STOP TB PARTNERSHIP
MID-TERM EVALUATION OF THE TB REACH INITIATIVE

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Final Evaluation Report

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CEPA

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ACRONYMS AND ABBREVIATIONS

Acronym	Full description
ACF	Active Case Finding
ACSM	Advocacy, Communication and Social Mobilisation
AFRO	African Region
BRICS	Brazil, Russia, India, China and South Africa
CEPA	Cambridge Economic Policy Associates
CIDA	Canadian International Development Agency
CBO	Community Based Organisations
CSO	Civil Society Organisation
DAC	Development Assistance Committee
DAH	Development Assistance for Health
DFID	UK Department for International Development
DOTS	Directly Observed Treatment, Short-course
FIDELIS	Fund for Innovative DOTS Expansion through Local Initiatives to Stop TB
FIND	Foundation for Innovative New Diagnostics
GAIN	Global Alliance for Improved Nutrition
GAL	Grant Letter Agreements
GDF	Global Drug Facility
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GP	General Practitioner
HBC	High Burden Countries
HIV/ AIDS	Human Immuno deficiency Virus/ Acquired Immuno Deficiency Syndrome
IYCN	Infant and Young Child Nutrition Programme
JICA	Japanese International Cooperation Agency
KIT	Royal Tropical Institute (Netherlands)
KNCV	KNCV Tuberculosis Foundation
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organisation
NTP	National TB Programme
ODA	Official Development Assistance
PEPFAR	President's Emergency Plan for AIDS Relief
PPM	Public Private Mix
PRC	Proposal Review Committee
PSG	Programme Steering Group
PRHCBP	Population and Reproductive Health Capacity Building Programme (World Bank)
RfP	Request for Proposal
SMS	Short Message Service
TBR	TB REACH
TB	Tuberculosis
USAID	United States Agency for International Development
WHO	World Health Organization

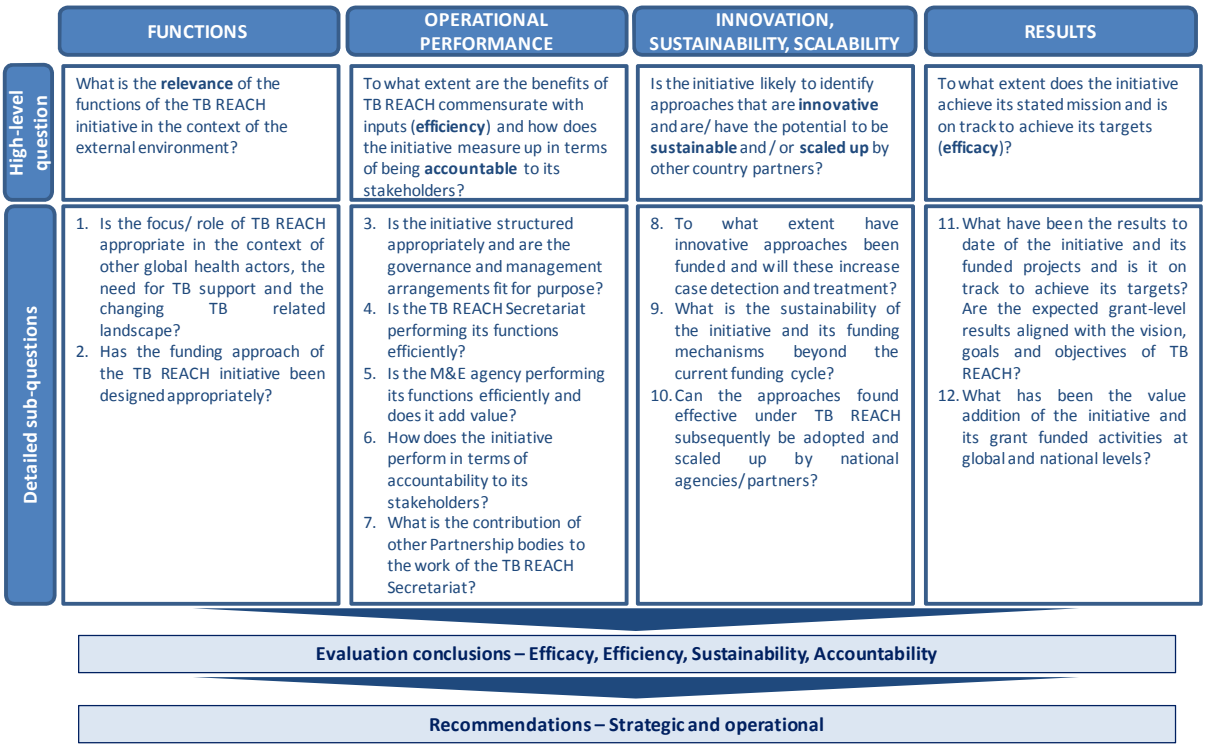
EXECUTIVE SUMMARY

This is a summary of CEPA's report on the mid-term evaluation of the TB REACH (TBR) initiative, comprising our evaluation findings, conclusions and recommendations.

TBR was launched in 2010 in response to the urgent need to improve the stagnating tuberculosis (TB) case detection rates and a recognition that innovative approaches would be needed for improvement.[1] It's objective is to fund short-term, fast-track and innovative grants focused on TB case detection, with an emphasis on poor and vulnerable populations with limited access to care. It was established with a multi-year CAD$120m (approximately US$118m) grant from the Canadian International Development Agency (CIDA) and is structured as an initiative within the Stop TB Partnership, hosted by WHO. To date, TBR has provided/ committed US$78m to 112 projects across 43 countries over three waves of funding during 2010-12.

Our evaluation framework covers the various review aspects set out in the Request for Proposals and comprises four inter-related dimensions on functions; operational performance; innovation, sustainability and scalability; and results (refer Figure 1). We present our conclusions in terms of four evaluation criteria namely, efficacy, efficiency, sustainability and accountability. We also provide strategic and operational recommendations for TBR, based on the key issues identified in the evaluation.

Figure 1: Evaluation framework



We have adopted a mixed-methods approach for this evaluation comprising: desk-based review of documents; consultations with stakeholders; four field visits (Cambodia, Kenya, Nigeria and Uganda) and telephone consultations with TBR grantees in Pakistan; an electronic survey; limited quantitative analysis; and comparator analysis. These methods have been used for all

[1] TB case detection rates increased dramatically between 2001-07, but have stagnated in recent years at around 60-70% of total estimated TB cases, Ref: WHO (2012): "Global Tuberculosis Report 2012".

dimensions of our evaluation framework, with some methods being more relevant for particular evaluation questions.

Summary conclusion:

TBR is a relevant and value-added initiative in the current context of the need to improve TB case detection and the somewhat different focus/ scope of other donors supporting TB. The design of TBR's funding support is effective and works well, as also reflected by the high level of demand from countries proportionate to its available resources. In line with its mandate, TBR has successfully funded a number of innovative approaches leading to additional TB cases being detected amongst high-risk population groups and in high-burden countries. Feedback is also unanimous on the efficient functioning of the TBR Secretariat and the independent M&E agency.

The level of strategic direction to the initiative by its governance bodies can be enhanced, especially as TBR seeks to mobilise additional resources and expand its operations going forward. There is also a need to ensure greater attention to, and investment on, promoting the sustainability and scalability of successful approaches as well as continued coordination with national treatment programmes.

Our assessment is that TBR serves a unique and arguably unmet need for improved/ early case detection, and given its overall effective performance to date, the initiative should aim to diversify its resource base and continue to support and scale up innovative approaches to TB case detection in countries.

We summarise our findings/ conclusions on the four evaluation dimensions, followed by key recommendations below.

Evaluation findings and conclusions

Functions – TBR relevance and design of funding approach

TBR's role, mandate and funded projects are very relevant – both in terms of their focus on improving case detection and approach of funding innovative interventions. TBR also plays a unique role in the global aid architecture as it has the 'appetite' to fund previously untested approaches that would otherwise not be typically funded by other donors.

TBR aims to ensure that its projects are coordinated with the country National TB Programme (NTP) by requiring their letter of support at the time of proposal submission[2], and in terms of treatment/ follow-up of the additional cases detected through TBR grants. In practice, while there has generally been a good degree of coordination between TBR grants and NTPs/ country health systems, this has not uniformly been the case in all countries. For example, in Kenya, there have been some problems in adequately incentivising health workers to focus on TBR projects, given they are already over-burdened with other responsibilities. There have also been some issues with ensuring adequate treatment capacity with the NTP in some countries. While these issues are not unexpected, and represent the challenging environment in which TBR

[2] The exact procedure for this has changed over successive waves. Refer to the main report for details.

projects are being implemented, they affect the alignment of TBR grants with national health systems.

A noteworthy characteristic of TBR's functioning is that it has continually sought to improve its funding design over successive waves in response to grantee feedback and lessons learnt. The overall design of its funding support works well, including its eligibility criteria and structure of funding. Some aspects that would benefit from further consideration include:

- *Proposal review and approval process*. TBR has received a very high number of proposals relative to its budget, which has led to a lengthy proposal review and approval process and some inefficiencies in terms of time and resources expended by both the applicants and the Proposal Review Committee (PRC). While the PRC review criteria are generally viewed as appropriate, greater importance needs to be accorded to project sustainability and potential for scale-up.
- *Second year of funding*. There has been a lack of clarity on the intended objectives and basis for award for the second year of support, especially amongst grantees.
- *Support for grassroots organisations*. There has been a concern that TBR could do more to fund 'grassroots' organisations, where there is significant potential for innovation (given these organisations' proximity to and close understanding of the target population).

Operational performance – governance and management arrangements

The location of TBR within the Stop TB Partnership hosted by WHO has generally worked well and there is no compelling reason to change this arrangement at present. In addition, TBR has leveraged the Partnership bodies (e.g. Executive Secretary and support services such as finance, communications) to contribute towards its efficient functioning.

Some aspects of its institutional/ management arrangements have worked well, while others could be improved. In particular:

- The TBR governance structure, including the Coordinating Board and Programme Steering Group (PSG) could engage more to provide strategic direction and support, especially as TBR looks to expand its operations and donor-base.
- The PRC has been effective in selecting the most appropriate projects. Some stakeholders have however commented that the PRC is too focused on the scientific aspects of projects, rather than the practical implications of applying new approaches to a country context.
- The Secretariat has been efficient, responsive and effective in delivering its mandate, despite being thinly staffed. An area where it needs to do more is in disseminating TBR project results at the global and national levels, particularly among NTPs and other TB donors - for example, through greater engagement/ awareness building efforts during country visits and better publicity of TBR's activities and results. This is likely to require some additional Secretariat capacity but would, amongst other things, help foster the sustainability and scalability of successful approaches (see below).

- The external M&E agency has performed well and enhanced the independence, credibility and rigour of the M&E process. More could be done to collect information on early case detection; treatment adherence and success rates; and qualitative aspects of grantee performance (i.e. what worked well and less well).

Innovation, sustainability and scalability

A majority of TBR grants have been innovative in that they have supported approaches that have: (i) not previously been introduced in a country/ population group (e.g. introduction of the GeneXpert technology); (ii) not been routinely practiced in a country or at scale (e.g. active case finding (ACF) approaches such as contact investigation); and/ or (iii) provided/ increased access to TB-related health services for high risk/ remote population groups (e.g. TB screening for border immigrants, prisoners, nomadic groups).

However, the extent to which grants have been innovative has varied across countries and projects. For example, it could be argued that Wave 2 funding for the introduction of the GeneXpert technology in Uganda was innovative, however, this might not be the case for the subsequent Wave 3 approvals for this, given the NTP strategic plan for roll out of GeneXpert and funding for this being provided by other donors as well.

While there have been some examples of TBR projects that are being sustained/ scaled-up (as notified by the Secretariat), a majority of our consultations, including during the country visits, suggest the need for improvements in this regard. There are a number of reasons for this including funding constraints of the NTPs; their preference to support routine approaches over innovations; and limited awareness of the NTPs and other donors on TBR projects and results. We recognise these inherent challenges and also that TBR has been mandated/ designed to support innovations rather than promote sustainability/ scalability of its grants. Nonetheless, these aspects need considerably more attention in terms of both the design and implementation of TBR support – otherwise proven innovations risk being abandoned after TBR support, reducing the longer-term impact of these grants and approaches.

To date, TBR has received funding commitments from CIDA and UNITAID. Its donor base is therefore extremely concentrated, which poses a high degree of risk for sustainability of the initiative. The demand for TBR's support is substantially higher than its funding levels and a recognised priority is to increase and diversify its resource base.

Results and value added

TBR is making good progress in identifying successful approaches to improve case detection rates.[3] Several aspects of its funding design are of added value including: (i) focus on innovative approaches to case detection that would not have (at least initially) received funding from other sources; (ii) provision of fast track grants that have brought forward the adoption of innovative approaches; (iii) focus on vulnerable and high risk population groups which have limited access to care; and (iv) the independent M&E agency and its robust approach, and increase in M&E capacity among grantees. Examples of TBR's added value at the country level include its focus

[3] The absence of a results framework for the initiative, with targets and milestones, as well as unrealistic targets included in some grantee proposals have constrained our assessment of the 'extent' of progress made.

on early case detection (e.g. in Cambodia and Pakistan), as well as facilitating greater coordination amongst country stakeholders such as NTPs and CSOs (e.g. in Uganda).

Key aspects of TBR's results achieved are as follows:

- *Grantee results*. Wave 1 grants have led to 17,223 additional TB cases being detected and put on treatment. The percentage adjusted increase in TB cases notified from baseline was 25.6%, at a total intervention cost per TB case detected of US$804.

- *Timeliness of grants*. The average length of grants across Waves 1 and 2 has been 1.3 years, in comparison to the intended one year duration. Timeliness in grant execution has been a particular issue for a sub-set of grants, with 27% and 10% of projects in Wave 1 exceeding 1.5 and 2 years respectively in duration.

- *Coordination with country health systems and adequacy of TB treatment services*. As noted, TBR supported activities have generally been well aligned and coordinated with the NTP and national health systems, although this has varied somewhat across countries. Increased case detection by TBR grants has underscored the need to ensure adequate and timely access to treatment drugs and services. This has been an issue in some countries where TBR grants have been implemented (e.g. Uganda, Pakistan) and remains an important risk as successful case detection approaches are scaled up. Therefore, there is a public health imperative to ensure that TBR projects are well coordinated with treatment programmes and services in a country.

- *Allocation of resources*. TBR's allocation of funding over Waves 1 and 2 is appropriate with: over 70% of funds allocated to 16 of the world's 22 High Burden Countries (HBCs); almost 60% to the AFRO (African) region; and relatively greater funding allocated to countries with lower case detection rates.

Recommendations

In general, TBR's focus and approach are effectively designed and the initiative has performed well to date. Hence our recommendations are in the nature of suggestions for incremental improvements to the initiative, rather than a substantial re-think of its strategy and operating model. We provide the following *strategic* recommendations for TBR:

- *Design of proposal process*. Given the disproportionately high number of proposals received in comparison to its available resources, TBR should consider refining its proposal solicitation and review process to be more 'fit for purpose'. TBR could institute a requirement for applicants to submit an 'intent to apply', followed by a two-stage application process, comprising a short concept note and then a detailed proposals by short-listed proponents.

- *Greater emphasis and investment on sustainability and scalability of grants/ approaches*. The focus of TBR should continue to be on innovation, however, it should approach the issue of sustainability and scalability of grants/ approaches in a more strategic, focused and comprehensive manner. This could include: distinguishing between 'high' and 'poor' performing grants, with a view to focus its efforts on supporting sustainability/ scalability on the best performing grants; establishing linkages with other TB funders;

ensuring its funded interventions are aligned and coordinated with NTPs; disseminating the results of TBR grants and lessons learned; according higher priority to sustainability and scalability at the proposal review stage; and focusing the second year of support on promoting sustainability/ scalability (see below). We note that operationalising some of these recommendations may require enhancing the Secretariat's capacity.

- *Design of second year of funding.* The second year of funding should be designed with the clear objective of promoting sustainability/ scaling-up of proven approaches. TBR might consider increasing the relative funding allocation for the second year of support, particularly if it mobilises additional donor funding. The selection of projects should be performance based, and TBR should clearly define the selection criteria and provide more information to grantees to balance grantee expectations (e.g. on funding availability, number of projects expected to receive a second year of support). Year 2 funding proposals should be submitted after grantees have completed three quarters of project activities (which would provide better evidence of case finding results and prospects for sustainability/ scale-up) and accelerate the review of these proposals by organising e-meetings of the PRC (as is being practised at present as well).

- *Development of a results framework for the initiative.* TBR should establish a robust and detailed results framework, clearly defining its overall goals and objectives, and a 'logical framework' of outputs, outcomes and impacts to achieve these. It should also specify achievable targets, along with milestones for key results parameters.

In addition, we also provide some *operational recommendations*, relating to the governance and implementation of the initiative:

- *Governance roles.* Both the Coordinating Board (or Executive Committee) and PSG need to be encouraged to engage more with TBR and provide strategic guidance. In case the PSG members are unable to attend all meetings, it is good practice to nominate alternates, albeit with a clear requirement that each member should participate in a defined minimum number of meetings per year.

- *M&E approach.* The M&E approach should accord greater emphasis on measuring early case detection, treatment success rates, and what worked well and less well on the project. More emphasis is also needed on quality assurance of the data collected.

- *Funding for local CSOs.* TBR should consider instituting incremental measures to ensure that local CSOs are able to access funding, where they have adequate capacity to do so. This may include working through in-country partners to provide technical assistance for concept development and proposal writing; encouraging applicants with low financial/ technical capacity to partner/ form consortia with other stakeholders (as has been the case in Wave 3); and raising awareness of TBR's funding among these organisations.

- *Other.* TBR should also institute measures such as encouraging greater inter-project exchanges (e.g. through grantee workshops and online platforms); and ensuring that grantee targets are realistic at the start as well as permitting the update of proposed targets (with supporting rationale) once grants have commenced (say, within the first quarter).

1. INTRODUCTION

Cambridge Economic Policy Associates (CEPA) has been appointed by the Stop TB Partnership to carry out a mid-term evaluation of the TB REACH (TBR) initiative. This is our Final Report, providing our evaluation findings, conclusions and recommendations.[4] In this section, we set out a brief description of the TBR initiative (Section 1.1), objectives and scope of the evaluation (Section 1.2) and structure of the report (Section 1.3).

1.1. Background

With approximately one-third of tuberculosis (TB) cases being undetected globally[5], TBR was launched in 2010 to provide short-term and fast-track grants 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"*.[6] TBR is funded through a CAD$120m (approximately US$118m) grant from the Canadian International Development Agency (CIDA) with the objective being "*to fill the gaps and bottlenecks in order to improve TB control and access to TB services in marginalised and underserved populations ...the funding from this grant is expected to result in (at least) an additional 200,000 people treated successfully for TB"*.[7] It is structured as an initiative within the Stop TB Partnership, currently hosted at WHO, and governed by the Partnership Coordinating Board. A Programme Steering Group (PSG) provides strategic advice and a Proposal Review Committee (PRC) recommends proposals to be approved for funding. A Secretariat is responsible for daily administration and Monitoring and Evaluation (M&E) is outsourced to an external agency.

TBR has adopted a 'wave based funding' approach, which involves a call for proposals for a specified funding round. The initiative awards grants of up to US$1m for a one year period (extended to 18 months in Wave 3[8]), and well performing projects are eligible to apply for a second year of funding. Eligible organisations include NGOs/ civil society organisations (CSOs), community based organisations (CBOs), academic institutions, National TB Programmes (NTPs) and other government agencies. To date, TBR has provided/ committed US$78m to 112 projects across 36 countries over three waves of funding in 2010-12 (Table 1.1).

Table 1.1: Key metrics on Wave 1 and Wave 2 funding

Description	Wave 1	Wave 1 Year 2	Wave 2	Wave 2 Year 2	Wave 3
Number of projects	30	11	45	13	37
Number of countries	19	8	28	9	25
Total funding commitment	$18.2m	$4.5m	$28.8m	$6.3m	$20.2m

[4] The report benefits from input and review by Dr. Remi Verduin and Dr. Henk Eggens (CEPA Associates).

[5] TB case detection rates increased dramatically between 2001-07, but have stagnated in recent years at around 60-70% of total estimated TB cases, Ref: WHO (2012): "Global Tuberculosis Report 2012".

[6] http://www.stoptb.org/global/awards/tbreach/

[7] Grant agreement between the Govt of Canada and WHO. We note that the CIDA grant agreement focuses on the final impact of TBR grants (i.e. treatment success) rather than outputs (disbursement of grants) or outcomes (additional TB cases detected).

[8] The grant implementation period still remains one year, but an additional quarter each has been provided for project preparatory and wrap-up.

1.2. Objectives and scope of the evaluation

We understand that this mid-term evaluation is a requirement in the CIDA grant agreement. The objectives of the evaluation, as set out in the Request for Proposal (RfP), are to assess whether the initiative is:

(i) on track to achieve expected results in terms of increase in case detection and numbers of additional patients treated successfully in comparison with the baseline.

(ii) likely to identify some innovative approaches which would support the intended results and subsequently be adopted and scaled up by national partners.

(iii) well managed, in terms of its governance, management and operational arrangements for approving and disbursing grants.

In addition, we propose key recommendations to improve the performance of the initiative.

The evaluation covers the time period from the inception of TBR (Q1, 2010) to end October 2012.[9] This period encompasses Waves 1 and 2 as well as the commencement of Wave 3 (at the time of writing this report, Wave 3 grantees have just been announced). Further, the evaluation reviews the work of the M&E agency in assessing the performance of the grantees, but excludes the work of the grantees themselves.

1.3. Structure of the report

The report is structured as follows:

- Section 2 provides an overview of our evaluation framework and methods.
- Sections 3-6 present our evaluation findings.
- Section 7 presents a summary of our findings and conclusions.
- Section 8 provides recommendations.

The report is supported by the following annexes: approach to evaluation questions (Annex 1); limitations to evaluation methods (Annex 2); bibliography (Annex 3); list of consultations (Annex 4); structured interview guide for the core phase (Annex 5); criteria for country selection of field visits (Annex 6); e-survey questionnaire (Annex 7); e-survey responses (Annex 8); a review of TBR funding in Pakistan (Annex 9); review of donor funding trends in TB (Annex 10); donor funding support for TB in countries (Annex 11); TBR eligibility criteria and application requirements across waves (Annex 12); comparator case studies of donor approaches to funding innovations (Annex 13); proposal review and approval, fund disbursement and M&E processes (Annex 14); analysis of the duration of grants (Annex 15); analysis of TBR grant portfolio for Waves 1 and 2 (Annex 16); and key decisions and recommendations by the PSG (Annex 17). In addition, we include four country studies on Cambodia, Kenya, Nigeria and Uganda as separate documents.

[9] As per the RfP, the scope of the evaluation was to cover the duration from the inception of the initiative to end-June 2012. This has since been revised following discussions with the TBR Secretariat.

2. EVALUATION APPROACH AND METHODOLOGY

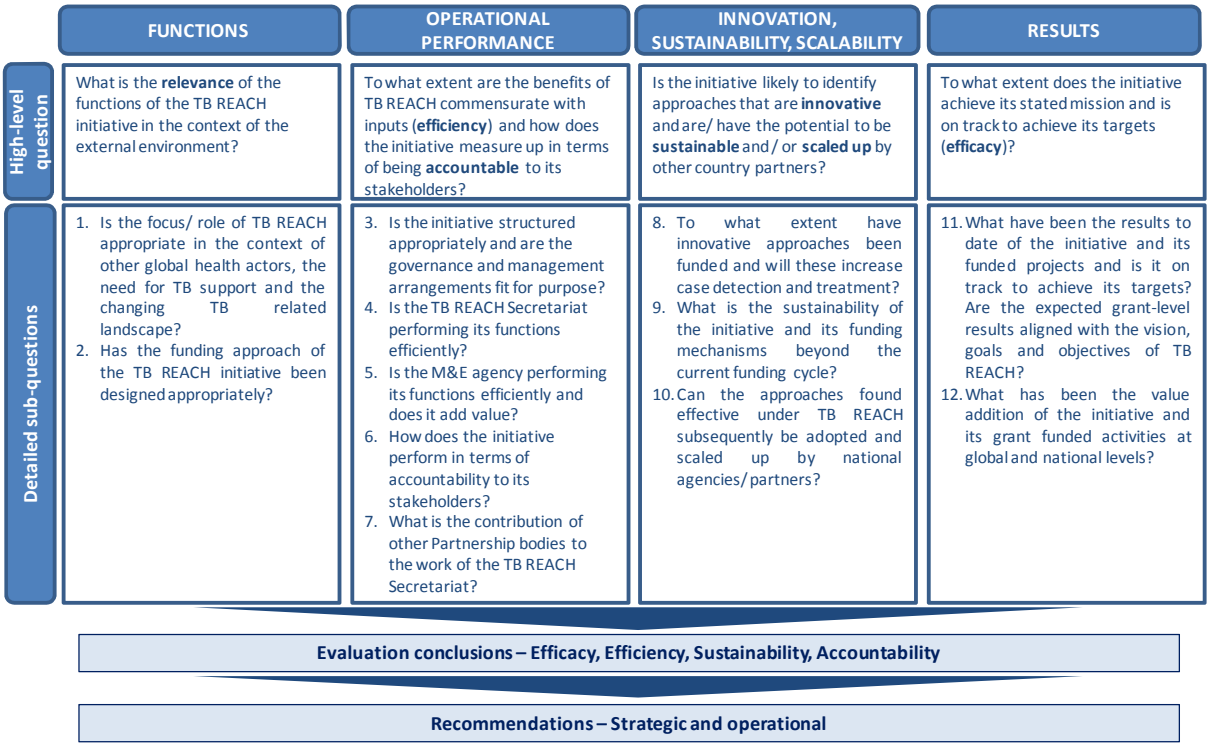
2.1. Evaluation framework

We have structured the evaluation framework as a series of key questions along four inter-related dimensions on functions; operational performance; innovation, sustainability and scalability; and results, with detailed sub-questions covering the specific RfP requirements (Figure 2.1). Our evaluation approach to each of the sub-questions is provided in Annex 1. In Sections 3-6 below, we consider the four evaluation dimensions in turn, presenting our findings on the sub-questions.

We present our conclusions on the performance of TBR in terms of four key evaluation criteria namely, efficacy, efficiency, sustainability and accountability. We define these criteria in more detail, taking account of the specific TBR context in Section 7. We also detail in this section our approach to presenting a summary judgment on TBR's performance, where we use a 'traffic light system' (green, amber and red colours) to denote good or poor performance.

Finally, we provide some key recommendations – strategic and operational – to improve TBR's performance. It should be noted that in our review of the various sub-questions (presented in Sections 3-6), we have provided some thoughts on future options/ suggestions for TBR, and these are consolidated in the recommendations section (Section 8).

Figure 2.1: Evaluation framework



2.2. Evaluation methods

We have adopted a mixed-methods approach for this evaluation, comprising[10]:

[10] Annex 2 sets out the key limitations of the evaluation methods

- *Desk-based review of documentation:* This has included an extensive review of TBR documents such as governance/ institutional documents, grant related and M&E documents; and broader grey and published literature. Annex 3 provides a bibliography.

- *Stakeholder consultations:* Interviews have been conducted with a range of stakeholders, including the Coordinating Board, PSG, PRC, Secretariat, M&E agency, country stakeholders and other global health organisations/ donors supporting TB. We have sought to triangulate views where possible. Annex 4 provides the consultee list and the structured interview guide.

- *Country visits:* We have visited four countries – Cambodia, Kenya, Nigeria and Uganda – which: are High Burden Countries (HBCs)[11]; have received funding for a number of projects across Waves 1-3; and represent a mix of regions supported by TBR. In addition, we have undertaken detailed telephone consultations with a few TBR grantees in Pakistan, given the importance of the country in the initiative's portfolio.[12] Annex 6 provides the rationale for the selection of countries. Detailed evaluation reports are provided for the four countries visited. A summary of the feedback from our consultations with Pakistan stakeholders is provided in Annex 9.

- *Electronic survey:* We have conducted an e-survey to reach out to a larger pool of stakeholders than possible through interviews and to get a sense of the extent of support for certain views on TBR (through a quantification of the survey responses). The e-survey has been targeted at TBR grantees; NTP managers; Coordinating Board, PSG and PRC members; and other partners of the Stop TB Partnership. The e-survey provides a series of statements against which respondents are requested to mark their views on a rating scale as follows: strongly agree, agree, neither agree or disagree, disagree, strongly disagree and not aware/ no view. Annexes 7 and 8 provide the e-survey questionnaire and a summary of the main findings.

- *Quantitative analysis:* We have carried out some limited quantitative analysis on donor funding for TB (Annex 11); and the duration of grants (Annex 15).

- *Comparator analysis:* We have examined two global health programmes that provide small- to medium-scale grants for innovative approaches, to draw lessons for TBR as appropriate.[13] These include the Global Alliance for Improved Nutrition's (GAIN) Infant and Young Child Nutrition (IYCN) programme and the World Bank's Population and Reproductive Health Capacity Building Programme. Annex 13 details the case studies.

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[11] According to the WHO Global Tuberculosis Report 2012.

[12] Pakistan received four grants in Wave 1 (two of which received a second year of funding) and two grants in Wave 2, for a total value of US$4.5m or 9% of TBR funds. In addition, Pakistan also comprises a large share of the recent approvals for Wave 2 year 2 and Wave 3 (both its Wave 2 grants have been approved for second year funding, along with two new Wave 3 projects, for a total value of US$3m).

[13] The GAIN IYCN programme funds innovative proposals to promote market based approaches for the manufacture and delivery of nutrition products to low-income populations. The World Bank's Population and Reproductive Health Capacity Building Programme (part of the World Bank Development Grant Facility) supports innovative ways to stimulate and sustain local responses to population and reproductive health needs.

3. FUNCTIONS

The first dimension of the evaluation framework considers the relevance of the role and functions of TBR (Section 3.1) and design of its funding approach (Section 3.2).

3.1. Relevance of TBR role

TBR was established in response to the urgent need to improve TB case detection rates. With the percentage of TB cases detected and reported to NTPs stagnating at around 60-70% of the estimated total cases in recent years, it was recognised that 'business as usual' approaches would no longer suffice.[14,15] In this context, TBR's role and mandate are very relevant – both in terms of its focus on improving case detection rates and its approach of funding innovative interventions.

This view is widely supported, as indicated by consultation feedback, our four country visits and the e-survey responses (97% respondents strongly agree or agree that *"TB REACH is a valuable initiative to help increase TB case detection"*).[16] TBR's relevance is also demonstrated by the high demand for its grants in relation to available funding – for example, 192, 318 and 320 proposals were received in Waves 1, 2 and 3 respectively, and approximately 13% of these have been approved for funding.[17]

We have also considered the relevance of the role and functions of TBR in the context of: (i) the importance of the types of projects funded by TBR in country; (ii) their 'fit' with country health systems; and (iii) the role of other global aid organisations. Our assessment is presented below.

The types of projects funded by TBR are relevant to improve case detection in countries

The range of interventions supported include TB diagnostic capacity strengthening (e.g. through GeneXpert MTB/RIF, LED microscopes and laboratory staff training), utilising community health workers to engage in active case finding (ACF), better access to health services through specimen transport (e.g. mobile outreach), health systems strengthening, using mobile phone technology to deliver laboratory results, engaging the private sector through Public Private Mix (PPM) models, awareness building and demand generation, screening of contacts and other risk groups, amongst others.[18] While it is beyond the scope of this evaluation to assess the specific relevance of each of the interventions in country, a high-level portfolio review and consultation feedback suggest that TBR's funded approaches and interventions are valuable in the context of country needs/ gaps in case detection.

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[14] Refer footnote 3.

[15] Raviglione, M et al (2012): "Scaling up interventions to achieve global tuberculosis control: progress and new developments", Lancet 2012; 379: 1902–13; Stop TB Partnership (2012): "TB REACH: Externally evaluated results of Wave 1 Projects".

[16] In particular, 93% of NTP and all TBR grantee respondents agree/ strongly agree with this statement. In addition, a large number of respondents from TBR institutional bodies agree/ strongly agree, including 90% of the Stop TB Coordinating Board members; 95% of the Working Group members; 88% of the PSG members; and all of the PRC members.

[17] We do not know the precise number of proposals received in Wave 3, but understand that this is around 320.

[18] A complete listing of the interventions supported by TBR can be found in: TB REACH (2012): "TB REACH Wave 3: Examples of suitable interventions".

Our country visits have underscored this – for example, the focus on ACF approaches in Cambodia is very relevant, especially in light of the results of the Second Cambodia National TB Prevalence Survey (2011) which indicates that past efforts have focused on detecting highly infectious smear positive TB cases amongst people with TB symptoms who seek medical care (i.e. passive case finding), which has not been adequate. This suggests that ACF could help improve case detection among the smear negative and/ or asymptomatic cases. In Uganda, a grant aimed at enhancing private sector capacity to diagnose and treat TB in slums is particularly instructive, given the greater role of the private (as compared to public) sector as a provider of health services to the slum populations.

TBR grants have generally been aligned with country health systems, although this has varied by country

TBR aims to ensure that its projects are coordinated with the NTPs by requiring their letter of support at the time of proposal submission and in terms of treatment/ follow-up of the additional cases detected through TBR grants. In practice, there has generally been a good degree of coordination between TBR grants and country health systems, albeit not uniformly across countries. Majority of the e-survey respondents (70%) agree/ strongly agree with the statement: "*Projects funded by TB REACH are well aligned and coordinated with the national TB programmes*" (and in addition, 18% were neutral and 8% unaware, implying a very small percentage that disagreed with this statement).[19] For example, TBR grants in Uganda have been closely aligned with the NTP, who have been well-informed about the project proposals and progress of implementation (including through grantee meetings organised by the NTP). TBR grants have also targeted populations with high HIV prevalence and co-infection, thereby coordinating the TB and HIV response in Uganda. In Cambodia, a technical working group chaired by the NTP reviews applicants' concept notes to ensure that the projects are well-aligned with the NTP projects, policy and strategy, and do not overlap with other donor activities in the country.

On the other hand, in Kenya, there was limited coordination of TBR projects with NTP activities, with an example of misalignment wherein a GeneXpert machine procured with TBR funding was delivered to a health facility which already had the technology (and hence had to be redistributed subsequently). In Pakistan, the NTP was not aware of the implementation progress of grants, and commented that an update made to one of the grants in terms of providing financial incentives to GPs was against national policy. In Nigeria, the NTP had very limited engagement with Wave 1 and 2 proposals, apart from signing the letter of support on the last day for submission to TBR.[20] Further, whilst TBR case detection activities have generally been integrated with public treatment channels (cases detected are only counted once they are notified in the NTP register for treatment), there have been some reports of a lack of timely availability of drugs (e.g. in Uganda and Pakistan). This has compromised the results of TBR grants and is an important public health risk in terms of ensuring adequate/ timely treatment services for the additional cases detected.[21]

[19] In particular, 71% of the NTP respondents agree/ strongly agree and 20% were neutral.

[20] A comparison of the experiences in Nigeria and Uganda exhibit the different dynamics within countries. We provide a few focused recommendations on how TBR could help foster greater coordination with the NTPs, as part of its efforts to improve the sustainability and scalability of its successful approaches.

[21] For example, in Uganda, a major change in the procurement mechanism of drugs at the national level led to stock-outs over a 10 month period which adversely impacted the number of patients being treated. Some projects in

While some of these issues are not unexpected, and represent the challenging environment in which TBR projects are being implemented, they affect the alignment of TBR grants with national health systems. Further, while the innovative nature of the TBR projects implies that they might be 'additional' to the NTP approach, the projects need to be coordinated with the NTP to facilitate sustainability and/ or scalability (as relevant) – an important objective, given that the projects funded by TBR are aimed at pilot testing approaches to early and increased TB case detection.

TBR projects may not have been funded by other donors, highlighting its unique role in the global aid architecture

Feedback from grantees and a number of other consultees suggests that TBR plays a unique role in the global aid architecture by supporting interventions that would otherwise have not been funded by other donors. This view is echoed by the vast majority of the e-survey respondents (including the multilateral and bilateral donors/ development agencies).[22] TBR is viewed to have more 'appetite' to support innovative approaches in countries/ target populations compared to other donors. Further, its fast track funding approach is considered to be very attractive, particularly by CSOs/ NGOs.

TBR's approach to funding case detection is regarded as unique compared to say, the Global Fund - which mainly finances gaps in the NTP programme - as well as donors such as USAID and the World Bank that support large-scale TB control projects in countries covering DOTS implementation and expansion as well as health systems strengthening.[23] While USAID supports operational research and innovations in the management and delivery of TB control interventions, these are part of larger bilateral programmes and not based on grantee proposals, as is the case for TBR.

There are however some examples of TBR project components that have previously been funded by other donors. For example, in Kenya, a grant to the Moi University includes support for cough monitors that was previously a part of a large USAID project.

TBR is a highly relevant funding mechanism in the context of the need for innovative approaches to improve TB case detection and limited funding by other donors for such interventions. There has generally been a good degree of coordination of TBR projects with NTPs and country health systems, although uniformly across countries.

3.2. Design of funding support

We consider the efficacy of key design features of TBR funding including eligibility criteria; structure of the application, proposal review and approval processes; and nature of funding

Pakistan also witnessed drug shortage, as the NTP did not account for the large number of TB cases diagnosed through TBR projects.

[22] 85% of e-survey respondents agree/ strongly agree with the statement: "*The role of TB REACH in the international development architecture is relevant and unique, in that it seeks to fund innovative approaches to TB case detection that would not be funded by other donors*".

[23] Annex 10 provides a brief summary of the objectives and focus of key global aid organisations that provide funding for TB to countries.

support. These aspects are reviewed in light of TBR's objectives and any learning from comparator programmes that we have examined.

A noteworthy characteristic of TBR's functioning is that it has revised its funding approach over successive waves, in response to grantee feedback and lessons learnt.[24] This flexible and 'learning by doing' approach has contributed to its improved performance over time.

Eligibility criteria

The key eligibility criteria for TBR's grants are: (i) country and population eligibility – while this has changed somewhat over successive waves, the focus has been on the poorest countries, HBCs, and vulnerable populations; and (ii) organisational eligibility – comprising international and local CSOs, NGOs, CBOs, academic institutions, as well as NTPs and other government agencies.[25] Some considerations on eligibility include:

- The merit in further restricting eligibility in line with the funds available to TBR has been examined. For example, in Waves 1 and 2, TBR has approved proposals for around 32-33% of the eligible countries, but this has been slightly higher in Wave 3 at around 43%. In our view (which is supported by a number of consultees), limiting country (or organisation) eligibility would reduce the potential to identify innovations and hence contradict the mandate and objective of TBR.[26]
- There has been a concern that TBR has not adequately supported local 'grassroots' organisations where there is significant potential for innovation - given their proximity to, and close understanding of, the target populations.[27,28] This could be on account of various reasons such as a lack of awareness of TBR, low capacity to write high quality proposals (rather than necessarily their capacity to implement the grants) and/ or conduct rigorous M&E, inability to meet WHO's fiduciary standards, etc.[29]

[24] Some examples are elaborated below – but key revisions to design relate to the country eligibility criteria and duration of grants.

[25] Annex 11 details these eligibility criteria across the three waves.

[26] Responses to the e-survey have been fairly mixed – 60% of the respondents agree/ strongly agree with the statement *'Given TB REACH's limited resources and high demand for funding, it would be more effective for it to focus on a particular sub-set of countries and/ or population groups'*, whilst the balance disagree/ are neutral. Members of the Stop TB Coordinating Board and PSG formed the majority of those who disagreed, with the rationale being the same as provided above.

[27] A large percentage of the e-survey respondents strongly agree/ agree (63%) that: "*TBR needs to place greater emphasis on funding grassroots organisations (rather than larger/ international NGOs) with the capacity and local awareness to improve TB case detection*", with a relatively small percentage who were neutral (14%) or disagree (18%). In particular, 75% of the NTPs and 88% of the PRC members agree/ strongly agree with this statement.

[28] Although 19% of the grants in Waves 1 and 2 were awarded to national CSOs, we understand that many of these are relatively large CSOs rather than grassroots organisations.

[29] These concerns were also raised with the FIDELIS initiative (Fund for Innovative DOTS Expansion Through Local Initiatives to Stop TB), implemented by the International Union Against Tuberculosis and Lung Disease (the Union.

Design of application, proposal review and approval processes

A schematic of the proposal review and approval process is presented in Annex 14. Grantees have in general commented that the application process for TBR is relatively straightforward, especially in comparison with other donors.[30] However some key issues are as follows:

- *Application guidelines.* Two points are worth noting:
    - Given the large number of applications being non-compliant with TBR's requirements (e.g. incomplete application forms, no NTP letter of support, inadequate financial capacity of applicant), TBR might review and improve the clarity of its application guidelines (e.g. by consolidating all guidelines in a single document)[31].
    - Consultations suggest that obtaining the NTP letter of support has been difficult in some cases where the NGOs/ CSOs were not able to access the NTPs on time, and where the NTPs were not willing to extend the required support.[32] However, we note that in Wave 3, TBR has become more flexible in its requirement for an NTP letter of support, in that grantees are given the option to provide an explanation if they have not been able to obtain this prior to submission (to be furnished only once the proposal has been approved by the PRC/ Board). It is however noted that a letter from NTP does not necessarily ensure coordination, as often the NTP might sign the letter in a hurry or incentivised to sign off more projects in order to secure additional financing for the country.
- *Call for proposals.* The current techniques of website and email communication do not ensure wide enough coverage to, for example, grassroots organisations in countries. The Secretariat could be more proactive in communicating information on TBR and the funding waves (e.g. by engaging with relevant stakeholders during country visits, or extending the call for proposals through other donor networks).[33, 34]

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[30] A large percentage of the e-survey respondents agree with the statement "*There is scope to refine the proposal solicitation, as well as the proposal review and approval processes and criteria*".. However our sense, especially from looking at some of the comments provided, is that this is not viewed as a major issue – with many of the issues raised being similar to that presented here. In a way this points to the limitation of the e-survey as respondents would hesitate to select 'disagree' even if they had a small issue with the process.

[31] While a majority of the e-survey respondents strongly agree or agree (76%) that "*The application forms and guidelines for TB REACH funding have been helpful and easy to follow*", a few also disagreed (12%) or were neutral (5%). Some suggestions proposed by e-survey respondents on how TBR could provide further clarity/ information to applicants included: (i) TBR could simplify the guidelines and application forms to make it easier for the smaller NGOs to understand, particularly those who do not have previous experience in TB control; and (ii) TBR should consider providing instructions to applicants in other languages. In particular, a large number of respondents noted the difficulty in filing up Table 5 on 'Quantitative baseline, targets and additionality' in the application form.

[32] The e-survey results do not suggest this to be a major issue. While a majority of the respondents agree/ strongly agree (74%) that "*The letter of support from the NTP has been easy to obtain and has not hampered the application process*", only 45% of the local NGOs and 65% of the international NGOs agree/ strongly agree with this statement. The remaining local NGOs were either neutral or not aware.

[33] 90% of the TBR grantees agree/ strongly agree that "*TB REACH has adequately disseminated information on the opportunity to apply for funding over successive waves*", while only a very small percentage disagree or had a neutral view, and none strongly disagreed or were not aware. While the results of the e-survey indicate that TBR has done enough to

- *Pre-screening by the Secretariat and PRC review.* While pre-screening of proposals for completeness by the Secretariat is sensible (although some members of the PRC have noted the need for greater clarity in the screening criteria and process), the number of proposals for PRC review is very high. Whilst this reflects the large demand for TBR funds, the question is whether the proposal review process is 'fit for purpose' or if an alternate strategy, that reduces the time and resources expended by both the applicants and the Secretariat/ PRC, is more suitable.[35]

- *PRC review criteria.* The PRC reviews proposals against a number of criteria, including: impact; cost effectiveness; targeting of populations with limited access; technical aspects; innovation; feasibility; and sustainability. These criteria are appropriate, but there are some concerns as to whether the PRC accords adequate importance to project sustainability and potential for scale-up. Although this is not a core TBR mandate, it is integral to ensuring that successful TBR innovations are sustained. At present, sustainability is given a low weighting (5 marks out of 100) and scale up is not one of the review criteria.[36] In contrast, project sustainability is a key criterion in GAIN's review of IYCN projects, with high priority assigned to proposals that have some co-financing.[37]

Structure of funding

We discuss a number of aspects with respect to the structure of funding as follows:

- *Size of funding.* The funding cap of US$1m has been viewed as suitable, especially in relation to the one year duration of the grants.[38]

- *Duration of funding.* As also identified with the FIDELIS initiative[39], a number of grantees have commented that a one year grant duration is too short as: (i) more time is required for project preparation; (ii) innovative projects cannot always achieve results from the start, as they involve a 'learning by doing' process; and (iii) a one year time frame creates disruptions to the health systems by 'stopping almost as soon as it has started'. In response, TBR has allowed an additional six months for grants in Wave 3 (for project preparatory and completion activities), which we view as appropriate. A further extension (as requested by some grantees) may reduce the efficiency of implementation as compared to the current timeframes which keeps grantees 'on their feet'. The duration

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make the grantees aware of the opportunity to apply for funding, it is worth noting that the e-survey was not sent to those who have not applied for TBR funding (and hence may have been unaware of the opportunity).

[34] However, there has been no comment on the time provided to prepare and submit proposals – for example, responses to the e-survey indicate that the timeframe from the calls for proposals to the submission deadline adequately allows applicants to prepare high quality proposals and coordinate with the NTP, with a majority who responded positively to this statement (79%), and a few who disagree (8%), or were neutral (11%).

[35] These alternate approaches have been employed by other organisations providing small-medium scale grants for innovation – e.g. the GAIN IYCN and World Bank PRHCBP programmes.

[36] Stop TB Partnership (2010): "TB REACH Proposals Grading", Wave 1.

[37] There are also some issues with the review criteria for year 2 funding which is discussed below.

[38] In fact, some smaller organisations have commented that they would find it difficult to spend the maximum amount over just a year.

[39] *Op. Cit.*

is also suitable in the context of TBR funding small scale and fast track grants, with successful approaches being eligible for a second year of funding.[40]

- *Second year of funding.* The TBR application guidelines note that projects that reach their targets and achieve proposed outcomes will be considered for a second year of funding. However, there are a number of issues with the design of this funding, including:
    - The objectives of the second year of funding are not fully clear – for example, does it aim to sustain/ scale-up project activities in the second year; and/ or focus funding on specific activities that have worked well; and/ or support expansion of approaches that might be based on learning from the first year of funding? Our limited review of second year project proposals/ documents suggest that TBR has emphasised on a mix of the above objectives, but the focus on project sustainability/ scale-up has not been very pronounced and uniformly high across applications.
    - Grantees have commented that the selection process and criteria for this funding are not clear – it is not viewed as a results-based financing, wherein if certain agreed targets are achieved, a second year of funding is automatically approved.
    - The assessment of projects for a second year of funding is made after two quarters of implementation of the first year of funding, which might not be adequate time for all projects to exhibit results – especially as most of the case finding activity takes place in the latter two quarters of project implementation.
    - The TBR funds allocated for a second year of funding have generally been limited, in line with its overall budget constraints. Therefore, not all well-performing projects can win additional support in Year 2.[41]
- *Project management costs.* Some stakeholders have noted difficulties with adhering to the limit on project management costs/ overheads (refer Annex 12 for details on the limits).[42] While there are obvious benefits to defining a cap, this has proved to be challenging for some grantees (e.g. where remoteness of the project area might entail additional overheads). We understand that TBR maintains some flexibility on this cap (where justifiable), and we agree with this approach.
- *Milestone payments.* Some grantees requested for more funds upfront to support the high cost of getting started – and we understand that TBR has increased the first milestone payment from 10% to 30% in Wave 3. At times, grantees have had to organise funds

[40] The e-survey responses to the statement: *"The duration of TB REACH grants (previously one year and now revised to 18 months for Wave 3) is adequate for project preparation, implementation and demonstrating proof of concept"* have been mixed, reflecting the discussion above. While a large percentage of respondents agree/ strongly agree (55%), a relatively high percentage also disagree/ strongly disagree (24%). Of the TBR grantees, 45% agree/ strongly agree, while the remaining were not aware. In addition, a large percentage of the local NGOs also responded negatively to this statement, with 35% who either disagree/ strongly disagree.

[41] We understand from the Secretariat that good projects that do not get approved for Year 2 funding are requested to submit a sustainability plan and highlight any key issues or gaps in funding (for example, to purchase cartridges for GeneXpert machines). TBR will then try to fund these through some additional bridge or transition funding.

[42] In terms of the e-survey responses from local NGOs on the statement: "*The limit on non-project costs as a proportion of total grant value has been reasonable for the implementation grants*", only 36% strongly agree/ agree; 32% disagree; and the remaining were not aware.

from other sources for preparatory activities, which has not been particularly easy, especially for smaller grantees.[43] While some grantees have suggested that TBR should structure disbursements according to the activity milestones of each grant, this might present an administrative challenge for the Secretariat. Instead, it might make sense to revise the otherwise fixed milestones on an exceptional/ need basis – e.g. in the context of supporting grassroots NGOs that have limited funds. We understand that TBR has been flexible with the structure of milestone payments on a case by case basis and we would support this approach.

The 'learning approach' of TBR in improving its funding design based on experience is positive. The overall design of its support works well, including its eligibility criteria, size and duration of funding. Key aspects for improvement include streamlining its proposal solicitation and review processes to be proportionate to available funds, and a more clearly defined structure and selection process for the second year of funding.

[43] 55% of the local NGOs; 62% of the NTPs; and 60% of the research/ technical organisations strongly agree/ agree with the statement: "*The structure of instalment payments of the grant has been appropriate for the duration of the grant and the activities supported*", and the remaining were largely not aware/ had no views. A common comment across survey respondents was that TBR should improve the milestone payment process, which releases 10% of the total budget in the first installment, given that many projects entail substantial capital expenditure at project inception, which is difficult for small grantees to fund on their own.

4. OPERATIONAL PERFORMANCE

The second evaluation dimension covers the operational performance of TBR in terms of the efficiency of its governance and management arrangements. We examine the appropriateness of the structure, governance and management arrangements (Section 4.1), performance of the Secretariat (Section 4.2), added value of the M&E agency (Section 4.3), accountability of TBR to its stakeholders (Section 4.4) and contribution of other Partnership bodies (Section 4.5).

4.1. Structure, governance and management arrangements

We consider the following as a part of this analysis: (i) appropriateness of the initiative being structured within the Stop TB Partnership at WHO; (ii) effectiveness of the design and functioning of various institutional bodies including the Stop TB Partnership Coordinating Board, the PSG and PRC; and (iii) efficiency of the initiative in terms of the ratio of programme to non-programme costs.

4.1.1. TBR structure at WHO

The structuring of TBR within the Stop TB Partnership hosted by WHO has a number of advantages but also some costs. In particular, there are perceived benefits of added credibility in being a part of the WHO/ UN system and relative ease of accessing country stakeholders. There are also benefits of having access to resources within the Partnership and Stop TB Department at WHO (e.g. access to the Partnership resources; TBR Secretariat being able to engage with other WHO technical staff).

These merits are countered by the bureaucracy (particularly for legal and contractual processes) and complexity of the WHO system, which often result in delays to key processes. Nonetheless, TBR has been relatively flexible and responsive in its grant funding (fostered to some extent by being structured within a partnership arrangement at WHO, with its own governance structure and relatively shorter communication channels with its donors and grantees). In addition, its hosting by WHO is at a cost (a total of CAD$7.9m, almost 7% of the total CIDA grant value) – although this may be compensated somewhat by the access to WHO's 'shared resources', as mentioned above.

While there are other possible structural options for TBR, it is not immediately clear if these are necessarily preferred over its current arrangements. For example:

- TBR could be structured as a stand-alone programme, which would not face the WHO bureaucracy and hosting costs, but might impose additional costs relating to infrastructure and developing in-house expertise (for example on communications, advocacy, etc. which under the current arrangements are accessed from the Stop TB Partnership).
- TBR could be linked to the CIDA bilateral programme, which could lower some costs (e.g. by leveraging existing CIDA capacity/ resources), however, it is uncertain whether

such an arrangement would allow for the wide reach/ access of the WHO system (for instance, TBR may be restricted to operating in CIDA's priority countries).[44]

- A third option could be to structure TBR within the WHO technical unit on TB, however we understand that this option was taken forward as: (i) WHO's mandate is normative/ policy-related rather than funding of projects at the country-level; and (ii) WHO's national counterpart is the NTP, which limits TBR's work with CSOs/ NGOs and other non-governmental stakeholders involved in TB case finding.

In our view, and as supported by consultation feedback, the current structural arrangements work adequately well and there is no compelling reason to change it at present.

4.1.2. Design and functioning of TBR institutional bodies

We consider here the main institutional bodies for TBR – the Coordinating Board, PSG and PRC. A discussion on the Secretariat and M&E agency is provided in the following sections.[45]

Coordinating Board

The Stop TB Partnership Coordinating Board is mandated to provide leadership and direction; monitor the implementation of the Partnership's policies, plans and activities; and ensure coordination amongst the Partnership bodies, including TBR.[46] We understand that the Board currently meets twice annually and approves decisions regarding TBR based on recommendations by the PSG and PRC.[47]

Consultations with Board members and other TBR stakeholders suggest that the Board has not been able to allocate sufficient time to review the functioning and performance of TBR. For example, the Board has generally always approved the PRC recommended grant proposals. In our assessment, the Board could engage more in strategic aspects of approving proposals such as in examining the portfolio mix, the sustainability/ scale-up of proven innovations, etc. We understand that the Board has many other more pressing matters of the Partnership to discuss, and that no major issues have been raised to date for TBR. However, in light of TBR's growing portfolio and plans to mobilise additional funding, there is a case for greater strategic engagement of the Board in direction setting and performance management of the initiative as a whole.[48]

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[44] We note that CIDA has committed to focus 80% of its resources in 20 priority countries, Source: http://www.acdi-cida.gc.ca/acdi-cida/ACDI-CIDA.nsf/eng/JUD-51895926-JEP.

[45] We do not elaborate on the Stop TB Partnership Working Groups as they have had limited engagement with TBR. We understand that TBR is in contact with some of these working groups, such as the New Diagnostics Working Group and the DOTS Expansion Working Group (including the PPM, childhood TB and HIV subgroups), but the interaction is fairly limited.

[46] http://www.stoptb.org/about/cb/.

[47] In addition, an Executive Committee acts on behalf of the Board between meetings, and also meets twice a year . The Coordinating Board appoints seven of its members including the Director of the WHO TB Department to constitute an Executive Committee, which is broadly representative of the Board constituencies and acts on its behalf between Board sessions. (http://www.stoptb.org/about/cb/excom.asp).

[48] We understand that the role and functioning of the Board is being reformed at present, however there are limited implications for TBR through these changes.

Programme Steering Group

The PSG makes strategic recommendations for the initiative and meets twice annually (once in person and once by telephone). The PSG seems to represent a fairly balanced group with representatives from the TB community (including civil society, TB technical partners, NTP managers, and donors including CIDA[49]). However, we understand that several of the PSG meetings have not benefitted from the participation/attendance of all its members, given their seniority and other commitments.

Proposal Review Committee

The PRC is convened to independently review proposals and recommend grants to the Board for approval of TBR funding. It has grown in size (from 10 members in Wave 1 to 12 in Wave 2 and 3), in line with the increasing number of applications and the demands of the review process (for instance, Wave 3 had two funding tracks). It is felt that the PRC membership could benefit from more social science expertise (currently it comprises national and sub-national TB programme, research, science and community level expertise across a range of geographies).

While the PRC is generally regarded to be effective in recommending the most appropriate projects for funding, some stakeholders have commented that it is too focused on the scientific aspects of projects, rather than the practical implications of applying new approaches to a country context.

4.1.3. TBR operating costs

TBR is viewed as relatively lean and efficient. Our understanding is that CIDA has recommended that other initiatives funded by it be structured along similar lines.

While we do not have access to TBR's actual operating costs, the CIDA grant agreement provides for approximately CAD$22.5m for non-programme costs[50], accounting for almost 19% of the total grant. Excluding the CAD$5m allocated for M&E in the CIDA grant, overheads are CAD$17.5m (including WHO support costs of CAD$7.9m) comprise nearly 15% of the funding.[51]

The structuring of TBR within the Stop TB Partnership hosted by WHO works adequately well and the initiative is viewed as lean and efficient. Whilst the PRC is generally viewed as effective, the Coordinating Board and PSG could engage more in providing strategic direction to the initiative.

[49] We understand that CIDA's seat on the PSG has been beneficial in that it has enabled the donor to understand key technical issues relating to TB case detection and accordingly modify its agreement with TBR.

[50] This comprises 'proposal review, indirect costs and overheads', 'external M&E', and 'WHO support costs'.

[51] While comparisons are difficult due to variations in the mandate and operations of other organisations/ initiatives, a review of GDF's operating costs indicates that overheads/ non-programme costs (using the same definition as for TBR) are higher than TBR's as a proportion of total funding, at approximately 29%.

4.2. TBR Secretariat

The TBR Secretariat is responsible for the day-to-day management and administration of the initiative, including assisting the work of the governance/ advisory bodies, supporting project implementation and monitoring, managing the disbursement of grants, disseminating TBR's results, managing the CIDA agreement and related reporting.

There has been unanimous feedback from our consultations, country visits and e-survey responses that the Secretariat has been very efficient and effective in delivering its mandate, despite being stretched in capacity.[52] Its wide-ranging role in relation to its small size (comprising two technical officers and 2.5 full time employees for administration and support[53]) is a noted challenge, especially during 'surge' times such as proposal receipt and review. Some of the positive feedback that we have received regarding the Secretariat includes:

- All grantees consulted reported that the Secretariat has provided helpful and timely support throughout the implementation process, including proposing solutions on project issues (by responding to queries within 24 hours in many cases); processing no-cost extensions and Grant Agreement Letters (GALs) quickly and smoothly; disbursing funds on time; amongst others.
- CIDA commented that the Secretariat has liaised well with them and responded to their requests. The grant progress reports prepared by TBR have improved since Wave 1 – when a number of questions were raised by CIDA – to the point where there are no major clarifications on the reports submitted.

Some comments on what the Secretariat could do better are noted below – although some of these may require additional capacity:

- *M&E and grantee information sharing*. The Secretariat needs to share M&E information more widely with the PSG and PRC members to spread awareness of the findings and results of TBR. Members of the PRC have commented that they would appreciate more background information on applicants, in particular if they had received TBR funding previously and on their implementation experience. This would support these bodies in delivering their mandate more effectively.
- *Broader dissemination of TBR results*. The Secretariat needs to disseminate results of TBR interventions more widely, both to global and national stakeholders (and particularly donors and NTP).[54] This is linked to the broader discussion on attracting other stakeholders to sustain and scale up TBR grants, as discussed in Section 5.3 below.

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[52] A majority of the e-survey respondents (68%) agree/ strongly agree that "*The Secretariat, although thinly staffed functions efficiently and effectively*", while the other were either neutral/ not aware (28%), with almost none who disagree/ strongly disagree. In addition, the TBR grantee institutions responded most positively to this statement, with 80% with either agree or strongly agree with the statement.

[53] The administration and support staff are comprised of a Programme Assistant, a Clerk and a Finance Officer.

[54] While the majority of the e-survey respondents agree/ strongly agree (67%) that "*TB REACH has adequately shared information on the results of the work carried out under the initiative, including performance of grants*", only 45% of the NTPs agree/ strongly agree, and the remaining were mostly not aware or neutral. This indicates that TBR needs to do more to share/ disseminate results of TBR supported interventions.

The TBR Secretariat has managed the initiative in an efficient and effective manner, despite its limited staffing. It can engage better in raising awareness and sharing the lessons and results of the initiative among national and global stakeholders.

4.3. M&E agency

An independent consortium, comprising HLSP and the Royal Tropical Institute (KIT), was competitively selected to conduct grant-level M&E. Its functions are carried out in close consultation with the TBR Secretariat, and include validating baseline data for project areas; monitoring the progress of grants in terms of additional cases detected and other performance indicators; and recommending mid-term course corrections where appropriate.[55]

We assess the relative merits and demerits of appointing an external agency; the appropriateness of its M&E approach; cost effectiveness; and overall performance and added value.

Merits and demerits of appointing an external agency

Appointing an independent M&E agency was a requirement of the CIDA grant agreement, following the experience of the FIDELIS programme, where adequate attention was not paid to robust M&E procedures and relatively few lessons were learned from the programme experience.[56] The outsourcing approach has offered a number of benefits – in particular, the independence of the agency has enhanced the credibility of the M&E function, which is particularly important in the context of improving prospects of sustainability and scalability for TBR's activities.

On the other hand, such an approach implies that the scope of work would largely be bound by the agency's terms of reference and contract, whereas an in-house team would have greater flexibility to respond to any contextual/ programmatic changes as the initiative progresses. However, in practice, this has not been much of an issue as the M&E agency has worked alongside the Secretariat to collaboratively develop the M&E approach in a rigorous and practical manner.

Appropriateness of the M&E approach

The M&E approach emphasises the estimation of the number of additional TB cases detected, with the proposed approach being scientific and detailed. While there are a few areas where the approach may be strengthened (such as the size of control populations and verifying the quality of data provided), the M&E agency has commented, and we are inclined to agree, that addressing these issues is constrained by the information and time/ budget available. Some stakeholders have also commented that the approach focuses too heavily on additional cases detected and does not adequately capture wider grantee performance. Areas which could be given more emphasis include:

[55] HLSP and KIT (2010): "Monitoring and Evaluation Project, For TB REACH Initiative of the Stop TB Partnership: Inception Report".

[56] Rusen and Enarson (2006): "FIDELIS—Innovative Approaches to Increasing Global Case Detection of Tuberculosis", Am J Public Health. 96(9): 1534–1535; Lauer and Birn (2006): "Frustrations with FIDELIS: Promising Idea, Problematic Approach", Am J Public Health. 96(9): 1534.

- *Early case detection:* This is a key success factor for TBR, although its measurement requires specific research and is difficult to incorporate in routine M&E. We understand that the M&E agency is making efforts to monitor key dates along the patient and health service pathway (e.g. duration of symptoms before seeking care; the date sputum is produced; and results are provided) – for example, a project in Nigeria is collecting information from TB patient interviews at TBR supported clinics and aims to compare this with patient interviews at control sites.

- *Treatment adherence and success rates:* Some grantees have noted that the intermediate metric for treatment adherence rates (e.g. proportion of notified cases with a follow-up sputum smear examination at two months) would allow them to raise awareness of its importance and of patient follow up. While the number of cases detected/ put on treatment is an important measure of TBR's outputs, the calculation of treatment success rates is essential to measure impact. The M&E agency has tried to collect this information, but it is only available at least a year after implementation when routine NTP quarterly reporting is used, and difficult to attribute to TBR grants.[57]

- *Qualitative aspects of grant performance:* Stakeholders have commented that grantees are well placed to report on more qualitative aspects of performance as part of the M&E process. Given TBR's mandate of funding innovations and ensuring their scale-up in relevant settings, it would be important to collect information on what works well and less well and why this might be the case.

- *Quality assurance of data collected:* The quality of sputum smear microscopy and its External Quality Assurance (EQA) was checked where available, but EQA was not independently ascertained by the M&E Agency. This is important however, as in many TBR projects, the sputum smear microscopy determines the number of (additional) TB cases detected (except where Xpert is used).

Cost effectiveness

The M&E agency has been allocated US$6m in the CIDA grant agreement, which is approximately 5% of the grant value. While there are no accepted benchmarks on a suitable proportion of funding that should be allocated to M&E, the general practice is between 3-10%.[58] Our consultation feedback suggests that the M&E agency offers good value for money, especially in comparison to these functions being performed in-house by WHO.

While the agency's role has not fundamentally changed over successive waves, some cost reductions have been achieved through improved efficiencies, such as by conducting a less rigorous baseline validation process in Wave 3 (which was deemed appropriate, given the experiences in the previous waves), and not undertaking country visits for all grantees who have

[57] For example, the M&E agency notes that the ACF approach is normally associated with a fall in the treatment success rates (e.g. as patients with lesser symptoms of TB are less committed to treatment).

[58] Frankel and Gage (2007): "M&E Fundamentals: A Self-Guided Mini-course", USAID http://www.cpc.unc.edu/measure/publications/pdf/ms-07-20.pdf, Global Fund (2008): "Monitoring and Evaluation Manual: Developing an M&E plan".

received a second year of funding. The M&E cost per project has consequently fallen from US$44,316 in Wave 1 and US$44,811 in Wave 2 to approximately US$30,000 in Wave 3.

Overall performance and added value

The M&E agency is widely thought to have contributed to the credibility and rigour of the M&E activities in country, including reviewing grantee M&E reports and helping in capacity building. Most of the e-survey respondents (63%) are supportive of the statement *"Outsourcing the M&E function to an independent agency is working well, with the methodology employed (e.g. in terms of the indicators used and the approach to determine additional cases detected), adequately capturing the performance of grantees",* and only a small percentage who disagree/ strongly disagree (20%).[59] [60] In addition, a majority of grantees have strongly agreed/ agreed (60%) in their e-survey response that '*the independent M&E agency has helped to strengthen grantee capacity for M&E of projects*'. Of these, the NTPs have responded most positively, with 70% of them either strongly agreeing or agreeing with this statement. A common theme across the e-survey comments is that the M&E agency was extremely supportive and responsive in providing guidance and feedback for project implementation, even though this wasn't their specific role.

In delivering its terms of reference, we understand that the M&E agency has submitted its deliverables in a timely fashion. The agency has also been willing to deliver beyond its terms of reference, for example, in supporting the planning and facilitation of the grantee workshop.[61] The M&E reports are considered to be a valuable supplement to the routine information provided to WHO by the NTPs and have been used in developing relevant WHO guidelines (e.g. on the use of GeneXpert tests, contact investigation and screening of risk groups).

The appointment of an external M&E agency has worked well, especially in terms of enhancing the credibility and rigour of the M&E function. A particular area of added value relates to capacity building of the grantees by the M&E agency. Greater efforts need to be made in measuring early case detection, treatment success rates, qualitative aspects of grant performance (in terms of what works well and less well) and more generally, in better quality assurance of data collected.

4.4. Accountability

We have examined the extent of stakeholder engagement, transparency in grant decision making, and the adequacy of performance reporting, as part of the accountability analysis.[62]

[59] Of the TBR institutional bodies, members of the Stop TB Coordinating Board (80%) and the PSG members (89%) formed a majority of those who agree/ strongly agree.

[60] Respondents who disagreed with this statement mostly recommended that it would be useful to include some 'qualitative indicators' in addition to the outcome and output indicators; and that a local M&E agency could be hired, in line with some of the issues we have highlighted above.

[61] We understand that this was not part of the Wave 1 terms of reference, and was suggested by the M&E agency. This was subsequently added to their terms of reference for future waves.

[62] We had proposed to examine the robustness of financial and operational management by TBR, however, we have not examined this in detail, as we assume that this would be governed by standard WHO guidelines and processes.

Stakeholder engagement

TBR engages with key TB stakeholders at the global level mainly through the Coordinating Board and PSG. Its engagement with the NTP has varied across countries, and it could engage and coordinate better with other country stakeholders (particularly other TB donors such as the Global Fund and USAID) to make them aware of activities being supported and results achieved.[63] While this may be limited by Secretariat capacity, developing a strategic approach to this engagement (as elaborated further in Section 8) can help achieve additional gains in an efficient manner.

Transparency in grant decisions

We comment on two issues here:

- The TBR grant approval process is transparent, in that the proposals are independently reviewed by the PRC. The PRC members declare any conflict of interest, and recuse themselves from reviewing such proposals, as per standard WHO procedures. Grantees have also noted that while the proposal requirements are somewhat extensive, these are clearly laid out. However, there have been some limited comments that TBR has tended to approve projects that include or are supported by Coordinating Board/ PSG/ PRC members (although discussions with Secretariat confirm that there have also been examples where Board Member proposals have not been approved).
- TBR could provide more clarity to grantees on how they could access a second year of funding, and the criteria for selection. It should also clarify to grantees if it uses other portfolio wide criteria to award a second year of support (such as geographic coverage).

Adequacy of reporting

TBR requires quarterly performance reporting by the grantees, in addition to the M&E agency's reports. However, as noted above, more needs to be done to disseminate the findings/ results of the M&E activities more widely, both with the PSG/ PRC members as well as the broader TB community (including donors).

TBR has performed well in terms of being accountable to its donors and other stakeholders. It could do more to engage with country stakeholders and make some aspects of its decision making regarding the selection of grants for a second year of funding more transparent.

4.5. Contribution of other Partnership bodies

TBR, being structured within the Stop TB Partnership, has benefitted from the contribution of other Partnership bodies to the work of the Secretariat.

[63] For example, in Pakistan, whilst one of the proposals was initially approved by the NTP, certain modifications were made afterwards to incentivise GPs, which was not aligned with the national policy.

The Executive Secretary of the Partnership oversees the functioning of TBR and is closely aware of its main strategic issues. In addition, a number of Secretariat teams of the Partnership have contributed to the work of TBR including Finance; IT; and Strategic Planning, Advocacy and Communications. For example, we understand that the communications staff have helped develop project summaries for the TBR website, and the IT team has developed the online M&E portal for the grantees. In addition, GDF has supported TBR in procuring diagnostics and drugs for countries free of charge.[64]

Further, as noted, while the Board can play a wider role in the overall direction of the initiative, it presents a good forum for dissemination of TBR's projects and results.

TBR has benefitted from being structured within the Stop TB Partnership by virtue of having strategic oversight by the Partnership Executive Secretary and access to its wider expertise and functional support, particularly for country procurement of TB commodities, and support functions such as IT and communications.

[64] We understand that GDF's support has worked well, with a standardised process and tailored electronic system being introduced for the procurement of GeneXpert, which has resulted in faster lead times and improved supplier terms.

5. INNOVATION, SUSTAINABILITY AND SCALABILITY

The third dimension of our evaluation framework covers an assessment of the extent to which innovative approaches have been funded (Section 5.1); the sustainability of TBR beyond the current funding cycle (Section 5.2); and the potential for the sustainability and/ or scalability of the funded approaches (Section 5.3).

5.1. Funding of innovative approaches

As noted, TBR was established in the context that 'business as usual' approaches would not significantly improve the stagnating TB case detection rates. The mandate of TBR has therefore been to fund innovations (rather than 'routine' approaches), and we examine the extent to which it has met this objective.

Innovations in the context of TBR are defined as projects that "are either a completely novel approach, or introduce a novel approach to their particular setting".[65] The first aspect is in line with a more 'traditional' definition of innovation, i.e. something that is entirely new, and possibly more suitable for describing innovations relating to upstream scientific/ product discovery and the like.[66] The second aspect of the definition picks up what we see as the specific context of TBR – which is about funding novel implementation approaches in countries. Indeed, this broader definition of innovation is commonly accepted in the public health and development context. For example, DFID notes that "innovation does not necessarily mean 'brand new' but could be an approach applied for the first time in a particular country or countries; or new ways of applying/ adapting/ developing an existing technique or initiative".[67] UNITAID also defines innovation in the context of a product/ process not having been previously applied to promote access to public health services and results.

In this context, our review of the TBR grant portfolio for Waves 1 and 2 suggests that most of the grants have been innovative. 74% of the e-survey respondents also confirmed that TBR has performed well in funding innovative approaches to case detection.[68] However, the extent of innovation has varied across grants and countries.

The innovation in TBR grants is reflected in that they: (i) represent a first-time introduction of an approach in a country (e.g. introduction of the GeneXpert technology); (ii) have not been routinely practiced earlier in the country – even though they are often mentioned in the National TB Control manual (e.g. ACF approaches such as contact investigation); and/ or (iii) have

[65] HLSP (2012): "Summary of Findings from Wave 1 Year 1 Grants".

[66] For example, the oft cited definition of innovation in economics is Schumpeter's description of the term as a production function with reference to new inputs, introduction of a new product (or a qualitative change in an existing product), a new form of organisation, or the opening of a new market, Ref: Schumpeter JA. (1939): "Business cycles (vol I)". New York: McGraw Hill.

[67] DFID (2012) "Global Poverty Action Fund (GPAF): Innovation Window Round 4 Guidelines for Applicants", accessed at http://www.dfid.gov.uk/work-with-us/funding-opportunities/not-for-profit-organisations/global-poverty-action-fund/.

[68] Of the remaining 26%, a majority of respondents are either neutral or not aware, with very few who disagreed. In particular, 75% of the PRC members; 89% of the PSG members; and 80% of the Coordinating Board members agreed/ strongly agreed. In addition, 61% of the NTPs agreed/ strongly agreed; 39% were neutral/ not aware, with none who disagreed/ strongly disagreed.

improved access of essential services to otherwise deprived or high-risk population groups (e.g. introduction of TB screening for border immigrants, prisoners, nomadic groups). Some examples of TBR supported innovations include:

- Use of real time reports from GeneXpert transmitted in electronic format for speeding up dissemination of lab results (Wave 1, Pakistan), and use of mobile phone-based microscopy technology (cellscope) for automated mobile phone based reading of sputum smear microscopy (Wave 2, Vietnam).
- Use of a novel combination of traditional horse riders and modern mobile phone technology for sputum collection and dissemination of results (Wave 1, Lesotho).
- Use of innovative PPM models utilising social enterprise solutions for expanding access to GeneXpert testing through private providers (Wave 3, Pakistan).
- Use of GeneXpert on a mobile van at the community/ rural health centres to reach the hard to access population (Wave 1, Tanzania).[69]

Moreover, some grants have been more innovative than others. In our review of the Wave 1 and 2 grants, we find that approximately 82% of the Wave 1 grants and 68% of the Wave 2 grants qualify as being innovative in the sense described above.[70] This conclusion is also supported by our findings in the country visits, where we have had the opportunity to explore the nature of innovation of the grants in more detail. For example:

- In Uganda, TBR has funded the introduction of GeneXpert through two Wave 2 grants.[71] These represent first time introduction of the technology in the country and have contributed to its adoption in the national strategic plan as well as mobilised additional support from a number of other donors. It is questionable therefore, whether the continued support of GeneXpert in the country through a further two grants approved under Wave 3 is innovative.
- Our review of two of the three TBR projects in Kenya suggests that while they have attempted to introduce some new approaches in new settings/ populations, a number of the project activities of both grantees have been funded previously by other donors in the country. For example, as part of the Moi University project, TBR funding has supported the scale up of community cough monitors to over 150 health facilities, an activity which was supported by USAID previously, albeit at a smaller scale.
- In Nigeria, of the six projects funded/ approved by TBR to date (across Waves 1-3), only two particularly stand out as having introduced existing approaches in new settings (with

[69] The mobile van carrying the new technology also functions as an HIV testing centre and the side of the van doubles up as a screen for the community to view films in the evenings.

[70] We have covered 28 Wave 1 grants and 35 Wave 2 grants for the purpose of this analysis. We have used our judgment in defining what is innovative, based on our reading of the project summaries and other documents provided by TBR. The following caveats apply to this assessment: (i) this is based on CEPA's subjective opinion of the extent of innovation observed in the grants; and (ii) as our assessment is based only on a reading of short project descriptions, we appreciate that we may not have sufficient information to make a comprehensive assessment.

[71] At regional referral hospitals/ district level health facilities through Foundation for Innovative and New Diagnostics (FIND) and rural health facilities situated in hard to reach districts along the borders of Uganda through the Infectious Diseases Institute (IDI). The IDI grant had a number of other substantial components as well.

others not being as innovative). The KNCV Wave 2 project in Adamawa State targets nomadic groups through community approaches and use of GeneXpert (these approaches have been used to improve case detection in only mainstream communities previously).[72] The Ebonyi State project aims to introduce established ACF methods to women attending antenatal care and mother and child health clinics, which has not been used previously.

The majority of TBR grants have supported innovative approaches to case detection, although the extent of innovation has varied by country and grant.

5.2. Sustainability of the TBR initiative

We consider the sustainability of TBR beyond the committed donor support by examining its funding structure (also in comparison to other organisations funding TB activities in countries) and the broader donor landscape for TB funding.

TBR was established by CIDA with a CAD$120m/ US$118m grant and it has recently accessed funding of US$25.9m from UNITAID.[73] The CIDA grant has a number of features that have provided increased funding predictability for TBR. In particular:

- *Duration of funding:* CIDA's commitment to support TBR from 2009 to 2016 (with the last funding instalment in 2014) is a relatively long-term commitment in comparison to funds received by other multilateral organisations.[74]
- *Disbursement profile:* The CIDA funding has been frontloaded to some extent (disbursements in the first two years comprise 44% of total funding), with years 3-5 having a relatively similar instalment structure (which has been agreed in advance with TBR).[75] While we do not have access to the annual expenditure profile for TBR, our assumption is that this structure is more favourable as compared to one where there are, for example, large variations in annual disbursements or where majority of the funding is back-ended.

However, the current funding base falls substantially below demand – as has been evidenced by the very large number of proposals received over Waves 1-3 in relation to the approvals. A priority for TBR is therefore to increase and diversify its resource base. Also, while the current institutional arrangements have worked adequately for a single donor, their suitability would need to be assessed if additional donors are brought on board. For example, the current TBR design and governance arrangements are detailed in the CIDA agreement, however, with a multi-donor base, these might need to be drafted more formally as institutional/ programme documents.

[72] Further, the project mapped nomadic community travel routes and patterns to determine how best to target the community, and although this had been done in previous animal vaccination programmes, it had not been used in health systems for people.

[73] In addition, TBR benefits from non-monetary contributions from WHO/ Stop TB Partnership (as described above in Section 4.5), although we note that there is a WHO PSC charge on grants for this.

[74] The average period of funding for the GAVI Alliance is 1.7 years for all direct commitments from bilateral and private donors, which is similar to that of the Global Fund, Source: (2010): "GAVI Second Evaluation Report".

[75] Which includes an initial payment of CAD$6m, followed by five further instalments.

Also, TBR's concentrated donor base presents a high degree of risk in terms of future sustainability – more so because our understanding from CIDA is that it plans to reduce its development funds from 2013 (following government austerity measures). Securing funding from UNITAID is a positive step, but more needs to be done to access funds from additional sources (and we understand that this has also been emphasised by CIDA). While a direct comparison with other organisations is not possible[76], other global health partnerships funding TB activities at the country level such as the Global Fund and UNITAID have a much wider donor base, also comprising non-traditional donors such as BRICS (Brazil, Russia, India, China and South Africa) and Middle-Eastern countries. [77]

The potential for TBR to access additional resources appears to be mixed – while TB has not received as much attention as other communicable diseases and some projections suggest that future funding is likely to decline, a number of the key bilateral donors are supporting TB as part of their health funding. In particular:

- Development Assistance for Health (DAH)[78] for TB care and control has increased in recent years (from US$0.2bn in 2000 to US$1bn in 2009), although remains well below that of HIV/AIDS (US$7bn in 2009) and malaria (US$2bn in 2009). However, more recent estimates of Official Development Assistance (ODA) by WHO indicate that the funding for TB will decrease sharply in 2013 to around US$0.5bn.[79] (Refer Annex 10)
- A number of major bilateral donors provide funding for TB including the US, Canada, UK, Japan, the Netherlands, Belgium and Germany.

The future sustainability of TBR is at risk given its concentrated funding base. High priority needs to be accorded to expanding and diversifying its donor and resource base to be able to meet the high demand from countries, and to build on its relevant and successful approaches so far.

5.3. Sustainability and scalability of approaches

A key area of this evaluation is an assessment of the actual/ potential sustainability and scalability of TBR grants/ approaches. We distinguish between the two as follows:

- *Sustainability* refers to the continued funding of an activity from any source (financial sustainability) and where the benefits of the approaches/ interventions can be maintained (programmatic sustainability) after TBR's support.[80]

[76] Given the different mandate and structure of these organisations.

[77] GF has a total of over 47 sovereign donors, as of Jan 2013. UNITAID has a total of 17 donors, as of Dec 2011.

[78] Institute for Health Metrics and Evaluation (2012): "Development Assistance for Health Database 1990-2010".

[79] WHO (2012): "Global Tuberculosis Report 2012".

[80] There are also some approaches that do not need to be sustained. For example, TBR has supported a sustainable social business model for the private sector in three countries in Wave 3. Due to the nature of the self sustaining model, it should not require further external support after TBR funding. In addition, the Association for Social Development (ASD) project in Pakistan has been designed to ensure that the facility and district level staff are able to carry out activities on an ongoing basis. A few interventions, such as some active case finding approaches, may also not need to be carried out continuously and gaps in the funding support may be appropriate. However, other activities (e.g. supplies for capital equipment purchased) require ongoing support.

- *Scalability* refers to a situation where an approach/ intervention is increased in size or coverage (i.e. taken up in other geographic areas/ populations of the country).[81]

TBR's focus to date has been on funding innovative approaches to case detection, and in line with this mandate, it has focussed less on sustainability and/ or scaling up of its grants/ approaches in countries. However, for longer term public health impact, these two aspects cannot be viewed in isolation - else proven innovations risk being abandoned after TBR support.

While there have been some positive experiences of sustainability (refer Box 5.1), a majority of our consultations (at global and country level) have pointed towards weak potential in this regard (as also concluded in the survey conducted as part of the Stop TB Partnership's 2013-15 Operational Strategy by McKinsey & Co). We provide some feedback from our country visits:

- *Cambodia:* The limited capacity and financial resources of the NTP are key constraints to the sustainability and scalability of grants in Cambodia. Another barrier is the general view that routine services should be improved/ prioritised ahead of innovative approaches which cannot reduce TB prevalence on their own. As such, the sustainability and scalability of TBR supported approaches are primarily reliant on grantees accessing new sources of donor funds.

- *Kenya:* The potential for sustainability and scalability varies, and is largely dependent on the alignment of TBR funded approaches with the broader national health strategy. While some project components that are aligned with this strategy may secure continued/ enhanced funding and support from the NTP or other donors, others are unlikely to be supported going forward.

- *Nigeria:* Two main factors are considered to be detrimental to the sustainability and scalability of approaches in the Nigerian context – these are the short duration of grants and the lack of engagement of grantees with the NTP from project inception. However, a Wave 2 project in Adamawa State has received some state government support for wider implementation of TB services for the nomadic population.

- *Uganda:* Our consultations suggest a relatively positive outlook for TBR grants being sustained, with the NTP planning to support GeneXpert machines funded through TBR (also drawing on the support of other donors such as PEPFAR and USAID) as well as a successful PPM approach implemented by the Union. We are not aware of the sustainability of other specific activities funded in the country.

- *Pakistan:* The Interactive Research and Development (IRD) grant on the use of a mobile phone technology in reporting and following up with TB cases has created significant interest amongst other grantees. We understand that an IRD presentation at the grantee workshop led to a number of them adopting this approach, with assistance from IRD. For example, in Kenya, the Moi University (a Wave 2 grantee) supported field coordinators in using this technology to report TB cases from health facility registers. In Uganda, the Foundation for Innovative New Diagnostics (FIND) (a Wave 2 grantee), has implemented a variation of the technology to follow up with patients and ensure

[81] Approaches could also be taken up by other countries – referred to as replication.

treatment adherence. Further, the NTP Wave 1 project has been handed over to the sub-recipients of the Global Fund grant; and the Punjab Prisons programme has been taken over by the Punjab Government. Other activities such as contact screening have not continued with government support, since this is very resource intensive.

In general, the key country-level influencing factors affecting the sustainability/ scalability of TBR grants are: the degree to which approaches are aligned with the NTP; the extent to which other donors/ funders are aware of the TBR grants and their results; whether the NTP has been involved in the TBR proposal design including its plans for sustainability; the unit cost of approaches relative to other approaches; amongst others.

Box 5.1: Examples of TBR supported activities that have been sustained and/ or scaled up

- We understand that the **Global Fund** has agreed to sustain a social franchising model of a PPM component in Lao PDR for a period of five years, and is considering whether to support interventions in Ethiopia (for community volunteers), Lesotho (for specimen transport and a tracking system, horses and an SMS technology) and Pakistan (for contact investigation and PPM approaches).
- Some TBR supported approaches are being adopted by **USAID.** For example, in Tanzania, PEPFAR are supporting the implementation of GeneXpert in a mobile laboratory and peripheral health centres which will be integrated into a National Institute for Medical Research (NIMR) project. We also note that the US recently announced an additional US$11m in funding for GeneXpert, which is to be used in 14 countries. An intervention aimed at prisoners is also likely to be funded and scaled up by PEPFAR/ USAID as part of the Centre for Infectious Disease Research in Zambia project.
- The **NTP in India** is scaling up an activity to introduce LED microscopes in medical colleges and this has been included in the national strategic plan.

In addition, while 65% of the e-survey respondents agreed/ strongly agreed that "*the successful approaches funded by TBR have the potential to be sustained and scaled up at the country level*", a relatively large proportion (30%) were also neutral/ not aware. In particular, only 65% of the NTPs agreed/ strongly agreed, and the remaining were largely not aware, highlighting the need for TBR to engage more closely with the NTPs, to increase the prospects for the TBR approaches being sustained/ scaled up. Further, during some of our country visits, we were unable to meet with grantees for completed TBR grants, as the project teams for these grants have moved on to other activities and are not easily contactable. While this might be expected, especially when the implementers are CSOs/ NGOs, it shows that these grants have not been sustained/ considered for scaling up (particularly relevant for successful grants). These aspects therefore need more attention in terms of the design and implementation of TBR support across countries.

Evidence to date suggests that there is limited potential for the sustainability and scalability of TBR's projects and approaches. Although not its explicit mandate thus far, TBR needs to play a more active role in encouraging these aspects going forward, so as to maintain the relevance and impact of its grants.

6. RESULTS

In our assessment of results, we look at the achievements of the initiative to date and whether it is on track to achieve expected results (Section 6.1); and the value add of TBR (Section 6.2).

6.1. Results of the initiative to date

6.1.1. Issues with assessing progress

An important component of a mid-term evaluation is an assessment of the progress made towards the achievement of the goals and objectives of the programme, so as to review whether it is on track and if any course correction may be required. However, we are constrained in this assessment by the absence of a clear mission statement and a pre-defined results/ logical framework with targets and milestones for the initiative (so as to objectively assess whether the initiative is on track to achieve its results).[82] The only objectively verifiable indicator of progress that we have come across has been in the CIDA grant agreement on 'an additional 240,000 people being successfully *treated* for TB' – however treatment success rates has not been the focus of TBR M&E and is also arguably not a measure of TBR efficiency/ management and grant outputs (which would be additional cases detected and notified – see Figure 6.1 below).

A further limitation has been the unrealistic targets included by some grantees in their proposals – and consequently a large divergence from the actual additional TB cases detected and related costs. This was an issue identified by the M&E agency in Wave 1 (and linked to the fact that the TBR had instituted a requirement of US$350 per additional case detected under this wave – revised to a 'measure of cost-effectiveness and sustainability' in subsequent waves).[83]

Hence, we are unable to review progress against any defined milestones. Nonetheless, we summarise the emerging results of the initiative, drawing on the available data and consultation feedback.

6.1.2. Overall findings and approach

In general, both global and country level stakeholders have viewed the initiative very positively and commented that it is making good progress in terms of identifying successful approaches to improving TB case detection rates. Majority of the e-survey respondents also agree/ strongly agree (75%) that "*TBR is on track to achieve its objectives of early and increased case detection among poor and vulnerable populations that have limited access to care"*, with a few who were largely neutral or not aware. In particular, all members of the Stop TB Partnership Coordinating Board; 89% of the PSG members; and 77% of the TBR grantee institutions agreed/ strongly agreed with this

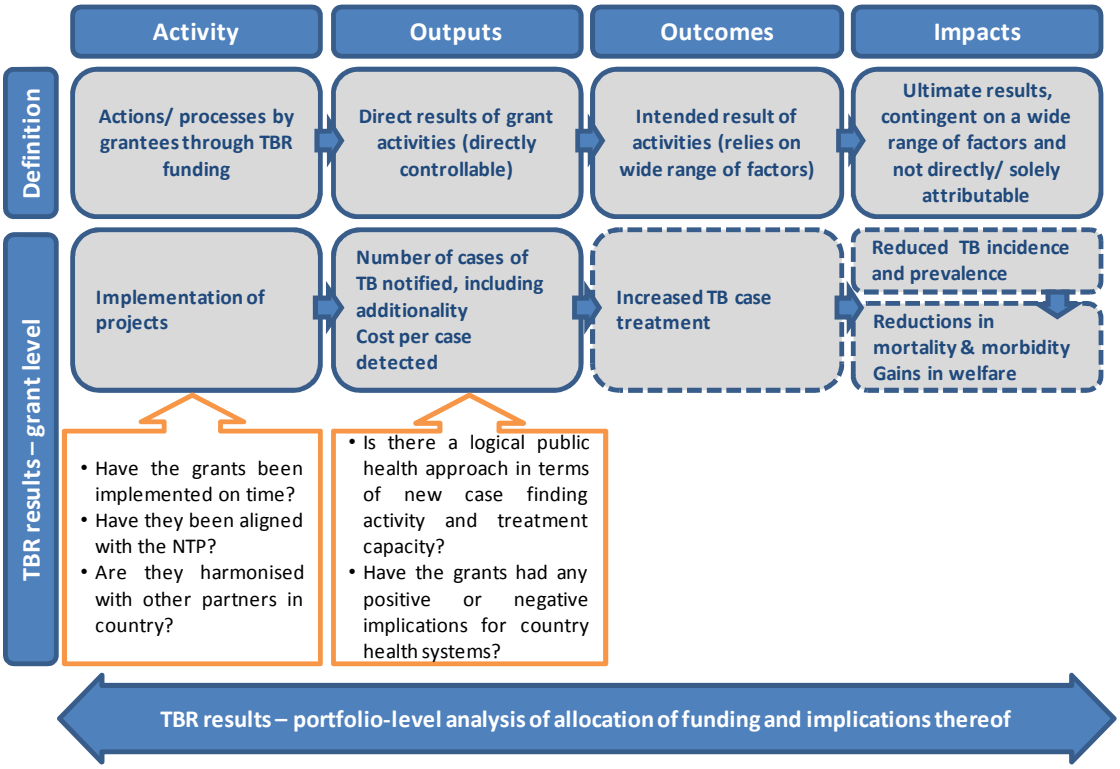
[82] We note that the new Stop TB Partnership Operational Strategy emphasises performance management, however in our view, more could be done in terms of developing a detailed logical framework for TBR, with more precise indicators and targets/ timelines for achievement.

[83] While a majority of the TBR grantees agree/ strongly agree with the statement: "*TB REACH grantees have been, or are likely to be successful in meeting their proposed project results*", only 50% of the local NGOs agree/ strongly agree, 18% disagree, and the rest were either neutral or had no views. The e-survey respondents also commented that very often targets included in the proposals tend to be overambitious and unrealistic and are difficult to achieve, given that the interventions are innovative and it is difficult to anticipate challenges that may arise during implementation.

statement. We present in Figure 6.1 below a possible logical framework to examine the initiative's results. In particular:

- We analyse the information presented by the M&E agency on the results of grants to date. This is focused on the outputs achieved, as evidence of any outcomes and impact is not yet available.
- We look at specific aspects relating to: (i) grant activity/ implementation including the timeliness of the grants and their alignment with the NTP and other donors in country; and (ii) a qualitative assessment of grant outputs, in terms of linkages with treatment and broader effects on health systems (based on our consultations and country visits). (Some aspects of this are also covered in the next sub-section on the 'value-add' of TBR)
- Finally, we carry out a portfolio-wide assessment of TBR grants, in terms of the distribution of activities supported and geographies covered, including a comparative assessment of grants across Waves 1 and 2. This has allowed us to assess the appropriateness of the allocation of TBR funding.

Figure 6.1: TBR results framework and our analysis



6.1.3. M&E agency findings

At the time of this evaluation, we have access to the M&E agency's annual review of Wave 1 grants for year 1.[84] Their main focus has been on measuring grant outputs, specifically in terms of the number of cases notified, additional case notifications and cost per case detected (as summarised in the table below). Key points to note are as follows:

[84] Preliminary results of Wave 2 and Wave 1 Year 2 grants until the second quarter (Q2) are also available, but these are not analysed here as these are draft numbers at this stage.

- To date, TBR funding has led to a total of 84,456 bacteriologically confirmed cases notified, of which 17,223 are additional. Consultation feedback suggests that this represents a substantial achievement, although we are unable to judge the extent of progress in the absence of specific targets and milestones for TBR's overall results.[85,86,87]
- The percentage adjusted increase in TB cases notified from baseline for Wave 1 projects was 25.6%. A majority of projects (22 out of 26) have been able to demonstrate an increase in the number of TB cases notified, although this has varied considerably.
- The total intervention cost[88] per TB case detected for Wave 1[89] was US$804. This is considerably higher than the US$350 target/ benchmark specified in the initial CIDA agreement.

Table 6.1: Summary of additional bacteriological confirmed TB cases detected in Wave 1[90]

Indicator[91]	**Wave 1[92]**
Total number of TB cases notified (grant range)	84,456 (165 to 12,780)
Trend adjusted additional TB cases (grant range)	17,223 (-424 to 3,023)
Percentage adjusted increase above baseline (grant range)	25.6% (-12% to 936%)
Intervention cost (US$) per TB case detected (grant range)	804 (256 to 12,314)

The M&E agency also makes some interesting observations on the cost effectiveness of grants:[93]

- The greatest determinant of expenditure per case is the number of cases found, rather than total costs. This implies that the effectiveness of case finding approaches is a greater determinant of value for money than cost control.
- The most cost-effective grants, in terms of the cost per additional case detected, tend to be implemented in populations where there are low estimated case detection rates (e.g. below 50%) prior to implementation.

[85] We do however note that only Wave 1 Year 1 numbers are classified as robust by the M&E agency and estimates for Wave 1 Year 2 and Wave 2 are not yet finalised.

[86] Going by the proportion of the CIDA grant allocated to Wave 1 (19%; US$18m), TBR may have been expected to successfully treat an additional 45,600 people (which is 19% of the CIDA target of successfully treating 240,000 additional people), its achievement to date (which is only reported in terms of cases detected and notified to the NTP) is some way off of this target.

[87] While there are difficulties in comparing results across projects and waves, Wave 2 (despite a higher number of projects and total funding allocation) appears to have performed less well than Wave 1 (which recorded 13,124 additional cases) up to and including the results of quarter 2. However, we note the preliminary nature of the Wave 2 results, HLSP (2012): "Quarterly Monitoring Report 2012 Q2: Summary of Findings from Implementation 1 April to 30 June 2012 (Q2)".

[88] The intervention cost is calculated by summing the total grant values less the expenses initially budgeted for internal M&E, operational research and administrative overheads, HLSP (2012): "Summary of Findings from Wave 1 Year 1 Grants".

[89] This analysis is not extended to Wave 1 Year 2 or Wave 2 grants and should be interpreted with caution as the estimates may be biased by exogenous factors, such as purchasing power parities between settings.

[90] For a detailed definition and methodology of these indicators, please refer to the M&E Agency reports.

[91] TB cases refer to all forms.

[92] This excludes two projects which did not report data.

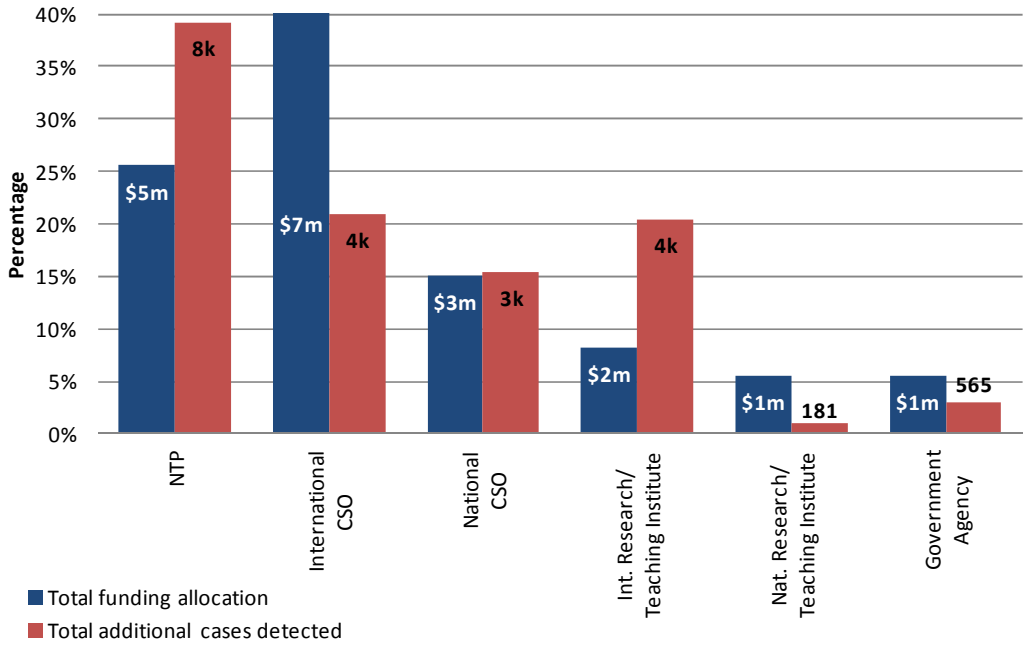
[93] HLSP (2012): "Summary of Findings from Wave 1 Year 1 Grants".

Further, we have analysed the performance of grants by type of institution based on the information presented in the M&E agency Wave 1 Year 1 report. Figure 6.2 summarises the total funding and additional cases detected in Wave 1 by type of implementing agency.[94] Key points to note are as follows:

- National organisations have received the majority of TBR funding (52%) as compared to international organisations (48%).
- NTPs were able to detect a higher proportion of additional cases (39% of total) than their relative allocation of funding (34%) in Wave 1.
- International CSOs received a far higher proportion of Wave 1 funding (54%) compared to the proportion of additional cases (21%) they were able to detect.

While more in-depth analysis is needed here, these findings might suggest that interventions embedded within NTP routine services appear to produce better results.

Figure 6.2: Wave 1 allocation of funding and additional cases detected



6.1.4. Broader results

As noted, we examine the broader results of the TBR grants, specifically:

- grant activity/ implementation including the timeliness of the grants and their alignment and harmonisation with the NTP and other donors in country; and
- grant outputs, in terms of linkages with treatment and any implications on country health systems.

As it is not possible for us to review all TBR grants, we focus on the grants funded in the four field visit countries, supplemented by information from the global consultations and e-survey.

[94] Where there are two implementing agencies for any one grant, we have classified the project by the lead agency.

Timeliness of grants

Our analysis of the duration of grants over Waves 1 and 2 (refer Annex 15 for details) finds that the average length of a grant has been 1.3 years, and approximately a quarter of projects have exceeded 1.5 years in duration (27% in Wave 1 and 20% in Wave 2). This includes grants that have received a no cost extension, which was 97% of all Wave 1 projects and 71% of Wave 2 projects. While it is noted that delays are on account of a number of reasons, it is clear that grants have not kept to the initial one year timeline proposed.

Alignment with NTPs

Despite the possible tension between supporting activities that are innovative and those that are aligned with the objectives of local plans and systems, as noted earlier, the activities supported by TBR have generally been aligned with and complementary to national TB programmes, although this has varied by country.

Harmonisation with donors and other country stakeholders

Given the general donor approach of strengthening existing aid channels and avoiding the creation of new structures, it is relevant to question whether TBR has caused fragmentation and complexity at the country level.[95] In our view, TBR could do more to coordinate the implementation of its interventions with other donors (e.g. the Global Fund, USAID, etc.), which could be beneficial for the sustainability and scalability of approaches supported by TBR. TBR has recently undertaken measures to coordinate its efforts with other donors, for example through the Wave 3 call for proposals which promotes the co-financing of interventions.

Broader implications on country health systems

Beneficial impact on country health systems has been in terms of a number of TBR grants facilitating greater coordination amongst country level TB stakeholders and focusing on early case detection activities. These are elaborated in Section 6.2 on TBR's 'value add'.

However, we note that there are examples where TBR grants have strained existing country health systems such as in Kenya where there have been problems in adequately incentivising health workers to focus on TBR projects, given they are already over-burdened with other responsibilities. Another key risk is with respect to linkages with treatment drugs and services. We understand from the Secretariat that lack of availability of adequate treatment drugs has been a problem in two countries – Uganda and Pakistan – given country specific issues (e.g. in Uganda there was a change in the institutional responsibility for procurement of drugs within the government resulting in some delays). However, in the face of poorly functioning health systems in many countries and the potential risk of inadequate treatment services as case detection is ramped up (especially if TBR projects are sustained and/ or scaled up), there is a public health imperative to ensure that TBR projects are well coordinated with treatment programmes and services in country.

These aspects are also emphasised in our e-survey responses as follows:

[95] OECD (2012): "2012 DAC Report on Multilateral Aid".

- 65% of e-survey respondents either strongly agree or agree with the statement, *"TB REACH projects have not had any negative results on the wider health systems"*, while the remaining were either neutral or not aware. While a large proportion of NTPs strongly agreed/ agreed with the statement (81%), only 65% of the international NGOs and 59% of the research/ technical organisations agreed, and the remaining were largely neutral
- 52% of e-survey respondents, particularly the NTP (55%), strongly agreed/ agreed with the statement: *"The risk of drug shortages reducing the impact of increased cases diagnosed by TBR projects is high"*. On an average, 50% of the respondents within each stakeholder category agreed/ strongly agreed with the statement, while the remaining were largely neutral or not aware.

6.1.5. Review of grant portfolio

We assess whether the allocation of resources across geographies, populations and approaches is appropriate, given the mandate of TBR.

As presented in Figure 6.3, over 70% of the total funds committed over Waves 1 and 2 has been allocated to 16 of the world's 22 HBCs and almost 60% to the AFRO region. This allocation is appropriate, given the priority to identify new approaches to case detection in these countries.

Figure 6.3: TBR funding committed: (i) to HBCs; and (ii) by region

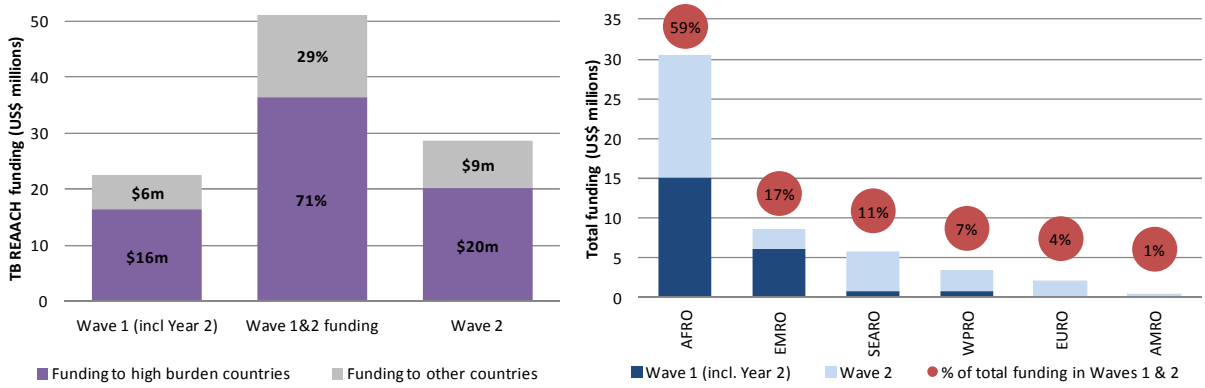


Figure 6.4 below shows the value of TBR grants in Waves 1 (including Wave 1 Year 2) and 2 as against the WHO estimated TB case detection rate, expressed as a percentage. Key points to note are as follows:

- TBR has provided funding to a mix of countries with both very low case detection rates (below 40%; such as Mozambique, Laos and Guatemala) and high case detection rates (above 85%; such as Ukraine).
- The negative slope of the trend line (albeit only slightly) however demonstrates that TBR allocates more funding to countries with lower case detection rates.

In our view, while countries with a high case detection rate would also benefit from new and improved approaches to case detection, it might provide greater value for money to allocate relatively more resources to countries with low case detection rates. The current allocation is broadly appropriate, although there may be scope to further target countries/ population groups where case detection rates are low.

Figure 6.4: Value of TBR grants and the TB case detection rate, all forms (%)[96]

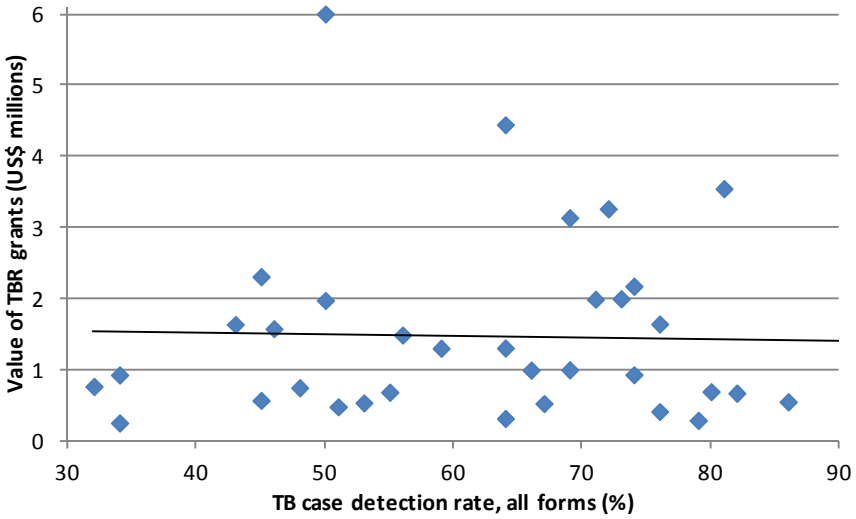
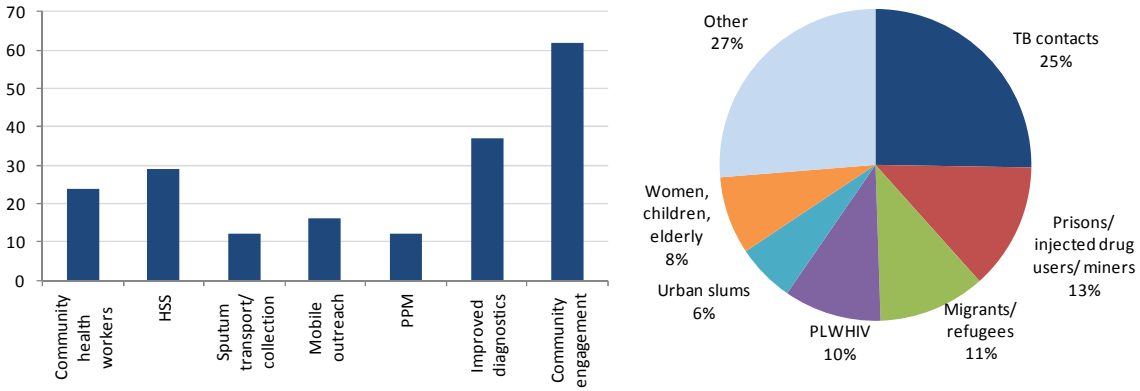


Figure 6.5 presents the funding committed by TBR to specific types of approaches and population groups. While this categorisation should be interpreted with caution (as some grants have been categorised with only limited information available and many grants employed different approaches simultaneously), the figure illustrates that:

- TBR has supported a range of approaches for increasing TB case detection, the most popular being activities aimed at greater community engagement and improving diagnostics.
- TBR has also targeted a number of high risk population groups, particularly TB contacts and prisoners/ injecting drug users/ miners.

Figure 6.5: Number of projects: (i) implementing specific approaches; and (ii) targeting population risk groups [97]



[96] WHO TB database (2012): "TB_burden_countries_2012-10-23 (Updated with 2011 data)".

[97] Other includes isolated communities, underserved/ hard to reach populations, clinical risk groups, ethnic groups and military/ police.

TBR is making good progress towards identifying successful approaches to improving TB case detection. A key fall-out of enhanced case detection by TBR has however been the risk of inadequate/ timely treatment services, underscoring the continued need for effective coordination with national TB services. Notwithstanding its results to date, TBR's outcomes and impact could be better measured and reported if a suitable results framework is developed for the initiative.

6.2. Value add

This section examines the extent to which TBR and its funded activities have added value at the global and national levels, as compared to its counterfactual (i.e. what would have happened in the absence of TBR).[98]

Our assessment is that specific aspects of TBR's funding design have contributed to its value add. In addition, there have been some examples of value add in countries through the TBR funded activities. These are described in turn below.

In terms of TBR funding design, the following aspects have added value:

- *Focus on new/ innovative approaches to case detection*. TBR's main value add vis-à-vis other donors is its approach of funding/ supporting a range of innovative activities, that would not have (at least initially) received funding from other sources. Other donors like the Global Fund and USAID fund the more 'tried and tested interventions', for which there is adequate available evidence of success.
- *Fast track grants*. TBR is a fast track funding mechanism for case detection approaches. For example, in Uganda, TBR has funded the GeneXpert technology more quickly than other donors, and brought forward the country's adoption of the new diagnostic tool.
- *Focus on vulnerable population groups*. In our view and as validated during the country visits, TBR has added value by targeting vulnerable and high risk population groups, including TB contacts, prisoners, migrants, TB-HIV suspects, amongst others. These groups are often not the primary focus of other donor programmes and have limited/ no access to essential healthcare facilities. For example, case finding among household contacts of TB patients was ignored in Pakistan prior to TBR funding. Similarly, the IOM project targeting the migrant population in Cambodia would not have been funded in the absence of TBR funds. In Nigeria, the provision of TB services to slum dwellers in major cities using TBR funds had not been contemplated at the current scale.
- *Independent M&E agency*. The M&E agency have developed a robust M&E approach, and built capacity in M&E among grantees. This has been very beneficial for the country, and is preferred over other donor approaches, where there is relatively less direct contact between donors and grantees.

[98] We adopt the OECD DAC's definition of counterfactual as follows: "the situation or condition, which hypothetically may prevail for individuals, organisations, or groups were there no development intervention", OECD-DAC (2002): "Glossary of Key Terms in Evaluation and Results-based Management".

Further, TBR is likely to impact on future policy development, through: the publication of a number of peer reviewed articles on the experiences of the initiative and grants[99]; country dialogue during the development of national strategic planning and programme reviews (such as in India and Myanmar); and the creation of information which has guided global policy guidance, for example in the development of guidelines on screening, active case finding, contact investigation and the use of GeneXpert tests.[100] The Stop TB Partnership's Operational Strategy for 2013-15 accords a high priority for these activities for TBR.

In addition, there have been a number of examples of added value at the country level through TBR grants.

- *Focus on early case detection*. Unanimous feedback from consultees is that TBR activities have been very valuable in promoting early case detection, by their unique focus on promoting ACF in countries (although we note that this aspect has not been scientifically measured as such). This is different from other donors who have generally funded passive case finding approaches. For example, in Cambodia, TBR's projects have helped put ACF on the NTP's radar, as a complement to routine case finding programmes of other donors. Similarly, grantees in Pakistan have been able to conduct ACF on a larger scale and in a more systematic manner than was earlier possible.

- *Greater coordination amongst country stakeholders*. We understand that TBR has facilitated greater coordination and collaboration among the country stakeholders (NTPs, CSOs, etc), which was not the case prior to TBR funding. Consultees noted that in many cases, NTP managers were not aware of the number of organisations engaged in TB control in their countries, and TBR has helped to facilitate contact between them.

- *Increased resources for TB case detection*. Based on our discussions with CIDA, we understand that their funding of TBR was part of a consolidation exercise, wherein they were keen to support selected large initiatives rather than multiple small initiatives focusing on TB. As such therefore our assumption is that CIDA funds to TBR do not represent 'additional' funds for TB control (although we cannot claim this with certainty). However additionality of funding may be viewed more from the perspective of TBR's focus on case detection and the channelling of additional donor resources towards this end in countries.

TBR's design and support to countries are regarded to be of high added-value in the current TB/ health aid architecture. Notable examples of its value add are illustrated through its funding design (focus on innovative approaches and vulnerable populations, fast track grants, independent M&E approach) as well as the grantee/ project experience in countries (focus on early case detection, facilitation of coordination amongst country stakeholders and additionality of funding for case detection).

[99] We understand that these articles are being coordinated by the TBR Secretariat in collaboration with the M&E agency. One article has been published to date and another four to six are in the pipeline for publication in the next 6-9 months.

[100] TB REACH (2012): "Stop TB Partnership Coordinating Board Meeting: 18-19 November 2012, Kuala Lumpur"

7. CONCLUSIONS

7.1. Approach

The previous sections discuss our findings on the evaluation dimensions. In this section, we present our conclusions along four criteria, drawing on the definitions of the OECD DAC evaluation criteria and tailoring them to the TBR context, as follows:

- *Efficacy* – refers to the extent to which planned objectives and outputs have been achieved. From the perspective of TBR, efficacy relates to the extent to which it has funded innovative approaches and the results achieved to date.
- *Efficiency* – is an economic term that relates to the ability to deliver desired outputs at the lowest possible cost (cost effectiveness) for a given quality. For TBR, efficiency relates to how well it has performed in terms of its funding design approach as well as governance and management arrangements.
- *Sustainability* – of an intervention refers to the extent to which the grant activities are likely to be continued after donor funding ends. From the TBR perspective, we consider the extent to which grants and approaches have been as well as have the potential to be sustained and/ or scaled up.
- *Accountability* – refers to the extent to which the initiative has delivered on its responsibilities/ commitments to its stakeholders (including donors, grantees and the broader TB community).

These criteria are assessed along a 'traffic-light' scale, as described in the table below.

Table 7.1: Traffic light system for performance monitoring

Traffic light	Description
G	*Green* indicates that TBR has performed well against the evaluation criteria. Some improvements/ refinements may however still be needed.
A	*Amber* indicates that the initiative has performed reasonably well against the evaluation criteria, although considerable improvements need to be made.
R	*Red* indicates that TBR has performed poorly, and immediate and major changes to the initiative are recommended.

7.2. Summary assessment

Efficacy **Assessment: Green/ Amber** 

Our overall assessment is that TBR has performed well in terms of funding innovative approaches that have led to additional TB cases being detected. The development of a results framework for the initiative with specific targets and milestones will further aid a future review of progress.

Many TBR grants have supported approaches which: (i) represent a first-time introduction of an approach in the country/ population group; and/or (ii) have not been routinely practiced previously in the country and at scale; and/ or (iii) have improved access of services to otherwise

deprived or high-risk population groups. However, the extent of TBR's innovation has varied across grants and countries, with some examples of projects that might be viewed as more innovative than others. In terms of the results achieved to date, there is some mixed but broadly positive evidence:

- TBR Wave 1 Year 1 grants have led to 17,223 additional TB cases detected and successfully put on treatment. For Wave 1 grants, the percentage adjusted increase in TB cases notified from baseline was 25.6% and the total intervention cost per TB case detected was US$804.
- TBR grants have generally been aligned with the NTPs and national health systems, although this has varied across countries. There is a public health imperative to ensure that TBR projects are well coordinated with treatment programmes and services in a country.
- TBR grants have implemented a wide range of approaches and been relatively well targeted over Waves 1 and 2, with: over 70% allocated to 16 of the world's 22 HBCs; almost 60% of funds to the AFRO region; and relatively more funding allocated to countries with lower case detection rates.

Efficiency **Assessment: Green**

TBR has improved its funding approach based on learning over successive waves, and this has contributed to its improved performance over time. Overall, the design of its funding to countries works well, especially in terms of the country and organisation eligibility criteria as well as the size and duration of funding.[101] Some efficiencies could however be realised in terms of streamlining or revising specific aspects of its proposal solicitation and review process in line with its budget envelope and structuring of its second year of support.

The initiative has performed well in cost-efficiently managing and delivering its programme. Its structure as a whole, with a lean but responsive Secretariat, is regarded as very efficient. There has been unanimous feedback that the Secretariat has delivered its functions effectively and that the outsourcing of the M&E function to a professional agency has worked well. However, in terms of the governance structure, the Coordinating Board and PSG have not engaged adequately with the initiative.

Sustainability **Assessment: Red**

We have examined the sustainability of the TBR initiative as a whole as well as sustainability/ scalability of its projects in countries.

Given TBR's highly concentrated donor base (comprising CIDA and UNITAID), the future sustainability of the initiative is at high risk. Priority needs to be accorded to expanding and diversifying its donor and resource base, to be able to meet the high demand from countries.

Our review and consultations have highlighted relatively weak potential across grants and countries in terms of sustainability/ scalability (although we understand from the Secretariat that some grants have been scaled up/ sustained). More could be done to alter the design of TBR's

[101] This conclusion is made in light of the extension of the duration of grants in Wave 3 to 18 months.

funding approach (e.g. in terms of the structuring of second year support) and to raise awareness of the results of its grants among NTPs and other TB donors (e.g. Global Fund and USAID) to ensure that successful interventions are systematically sustained or scaled up.

Accountability **Assessment: Green/ Amber** 

TBR has performed well in terms of being accountable to CIDA, through its reporting mechanisms and CIDA's seat on the Coordinating Board and PSG. It has also performed well in terms of transparency in decision making (although greater clarity needs to be provided on the basis for approval for a second year of funding), and robust M&E system (although an over-arching results framework needs to be defined). It could however do more to engage more actively with global and national TB stakeholders.

Overall performance **Assessment: Green/ Amber** 

TBR is a relevant and value-adding initiative in the context of the need to improve TB case detection rates through 'non-traditional' approaches and the current role/ focus of other donors for TB. It is an efficient mechanism that has funded innovative approaches that have led to increases in the number of TB cases detected and put on treatment – thereby contributing to its mandate. However, our review has highlighted the critical need to focus on, and invest in, promoting the future sustainability and scalability of TBR grants, as well as in diversifying/ expanding the initiative's resource base.

8. RECOMMENDATIONS

In this section, we set out our recommendations for improving TBR's performance, drawing on the evaluation findings and our judgement.[102] In general, TBR's focus and approach are well designed and the initiative has performed effectively to date. Hence, our recommendations are in the nature of suggestions for incremental improvements to the initiative, rather than a substantial re-think of its strategy and operating model.

We first present some *strategic recommendations* on TBR's approach and funding design, followed by more detailed *operational recommendations*, relating to the governance and implementation of the initiative. For each, we summarise the key issue(s) that suggest the need for change, followed by a proposed course of action. We do not undertake a detailed appraisal of options, but have commented on why some alternatives may not be preferable, where relevant.[103]

8.1. Strategic recommendations

8.1.1. Design of funding waves and proposal process

Issue identified in the evaluation

Whilst it is natural for only a proportion of funding proposals to be approved, the number of proposals received by TBR is substantially higher than it is able to fund. This results in some good proposals not being funded and wasted resources on the part of several applicants. The PRC and Secretariat is also burdened by the extensive review process, which has increased over successive waves, raising some questions as to whether this process is 'fit-for purpose' given TBR's budget envelope.

CEPA recommendation

The issue of demand being far greater than supply underscores the need for TBR to raise additional resources – which is well recognised within the initiative. Beyond financing however, it questions whether alternate proposal solicitation approaches may be considered, specifically in relation to the eligibility criteria, design of waves and grant application processes.

In our view, restricting the eligibility criteria (in terms of countries and types of organisations) would reduce the potential to identify innovations. In the same vein, limiting the scope of the waves – e.g. by focusing on specific populations or approaches to case detection – would contradict the raison d'être of TBR, which is to identify innovative approaches that work in particular settings. We support the existing TBR approach of an 'open' call for proposals. However, structuring a specific track alongside the open call, such as the Wave 3 Xpert Track[104], may make sense in certain circumstances, for example where additional donor funds can be

[102] Some of the previous sections on the evaluation dimensions have included suggestions/ options for improvement and these are collated in this section. Also, given the focus of this section, we do not repeat (as elucidated in the previous sections) what has worked well about the initiative.

[103] We also do not provide a detailed action plan for implementation of these recommendations, as we assume these would be determined by the Secretariat and the TBR governing bodies, subject to their approval of our suggestions.

[104] This funding track focused on the introduction of the GeneXpert in sub-set of TBR's eligible countries.

solicited for a specific purpose or to focus on a particularly challenging or underserved area in TB case detection such as MDR-TB or paediatric TB detection (so long as this is aligned with the mandate and objectives of TBR and does not affect its regular open call).

Our recommendation for change is mainly in the application process. Some suggestions for consideration are as follows:

- *Request for an intent to apply.* As in a number of other donor programmes for competitive funding, TBR could require interested applicants to submit an 'intent to apply' within a specified time period of its call for proposals. This would provide TBR a better sense of how many proposals it will receive and from who, and help it plan how it might allocate its available resources, as well as the PRC's time. It would also help TBR identify relatively weaker applicants (e.g. smaller local NGOs) that could benefit from technical assistance in the proposal development process – see Section 8.2.3 below.
- *Adopt a two-stage proposal process.* TBR could require all applicants to submit a short concept note which sets out the purpose and basic design of the project, and confirms that the applicant is compliant with the minimum eligibility requirements (e.g. financial capacity). This would be a screening/ elimination stage, after which shortlisted applicants would be invited to submit a full and detailed proposal. While an additional step might introduce some complexity, it is likely to be more (time and resources) efficient for both the applicants and TBR.

It might also be good practice to decide and publish in advance for each wave (subject to the budget) the maximum number of applicants who would be shortlisted to submit a detailed proposal – this would make the process transparent to the proponents and ease the proposal review/ approval process for TBR.

8.1.2. Sustainability and scalability of grants/ approaches

Issue identified in the evaluation

Evidence to date suggests that there appears to be limited potential for the sustainability and scalability of TBR's approaches/ interventions. These aspects need more attention and investment in terms of the design and implementation of TBR support across countries.

CEPA recommendation

TBR has been set up to fund innovative approaches to case detection and should continue to maintain this focus. The majority of the e-survey respondents (75%) also agree/ strongly agree that "*Going forward, TB REACH should maintain its focus on providing short term and fast-track grants for innovative approaches to increasing case detection*", with only a few who disagreed (15%).[105] At the same time, there are a number of areas where TBR could do more to support the sustainability and scaling up of grants/ approaches. This might require an enhancement of Secretariat capacity.

[105] An overwhelmingly large percentage of NTPs (94%) strongly agree/ agree with this statement, followed by members of the Stop TB Partnership Coordinating Board (90%); and the PSG members (89%).

TBR could approach the issue of sustainability and scalability in a more strategic and comprehensive manner, and our suggestions are as follows:

- *Consideration of high and poor performing grants.* Funding innovative approaches implies that not all projects will succeed in meeting their objectives and certain projects will exhibit greater levels of impact and potential than others. In the context of limited resources, our suggestion is to develop a framework that defines and identifies high and poor performing grants, to ensure that TBR focuses on the projects with the highest impact/ benefit and potential for scaling up. Clear parameters should be agreed on what constitutes a well-performing grant – for example, the number of additional cases detected, treatment rate, alignment with health systems, relevance of the activity in the context of country needs/ gaps.

- *Linkages with other TB funders at the global and country level.* TBR should be more proactive in raising awareness of its projects and their results among key TB donors (e.g. USAID, Global Fund, JICA). At the global level, donors could agree to better harmonise their interventions and support to ensure sustainability/ scaling up of high-impact approaches to TB case detection and treatment – e.g. through instituting a Memorandum of Understanding between donors for better coordination of their funding activities. At the country level, TBR could liaise more actively with NTPs and the country development partners (e.g. the WHO, UNDP, UNICEF and UNAIDS country offices, other partners and donors) to facilitate continued support for well performing TBR projects.[106]

- *Greater alignment and coordination with the NTP.* Given the objective of TBR is to support innovations that are not necessarily a part of national TB plans/ budgets, we view this alignment as critical to the sustainability and scalability of approaches. The requirement of a letter of support from the NTP in the application is an essential but not conclusive condition to ensure this. Our specific recommendations are:

    - The PRC/ Secretariat could engage with the NTP managers (and other key country level partners) during the proposal review/ approval process (and also on an ongoing basis) to solicit feedback on: alignment of proposals with the country priorities; what might work well in the country context; and whether similar interventions have been tested previously (provided there is no conflict of interest for the NTP at the proposal stage).

    - TBR could do more to clarify the roles and responsibilities of the NTP before, during and after the TBR grant. For example, some NTP managers have noted that they would like to be involved in the design of the M&E approach and this could be leveraged to provide NTPs with more information on projects.

    - Towards the end of each grant, TBR may engage with the NTP and other country stakeholders to discuss options for project sustainability/ scalability – focussing on the high-performing grants (as defined above).

[106] This is in line with the PSG's recommendation (of 10 November 2010) for TBR to collaborate with different donors, including members of the Global Fund Country Coordinating Mechanisms (CCM) and Technical Review Panel (TRP). This is also noted in the Stop TB Partnership Operational Strategy (2013-15).

- *Dissemination of results and best practice.* A key objective of TBR in funding innovations is to disseminate findings on the results of approaches, which can subsequently be sustained and/or scaled up. It is important to document successful innovations and models that could be replicated elsewhere, through, for example: peer reviewed publications, workshops. The primary responsibility for dissemination of information at the global level lies with the Secretariat, and it could leverage the large group of stakeholders on its governance bodies as well as the Stop TB Partnership and WHO structures (global and country) to share its experience wider and deliberate on options/ global lessons for sustaining/ scaling up similar projects.[107] At the country level, TBR could work through the NTP/ other donors with country presence to promote the organisation of review meetings/ workshops on an annual or semi-annual basis to share lessons and best practice (for example, the TBR Secretariat could plan to arrange some stakeholder meetings during its country visits). Final reports on successful project performance and key M&E indicators should be shared with the NTPs and other in-country donors.

Furthermore, the application and proposal review process could accord a higher priority to sustainability and scalability, particularly at the early stages of the project design. We recommend the following:

- *All proposals should include a practical sustainability plan.* While the current proposal format includes a section on a proposed sustainability plan, additional evidence and specific suggestions could be required, albeit recognising that the prospects for sustainability will evolve during grant implementation. For example, applicants could provide examples of any previous project funding received, that has been sustained/ scaled up. Applicants could also be encouraged to plan/ budget for dissemination of grant progress/ results at fora such as national review/ NTP meetings or stakeholder meetings.

- *Second year grants should propose an 'exit strategy'.* The second year of support could actively aim to increase the likelihood that approaches will be sustained or scaled up (refer Section 8.1.3 below). TBR could require that Year 2 funding proposals should have a detailed exit strategy which seeks to ensure a smooth transition and scale-up post-TBR support.[108]

- *Co-financing.* While arranging co-financing is not possible for all applicants (particularly small local NGOs), more points could be awarded to applications that include credible co-financing (whether from their own or external resources). TBR has introduced this approach in Wave 3 (with a project on TB in mining communities being co-financed by private mining companies) and this is also adopted by many other funding organisations in global health. Co-financing could encourage a higher probability of continued funding, and arguably, it is more beneficial in the longer term to fund a project that can be sustained than say, a better innovation that is lost after TBR funding.

- *Key criteria in the PRC review.* The PRC considers sustainability as one of its review criteria. However, it was accorded a maximum of only 5 out of 100 points for Wave 1 proposals,

[107] We understand that TBR is looking to emphasise this under its new Operational Strategy for 2013-15.

[108] This is also in line with the discussion of the PSG (of 10th November 2010). We understand that the PRC considers the project sustainability plan when it decides on Year 2 funding, but this could be emphasised more.

and the potential for scalability is not specifically included. These could be emphasised to a greater degree, including when reviewing proposals for providing a second year of funding.

8.1.3. Second year of funding

Issue identified in the evaluation

There have been a number of issues with the design of the second year of funding for TBR projects including a lack of clarity on the objectives and selection approach/ criteria. There is a need to consider the approach to the second year of funding in a more strategic manner.

CEPA recommendation

One of the core features of TBR has been its fast track approach to funding innovative projects for a short duration – recently revised to 18 months, which we view as appropriate. In this context, a second year of funding would be useful to support: (i) the refinement of particular Year 1 activities/ approaches with a view to increase additional case finding and prove/ establish that the approach works (rather than funding new approaches or targeting new populations); and (ii) specific activities to foster the sustainability/ scalability of the approach after TBR support.

A suggested approach by some stakeholders has been to re-structure all its projects to span over two years, with the first year focusing on innovation and the second year on sustainability/ scalability. However in our view, such an approach could strain the already limited resources of TBR, and moreover, only the successful (rather than all) innovations need to be sustained/ scaled up (in line with our recommendations above).

To date, the second year of funding has not rather limited within TBR's portfolio – for example, in Wave 1, only 37% of projects have received a second year of funding, with the total allocated funds for year 2 being 25% of the first year of support; for Wave 2, these figures were 29% and 21% respectively). TBR might consider increasing the relative funding allocation for this follow-up support with a view to enhance the sustainability/ scalability of its proven and successful approaches, and particularly if it mobilises additional donor funding.

The approach to selecting projects for a second year of support should be performance based, with a clear focus on sustainability and scale-up. Presently, this has not worked strictly as a results-based financing which has caused some ambiguity for grantees in terms of its award. Hence, there is a need for TBR to:

- define and publish the selection/ performance criteria for the second year of support – which would be in line with what it classifies as a 'high performing' project; and
- provide more information to grantees on the total funding available and number of projects expected to receive a second year of support.

It would be beneficial for TBR to request for and evaluate proposals for the second year of funding after the completion of at least three quarters of project implementation activities under year 1 funding, when more complete and stronger case finding data is available to assess the success of the project. Further, TBR could attempt to minimise any disruption of project

activities by arranging focused and short PRC review meetings of these proposals (for example, through e-meetings to help expedite the process, as is practised now).

8.1.4. Results framework

Issue identified in the evaluation

There is an absence of a prospectively designed results framework for the initiative, setting out the desired outputs, outcomes and impact of its support, and related targets and milestones. This makes it difficult to track and measure the progress/ achievements of the initiative to date. While this has been included in the new Stop TB Partnership Operational Strategy, in our assessment, a more comprehensive logical results framework needs to be developed for TBR.

CEPA recommendation

TBR should establish a results framework, clearly defining its overall goals and objectives and a 'logical framework' of outputs, outcomes and impacts to achieve these. The framework should also specify achievable targets along with milestones for key results parameters. The results framework would then form the basis of the M&E plans suggested by grantees, underpin the M&E approach adopted by the agency, and inform the reporting to donors on results. This is all the more important as TBR seeks to expand/ diversify its donor base, and enhance accountability.

8.2. Operational recommendations

8.2.1. Governance roles

Issue identified in the evaluation

There has been some engagement of the Coordinating Board and the PSG in providing strategic direction/ oversight and advisory support to TBR. However, there is a need for greater strategic direction for the initiative, especially as TBR seeks to expand its donor base and activities.

CEPA recommendation

Both the Coordinating Board (or Executive Committee) and the PSG need to be encouraged to engage more with TBR and provide strategic guidance on various issues. It is generally good governance practice to nominate alternates for Board/ PSG members, albeit with a clear requirement that each member should participate in a defined minimum number of meetings per year. This would ensure adequate senior participation and input for the strategic discussions.

8.2.2. M&E approach

Issue identified in the evaluation

The M&E approach rightly emphasises the estimation of the number of additional TB cases detected. However, there are some concerns that the approach does not adequately capture wider grantee performance.

CEPA recommendation

The M&E approach should be extended to capture broader aspects of grantee performance and the results achieved. Areas which could be given greater emphasis include:

- *Early case detection:* While it is recognised that measuring early case detection is difficult to incorporate into a routine M&E approach, it is an important success factor for TBR and efforts should be made to ensure that data is collected.
- *Treatment success rates:* Despite difficulties/ time lags in the collection of this data and attributing changes to grantee performance, the calculation and reporting of treatment success rates is essential to measure the impact of TBR.[109]
- *Quality assurance of data collected:* The M&E agency should assess the EQA of sputum smear microscopy where this lab test is used to diagnose TB. More generally, further attempts should be made (i.e. within the available time and budget) to conduct quality checks on the data provided by the grantees in their quarterly M&E reports.
- *Qualitative aspects:* Given the nature of the activities supported and their targeting of vulnerable population with limited access to care, it is unlikely that metrics alone will adequately capture project-level performance and challenges encountered. It is therefore imperative that qualitative aspects such as what worked well and less well and the reasons thereof are gathered from implementing agencies to learn lessons.

8.2.3. Funding for local NGOs/ CSOs

Issue identified in the evaluation

Grassroots NGOs/ CSOs are typically well placed to support innovation, given their proximity to and close understanding of the target populations. However, they have not received much support from TBR to date.

CEPA recommendation

There has been some discussion on whether TBR should set up a separate channel with reduced requirements and easier application processes to enable local grassroots organisations to access TBR funding. However, we do not recommend that approach given: (i) there are other organisations that specifically target local NGOs/ CSOs such as the Stop TB Partnership Challenge Facility; and (ii) such an approach would divert attention from the main mandate of TBR which is to find successful innovative approaches to case detection, rather than specifically fund or build the capacity of these types of organisations; and (iii) such a two-pronged approach may not provide the best 'value for money' for TBR's donor funds.

Our recommendation is that TBR could institute a number of incremental steps to ensure that local CSOs are able to access its funding where their capacity to implement grants merits it, including:

[109] This is also in line with the Stop TB Partnership Operational Strategy (2013-15).

- Enabling technical assistance to smaller organisations with limited capacity for concept development and proposal writing, through the support of in-country partner organisations. The requirement of submitting an intent to apply would help identify potential applicants that might benefit from technical assistance.
- Encouraging applicants whose financial/ technical capacity is low to engage in a partnering/ consortium approach with other stakeholders in the country (e.g. larger/ umbrella CSOs, research/ teaching institutes or the NTP).
- Raising awareness of TBR's funding among these organisations by going beyond the current techniques of website and email based communication but keeping within TBR's resources (for example, by building wider networks with and reaching to local stakeholders, say, at the time of any TBR country visits/ workshops; requesting global partners and NTPs to circulate the call for proposals amongst their networks).

8.2.4. Other recommendations

We provide a few other recommendations below that in our view would help improve the performance of TBR grants. These are based on specific examples that we have come across during our country visits as well as feedback received from grantees.

- *Inter-project exchanges.* The grantee workshop has been a successful mechanism for sharing project experiences among a wider group of stakeholders, and similar mechanisms should be encouraged to foster cross-learning/ information exchange amongst project implementers. For example, TBR could set up an online platform to facilitate this (e.g. through shared networking sites such as LinkedIn), which would be a relatively cost-effective solution.
- *Flexibility in revising proposed targets.* Ideally, applicants should be guided by TBR to include realistic results and targets (that are achievable within the defined timeframe) in their proposal and during the clarification process after Board approval but prior to signing the GAL. In addition, an ability to update the targets (within reason and with supporting rationale) once the project has commenced (say, within the first quarter) would provide a greater reality check in assessment of results against targets. However, this flexibility should not be misused to permit the grantees to shift the goal-post for reasons of poor performance.
- *Flexibility on overhead costs and milestone payments.* TBR could be flexible on the proportion of overhead costs and milestone payment structure for selected projects (where there is a clear rationale for doing so). We understand that TBR is relatively flexible at present as well, and we propose that it continues to be do so going forward.
- *Consolidation of application guidelines and availability in different languages.* TBR could consider collating all application material in a single document/ weblink and also translate these in other key languages used in its countries of focus such as French.