

Managerial Statement

External Evaluation of the Stop TB Partnership's TB REACH initiative (2010-15)

The Stop TB Partnership is pleased to receive the evaluation report of the TB REACH initiative (2010-2015), which was externally conducted by Atos Consulting. They assessed TB REACH's (i) effectiveness; and (ii) relevance and sustainability of program results; but also provided (iii) findings, conclusions, recommendations and lessons for future implementation. A comprehensive evaluation was conducted involving four country field missions (including high TB burden countries) and assessed projects spanning TB REACH Waves 1-4. Information was collected through interviews, an electronic survey, and a portfolio analysis, and from a range of stakeholders (TB REACH grantees, program donors and international and national partners, TB REACH Secretariat and its independent M&E reviewers).

During 2010-2015, TB REACH awarded USD 95 million to 144 projects in 46 lower-income and/or high TB burden countries. Together, TB REACH funded projects screened over 33 million people for TB and helped detect TB in more than 1.9 million people. Thanks to TB REACH investments, an estimated 900,000 lives have been saved. The scope of efforts, activities and impact which the global initiative has generated to date renders it practically impossible to capture all intricacies that inform the operations, challenges and opportunities of the TB REACH program and its projects worldwide. Still the evaluation report provides a valuable overview of the progress that has been made by TB REACH to date.

The Stop TB Partnership is delighted about the conclusion of the report: TB REACH provides a needs-based and appropriate funding mechanism for testing out innovative strategies and technologies aimed at increasing the number of people diagnosed and treated for TB, decreasing the time to appropriate treatment and improving treatment success rates. TB REACH is recognized for its comparatively higher risk taking approach, supporting innovative approaches that would usually not secure funding from other donors. The initiative is driven by a fast-track results-based funding mechanism and coupled with rigorous external M&E to support projects in producing evidence-based results with population-level impact. It is equally recognized that TB REACH operates through small, efficient Geneva-based team that provides support to many partners worldwide, keeping administrative costs low and quickly generating impressive results.

Since its inception, TB REACH has been mainly supported by the Government of Canada. After a successful first five-year funding cycle, the Government recently renewed its support to the initiative through an investment of CA\$ 85 million over the next five years (2016-2020). The Bill & Melinda Gates Foundation is contributing US\$ 7 million, and the Indonesia Health Fund pledged an additional US\$ 1.5 million.

While the mandate of TB REACH remains the same, important adjustments have been made regarding thematic funding areas and indicators to monitor and evaluate the performance of TB REACH projects and the global initiative more generally. In 2016, the Executive Board of the Stop TB Partnership approved three key performance indicators (KPIs) to measure results and impact of TB REACH for its next five-year funding cycle. These indicators will ensure that TB REACH will (i) promote innovation in TB service delivery and new tools; (ii) generate evidence-based practice and knowledge sharing around the implementation of innovative approaches in TB care delivery and the roll-out of new tools; and (iii) support the adoption and scale-up of effective, innovative approaches by mobilizing domestic and/or external funding.

The Atos evaluation report lists detailed recommendations for TB REACH which the table below addresses one by one by providing respective points of view from TB REACH/Stop TB Partnership.

		<p>impactful projects, producing meta-analysis around specific topics and generating policy briefs and other advocacy and communications pieces aimed at different audiences such as local, regional and national policy makers.</p>	
<p>Improved cooperation between TB REACH and National TB Programs (NTPs)</p>	<p>TBR should consider the various modalities for improving cooperation with the NTPs, where possible.</p>	<p>Partially agree. TBR continues to require a NTP letter of support in order for applications to be considered for funding. These letters must include specific language indicating the NTPs' level of support in the following areas: (i) provision of TB case notification and treatment outcome data to facilitate impact measurement; (ii) provision of free anti-TB drugs for all people the TBR project diagnoses; (iii) and commitment to scale up impactful approaches.</p>	In progress
		<p>Mandating NTP approval of projects is a delicate balancing act, as many partners do not have access to the NTP (particularly in large countries), but have the capacity to implement creative ideas which should be evaluated. TBR notifies NTPs about TBR projects upon their grant signing; and throughout implementation projects are encouraged to regularly brief and communicate findings with the NTP. Grantees must also regularly report on their results dissemination / advocacy activities to/with the NTPs in their quarterly technical reports to TBR.</p>	Completed
		<p>In countries with larger grants portfolios, TBR will consider convening or promoting the organizing of results dissemination meetings aimed at the NTP and other key in-country partners and donor agencies.</p>	Planned
Lessons Learning			
<p>TB REACH Lessons Learning Strategy</p>	<p>TBR should devise and communicate a lesson learning strategy. This could be in the form of a bottom up approach (with grantees working together / grantee initiated approaches) or via a top down approach (with NTPs and TBR) through ring</p>	<p>Agree. TBR is planning to expand and provide more systematic support to grantees in their results dissemination, in addition to the support provided by McGill.</p>	Planned
		<p>Results dissemination of TBR projects will be strongly encouraged for both impactful and unsuccessful interventions so as to enhance their awareness and to help ensure their sustainability and scale-up beyond TBR funding.</p>	Planned

	fenced funding for lessons learning and dissemination.	<p>TBR will also increase efforts to disseminate results from unsuccessful interventions, so as to ensure that other partners do not seek funding for the same approaches with insignificant or no proven potential to improve TB health service delivery.</p> <p>As part of an agreement with the Global Fund, results and lessons learned from the wide range of interventions conducted will be developed and produced during the next 12-18 months.</p>	
Presentation of TB REACH projects on relevant websites and other media outlets	Information on TBR projects should be presented on relevant websites and platforms nationally. This could include the grantee working together with the NTP to publish on their website (in line with the NTP communication policy).	<p>Agree.</p> <p>TBR continues to maintain its publications website where it publishes all publications produced by some of its grantees and other TBR partners. All articles published by the TBR Secretariat will continue to appear in open access journals. In addition, TBR will be reworking the current website to present more information on each grantee’s work and project focus.</p>	In progress
Experience sharing of both successful and less successful TBR approaches	Lessons learning to include the ‘good and bad’ – grantees wish to learn which approaches have worked best, and why. Discussions should include examples of projects and approach which have succeeded, or not, so that best practice can be extracted.	<p>Agree.</p> <p>Experiences and lessons (both positive and negative) that were learned in improving case detection during past TBR Waves 1-4 have already informed a manuscript (in development) aimed at decision makers, partners and funders interested in improving case detection. This will also be developed into a practical guide that can be used by implementers in countries to improve case finding through Global Fund funding.</p> <p>TBR’s experience to date also shows that grantees have different methodological, practical or linguistic needs, which must be better addressed to ensure optimal results dissemination. TBR’s new collaboration with McGill will actively support grantees in building their capacity to better disseminate their experiences and lessons learned through a greater diversity of written forms of results dissemination as well as at meetings and conferences.</p>	<p>In progress</p> <p>In progress</p>

		<p>TBR grantees will learn best practices for their data collection and management; for conducting cost-effectiveness analysis of their interventions; or for applying operational research approaches, for example to assess project acceptability and feasibility. In addition, McGill will offer grantees opportunities to participate in various training, such as summer courses, regional or country level trainings or webinars.</p> <p>TBR will also continue to organize workshop and panels at international conferences where grantees and partners can share their best practices and lessons learned. TB REACH will draw lessons learned from Wave 5 to inform high-level guidance and decisions for Wave 6.</p>	<p>In progress</p> <p>Planned</p>
<p>Consideration of creating a position of a TB REACH Knowledge Manager</p>	<p>TBR Secretariat could consider adding the position of Knowledge Manager to their workforce to own the lessons learning and dissemination work stream (in addition to managing credentials and communicating results).</p>	<p>Partially Agree. The TBR Secretariat has expanded to three technical officers, who are led and supported by a team leader and a program assistant. The additional technical officer has a focus on activities for improved results dissemination and coordination with NTPs, Global Fund and other possible funders.</p>	<p>Completed</p>
<p>Factors influencing achievement or non-achievement of immediate outcomes</p>			
<p>Preliminary assessment during the design stage</p>	<p>Grantees should conduct a preliminary assessment during the design stage of their project on issues that could adversely affect their intervention approaches, and determine mitigation measures.</p>	<p>Agree. From the application process and throughout grant making and implementation of projects, multiple controls for risk mitigation have been put in place. In application stage 2 of Wave 5, applicants are required to describe any significant risks to the successful implementation of their proposed projects and must explain how they plan to address them. Applicants are required to assess the likelihood of the risk(s). Once proposals are reviewed by TBR's independent Proposal Review Committee (PRC), these risks are carefully considered and inform the decision of grant-making. Where the PRC identified risks that were not addressed, these were included in the clarification requests sent to applicants. Projects which the PRC selected for funding could only successfully enter</p>	<p>Completed</p>

		<p>into grant agreements with TBR if all likely risks were addressed and for which mitigation strategies were proposed.</p> <p>Before project implementation, each TBR funded project is required to support the development of a baseline validation report, which is led by TBR's external M&E reviewers. The baseline review ensures that project targets and objectives are feasible and as accurate as possible. The review also ensures that the grantee has a sound understanding of the monitoring & evaluation procedures of the project and its implementation.</p> <p>During the baseline validation process, the likelihood or occurrence of risks are once again considered and mitigation approaches applied, if needed. During project implementation, risks are regularly revisited and addressed in the quarterly reports. Upon completion of the interventions, the project's annual review, which evaluates the project's effectiveness and benefits, is also informed by a retrospective risk assessment.</p>	
Unexpected Results and Learning			
Open Access Policy of Publications	Future grantees, with encouragement from the TBR Secretariat, should explore the use of free open-source materials (such as software and journals) throughout the design and delivery of projects.	<p>Agree.</p> <p>TBR has decided to include an Open Access Policy statement in all future grant agreements to ensure free and easy access to TBR learnings. TBR will facilitate this new policy by paying publishing fees on behalf of TBR grantees, where needed. Where grantees and NTPs maintain their own websites, TBR will encourage them to share information on respective projects.</p>	In progress
TB Education in Project Designs	Education on TB facts (focused on dispelling myths and addressing stigmas) could be factored into project design.	<p>Partially agree.</p> <p>In line with its mandate and operational framework, TBR funds projects whose main goals are to (i) improve detection, linkage to treatment and reporting of TB; (ii) improve treatment adherence and outcomes; or (iii) develop innovative resources and materials to aide TB service delivery. TB education is often a part of funded TBR projects, but is neither essential nor required. TB education efforts are always geared towards improving self-recognition of risk and/or symptoms and self-referral to TB services in order to achieve the above cited goals.</p>	Planned

Cost Effectiveness			
Estimation of project budgets	TBR should revise the method used for estimating project budgets.	Agree. TBR no longer uses cost per case detected for project applications. Revised guidance on estimation of project budgets is available in the call for proposals documents.	Completed
Measuring cost effectiveness of TB REACH projects	Clarity and additional guidance is required by grantees on the current approach to measuring cost effectiveness. The TBR Secretariat and M&E Agency should work together to achieve this.	Partially agree. In TBR's new 'Transition to Scale Up' grants framework, Type 1 applications are focused on proof of concept. Since these are new ideas, which often require more resources, cost effectiveness is of a lower priority. It is also not clear yet whether these new projects will prove successful/impactful. In Type 2 grants (projects which have already demonstrated impact), there is a greater emphasis on cost efficiency and transition to a programmatic structure and thus, cost effectiveness will be a more important factor.	Completed
		TBR is currently engaged in several cost-effectiveness and modelling studies on select former TBR projects which will help inform future studies. Finally, in the context of its new collaboration with McGill, future TBR grantees will also be given the opportunity to produce cost-effectiveness assessments, affordability studies and/or modelling studies.	In progress
Sustainability (Adoption and Scale-Up)			
Private funding sources as part of TB REACH project planning	Grantees, with encouragement from the TBR Secretariat, should consider exploring private funding sources as part of their project planning to assist with scale-up.	Agree. The new TBR funding framework accounts for the importance of mobilizing and diversifying domestic / external funding; and a resource mobilization strategy is currently under development.	Planned
		To date, TBR has received US \$1.5 million in private funding through the Indonesia Health Fund to support TBR's efforts in Indonesia.	In progress
		TBR will also strengthen its coordination with the Global Fund to jointly identify successful TBR projects that can be incorporated into Concept Notes and reprogramming requests. TB REACH and the Global Fund (GF) signed a Memorandum of Understanding for better coordination	Completed

		regarding the linking of successful TBR interventions to continued funding through GF funding mechanisms.	
Consideration of sustainability at design stage of projects	Grantees, with encouragement of the TBR Secretariat, need to consider sustainability at design stage of project planning.	Agree. Sustainability of projects of TBR projects is now solidly embedded in the “Transition to Scale Up” Grants Framework. TBR will not provide continued financial support to projects that show good impact, but no progress on sustainability. All applicants are required to develop sustainability plans, and TBR and the M&E reviewers monitor will monitor their implementation during projects’ lifecycles.	Completed
Gender – Results Achieved			
Collection of gender-disaggregated data	Going forward all TBR grantees should be rigorous in collecting data on results (case notifications) disaggregated by gender.	Agree. TBR uses a new data collection system where grantees will be expected to report NTP data disaggregated by gender and age. In addition to the collection of gender disaggregated data, TBR will encourage grantees to conduct gender-sensitive analyses of their data to generate new and additional knowledge beyond implementation of the projects’ main interventions.	In progress
Gender – Reducing Inequalities			
Exploration of gender dynamics in prevention and care of TBR projects	TBR grantees need to explore the gender dynamics of TB prevention and care and how the projects are addressing the different gender related barriers through a gender analysis.	Agree. The gender- and age-disaggregated data of TBR projects will facilitate identification and analysis of gender dynamics in TBR funded prevention and care projects. Other available tools such as the TB/HIV Gender Assessment tool will be encouraged and are already planned in some Wave 5 grants. TBR will provide guidance to future applicants on how to conduct a gender analysis so as to optimally identify and address gender dynamics of TB prevention and care in their evaluation area/target population and proposed interventions. TBR will also encourage applicants to do the online UN WOMEN course “ I know gender ”. TBR will further consider organizing gender-focused training sessions at its grantees’ meetings.	In progress

Gender-sensitive patient-centered approaches	Patient centered approaches (including messaging) are an effective means of addressing gender based inequalities, and should be applied going forward.	Agree. TBR will ensure that all projects with patient-centered approaches receive more guidance and tools on successfully addressing gender-based inequalities in their intervention (incl. for conducting a gender analysis and establishing a gender action plan).	Completed
Gender – Future Funding			
Gender-sensitive calls for proposals	TBR should emphasize gender in their call for proposals and in project design.	<p>Agree. TBR has developed and will provide guidance to applicants on the importance of conducting a gender analysis. TBR has also developed and will require applicants to fill out a checklist for gender mainstreaming into proposals. The checklist will help applicants understand if there are areas in their proposals where gender aspects still need to be addressed.</p> <p>TBR will also consider preparing an information note for future calls for proposals which outlines gender-sensitive approaches for improved TB health service delivery. The information note will provide types of approaches/tools, specific examples of gender-sensitive interventions and example questions for which projects could be designed to emphasize gender through their implementation.</p> <p>The possibility of a call for proposals or dedicated funding track focused on gender-specific approaches will be discussed with TBR’s PSG at during a joint call in June 2017 and if approved, will be programmed into future calls for proposals.</p>	In progress
			Planned
			Planned
Gender-sensitive indicators	Grantees should be required to include at least one indicator on gender equality in their M&E plans.	Agree. Gender-sensitive approaches for improving case detection and/or treatment outcomes are now required and captured through gender-disaggregated indicators in TBR’s performance framework.	Completed
Gender-related barriers to TB health services	TBR grantees need to explore the gender dynamics of TB prevention and care and how the projects are addressing the different gender related barriers	Agree. TBR guidance material will be developed on gender analysis which will help applicants identify gender specific challenges facing their proposed projects, and how interventions should consequently be set up so as to	In progress

	through commissioning research or results achieved for women and men in previously projects.	<p>optimally address gender dynamics of and barrier to TB prevention and care.</p> <p>TBR will consider commissioning work to document the results achieved from a gender perspective with a focus on women and girls.</p>	Planned
Gender dynamics in TB prevention and care in TB REACH projects.	TBR could also encourage future grantees to work with organisations with greater expertise of gender in public health.	<p>Agree.</p> <p>TBR will encourage grantees to work with organizations with expertise in gender, where suitable. TBR will be supported by the UNOPS gender focal points to assist TBR and its grantees in ensuring optimal gender mainstreaming into their work.</p>	In progress
Gender dynamics in TB prevention and care in TB REACH projects.	Inclusion of a gender plan in projects to address gender inequalities that emerge from gender analysis.	<p>Agree.</p> <p>As of its funding Wave 5, TBR requires all applicants to address and operationalize how gender sensitive approaches are included in the TBR project. As of Wave 6, TBR will require its grantees to develop and follow of a gender action plan (GAP) which will filter out gender-relevant information from their TB REACH project. The GAP will help grantees to have a rigorous follow up mechanism in place to make sure gender aspects do not evaporate as the TB REACH interventions are implemented. The TBR focal point for gender will monitor the development and implementation of the gender plan.</p>	In progress