity. Pick 3-5 countries where a difference could be made in crucial issues of case finding and treatment adherence and invest there.*
- *There should be follow up on TB champions to avoid losing old champions as we gain new ones.*
- *Strengthen work on issues associated with stigma and social determinants of TB, media communication and information sharing and monitoring processes.*
- *Increase outreach to community based organizations and involve youth organizations*
- *Guidance on resource mobilization for CSOs*
- *Improve HIV/TB collaborations and with non-lung diseases like diabetes, etc.*

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:

Partners Engagement:

- Explore partnerships with physicians , academia and private organizations working on TB.
- Create a space for further engagement of TB champions and awardees of various TB awards.

Communities Engagment,Human Rights & Gender activities:

- Increase outreach to community based organizations and involve youth organizations in the Partnership
- Strengthen work on issues associated with stigma and social determinants of TB, media communication and information sharing and monitoring processes.
- Look into improving HIV/TB collaborations and with non-lung diseases like diabetes, etc.

Communications and Advocacy:

- Look into Web translation as it is important for countries that do not have english as a second language
- Include more success stories from the field to motivate people on increasing work on TB, and post community advocacy initiatives
- Increase sharing of infromation via social media
- An integrated calendar of all TB related events on the website so partners are aware of events happening in their countries.

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