



Survey to Stop TB Partners – 2015 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.

To ensure we are fulfilling our role in the best way possible and as required by our operational strategy we are conducting this **annual survey** with partners in order to evaluate their satisfaction with the services and support provided by us at the Secretariat.

Description of feedback and suggestions from respondents in the [2014 survey](#) has been addressed by the Secretariat. These include the following:

1. **Capacity Building of affected communities** : Capacity building workshops of communities were held in the Middle East and North Africa, Asia, Africa, Latin America and Eastern Europe reaching 176 community representatives on integration of key affected population perspectives and Communities, Rights and Gender (CRG) into national concept notes for the Global Fund to fight AIDS, TB and Malaria (the Global Fund).

In 2014, the Stop TB Partnership signed a technical assistance agreement with the Global Fund. Through this agreement, the Partnership provides technical support that is aimed at supporting countries to submit a robust application to the Global Fund. Key areas of focus in this engagement are the integration of community systems strengthening, human rights and gender in concept notes.

2. **Grants and Resources:** Information on funding and technical opportunities were shared with all partners as soon as the Secretariat received it. TB REACH have released a compendium of case studies, lessons learned and a monitoring and evaluation framework [Improving TB Case detection](#) which was shared with partners. Challenge Facility for Civil Society (CFCS) Round 5 good practices has been published and can be accessed at [Best practices Round 5](#) .
The Global Fund core group which formed, is the Stop TB Partnership’s platform to directly engage with key partners on critical Global Fund decisions and issues. The core group communicates through various channels of communication like weekly/bi-weekly emails or newsletters, monthly calls and a working Group on GF’s strategy, replenishment and development continuum WG report.
3. **Advocacy on increasing political commitment:** An open meeting to discuss the development of the Global Plan to End TB 2016 -2020 was held in Barcelona during the Union Lung conference. High Level dialogues were also held on Global Fund work in TB and investing for impact in Barcelona. The BRICS health ministers meeting was held in Brazil for commitments in the fight against TB. Stop TB Partnership also supported the creation of the Global TB Caucus and the signing of the Barcelona Declaration on TB by political representatives from nine countries formalizing their commitment to work together for accelerated action and significant investment in TB. Another high level meeting took place between Ministers of Health of South Africa and India with senior leaders of the Stop TB Partnership to discuss major advocacy opportunities planned for 2015 and the post-2015 agenda.
4. **Communication and information sharing:** Social media as a main source of engagement and collaboration soared in 2014 and we have more and more partners following the Stop TB Partnership’s social media channels and participating in the discussions.
Our communications has been enhanced with regular statements and alerts. Partners’ success stories are being collected monthly and regularly updated through the website. World TB Day Campaign Documents were translated into all the official WHO languages: Arabic, Chinese, English, French, Russian and Spanish.
5. **Partners Engagement:** The Constituency representatives and the Global Coalition of TB Activists (GCTA) have been engaging with their constituency members to provide feedback from meetings/events and 0 have also contributed members’ inputs on various issues in TB care and control.

Methodology

The survey was designed by the Stop TB Partnership Secretariat in June 2015 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. This year we have included mandatory questions to answer for each function of the Secretariat with optional additional questions, in the event the partner wanted to provide more feedback on that particular function.

Recipients

The survey was sent to the listserv of Stop TB Partners via mail chimp - 1300 organizations based in more than 100 countries. The survey was announced via the monthly newsletter with another reminder a few days before the deadline. .

Timeline

Using “SurveyMonkey”, the survey was sent out by the Executive Director on 6 July and concluded on 30 October. Two reminders were sent on 18 August and 20 September by the stopbpartnerships email address and through the MailChimp platform 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 1300 partners. The 2015 survey generated a response rate of 22%, similar to the 2014 response rate of 22.45% -- a little less than the good response rate of the first survey conducted in 2013 which was 30.23%.

The Secretariat acknowledges that, with a low response rate, this survey does not truly represent the collective views of all its partners. Discussions are ongoing 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 (42.1%), academia (15.8%), communities (13.2%) and developed country NGOs (10.5%) (Figure 1). Partner organizations such as technical agencies, foundations, country governmental institutions, private sector & multi-lateral/ bilaterals showed a response rate of 2.6% each. There were no representative response from donors.

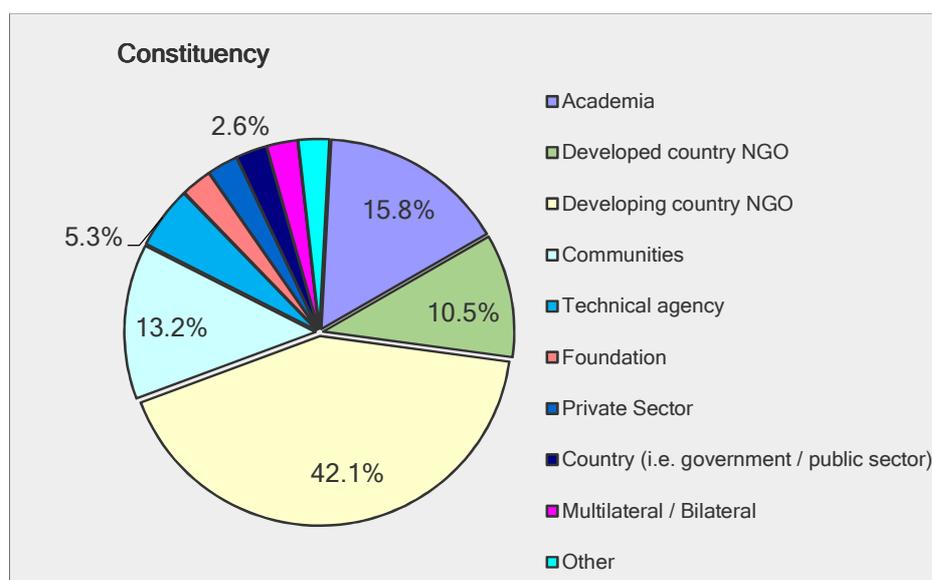


Figure 1

Developing countries such as India, Nigeria, Ghana, Pakistan and Philippines, where NGOs are highly represented partners, were the most responsive. Response rate was also high from partners in the USA. The highest response rates were from countries in which there is an established national TB partnership.

Areas of work in which partners engage with the Secretariat

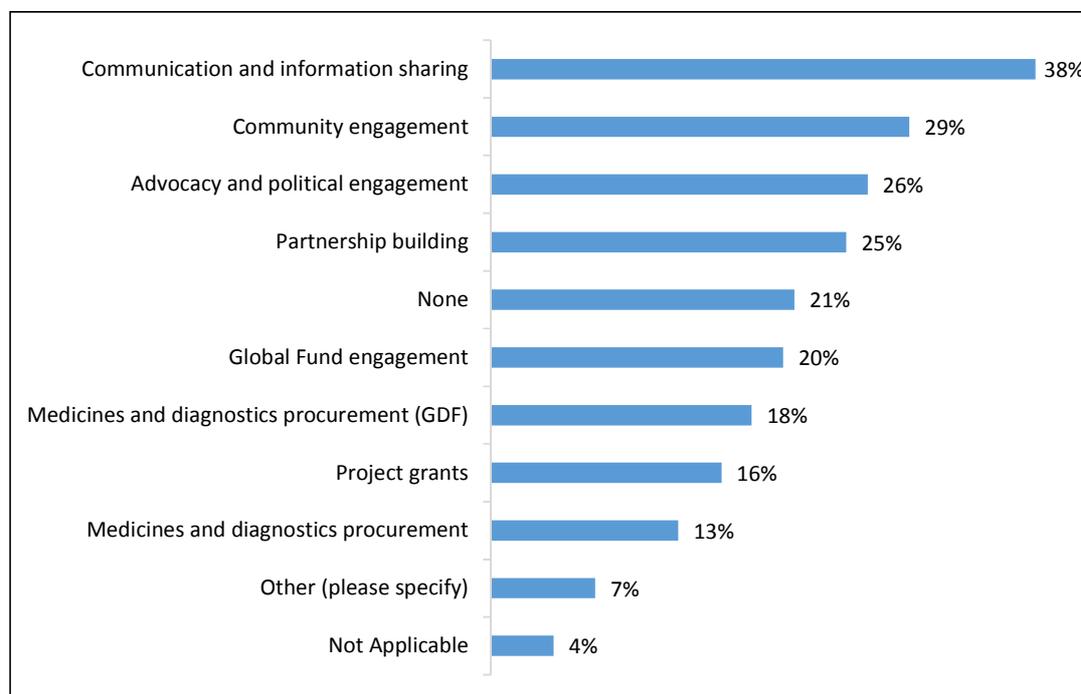


Figure 2

The majority of respondents engage with the Secretariat for communication and information sharing (38%), community engagement (29%), advocacy and political engagement (26%), partnership building (25%) and with Global Fund related engagement (20%).

As cited in the Operational Strategy 2013-2015, the comparative advantage of the Partnership is in facilitating, catalyzing and coordinating partners, and through global advocacy efforts as a neutral voice in TB advocacy and resource mobilization, with the ability to amplify the collective voice of partners.

Of the respondents, 44% are engaged with Working Groups. There were respondents from all of the Working Groups of the Stop TB Partnership, the national platforms (15%) and the members of the Global Coalition of TB Activists (13%).

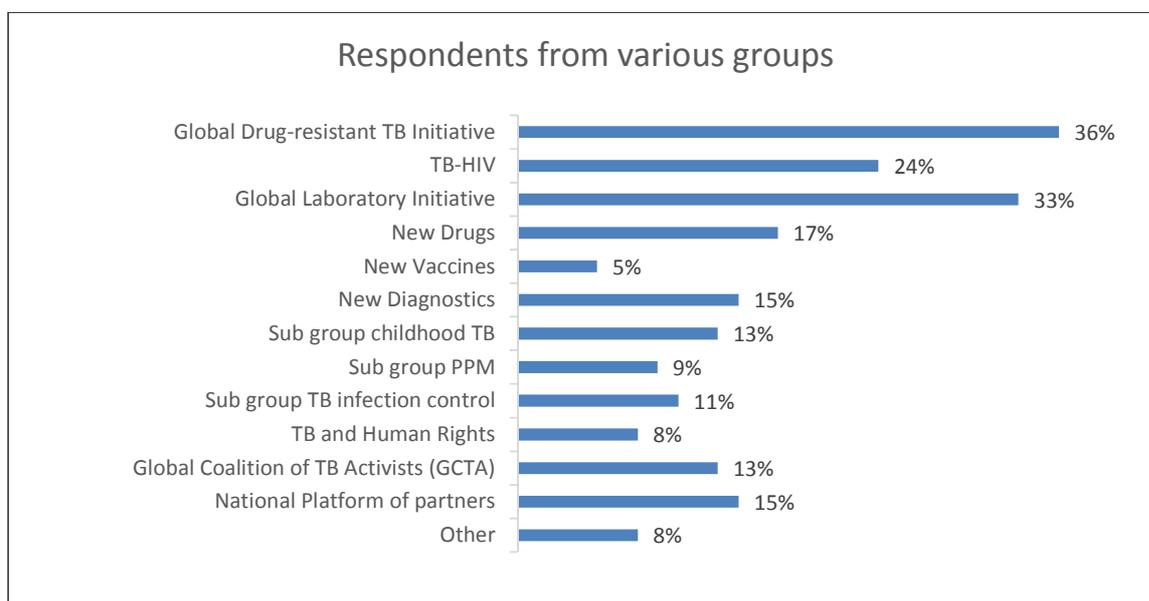


Figure 3

Receiving grant or medicines/commodities

A majority of the respondents (66%) are not grantees of any of the available grants or involved in technical assistance for Global Fund processes. Of the 34% who are grantees, 9% are involved with TB REACH, 4% with the Challenge Facility for Civil Society and 6% are clients of the Global Drug Facility. Of the 15% of the respondents involved in Global Fund processes technical assistance, 6% are providers and 9% are recipients of the technical assistance.

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

The 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 (12%). Social media is fast becoming the best channel of communication but fewer partners prefer teleconferences, news stories and web based platforms.

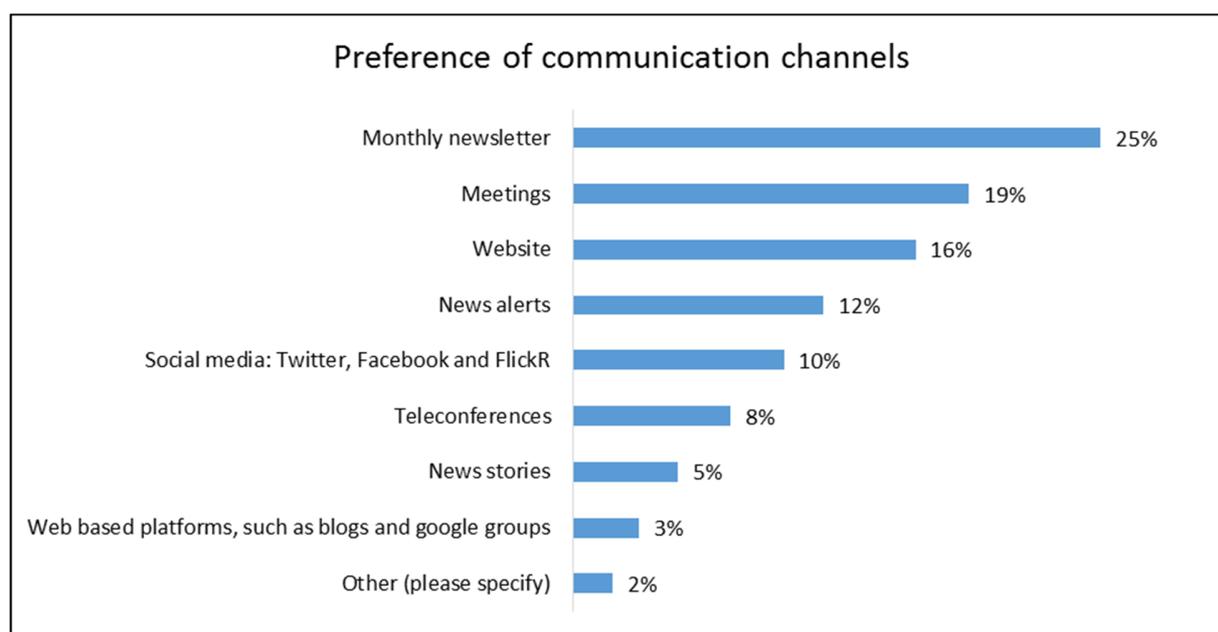


Figure 4

Frequency of announcements, newsletters and e-alert sent to the partners were voted as **just enough** by 75% of respondents, 8 % believed they were too less while 16 % said they were too many. Only 2% were not aware of the announcements.

The **communication channels provided** to Partners have generated a good response. There were 11 % 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. Twenty percent (20%) of respondents are happy with the support but feel it needs minor additional work. Six percent (6%) are not satisfied with the communications support being provided to partners. (Figure 5)

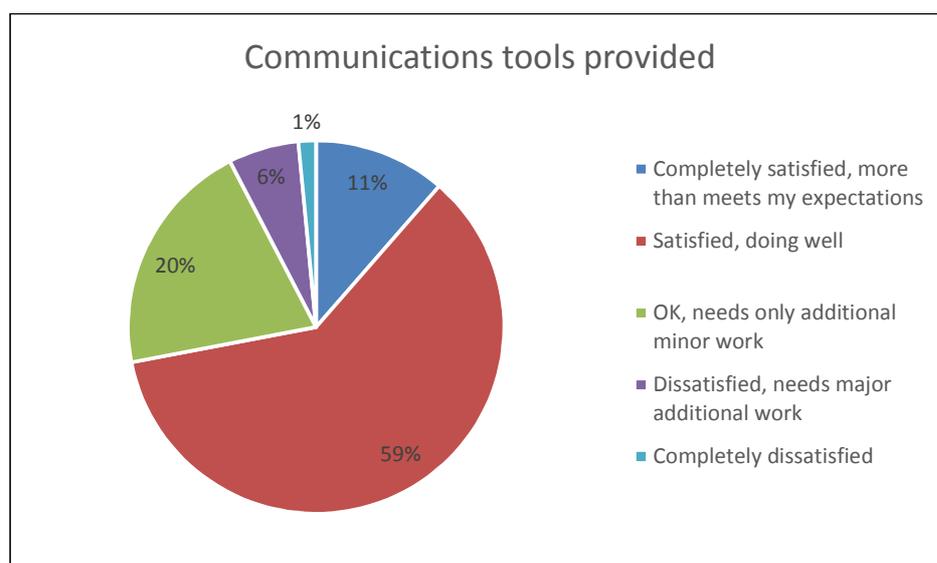


Figure 5

Partners are either completely satisfied (18%), satisfied (53%) or OK(21%) with the **updated 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)

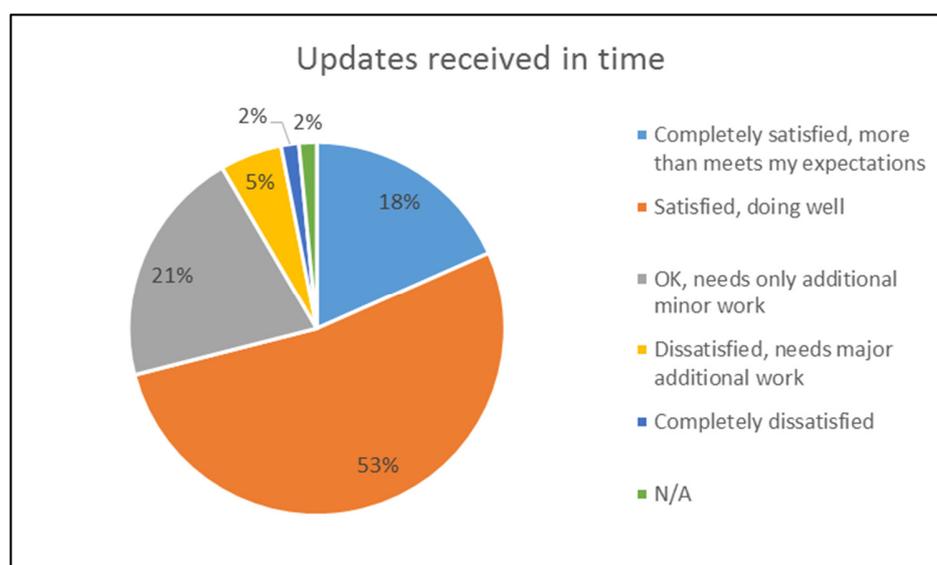


Figure 6

Satisfaction around advocacy support:

The sub goal of the Operational strategy 2013- 2015- Goal 2, is for the Secretariat to facilitate , support and align partner efforts in global advocacy and resource mobilization. The Secretariat received a favorable response from a total of (80%)of partners who voted they were either completely satisfied or

satisfied with the advocacy efforts of the Secretariat, though (5%) of partners feel it needs major additional work.(Figure 7)

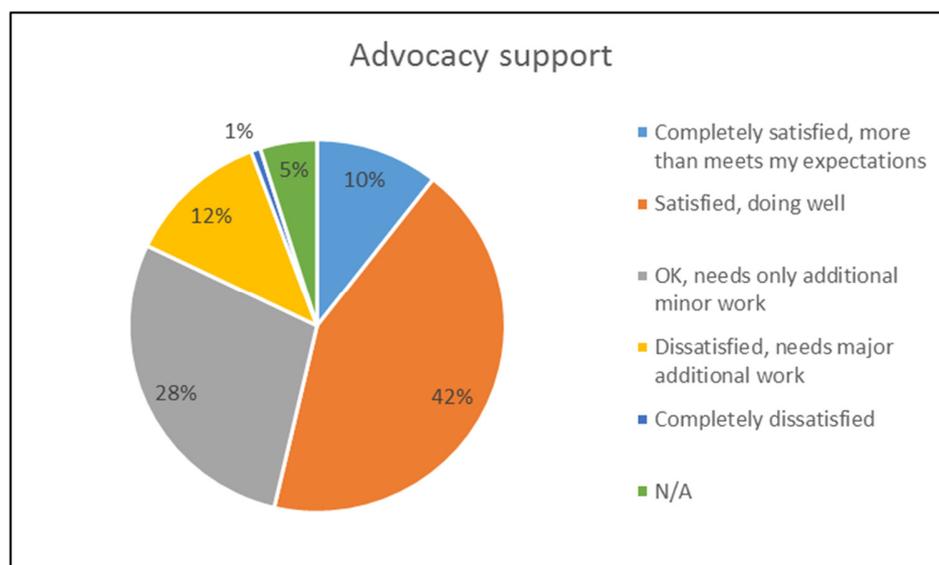


Figure 7

Respondents were asked to select the choice **in order of priority**, advocacy activities and outputs that are most useful in supporting partners work and the 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. Sharing timely information on key global policy developments and meetings relevant to TB, and
4. Providing advocacy materials, messages, and publications to support national advocacy.

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. Sixty four percent (64%) of Constituency members are satisfied of belonging to the groups. A few respondents (18 %) have advised the need for minor work in this activity. Members of the Working Groups are satisfied with their participation in the networks with only (8%) of members recommending additional work. Members

of the Global Coalition of TB Activists (GCTA) and National platforms have also recommended the need for additional work to improve their participation and contribution to their network or platform.

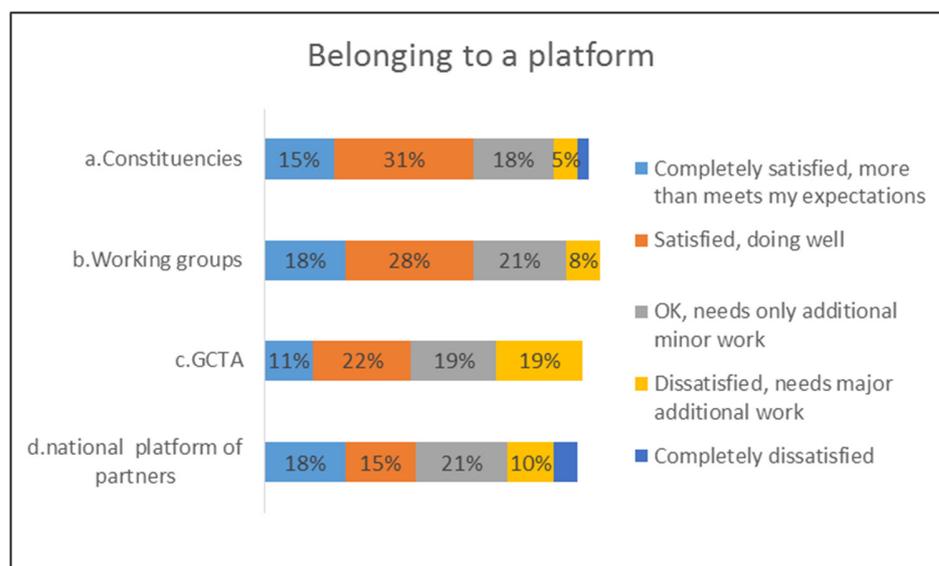


Figure 8

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 are content with their representatives and feel **included in the decision-making processes**. Nineteen percent (19%) 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 9).

Measures that have helped partners in being engaged with the decision making process of the Stop TB Partnership include receiving information on new developments (67% voted as most effective), followed by providing feedback and suggestions through their representative (25%) and a few partners (10%) felt that being introduced to other partners help.

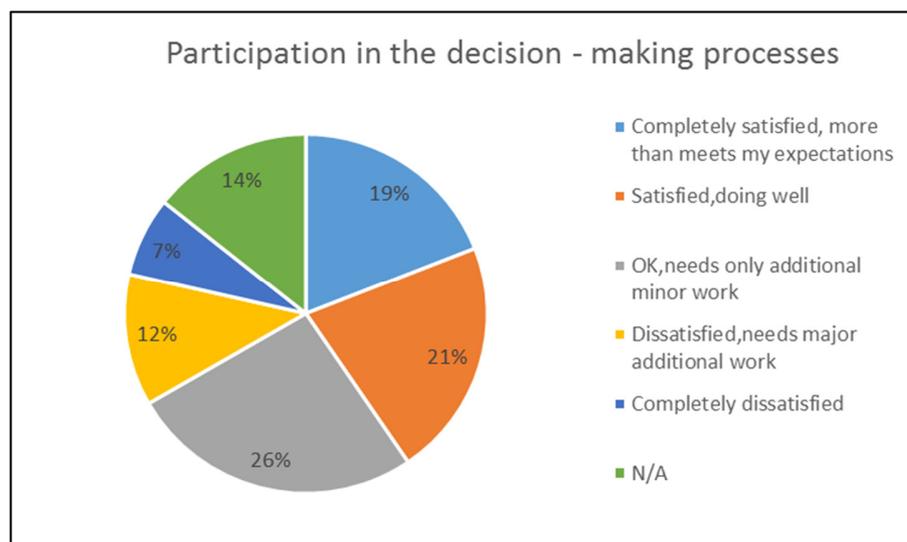


Figure 9

Partners initiate collaborative activities with other partners both at global and country level often with (15%) partners reaching out to others once a week, (20%) once a month, (25%) every 3 months and every 6 months. However (19%) 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:

- The need to expand country partnership activity to engage a wider community. E.g. regular meetings with partners/state focal points to update partners, improve engagement with WHO country offices and the Stop TB Partnership Secretariat.
- Regular and frequent communications with members by network/platforms focal points, preferably translated materials as language is a huge barrier. Sustain the information sharing from the Secretariat to partners
- Capacity building opportunities i.e. community systems strengthening and exchange of experiences.

Recommended list of products and/or services that the Partnership could provide to better support partners include:

- Improve communication channels like web conferencing and translation of information materials to all UN languages.
- Training of partners on media outreach, advocacy, community involvement, etc.
- Availability of guidelines on TB research and teaching aids for awareness generation, community level advocacy.
- Improve information on the work of the Working Groups and advocacy on funding/resource mobilization for research groups.
- Increase in funding opportunities and technical assistance made available in countries.

Satisfaction around support for technical assistance on Global Fund processes :

The Stop TB Partnership facilitates demand-based technical assistance to countries as they develop concept notes and during grant making under the new funding model of the Global Fund to Fight AIDS, Tuberculosis and Malaria. By facilitating and supporting the engagement of TB communities in Global Fund and related processes, countries can strengthen concept notes, related grants, and national strategic plans that are responsive to community needs.

Partners are satisfied with the support provided by the Secretariat in **technical assistance on Global Fund Processes** , 63% of the respondents are satisfied and feels the support meets their expectations with only 19 % advising minor additional work. There is more we could do with the support services and 18% of partners recommends major additional work. (Figure 10)

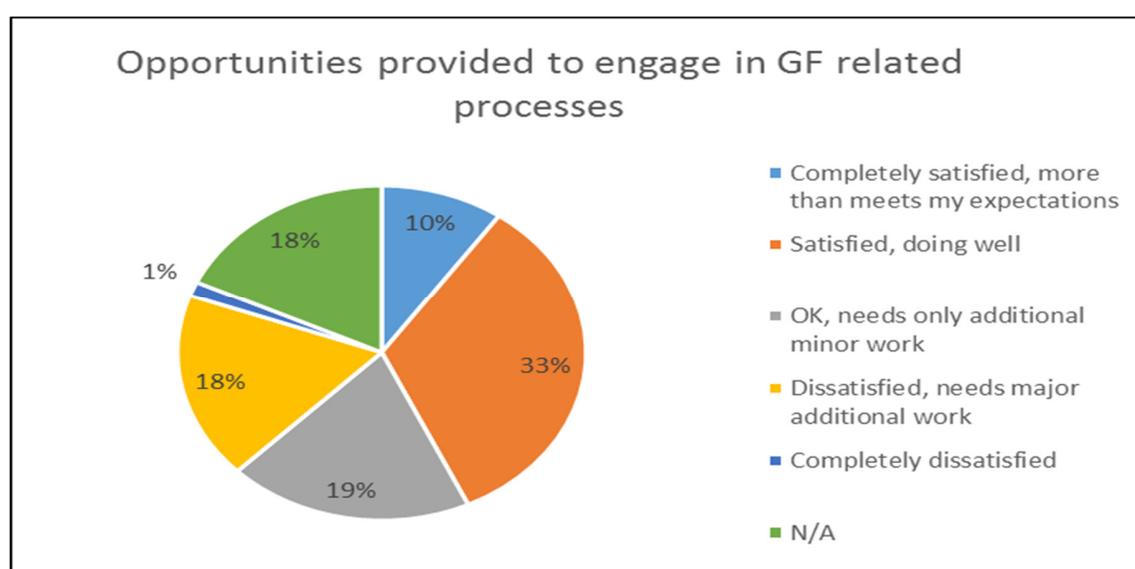


Figure 10

The 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 70% satisfied with the services. Work

will be sustained and improved to address the concerns of the 9% who were not satisfied with this aspect and feels that major additional work is needed. (Figure 11)

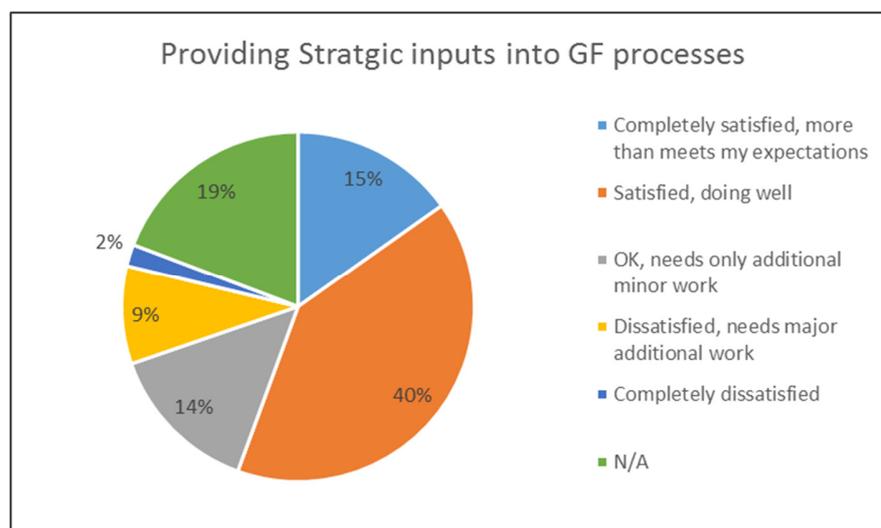


Figure 11

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

- Ensure there are national platforms for Stop TB Partnership
- Improve the engagement of local communities
- Technical support on proposal writing by community based organisations
- Stop TB Partnership should meet active members in countries and compare experiences with their government counterpart.

In country support by the Stop TB partnership Secretariat in providing technical inputs into the Global Fund processes through trained technical providers have been doing a good job. There were 88% of partners who informed that they are satisfied with the providers and the technical inputs in countries.

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 AIDS, Tuberculosis, and Malaria.

Of the respondents of this survey , 20% have applied for the TB REACH grant and only 2% for the CFCS grants. There were 6% of respondents who had applied for both grants.

Of the 71% respondents ,who have **not applied for any of the grants popular reasons cited were:**

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

Other reasons mentioned:

- TB REACH Grants mechanism not flexible
- Focus has been to support the sub-national implementors to submit applications
- Already have Global Fund support
- Processes seem lengthy

Partners were asked if the **Secretariat’s announcements for Call for proposals** for the grants were sufficient -- 81% of respondents are satisfied with the announcements with a small 19% who are dissatisfied and recommends major additional work. (Figure 12)

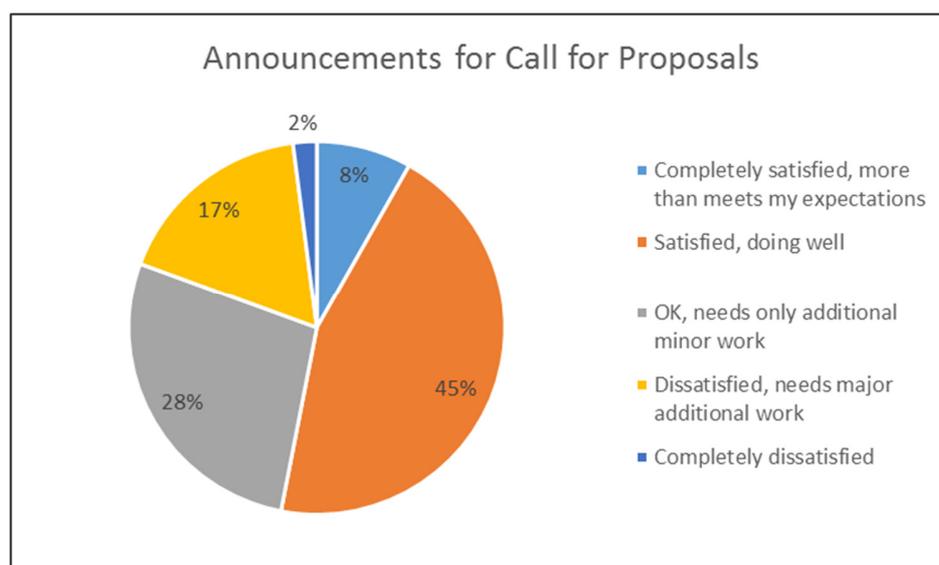


Figure 12

“TB REACH adds value to the fight against TB in areas of innovations and important access in vulnerable communities “ , and 92% 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 is today the largest supplier of quality assured patient treatments (first line drugs, second line drugs and paediatric forms) worldwide in the public sector. GDF is a unique TB medicines procurement mechanism providing

as well technical assistance and innovative tools to countries, and supporting key projects like TB REACH, Expand TB, and TB Expert in the diagnostic field.

Partners (85%) are aware of GDF but very few i.e. 14% of partners have applied for the GDF grant in the past. From the respondents, only 40% have experience in working with GDF. 65% of them being a partner of the GD , 23% are clients of GDF and 13% are suppliers for GDF.

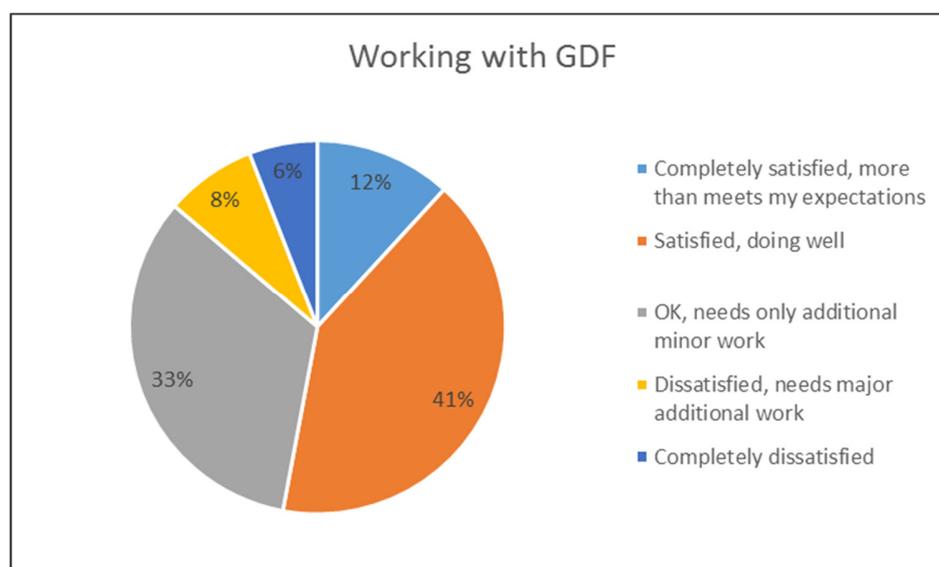


Figure 13

Of the 40% respondents working with GDF, a majority of **86% are either completely satisfied or satisfied with working with the Global Drug Facility.**

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

- Reducing price of medicines and diagnostics (66%)
- Uninterrupted medicine supply to countries (65%)
- Technical support to countries in procurement supply management (61%)
- Introduction of new medicines and diagnostics (50%)

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 free to eligible MDR-TB patients, according to WHO interim recommendations on the use of the drug.

Under the agreement, Janssen will donate \$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.

Fifty nine percent (59%) 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 92% 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 (70%) said that they were either “completely satisfied” or “satisfied” with the Secretariat’s work while another 21 % are ok with the work and have recommended minor additional work to improve.

Partners are satisfied with the overall work of the Secretariat and a good **89% would recommend others to join the Stop TB partnership.** (Figure 14)

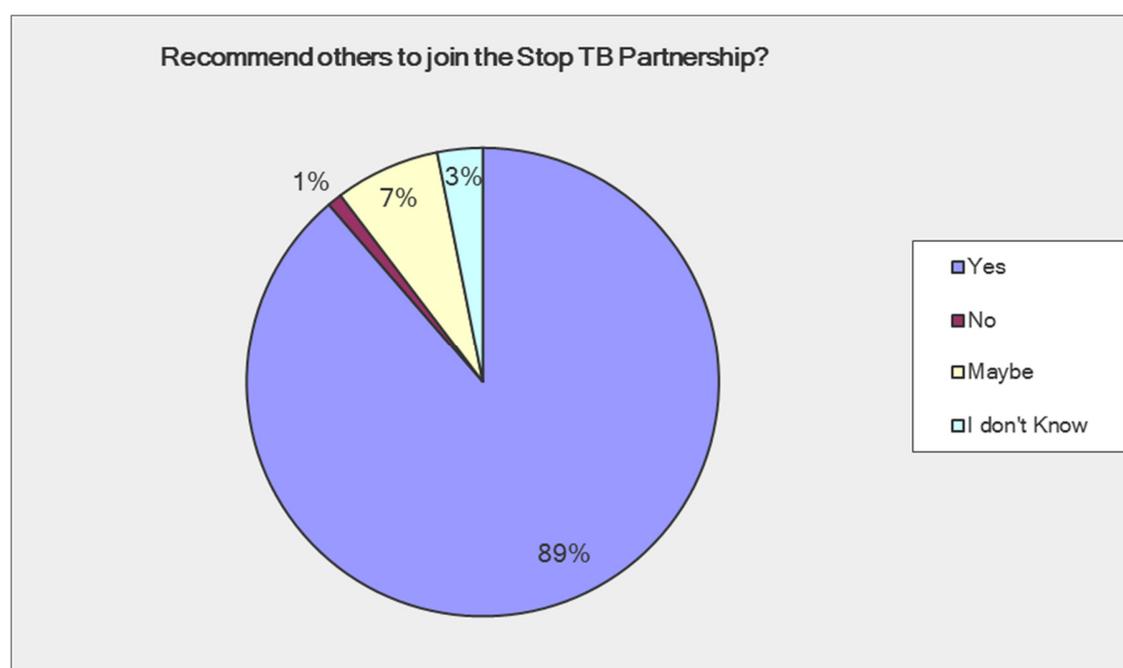


Figure 14

Suggestions from partners:

- More Involvement of Pediatricians in the development of newer diagnostics and newer drugs trials in children.

- Stop TB Partnership needs to be more aggressive and ambitious if we are to make TB disappear as a public health concern by 2030.
- Language barriers prevent the distribution of information in sensitizing world leaders and engaging them and the communities in the fight against TB.
- The need to clarify the role between WHO and Stop TB Partnership: Need to address the Partnership's support and engagement more in countries.
- Hard copies of annual reports, Innovations and other documents should be mailed to us.
- The Stop TB Partnership is doing excellent work but it needs to prioritize. An overview of its main work areas as an organogram should be posted on the website.
- Encourage exchange of experience between partners in the coordination of the Stop TB Partnership
- Encourage the development of new tools and increase the focus on advocacy for funding of research in TB.

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.

Looking at the **description of respondents and the satisfaction results**, the Secretariat is considering the following points for action:

Capacity building:

- Continue to provide technical assistance and support countries as they implement their concept notes under the new funding model grant process.
- Maximize the impact of the Global Fund's TB portfolio towards reaching Global Plan Targets

Grants and resources:

- Provide timely information about funding opportunities from the Secretariat and other donors.
- Provide guidance, help or training for writing proposals.
- 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 last two activities will be highly dependent on donors' funding.

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 the need for research in the fight against TB.
- Encourage the development of new tools and increase the focus on advocacy for funding of research in TB.

Communication and information sharing:

- Enhance participation and better use of the Secretariat’s social media channels (Twitter, Facebook and Flickr) for information sharing
- Explore using teleconferences, video conferences, Skype and webcasts to create a more personalized dialogue.
- Translate relevant documents into at least one more official UN language - to start with French and eventually in Spanish too.

Partners Engagement:

- Ensure representatives attend events to share their constituency inputs and feedback on various issues in TB care and control.
 - Encourage exchange of experience between partners in the coordination of the Stop TB Partnership
 - Facilitate sponsorships for conferences, training programs and meetings.

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