TB REACH Wave 6
'Transition to Scale Up' Grants Framework

TB REACH developed a new 'Transition to Scale Up' grants framework after online and in person consultations with partners in June 2016 and subsequently approved by the Program Steering Group. This framework aims to continue the evaluation of innovative approaches and technologies and to expand the initiative's mandate to support and assist the linkage of innovative approaches and technologies which have already been proved to be impactful to long-term funding. A high level overview of this framework is presented in the below table.

Evaluation Category	Project Type
Improving detection, linkage to treatment and reporting of TB - or - Improving treatment adherence and outcomes	Type 1: Proof of Concept *(up to 400,000)* - or - Type 2: Focus on Scalability *(up to 1,000,000)* - or - Type 3: Scale Up & Sustainability *(invitation only in Wave 6; contact TB REACH for details)*
Product Innovation (up to 150,000)	

Evaluation Category

TB REACH will award grants across three broad Evaluation *Categories*:

- Improving detection, linkage to treatment and reporting of TB; or
- Improving treatment adherence and outcomes; or
- Product innovation, developing innovative resources and materials to aide service delivery

Applicants must select one of these *Categories* as this will have implications for how the project's success and impact will be evaluated. Further details about each Evaluation *Categories* are provided below.

Improving detection, linkage to treatment and reporting of TB

These projects will employ innovative approaches and technologies to produce 'additional notifications' – people with TB infection and active TB (drug-sensitive or -resistant) who would otherwise have remained undiagnosed, untreated and/or unreported in the absence of TB REACH funding. Although funds may also be used to support TB treatment and follow up services, these projects will be focused on producing additional notifications. TB REACH will request treatment outcome data to monitor that treatment success rates remain stable/high after demonstrating increases in the number of people who were started on treatment.

These projects should all be designed to support achievement of the first 90-(90)-90 Target outlined in the Global Plan to End TB 2016-2020 – reaching at least 90% of all people with TB and placing them on *appropriate* treatment. If project activities are focused on service delivery in a key population, they may also contribute to the achievement of on the second 90-(90)-90 Target for ending TB – reaching at least 90% of the most vulnerable, underserved and at-risk populations.

Although TB REACH will still continue to accept and fund applicant-proposed approaches for improving TB case detection, the area of focus under this Category is engaging the private healthcare sector. Please read this dedicated concept note on engaging private healthcare providers.

Additionally, this call for proposals is well timed to collaborate with the Global Fund's Strategic Initiative for TB in 12 priority countries. In order to take advantage of Global Fund's increased focus on case detection, TB REACH will encourage applications which link with a country's catalytic funding initiative in the 12 priority countries. TB REACH has developed an information note to guide applicants about how to link to Global Fund's Catalytic Investment for TB with Wave 6 funding.

We expect that around 65-75% of Wave 6 funding to be awarded for the **Category** "Improving detection, linkage to treatment and reporting of TB".

Improving treatment adherence and outcomes

These projects will evaluate the ability of innovative approaches and technologies to produce 'additional treatment successes' without the need to first document an increase in the number of people started on TB treatment (additional notifications). Funding will be prioritized for settings where treatment adherence and success rates are low. These projects should all be designed to support achievement of the third 90-(90)-90 Target outlined in the Global Plan to End TB 2016-2020 – achieving at least 90% treatment success for all people diagnosed with TB. The treatment course for a single drug-resistant TB patient typically lasts longer than the period of a TB REACH grant. TB REACH will accept proposals focused on improving drug-resistant TB (interim) treatment outcomes as long as the intervention(s) can be implemented and evaluated within the period of a TB REACH grant.

Just one project in this evaluation category was selected by the independent Proposal Review Committee (PRC) in Wave 5. Overall, they felt proposals were of insufficient quality because of their low proposed impact (too few additional treatment successes), high costs per additional treatment success, and limited potential for scale up. TB REACH summarized the lessons learned from rejected proposals on treatment adherence and outcome in Wave 5 and feedback from the PRC in this lessons learned document to help guide perspective applicants during proposal development. One area of focus of this **Category** is the roll out and evaluation of selected adherence technologies which build a detailed dosing history for patients and allow TB programs to better allocate scarce resources to patients at risk of loss or treatment failure. Details can also be found in the concept note on adherence technologies which should be read if applicants are interested in these tools.

There has also been increased recognition of the importance of scaling-up the screening and treatment of TB infection. In Wave 6, TB REACH welcomes proposals with treatment of TB infection as the stand-alone intervention under the 'improving treatment adherence and outcomes' **Category,** or under 'improving detection, linkage to treatment and reporting of TB' **Category**. TB REACH has developed a dedicated concept on treatment of TB infection which can be accessed here.

We expect that 30-35% of Wave 6 funding to be awarded for the **Category** "Improving treatment adherence and outcomes."

Project Type

This framework was designed to help impactful approaches to scale up their coverage and eventually link to other, long-term funding sources. In each **Type** of project, the scope of work, geographic coverage, NTP engagement and funding value increases. The goal of Type 1 – Proof of Concept projects will be to document the population-level impact of innovative approaches. For Type 2 – Focus on Scalability, approaches that have demonstrated population-level impact (with or without previous TB REACH support) must then demonstrate scalability, prove cost effective, model their expected impact at further scale and build a political environment which is receptive to continued funding.

Type 1: Proof of Concept
Purpose: These projects should establish proof of concept for innovative approaches and technologies aimed at improving the number of people newly detected and starting anti-TB treatment recorded in NTP registers

(additional notifications) or increasing TB treatment success rates (additional treatment successes). TB REACH will not fund Type 1 projects to roll out already proven ideas or WHO-recommended strategies which, for whatever reason, are not currently being implemented. Type 1 projects should be used to evaluate out of the box / blue sky / innovative ideas in which other donors cannot yet invest.

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

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

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

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

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

Type 2: Focus on Scalability

Purpose: Type 2 projects will take innovative approaches that have documented impact and set them on a path for scale up. We expect Type 2 projects to focus on larger-scale service delivery (compared to Type 1), though still sub-national and/or sub-provincial coverage – especially in large countries. In addition to service delivery, these projects must also focus on **strengthening managerial and organizational capacity to scale, optimizing the cost of implementation, cost effectiveness and modelling the impact of further scale up**. This second work stream cannot be ignored – the success of Type 2 projects will be evaluated on both impact and advocacy. Receipt of a previous TB REACH project is not necessary to apply for a Type 2 grant, but in general, successful TB REACH Type 1 projects will be encouraged to apply if there is scope in the country for an expansion of the intervention.

It may become apparent that the organization which demonstrated proof of concept in a previous Type 1 grant does not have the managerial or political capacity to take an innovative approach to scale. In such instances, TB REACH encourages the formation of consortiums with a lead partner who addresses the weakness of Type 1 recipients or for other entities to take impactful approaches forward without the Type 1 recipient.

Approaches which are already receiving support from the Global Fund or other donors will not be considered for a Type 2 grant.

Timeframe: Type 2 projects will typically last for 18 months similar to Type 1 above. Successful Type 2 projects are expected to move onto Type 3 grants, which involve accessing co-financing and scale, or to directly transition to other funding sources. TB REACH will not provide continued support to projects which show good impact, but make no progress on sustainability.

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

NTP and Other Partner Engagement: Engagement with the NTP must begin before the Stage 1 application is submitted. As with Type 1 projects, the NTP must commit to providing free anti-TB drugs for all people the project diagnoses with TB and to providing TB case notification and/or treatment outcome data to facilitate impact measurement. In addition, the NTP should provide support which commits to scaling up impactful approaches (to be submitted at the Full Proposal stage). This support does not require a direct financial commitment, nor does it need to state that the NTP will fund the TB REACH applicant/consortium to scale up the activity (focus can be on the approach).

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

Type 3: Ramping Up to Scale

The scope, timeframe and funding value of Type 3 projects will be flexible to fit to the needs of the approach, recipient and other donors. Type 3 projects are different from Type 2 projects because they will either bring co-financing to the table or a firm commitment for domestic resources or from another donor to scale up successful Type 3 projects once TB REACH funding ends. An ideal example of this would be when countries use either their Global Fund country allocation or catalytic funding to scale up impactful TB REACH approaches. When another donor commits to scale after TB REACH funding ends, TB REACH and the scale up donor will work together to select proposals and throughout the TB REACH grant implementation.

A number of Wave 5 grantees will be eligible to apply for a type 2 project during the Wave 6 funding window and based on their results and a separate application and review process Type 2 grants may be awarded. These might be linked to Global Fund's Catalytic Funding or other donor funding.

Product Innovation

Purpose: TB REACH will continue to fund small projects dedicated to developing TB resources and materials to aide service delivery and performance. This special *Category* of funding is not associated with service delivery; recipients will be funded to develop and package TB resources and tools only and will be encouraged to link their projects with other TB REACH partners or other partners doing related work.

These projects must end with a tangible, packaged product which can then be used by other TB REACH projects and TB programs worldwide. TB REACH will not provide support for bench science or exploratory research. TB REACH will also likely not provide support for the development of a diagnostic assay or pharmaceutical unless there is significant co-financing, as these tools often require significant time and funding to develop.

Possible areas for TB REACH investment may include, but are not limited to packaging IT solutions for wider use and simple installation, improving existing screening or diagnostic tools, developing health worker training and patient education materials, and designing novel EQA systems for diagnostic tools.

Timeframe: This *Category* of projects will typically last for 9-15 months.

Funding Value: Projects focused on product development may request up to USD 150,000. We expect up to 3 grants to be awarded in Wave 6 for developing innovative resources and materials.