



Doc: 2.07-11.1

BACKGROUND BRIEFING: WHO ARE OUR PARTNERS?

CONTENTS

POSSIBLE ISSUES FOR DISCUSSION AT COORDINATING BOARD	2
SECTION ONE	3
1. NGO PARTNER BASE.....	4
2. CORPORATE SECTOR.....	8
3. MULTILATERAL ORGANIZATIONS	12
4. CHARITABLE/ PHILANTHROPIC FOUNDATION (CPF)	13
5. ACADEMIC/ RESEARCH INSTITUTIONS (ARI)	14
6. GOVERNMENT DONOR AGENCIES	17
SECTION TWO	18
TB CONTROL ACTIVITIES OF OUR PARTNER BASE	18
PROVISION OF TB SERVICES	18
TB/ HIV	19
RESEARCH.....	20
SECTION THREE	20
PARTNER BASE OF HIGH BURDEN COUNTRIES (HBC)	20
PARTNER BASE AT NATIONAL LEVEL: PARTNERSHIP BUILDING?	21
COORDINATING BOARD AND THE PARTNER BASE.....	22



Stop TB Partnership

This background briefing paper presents information on the 589 partners of the Stop TB Partnership based upon comprehensive and detailed research into each of our partners.¹ **Section One** examines in detail partners by type, NGOs, corporate sector, multilateral organizations, charitable/ philanthropic foundations, academic/ research institution, government and donor agencies, and finally government/ technical agencies. **Section Two** examines the activities of the partners. **Section Three** presents an overview of our partner base in the High Burden Countries, examines the potential for national partnerships and considers how representative the Stop TB Coordinating Board is of the partnership base.

POSSIBLE ISSUES FOR DISCUSSION AT COORDINATING BOARD

- **Does having a partner base matter?**

Many organizations involved in the activities and workings of the Partnership are not partners. This suggests that being a partner has little practical influence on participation within the Partnership. If being a partner is not a pre-requisite for participation, what significance does being a partner have? What significance should it have?

For example:

- Meeting of 22 HBC and Core Groups of the Stop TB Partnership Working Groups, Paris October 2006: Around 45% of participants were not partners.
- ACSM WG Members: Around 33% of participants are not partners.
- Meeting of Stop TB Private Sector Constituency, April 20th 2007, 50% of attendees were not partners.

Effectiveness of Global TB control

Partnerships are more effective than organizations acting individually. Widening and deepening the partner base enhances coordination.

Ensure enduring engagement

A key attribute of the partnership is that it helps sustain engagement with key partners, especially with donor partners and research.

- **Are we the overarching representative of all those acting within TB control or are we just one piece of the puzzle?**
- **Should there be a strict policy of make sure that all those who participate in the partnership become actual members?**

¹ This paper will be enhanced by information contained in the McKinsey evaluation currently in process.

Stop TB Partnership

This would increase the partnership base in terms of numbers by 50 and it would enhance the quality and variety of the partner base, as well as ensure the continuing engagement of participants.

- How do we maximize the potential of our NGO, Corporate Sector and Foundation partner base?
- How do use the potential of national partner base to start up national partnerships?
- What should/ can the Coordinating Board do to assist in any partnership strategy?
- Should we have constituency meetings at the Partner's Forum?

SECTION ONE

The Stop TB Partnership is NGO based, even when size of the TB staff base of each partner is taken into account.

- What is the ideal composition, if any? Is this what was envisaged?
- Are there any types of organization we do not want to have as partners? How stringent should the screening process be?²

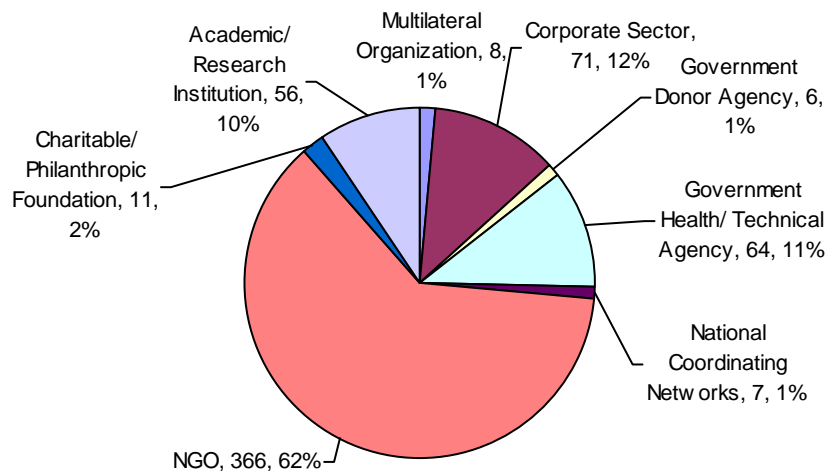


Figure 1: Breakdown of partner base, by type

Key points:

- NGOs account for almost two thirds of the partner base.
- There are 11 charitable/ philanthropic foundations as partners in total.
- There are 71 institutions from the corporate sector, representing 12% of the partner base.

² At the moment partner base has been pretty well screened.

Stop TB Partnership

An analysis of each type of partner will now be presented.

1. NGO PARTNER BASE

366 partners (62% of total partner base) are NGO's. These can be further categorized as National NGOs or International NGOs. National NGOs operate in just one country whereas International NGOs operate in two or more countries.

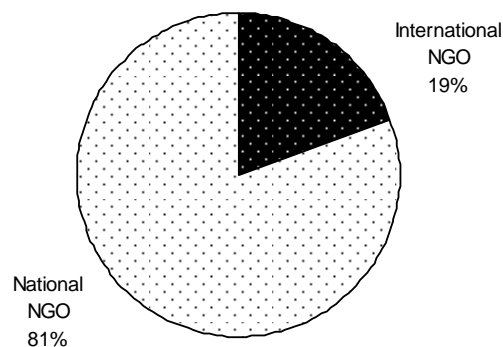


Figure 2: NGO partner base

National NGOs represent 49% of total partner base (295 partners), whereas **International NGOs** (those operating in more than one country) represent 13% of total partner base (71 partners).

Partners which are **National NGOs** tend to:

- Be from the general development sector;
- Be based in AFRO or SEARO³;
- Conduct advocacy⁴ as the primary activity and are quite likely to provide TB services. It is improbable research is conducted or technical assistance provided;
- Have TB staff base of less than 5 members.

Partners who are **International NGOs** tend to:

- Be from the general Development sector;
- Be based in either AMRO or EURO;

³ AFRO- WHO African Regional Office; EMRO- WHO Eastern Mediterranean Regional Office; EURO- WHO European Regional Office, SEARO- WHO South East Asian Regional Office; WPRO- Western Pacific Regional Office.

⁴ The main activity undertaken by National NGOs is advocacy. This perhaps has less to do with expertise in this area and more to do with the fact NGOs are small and have few resources to do much else.

Stop TB Partnership

- Conduct advocacy as the main activity in TB control though is quite likely to also provide TB services or technical assistance and there is a small possibility that research is undertaken;
- Have a TB staff base of more than 5

Example of a typical International NGO:

INTER AIDE, France

Inter Aide is an NGO specialized in the design and implementation of development projects. Since its foundation in 1980, it has carried out activities in more than 10 developing countries, both in urban and rural contexts. Its mission is to provide the poorest families with the capacities and the will to respond to their basic needs. The scope of intervention covers different developmental fields: access to safe water, food security, reproductive health and TB control, income generation, and access to schools. Inter Aide is conducting about 60 projects in 4 geographical sectors. Overall annual budget was 8.5 millions US dollars in 2003. Their expertise in TB control project comes from 18 years of involvement, both in Mumbai Urban Agglomeration, India, and in Wolayta District, Ethiopia.

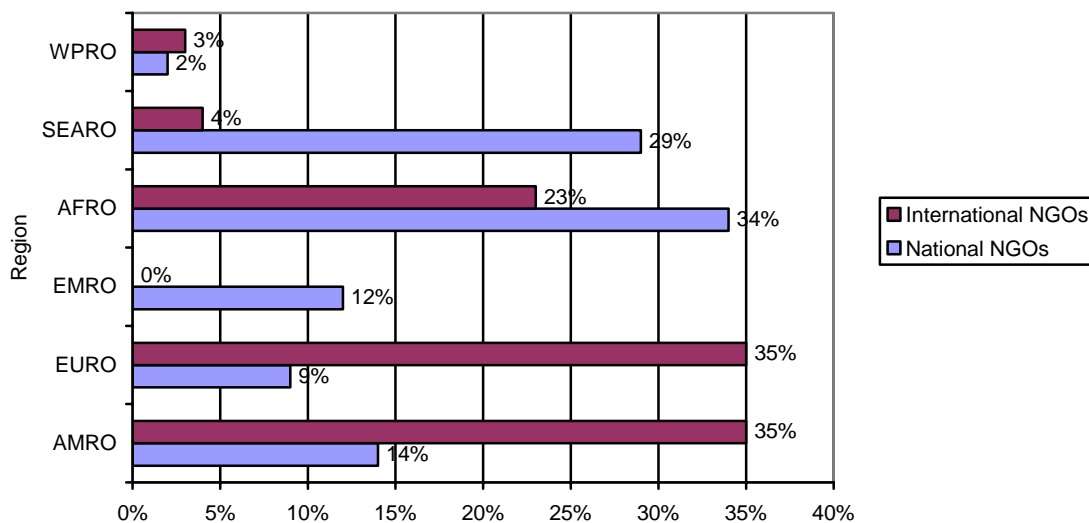


Figure 3: Regional location of International and National NGO partners

Key points:

- There are no International NGOs based in EMRO.
- Over 60% of National NGOs are based in AFRO and SEARO.
- Over 60% of International NGOs are based in AMRO and EURO.

Stop TB Partnership

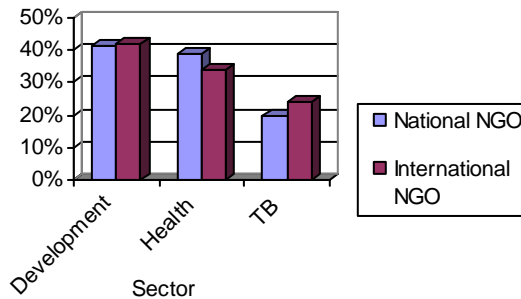


Figure 4: National and International NGO partners, by sector

Key point:

- Both National and International NGO Partners are relatively evenly distributed across three sectors of development, health and TB.

Examples of Typical National NGO Partners by Development, Health and TB:

National Development NGO

Instituto de Fomento de una Educación de Calidad, Perú

EDUCA is a development organization. It fosters quality education and health prevention in poor schools and communities, promoting a healthy environment and the incorporation of innovative experiences.

National Health NGO

Mbeya Community Development Organization, United Republic of Tanzania

This NGO is dedicated mainly to the fight against HIV-AIDS but has become more involved with TB as the rate of co-infection has increased. The projects are located in Mbeya municipal of Southern part of Tanzania which is among regions in Tanzania that is mostly affected by HIV/AIDS and TB. It has a total TB staff of 3.

National TB NGO

Yayasan Peduli Sesama, Indonesia

Their activities in STOP TB Program focus on awareness campaign to society and include trainings, workshop, seminars, and developing IEC materials as activities. The target group is all levels society. The goal for the program: to make more people understand more about TB, how it transmits, how to make treatment for TB patients at home and its medication, how to anticipate and prevent it. Also they aim to reduce the stigma surrounding TB patients.

Stop TB Partnership

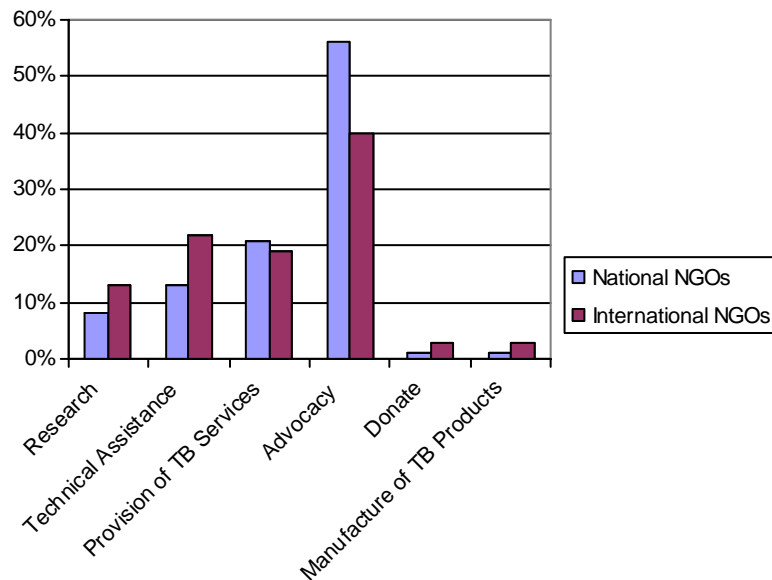


Figure 5: Breakdown of activities undertaken by National and International NGO partners

Key points:

- Advocacy is the activity which most National and International NGO partners undertake.
- Over 50% of National NGO partners undertake advocacy. Does this truly reflect National NGO activities, or are those which undertake advocacy more prone to join the Stop TB Partnership?

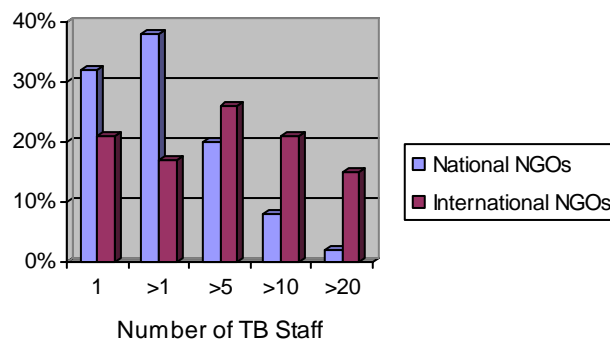


Figure 6: TB staff size of National and International NGO partners

Key Points:

- Nearly two thirds of National NGOs have a TB Staff Size of between 1 and 5.
- International NGOs are more likely than National NGOs to have a larger TB staff size.

Stop TB Partnership

How do we enhance our **National NGO** partner base?

Target Eastern Europe.

Partnership has 8 NGOs in Eastern Europe.

How do we maximize the potential of our **National NGO** partner base?

Provide support to National NGOs

- For example, only 10% of National NGOs have a website- should we have a capacity building or project implementation fund for TB NGOs?
- Should the challenge facility be strengthened?
- New mechanisms to offer technical assistance and advice, especially because some National NGOs lack TB expertise?

How do we enhance our **International NGO** partner base?

Target International NGOs in Ireland or Scandinavia.

Partnership has one International NGO from Scandinavia and Ireland.

2. CORPORATE SECTOR

71 partners (12% of total partner base) are from the Corporate Sector. The Corporate Sector can be sub-categorized into Health and Non-Health. Corporate Sector Health incorporates all companies, whose predominant focus of work is in the health sector, including pharmaceuticals and health consultancies. Corporate Sector Non Health refers to those companies whose main focus of work is not in the health sector.

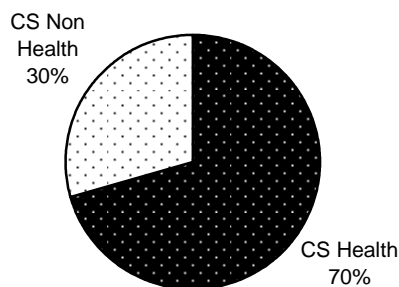


Figure 7: Breakdown of Corporate Sector partners

Partners who are **Corporate Sector Health (CSH)** tend to:

Stop TB Partnership

- Be from AMRO (and then probably the US), SEARO (India) or EURO (UK), and are unlikely to be from any other region.
- Consider research and the manufacture of TB products as their primary activity.

Partners who are **Corporate Sector Non Health (CSNH)** tend to:

- Be based in AMRO, although it is also probably to be based in EURO. There is a small possibility of being based in either SEARO or AFRO and none are currently based in WPRO.
- Consider advocacy⁵ as its main activity in TB control. There is small chance it will manufacture TB products, provide technical assistance and TB services. It is very unlikely to conduct research or donate.

An example of a typical Corporate Sector Health partner:

Cadila Group, India

Cadila Group is a pharmaceutical company currently involved in R&D activities, manufacturing and supply of all kind of formulations for the human and veterinary use, API's, Biotech & Herbal Products, Hospital & Diagnostic products, Sulpholene, Pharmaceuticals making machinery. It has a TB staff of around 10.

Best practice:

Astra Zeneca, UK

AstraZeneca has given \$0.3m to the British Red Cross to fund a community based program managed by the local Red Crescent societies, designed to help combat TB in the high incidence areas of Kyrgyzstan and Turkmenistan. In 2005, AstraZeneca extended funding the program for a further three years. In 2007 they are also working in partnership with other community based organizations to tackle TB at a local level in India and South Africa.

An example of a typical Corporate Sector Non Health partner:

Edelman, United States

Edelman is global public relations firm which has 2,400 employees in 46 offices worldwide. They have long-standing relationships with clients in the public, private and nongovernmental sectors. Edelman has experience within the health industry.

Best practice:

Hippo Valley Estates, Zimbabwe

Hippo Valley Estates is a large agro-industrial sugarcane producing company. The company provides healthcare for its employees and their dependants (a population of about 26 000) people. A TB clinic is run at company expense, providing diagnostic and curative services as a public-private partnership with the Ministry of Health. TB/HIV collaborative activities have been implemented recently.

⁵ Advocacy is likely to be offered as a paid service.

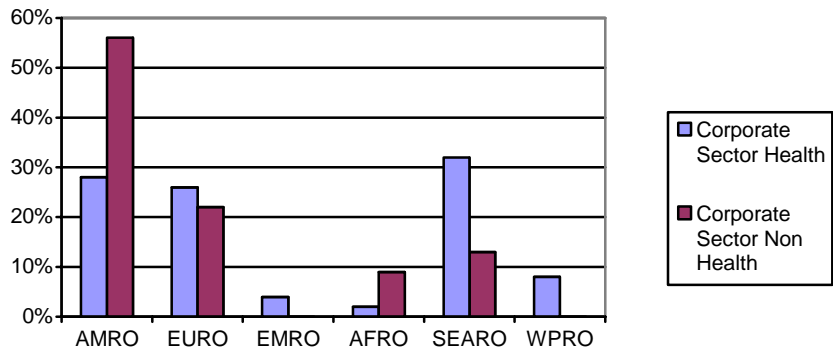


Figure 8: Regional location of Corporate Sector Health and Non Health partners

Key points:

- More than 50% of Corporate Sector Non Health partners are based in AMRO.
- Almost 90% of Corporate Sector Health partners are based in three regions, AMRO, EURO and SEARO.

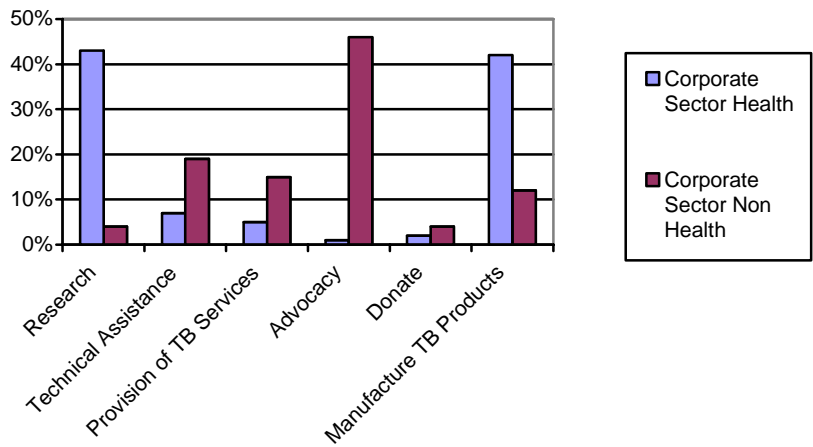


Figure 9: Breakdown of Activities for Corporate Sector Health and Non Health partners

Key points:

- There is a variance between the activities undertaken by Corporate Sector Health and those undertaken by Corporate Sector Non Health partners.
- Research and the manufacture of TB Projects account for 85% of activities conducted by Corporate Sector Health partners.
- Advocacy is the activity most undertaken by Corporate Sector Non Health partners.



Stop TB Partnership

How do we enhance our **Corporate Sector Health** partner base?

Improve regional distribution

- Within AMRO: all CSH partners are from the United States
- Within SEARO: nearly all CSH partners are in India

How do we maximize the potential of our **Corporate Health Sector** partner base?

Seek TB control support

Two of the 50 CSH partners provide additional support for TB control.

Potential Collaborator:

- Sanofi-Aventis: Revenue \$31bn.

Should there be a separate business engagement strategy for the Corporate Health Sector?

How do we enhance our partner based for **Corporate Sector Non Health**?

Engage more

One CS NH contributes financially to TB control - Grand West Entertainment in South Africa.

Engage *all* those CS Non Health companies interested in TB control

Many large companies such as Virgin, BHP and Coca Cola support TB control. In addition there are companies involved in the Global Business Coalition. These are currently not partners; should the Stop TB Partnership specifically target these companies to become partners?

Workplace Services

Two CS Non Health partners provide workplace service. This is despite the Global Health Initiative and many companies providing workplace services.

Target Europe

Five of the CSNH companies are based in Europe.

How do we maximize the potential of our **Corporate Sector Non Health** partner base?

Should there be a membership fee for partners from this sector?

What could we offer for this? Higher profile on website? Access to decision making?

How does this sector interact with the rest of the partner base?

How do we improve relations with the Global Business Coalition?

Is corporate sector the future of financial support? If so, should there a separate working group?



Stop TB Partnership

3. MULTILATERAL ORGANIZATIONS

8 partners (1% of total partner base) are from Multilateral Organizations. The following Multilateral Organizations are partners:

- UNDP/ IAPSO
- WHO Regional Office for the South East Asia
- WHO Regional Office for the Western Pacific
- UNAIDS
- World Health Organization
- Roll Back Malaria
- Pan American Health Organization
- The World Bank

How do we enhance our **Multilateral Organization** partner base?

Some Multilateral Organizations are not currently partners even those whose business overlaps with Stop TB:

- The Global Fund (but we do have a memorandum of understanding with the GF).
- There are omissions of UN agencies whose work relates very strongly to the key aspects of TB control- UNDP, ILO (workplace services), UNICEF (children and TB).

Target African Multilateral Organizations

There are no Multilateral Organization partners based in Africa. There are Multilateral Organizations in Africa who are interested in TB control - African Union, United Nations Economic Commission for Africa, African Development Bank, Southern African Development Community. Given that our partners based in Africa tend to be small, non TB specific, advocacy based organizations, should the Stop TB Partnership specifically target African based Multilateral Organizations?

How do we maximize the potential of our **Multilateral Organization** partner base?

As a partner, Multilateral Organizations can be very effective.

- How did ensure that the big MLO are partners?
- Should we deepen involvement by constructing Memorandum of Understandings

Stop TB Partnership

4. CHARITABLE/ PHILANTHROPIC FOUNDATION (CPF)⁶

11 partners (2% of total partner base) are Charitable or Philanthropic Foundations

Stop TB Partners who are **Charitable/ Philanthropic Foundations** tend to:

- Be based in AMRO, specifically the United States.
- Provide financial support for TB control.

Example of typical charitable/ philanthropic foundation:

Dikembe Mutombo Foundation Inc, United States

This American based foundation aims to improve the health, education and quality of life for the people in the Democratic Republic of the Congo.

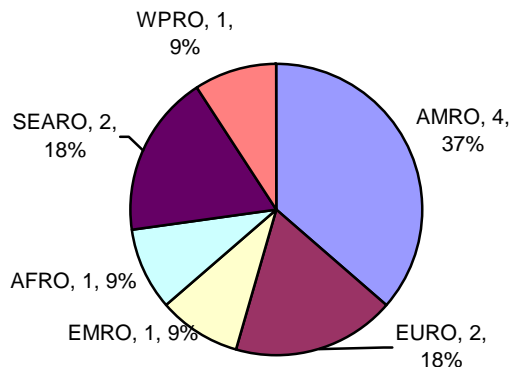


Figure 10: Regional location of Charitable/ Philanthropic Foundation partners

Key point:

- One third of CPF partners are based in AMRO.

⁶ A charitable foundation is a legal categorization of nonprofit organizations that either donate funds or give support to other organizations. Foundations are those organizations whose main activity is providing funding, in this case usually TB control. This differs from an NGO; while an NGO may provide support for other organizations; this support is not the exclusive area of activity.



Stop TB Partnership

How do we enhance our **Charitable and Philanthropic Foundation** partner base?

Target Europe

The Stop TB Partnership has just one foundation partner from Europe. Should we engage more with foundations in Europe?

Target United States

There are over 100 foundations in the United States who have an endowment of more than \$500 million.

How do we maximize the potential of our **Charitable and Philanthropic Foundation** partner base?

5. ACADEMIC/ RESEARCH INSTITUTIONS (ARI)

56 partners (10% of total partner base) are Academic or Research Institutions.

Partners who are **Academic/ Research Institutions** tend to:

- Be based in AMRO, although it is quite probable to be based in EURO and slightly probable to be based in AFRO or SEARO.
- Have a TB staff of more than 5
- Conduct research; slightly probable to provide Technical Assistance and a small chance of providing TB services and doing advocacy.

An example of a typical Academic/ Research Institution partner:

The Gorgas TB Initiative, United States

The Gorgas TB Initiative is based at the University of Alabama at Birmingham. It conducts operations research, supports capacity development and supports innovative interventions in high risk populations and has a TB staff of around ten.

48% of ARI partners are **Non University** affiliated, and **52%** of ARI partners are affiliated with a university.

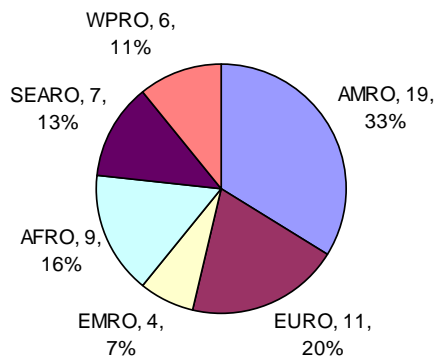


Figure 11: Regional location of Academic/ Research Institution partners

Key point:

- Over 50% of Academic/ Research Institution partners are based in AMRO or EURO.

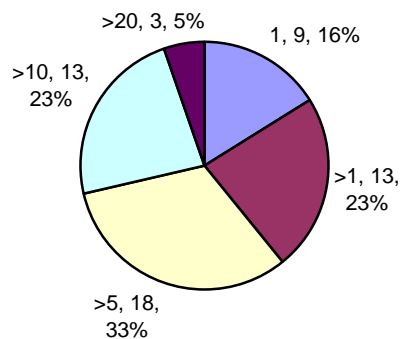


Figure 12: TB staff size of Academic/ Research Institutions

Key points:

- Over 50% of ARI partners have between 1-10 members of TB staff.
- Approximately 75% of ARI partners have between 1 and 19 members of TB staff.

Stop TB Partnership

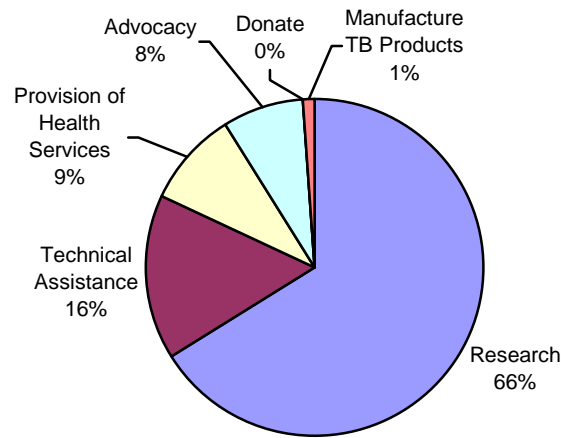


Figure 13: Breakdown of activities undertaken by Academic/ Research Institutions

Key points:

- Research is the primary activity undertaken by ARI partners.
- Over 80% of activities conducted by ARI partners are either research or technical assistance.

How do we enhance our Academic/ Research Institution partner base?

Target Public Health / Medical University Programs

Partnership has 2 public health programs- NYU and Harvard- as partners.

- The Stop TB Partnership hosts interns through the year; this provides a link to universities, many of which are not partners. Interns could be encouraged to get their university to sign up as a partner.

Target Eastern Europe

We have one academic affiliation within Central and Eastern Europe.

Target Canada

15 of the 19 ARI in AMRO are based in US- what about Canada?

How do we maximize the potential of our Academic/ Research institutions partners?

Coordinating Board representation?

Greater involvement in different working groups.

Many of these institutions do much more than research, including the provision of services. These different qualities could be harnessed more by the various Working Groups.



Stop TB Partnership

6. GOVERNMENT DONOR AGENCIES⁷

6 partners (1% of total partner base) are Government Donor Agencies

Government Donor	Region
Egyptian Fund for Technical Cooperation with Africa	AFRO
USAID	AMRO
Canadian International Development Agency (CIDA)	AMRO
Ministry of Foreign Affairs- Netherlands	EURO
UK Department for International Development	EURO
Royal Netherlands Embassy	WPRO

How do we enhance our **Government Donor Agencies** partner base?

Target more

Japan/ Italy/ Scandinavia/ Ireland/ Germany/ France.

How do we maximize the potential of the partner base of **Government Donor Agencies**?

Rotation on Coordinating Board?

⁷ A Government Donor Agency refers to government development agencies, such as DFID.

SECTION TWO

TB CONTROL ACTIVITIES OF OUR PARTNER BASE

An analysis of the distribution of activities within our partner base was undertaken.

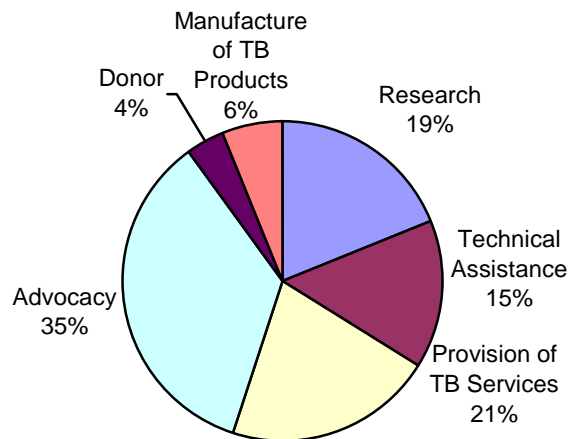


Figure 14: Distribution of activities undertaken by partner base

Key points:

- Advocacy is conducted by over one third of the partners of the Stop TB Partnership.
- Is this composition positive? What should we be aiming for?

PROVISION OF TB SERVICES

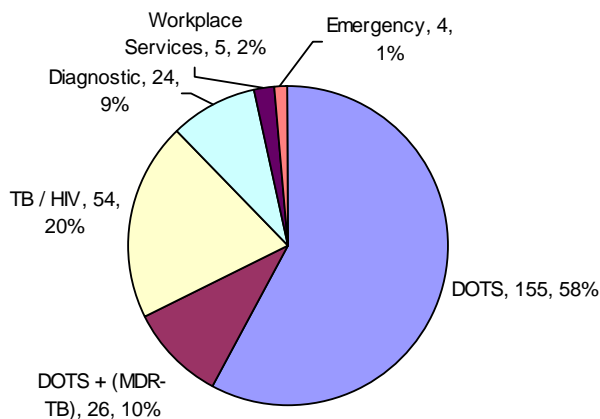


Figure 15: Type of TB service provided by partners

Key point:



Stop TB Partnership

- Within the provision of TB services offered by partners, DOTS accounts for more than half.

Best practice: Public Private:

The Citizens Iloilo Coalition against Tuberculosis, Philippines

The Citizens Iloilo Coalition Against Tuberculosis, Inc. or CICAT, is a non-profit organization of people and institutions from the private sector and the government who are engaged in the effort to integrate the resources of the public and private sectors and use these in the fight against TB. CICAT is presently operating DOTS Units in Iloilo City, Philippines. The primary activities of the coalition are directed towards the winning of the cooperation of private medical practitioners in the application of the DOTS protocol and also the program impact prospect and viability of plans or theories on how privately operated DOTS clinics may be sustained.

TB/ HIV

166 partners have an HIV Aids background i.e. who deal exclusively with HIV/Aids or/and TB HIV confection

- 130 are NGOs.
- 54 provide or assist with collaborative TB/ HIV services.

Example of typical TB/ HIV partner:

POSITIVE GENERATION, CAMEROON.

POSITIVE-GENERATION Cameroon positive-Generation is an NGO created in 1998, by HIV infected and affected persons, for fighting against AIDS. Since 2001, they work specifically on TB issues (peer training, communication-education, and advocacy). The organization is constituted of students, researchers, doctors, sociologists and psychologists, nutritionists, and lawyers. Their vision is a society where any patient has access to treatment. Their principal mission is to contribute to the improvement of the living conditions of the patients of TB/VIH by making advocacy and making actions in order to facilitate access to the treatment.

Stop TB Partnership

RESEARCH

The type of research conducted by Stop TB Partners is fairly evenly distributed among key research activities. Is this good?

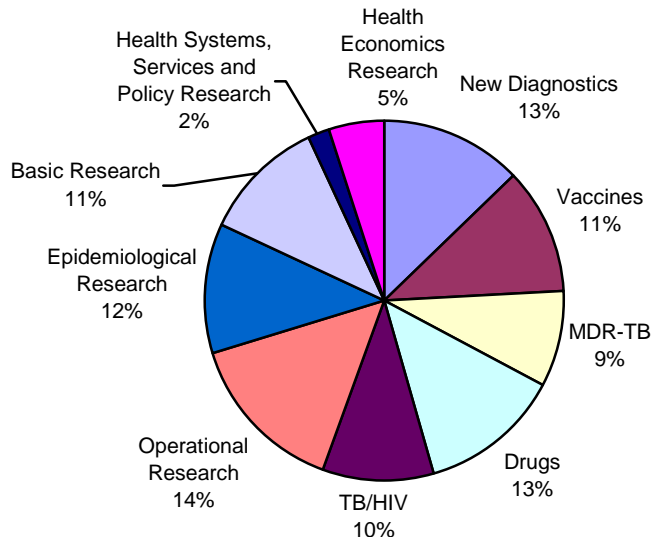


Figure 16: Research activities of partners undertaking research
(Total 30 Partners)

SECTION THREE

PARTNER BASE OF HIGH BURDEN COUNTRIES (HBC)

Key points:

- 47% (279 total) of all partners are based in HBCs, 100 of these are based in India.
- 9 HBCs are almost entirely reliant on external partners.

Typical HBC Partner Base (including those operating within the country but based externally)

- Have around 25 partners. 75% of partners operating are externally based
- Average size of TB organization is between 5-10 TB staff, but for those based in the country that average is much lower.
- NGOs and pharmaceutical companies are the largest constituencies in the partner base.



Stop TB Partnership

Partners Based (i.e. more than 10)	Partners based (5-10)	Less than 5 partners
Bangladesh India Indonesia Kenya Nigeria Pakistan South Africa Uganda	Brazil Philippines Thailand	Afghanistan Cambodia China DRC Ethiopia Mozambique Myanmar Russia Tanzania Vietnam Zimbabwe ⁸

How do we enhance the partner base of High Burden Countries?

How can we do more to encourage more partners in those HBC with very few?

Six of 22 of HBCs Ministries of Health or National TB Programs have representation. How can we improve this?

PARTNER BASE AT NATIONAL LEVEL: PARTNERSHIP BUILDING?

There are a number of countries who have the potential to form national partnerships.

Countries with potential to form national partnership:

Country	No. of Partners Based	A potential coordinating partner
India	104	Universal Care Initiative for Tuberculosis Control (UCITC)
Bangladesh	10	National Anti-Tuberculosis Association of Bangladesh (NATAB)
Kenya	15	Kenya Association for the Prevention of TB and Lung Diseases
Nigeria	34	Society for the Prevention & Eradication of TB in Nigeria
Philippines	8	Philippine Coalition Against Tuberculosis (PhilCAT)
South Africa	17	TB Care Association

⁸ DRC and Russia are in a challenging situation because of total burden. Mozambique, Zimbabwe and Cambodia for burden per 100,000 of population.

⁹ Especially given that only four of Canada's National Partnership are Stop TB members

Stop TB Partnership

How do use the potential of national partner base to start up national partnerships?

How does the Stop TB Partnership then interact with national partnerships?¹⁰

COORDINATING BOARD AND THE PARTNER BASE

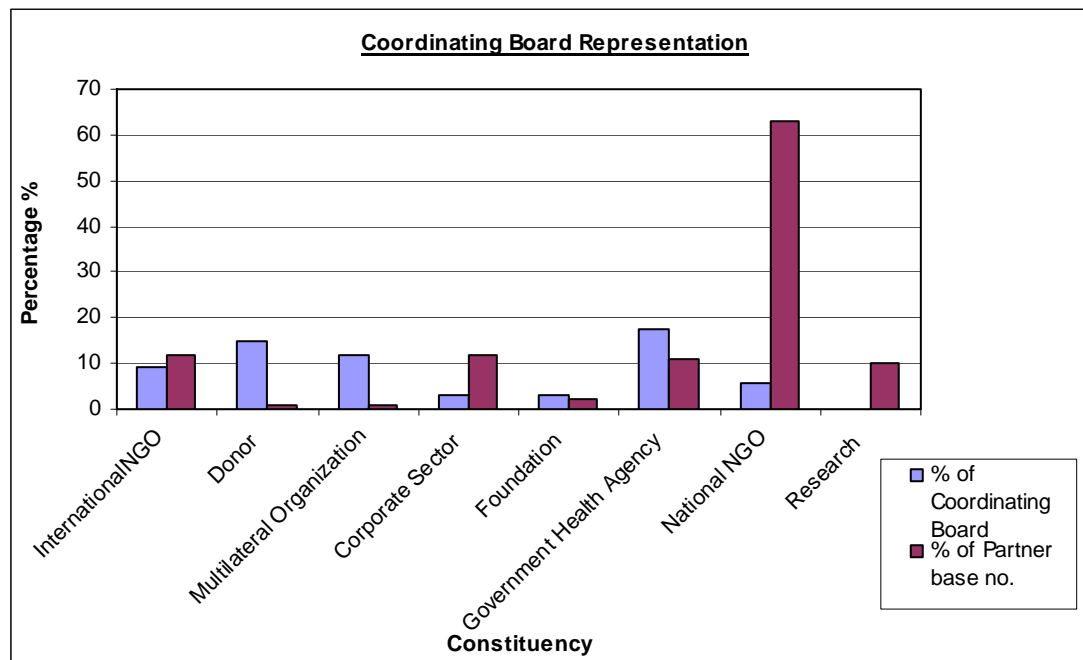


Figure 17: Coordinating Board Representation

Key points:

- Statistically the composition of the partner base is not reflected in the composition of the Coordinating Board.
 - Does this matter?
- What is the relationship between the Coordinating Board and the Partner base?
 - Should there be more mechanisms whereby partner base can have more input?
- What should/ can CB do to assist in any partnership strategy?
 - Invite more foundations to attend.
 - Rotate government donor agencies.
 - Involve more corporate sector.