TB REACH 3.0 – Strategy and Potential Models

Current situation:

The current TB REACH funding cycle consists of funding from four donors. Global Affairs Canada (GAC), USAID, Gates Foundation and Indonesian Philanthropic Trust (IPT). GAC has provided foundational funding for TB REACH. STP is will likely require the 5th and final tranche with a value of CAD 17 million to be sent in early 2020 covering the Wave 7 commitments.

The funding agreement with GAC ends at the end of March 2021 and with wrap-up, summary work and documentation the TB REACH team should be working through the end of 2021.

Wave 7 was the last call for funding under the current agreement with GAC. TB REACH will be supporting 37 projects in Wave 7 for a total of USD 15.4 million. In December 2019 a decision to fund 9 Wave 6 scale up projects was made for USD 6.5 million, which will then commit the remaining grant balance, except for some small costed amendments and small grants to better document work.

TB REACH since Inception – 2010 to Date

TB REACH was initiated as a platform to show that gains could be made in TB case detection through targeted interventions. As described below, with every single wave of funding, TB REACH introduced a new concept, supported a new area of work, new tools or other technologies which informed national and global policies, were then taken up as part of larger initiatives. The platform was initiated with a CAD 120 million grant from GAC.

Beginning in Wave 1, Stop TB provided 30 grants for 18.4 million USD to NTPs, NGOs, universities and other international agencies to demonstrate that many different approaches improving TB case detection could make an impact. Overall, these partners provided services to a population of close to 100 million people in 18 different countries and improved TB case detection by 37% through different active case finding (ACF) and private sector engagement (PSE) interventions. As the TB community saw the results of the interventions, interest around ACF as a strategy to reach more people with TB began to grow, and a number of STP campaigns around case detection including the 'The Missing Millions' campaign were launched. TB REACH and the M&E team participated in the WHO committee to develop policy around screening/active case finding.

 In Wave 2, TB REACH continued to push the focus of case detection with new approaches with a large funding wave focused on Xpert MTB/RIF implementation. In total, 45 grants were awarded in the largest Wave for TB REACH in terms of grant value – USD 29.2 million. 30 of the grants supported the procurement of GeneXpert machines and tests which TB REACH began to procure directly from Cepheid for partners interested in the new technology. WHO guidelines came out with very conservative recommendations for Xpert testing, primarily for those with high risk of drug resistance. TB REACH pushed partners and countries to implement up front Xpert testing as a TB diagnostic test, rather than DST. TB REACH was a heavy investor in the technology early on, as almost 50% of global demand outside South Africa was procured by TB REACH and GDF. TB REACH projects showed the benefits and feasibility of testing people with presumptive TB with Xpert, published the one of the first programmatic results

and impact of using Xpert, and also provided early experience sharing for Xpert implementers from 9 countries.

Wave 3 saw TB REACH partner with UNITAID to continue to support Xpert scale-up, providing more than 10 million in addition to the USD 20.2 million TB REACH support for GeneXpert machines and cartridges. The Wave 3 work also focused funding on TB in the mining sector as part of early efforts to promote the plight of people who work in mines. These initiatives and others laid the foundation for the Global Fund's regional grant for TB in the mining sector. In addition, early implementers of computer assisted reading of CXR images began at a larger scale in this funding wave and much of the current published literature on artificial intelligence for CXR reading has been supported by TB REACH.

The 4th Wave of TB REACH saw a sizable jump in applications as more support for smaller, local organizations was promoted. Across the first four funding waves large improvements in case detection were observed in most intervention areas, as 75-80% of projects have documented a positive impact on TB case notifications. TB REACH, together with the independent M&E team published a Framework for evaluating interventions that target improving case detection, and large parts of that framework are included in WHO's implementation handbook for systematic screening as part of the M&E approach. With all the early success for TB REACH in making an impact on case detection, the TB community pushed Stop TB and TB REACH to think about how to scale up and sustain these interventions.

For the Second Funding cycle of TB REACH (2016-present) an effort was made to increase the donor pool for TB REACH, increase work with private sector and focus more on sustaining successful interventions through other funders.

In Waves 5-7, TB REACH received funding from the Bill and Melinda Gates Foundation as well the Indonesian Health Fund in addition to generous GAC support. The grant approach was changed to focus on testing new innovations, and moving them from a concept, evaluate them and put them on the road to scale. Recognizing the platform that TB REACH had become for case detection, the scope of innovation was expanded to include improving TB care and treatment as well. Stop TB Signed an MOU with the Global Fund to take lessons learned from TB REACH and work to incorporate them into Global Fund Grants. The first large scale success of this focus came from Pakistan where numerous interventions piloted by TB REACH came together as part of a 40 million USD grant to the country to improve TB case detection.

The increase in demand for TB REACH funding was pronounced in Wave 5 with 535 applications, of which 38 were ultimately approved with a budget of USD 16 million. There were a number of new innovations in Wave 5 that included introducing drones to collect sputum samples and deliver drugs in remote areas of Madagascar, engaging highly marginalized populations including transgender women in Pakistan, tribal communities with staggering rates of TB in India, the San population in Namibia, and female sex workers in rural Tanzania. Wave 5 included a grant in Bangladesh that was co-funded with both USAID and Global Fund support for a private sector initiative.

USAID invested in TB REACH for the first time in Wave 6 with a donation of USD 4.2 million to leverage the available funding from GAC that goes to private sector engagement with a special focus on interventions in Africa where these activities are not as robust as in Asia. Wave 6 also took the interest in improving treatment adherence and outcomes for people with TB, and funded 17 projects that employed different treatment adherence technologies and approaches. The Gates Foundation provided

valuable support for outside consultants to assist grantees as well as dedicated support for TB REACH grants to help provide early evidence from early implementers of these new technologies.

The pioneering work of expanding the scope of using adherence technologies has already born fruit with the recent announcement of UNITIAD providing an additional USD 14 million grant to TB REACH partners to further scale up the technologies which is getting underway in the coming months.

Funding for Wave 7, which was recently approved by the Stop TB Executive Committee will continue the groundbreaking support for new products, technologies and approaches, notably with a focus on incorporating the empowerment of women and girls into TB programming in line with Canada's Feminist International Assistance Policy. Although men clearly have a higher burden of TB disease, women often shoulder the burden of caring and providing for the family, even when they are suffering. Focusing on the larger development agenda outside of the narrow epidemiological focus traditionally used, and the benefits that empowering women can have throughout society is a first for the TB community and TB REACH is proud to be playing such a pivotal role.

An additional investment from USAID of USD 4 million to support more interventions focusing on engaging the private sector and a number of projects proposing to use the new DR-TB treatment regimen approved by the US FDA in August as well as new technologies including handheld x-ray cameras, new LAM tests, and TB elimination efforts for island communities were included in 37 new grants totaling USD 15.4 million. These all part of Stop TB's push to get new tools as soon as possible to people with TB. With the Wave 7 grants and some final Wave 6 extension funding, TB REACH will complete the current budget allocation.

Benefits of TB REACH

Support to partners. More than 85% of funding from TB REACH goes directly to partners, with a small secretariat to help manage the process and provide technical support. Partners receive directly funding for field activities focused on service delivery and support people with TB.

Focus on delivering care. TB REACH is committed to deliver funds to reach people with TB. In the grants, technical assistance and office based human resource costs are minimized with the focus of funding efforts to provide health services to people who need it most.

Grass roots idea generation. Unlike many large funding mechanisms for service delivery, TB REACH calls for proposals are open to any organization (public or private) that is not a for profit entity. Proposals are accepted from all types of partners who have new ideas, that may not be the standard approach to TB service delivery. The platform allows donors and the steering group to focus call for proposals on specific areas of interest, thematically, geographically, or among certain populations, and generate new ideas from a diverse group of partners on the ground, not controlled by national or global policy.

Fast track funding. The fact that grants are signed and disbursed within 90 days of Board Approval and activities can begin immediately makes TB REACH the fastest mechanism for funding country interventions that exists currently. Results of the work and grant implementation are rapidly documented.

Independent review process. All TB REACH grants are selected by a group of independent experts in the TB, global health and CRG fields with a mix of program managers, civil society, activists, academia and implementers who make decisions after careful review and group discussion of proposals.

Dedicated, independent M&E. All TB REACH grants benefit from dedicated funding from a team of experienced reviewers working with a methodology to measure impact that has been developed over the course of a number of funding waves.

Flexibility for new tool testing and implementation. TB REACH can support new tools and technologies that are awaiting an often-lengthy WHO review process, and also provide evidence to support the review process. Several TB REACH's KPI are linked to contribution to WHO global guidance, and many projects support changes in national policy.

Support from the TB programmes. Applicants must obtain a letter of support from the TB program to provide both free TB services to people who are put on treatment as well as timely official data with which all projects are evaluated. This helps keep all programs informed of the developments and results.

Access to global health partners. Stop TB Partnership is headquartered in Geneva at the Global Health Campus together with the Global Fund and UNITAID and has a close working relationship with WHO and other technical partners such as FIND, UNAIDS, IFRC, IOM and others.

Funding Needs

A total funding ask for the next 5 years of TB REACH would be USD 130 - 150 million or USD 25-30 million per annum. With every wave, the demand and need to fund high quality proposals is becoming greater than the current funding levels, hence the slight increase in the demand for the next 5 years. This is especially pertinent to expand work to support the identification of new technologies and approaches and help scale-up and sustainability additional funding would be needed. TB REACH can absorb large amounts of funding as the vast majority is provided directly to partners for on the ground activities. As evidenced by the large amounts of unfunded budgets in Global Fund funding requests, there is a huge demand from the TB community that is often unmet.

TB REACH 3.0 –2021-2025

1. Vision

TB REACH is the global platform used to support innovations in the TB response, providing funding to partners in strategically chosen areas of focus to end the TB epidemic. The TB REACH platform focuses on TB interventions but also support cross program integration with other disease areas.

Platform to facilitate rapid and targeted funding

TB REACH provides an independent review process and grant mechanism that donors can use to channel funding through Stop TB Partnership to specific areas of interest. Providing donors with a mechanism to give an independent review process and evaluation can relieve them of onerous review of requests for proposals. This type of platform works very well with private sector partnerships if there is interest to support locally produced products by governments; companies themselves may also find TB REACH an attractive option to channel investments.

2. Areas of Focus

All TB REACH funding waves have been slightly different in scope and focus as well as the demand they have created. In the last few Waves of funding there seems to be a limit of around 600 applications that have been received.

Involving partners in other disease areas will be a way to get further insights into broader coordination, integration of different interventions and expand this pool of potential applicants.

Tailored calls for proposals have been able to focus the numbers of applications for different types of interventions.

With the global targets that have come from the UNHLM on TB in 2018, there may be other potential areas of interest for activities targeting certain aspects of the TB response.

For instance, the targets on preventative therapy are 30 million people by 2023, with global reported numbers of less than 1.3 million people in 2017, signifying a massive scale up would be needed. Similarly, the numbers of people on DR-TB treatment well below the global targets and children have suffered from poor detection and treatment coverage for PTP, DS-TB and DR-TB.

Any of these issues could be potential targets for global initiatives.

Linking TB REACH to other large initiatives like the Global Fund's Strategic Initiative for the 2021-23 funding cycle or the Global Fund-Stop TB-WHO Find.Treat.All initiative would also offer an opportunity for potential synergies.

TB REACH could fund larger scale implementation of service delivery that is critical for the TB community in areas that need to see progress and innovation towards these goals.

TB REACH can support certain aspects of larger research studies to support the evaluation of new technologies and tools and document results quickly, but will continue to focus on operational and programmatic delivery and the evaluation of new approaches and technologies rather than clinical research. Getting knowledge on new tools, diagnostics, drug regimens, or other interventions that should be kickstarted much the same way Xpert roll out happened, or support for treatment adherence technologies, or BPaL, and TB REACH could play that catalytic role in supporting post-WHO recommendation.

Many of the large-scale screening campaigns are wonderful opportunities to incorporate TB screening with other diseases and conditions like HIV, diabetes, COPD. Recent projects have even combined TB screening with Hepatitis and even cancer screenings. These types of approaches can develop integrated delivery platforms supporting food delivery and other disease areas as well.
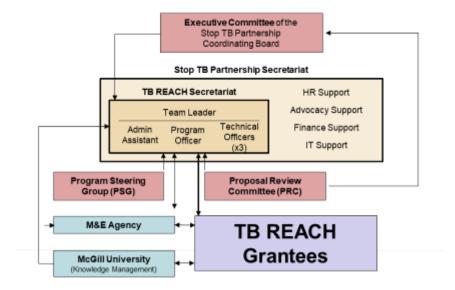
Because many people with TB still seek care in the private sector first, and the approaches to private sector engagement cannot be standardized in a one type fits all approach, there is still ample scope for expansion and documentation of how best to involve different types of practitioners, both formal and informal.

There is a large scope for collaboration with the AMR community and TB offers the possibility of dedicated programs to support these types of interventions while offering countries the ability to test approaches that incorporate more general AMR work.

3. Governance

Currently, TB REACH has a small Secretariat at Stop TB Partnership with a number of external groups to help guide and support its work. (*See the figure below for a graphic representation of the current structure*).

Figure of current TB REACH Structure

The external M&E team is an important function that adds value to the results of TB REACH, allowing to rapidly communicate results to partners and NTPs and independently document impact.

The Proposal Review Committee (PRC) is an independent group of experts which recommends projects for funding to the Executive Committee of the Board for approval. The PRC is comprised of around 20 individuals who rotate on and off the committee and provide TB REACH with different areas of expertise. This function of TB REACH would continue in future funding waves.

The partnership with McGill University has been beneficial to TB REACH projects to help them document their work and share it widely.

The Program Steering Group (PSG) has had a strong role in defining the strategic direction of TB REACH as the governance was being setup. However, most decisions around TB REACH calls for funding and the like are made in direct consultation with donors, and the role of the PSG has been diminished.

In TB REACH 3.0 a reconstituted TB Think Tank is envisaged that focuses on primary donors as well as opinion leaders outside the traditional TB space to help promote new ideas and approaches. These may include private sector constituencies, universities and other health areas.

TB REACH will place more emphasis on supporting knowledge sharing and dissemination within countries, both to other grantees and also to TB program partners so that the lessons and learnings from TB REACH grants are more readily incorporated into national policies.

4. Grant Structure

Grant amount

Smaller grants allow smaller NGOs to apply and receive funding, building capacity, while limiting the time a grant can be implemented due to funding. Scale Up funding goes hand in hand with longer time frames. There should be a continuum to allow different partners to access funding for impactful interventions that are tailored to their ability to implement, report and document. With the growth of

Challenge Facility for Civil Society, smaller organizations may be encouraged to use that funding option. In TB REACH 3.0 there would be larger ceiling on funding amounts, up to USD 1.5 million.

Grant length

Currently grants are 12 months of implementation that often stretch longer. The benefits of having a shorter length are a focus on delivery and implementation, lower HR costs, and rapid results. Longer term grants may be more conducive to larger scale projects to impact on a wider scale, can help protect valuable HR from rotating and leaving the teams, and provides the ability to document some results better. Larger grants will be eligible for a longer timeline for implementation for up to two years of implementation

Partner funding

TB REACH has historically provided funding to all types of partners in the TB response.

There are benefits and limitations to each type of grant. NTP partners often have the best results in terms of incorporating lessons learned from the grants directly into other funding streams like Global Fund as they often are directly linked to as a Global Fund primary recipient. However, they often have the large problems with grant negotiations, and have delays with reporting, financial statements and documentation. Small CSOs have close relationships with the community and people with TB, but often lack the financial management capabilities to manage large amounts of funding. They can also struggle with reporting and data collection and documentation. Larger domestic NGOs are often able to strike a good balance between local knowledge and technical capacity, but sometimes struggle for sustainability and linkages to larger funding streams. INGOs can often implement quite well (many times through local sub awards) but the focus on building local capacity varies. Large Universities tend to excel on the data analysis, but may experience delays with approvals, and can lack local partners on the ground (and presence) making programmatic implementation more difficult. Overall, maintaining the same mix of different types of partners makes sense going forward.

Calls for proposals

Open calls for proposals keep the wider TB community involved and allows any partner to submit an application. Every year new partners are applying and receiving TB REACH grants. However, clearly there are now a number of partners who have 'cracked the code' they know how to write a good application and funding request. Having targeted calls for proposals or tailoring the calls may improve the quality of proposals and help promote new ideas and partners to become involved in different aspects of the TB response.

Sustainability and alignment with Global Fund

Setting up TB REACH funding to prepare Global Fund PRs and SRs for development of interventions can be a way to help ensure the longer-term funding and ensure sustainability of interventions. There is a risk of reducing the level of innovation, and it would limit the support that was provided to local organizations left outside of the current Global Fund CCM mechanisms. However, it could potentially address the issue lobbying or continuation of successful interventions. TB REACH 3.0 will have a more diverse funding stream that can target smaller innovators to incubate ideas, strong partners to properly evaluated and document new approaches, and partners well positioned to access other funding for sustained impact.