TB REACH Wave 7
Grants Framework

TB REACH is a grant-making platform that funds innovative approaches and technologies to find and treat people with active TB disease, drug-resistant TB, or TB infection. The TB REACH platform follows a ´*Transition to Scale Up'* framework in which proposals are funded and supported in either the proof of concept, scale-up, or sustainability phase**.** Funded projects undergo rigorous monitoring and evaluation with the aim to link impactful projects to long-term funding for scalability and sustainability. Listed below is more information about selecting a *Project Category* and *Project Funding Type* for your application.

A special theme for TB REACH Wave 7 is the focus on the empowerment of women and girls through innovative TB programming. To learn more about incorporating the empowerment of women and girls in your proposals, please refer to the Wave 7 Gender Concept Note, and the Framework for Empowerment of Women and Girls in TB REACH grants. For more information on the TB REACH monitoring and evaluation and grantee requirements, please refer to the TB REACH M&E Framework.

Project Categories

TB REACH funds projects in the following three categories. The category selected will have implications for the review of the proposal and, if funded, how the project will be monitored and evaluated for impact.

Improving detection, linkage to treatment, and reporting of TB

Applications submitted in this category should use an innovative approach and/or technology to find and detect people with drug-sensitive TB, drug-resistant TB, or TB infection, who otherwise would have remained undiagnosed, untreated, and/or unreported in the absence of TB REACH funding. Although funds for projects under this category may also be used to support TB treatment and follow-up services, these projects should focus on producing additional TB notifications. Projects focusing on improving case detection may include innovative approaches for facility-based or community-based case finding, contact tracing, employing new screening algorithms or diagnostic tools, specimen transport methods, and improving notifications to TB programs. Projects can also focus on innovative approaches for improving case detection among key populations.

TB REACH has a special *area of focus* to fund projects that engage the private healthcare sector to identify and notify people with TB. For more information on submitting a proposal for this special area of focus refer to the engaging private healthcare providers concept note.

Applicants can also apply under this Category if the primary purpose of their proposal is to expand access to diagnosis and treatment of TB infection, identify and prevent drop-outs in the care cascade, and/or enhance the uptake of new shorter regimens. Improving detection of TB infection will require better identification of those in settings where the risk of TB transmission and reactivation is substantial. Decisions about which populations to test should be based on empirical and/or clinical evidence identifying groups at increased risk of disease progression. For example, a scored screening algorithm was derived and validated to identify adult contacts who were at high risk for developing active TB in Peru. This simple algorithm successfully predicted 60% of TB identified during a 10-year follow-up and can be helpful for prioritizing TB control interventions for adult contacts[1]. Applicants intending to focus on optimizing TB infection treatment completion should apply under the Category of "improving treatment adherence and outcomes".

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[1] Saunders, M.J., et al., A score to predict and stratify risk of tuberculosis in adult contacts of tuberculosis index cases: a prospective derivation and external validation cohort study. The Lancet Infectious Diseases, 2017

Improving treatment adherence and outcomes

Applications in this Project Category should use innovative technology, treatment regimens, or other approaches to produce additional treatment successes for TB infection, drug-sensitive TB, or drug-resistant TB. There are multiple ways of improving the treatment outcomes for people with TB. However, in many settings, showing an improvement of outcomes for people with drug sensitive TB will be difficult given the relatively high levels of treatment success that most countries report. In some specific populations, innovative models of care may be introduced that can have a pronounced impact on the rates of treatment success. The cascade of care for people initiating treatment for TB infection as well as those starting drug resistant TB has many more gaps and may be more suited to innovative strategies or treatment regimens to improve outcomes.

Several technologies have emerged which can supply healthcare workers with real-time and detailed dosing histories for people on TB treatment to make data-driven decisions about to whom, when, and how differentiated care and targeted adherence interventions can be provided. A number of digital adherence monitoring technologies have been supported by TB REACH is Wave 6: 99DOTS, evriMED and video observed therapy (VOT). The TB REACH Proposal Review Committee has noted that any approach to improve adherence and outcomes should be used in a manner that respects the dignity of the person who has TB; positioned within the context of a comprehensive care program; and geared to reduce the burden of treatment on the individual. An adherence device/tool must not replace patient-provider interactions nor provider support for people with TB.

In addition to new digital tools to promote adherence, there are potential opportunities to improve treatment outcomes with novel drug regimens. Currently, drug-resistant TB regimens often require prolonged hospitalization, are highly toxic, can last two years or more, cost thousands of dollars, and have poor success rates. People with DR-TB require better options than what currently exists.

Data on newer treatment regimens for DR-TB has recently become available with very encouraging results on highly effective, much shorter treatments. Such new regimens can thus be expected to substantially decrease financial pressure on patients, families, and health care systems. High success rates and significantly less burdensome treatment will provide a significant incentive for patients to get tested and treated. While some new regimens are not recommended by WHO, TB REACH will consider applications that show promise with novel treatment approaches in programmatic conditions, not clinical trials. Interested applicants should contact TB REACH to discuss the proposal before submitting it.

In addition to novel treatment regimens and technologies, TB REACH continues to welcome applications that include non-technological approaches for improving TB treatment outcomes; however, it will be important to justify how these approaches are truly innovative and can lead to better outcomes for people with TB beyond what is already known. TB REACH will not fund proposals for functions that the National TB Programs should already be doing, thus applications should not propose to simply replace routine work.

Product Innovation

TB REACH will fund some projects that are dedicated to developing TB resources and materials to aide service delivery and performance. These projects must produce a final product which can be disseminated and used by TB programs worldwide. TB REACH will not provide support for bench science or exploratory research. TB REACH will also likely not provide support for the development of a diagnostic assay or pharmaceutical unless there is significant co-financing, as these tools often require significant time and funding to develop.

Examples of product innovations that TB REACH has supported in the past include packaging IT solutions for wider use and simple installation, improving existing screening or diagnostic tools, developing health worker training and patient education materials, and designing novel EQA systems for diagnostic tools.

Projects focused on product development may request up to USD 150,000.

Project Funding Type

The TB REACH ´***Transition to Scale Up'*** framework offers three **Types** of funding for which the project's proposed scope of work, geographic coverage, NTP engagement should increase as the funding value does. The framework is designed to help impactful proof of concept projects scale up their coverage and eventually link to other long-term funding sources such as governments, the Global Fund, or other donors.
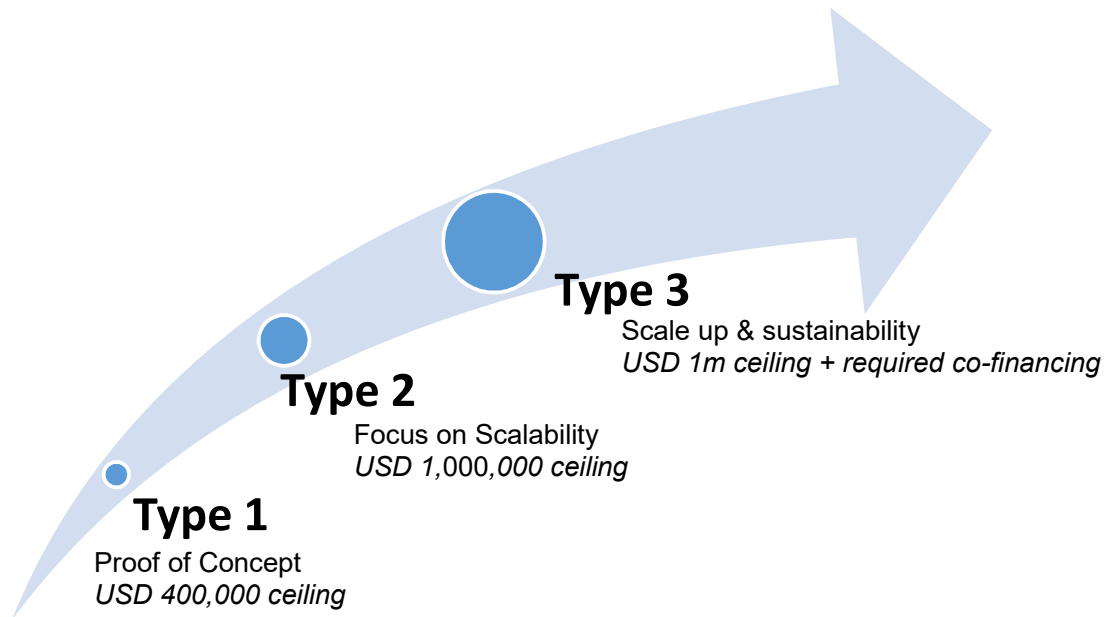

Type 3
Scale up & sustainability
USD 1m ceiling + required co-financing

Type 2
Focus on Scalability
USD 1,000,000 ceiling

Type 1
Proof of Concept
USD 400,000 ceiling

Figure 1: Transition to Scale-Up Framework, TB REACH Funding Types

Type 1: Proof of Concept

Purpose: The goal of Type 1 projects is to establish proof of concept for innovative approaches and technologies aimed at improving the number of people newly detected and starting TB treatment recorded in NTP registers (additional notifications) or increasing TB treatment success rates (additional treatment successes). TB REACH will not fund Type 1 projects to roll out already proven ideas or WHO-recommended strategies which, for whatever reason, are not currently being implemented. Type 1 projects should be used to evaluate out of the box, innovative ideas.

Timeframe: Type 1 projects will typically last for 18 months. This includes:

- Up to 3 months of planning and start up;
- 12 months of implementation activities; and
- A 3-month buffer period which can be used to continue activities (a built in no cost extension) or to close-out project activities and support reporting, documentation, and results dissemination.

Funding Value: Type 1 projects may request up to USD 400,000.

NTP Engagement: The minimum level of NTP support required for Type 1 projects will be a commitment to provide free TB treatment drugs for all people the project diagnoses with TB and to provide the grantee access to TB case notification and/or treatment outcome data to facilitate impact measurement. Strong proposals will show a link from results to policy change and scale up if successful.

A letter of support from the NTP is only required at Stage 2 application.

Type 2: Focus on Scalability

Purpose: Type 2 projects should have an innovative approach that has documented impact and can demonstrate scalability. While former successful TB REACH Type 1 projects will be encouraged to apply, it is not necessary to have been a TB REACH grant recipient to apply for a Type 2 funding. Compared to Type 1 projects, Type 2 projects should focus on larger-scale service delivery; however, project coverage can still be sub-national and/or sub-provincial coverage, especially in large countries. In addition to service delivery, Type 2 projects must focus on **strengthening managerial and organizational capacity to scale, optimizing the cost of implementation, cost effectiveness and modelling the impact of further scale up**. The success of Type 2 projects will be evaluated on both impact and advocacy. Successful Type 2 projects are expected to move onto Type 3 grants, which involve accessing co-financing and scale, or to directly transition to other funding sources. TB REACH will not provide continued support to projects that show good impact but make no progress on addressing sustainability.

For former TB REACH Type 1 projects, if an organization has demonstrated proof of concept but does not have the managerial or political capacity to take an innovative approach to scale, TB REACH suggests that the organization partners with other groups to scale-up the impactful approach.

Timeframe: Type 2 projects will typically last for 18 months. This includes:
- Up to 3 months of planning and start up;
- 12 months of implementation activities; and
- A 3-month buffer period which can be used to continue activities (a built in no cost extension) or to close-out project activities and support reporting, documentation, and results dissemination.

Funding Value: Type 2 projects may request up to USD 1,000,000. Type 2 projects are highly encouraged to seek co-financing for diagnostic commodities from their respective NTP.

NTP and Other Partner Engagement: For Type 2 projects, engagement with the NTP must begin before the Stage 1 application is submitted. The NTP must commit to providing free TB treatment to all people the project diagnoses with TB and to provide the grantee TB case notification and/or treatment outcome data to facilitate impact measurement. In addition, the NTP should commit to supporting scaling up impactful approaches. This support does not require a direct financial commitment, nor does it need to state that the NTP will fund the TB REACH applicant/consortium to scale up the activity.

Type 2 projects must also actively engage with other implementing partners, country coordinating mechanisms (CCMs), and funding agencies to build awareness of their approaches. Participation in country dialogues, National Strategic Plan (NSP) development and national policy meetings is also expected. The Stop TB Partnership and TB REACH team will facilitate this advocacy work, but projects must take initiative and fund these activities and staff accordingly.

Type 3: Scale-up & Sustainability

Purpose: Type 3 projects are innovative approaches that have been scaled-up, demonstrated impact, and are on a path to sustainability. Type 3 projects are different from Type 2 projects because they will either bring co-financing to the table or a firm commitment for domestic resources or from another donor to scale up successful Type 3 projects once TB REACH funding ends. An ideal example of this would be when countries use either their Global Fund country allocation or catalytic funding to scale up and sustain impactful TB REACH approaches.

Applications for Type 3 funding will only be accepted by invite from TB REACH.

Timeframe: The scope, timeframe and funding value of Type 3 projects will be flexible to fit to the needs of the approach, recipient and other donors.