



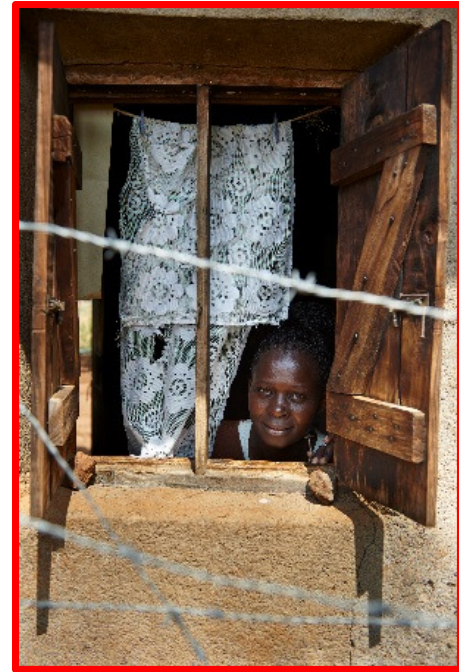
**Stop TB Partnership**  
**TB REACH**

**USING INNOVATIVE  
APPROACHES TO FIND AND  
TREAT PEOPLE WITH TB**

## BACKGROUND

More people die of tuberculosis (TB) than of any other infectious disease. In 2016, 1.7 million people died of TB and an estimated 10.4 million people fell sick due to disease. Of these, only 6.3 million were reported as receiving treatment. This translates into an estimated 4.1 million people who were missed by routine services, despite having a disease that is treatable. While political commitment to end TB is increasing, a key challenge remains to find the more than 4 million people suffering from TB and MDR-TB (multidrug-resistant TB) that are routinely “missed” by national TB programs.

The missing people with TB usually include the most vulnerable, those who are without proper access to care, living in poverty, or hard to reach places. Despite the recent availability of improved rapid diagnostics and treatment options the pace of progress is too slow. Ending TB as set forth in the Stop TB Partnerships’ Global Plan to End TB 2016-2020, WHO’s End TB Strategy, and the UN Sustainable Development Goals can only be achieved if more innovative interventions are tested and then scaled-up by countries.



## TB REACH

Launched in 2010, TB REACH is an initiative of the STOP TB Partnership that funds partners to test innovative, experimental, or pilot projects that bring TB detection and treatment to vulnerable or hard to reach populations. The initiative is primarily supported by Global Affairs Canada, with additional funding from the Bill and Melinda Gates Foundation, The Indonesia Health Fund, and the United States Agency for International Development.

All TB REACH funded projects go through rigorous external monitoring and evaluation. This is essential to determine if projects demonstrate their intended impact. TB REACH shares evidence of successes and challenges with and national governments and other partners and donors such as the Global Fund, so that the lessons learned can be taken forward and/or scaled-up. To help facilitate the sharing of information and the scaling-up of successful interventions, TB REACH and the Global Fund recently solidified their collaboration by signing a [Memorandum of Understanding](#) in 2017.



## TB REACH ACHIEVEMENTS

Since its inception, TB REACH has successfully implemented five funding Waves that have cumulatively provided US \$111 million to 180 projects in 48 low-income and/or high-TB burden countries. The sixth funding wave was launched in November 2017 and applicants are currently developing for proposals for review.

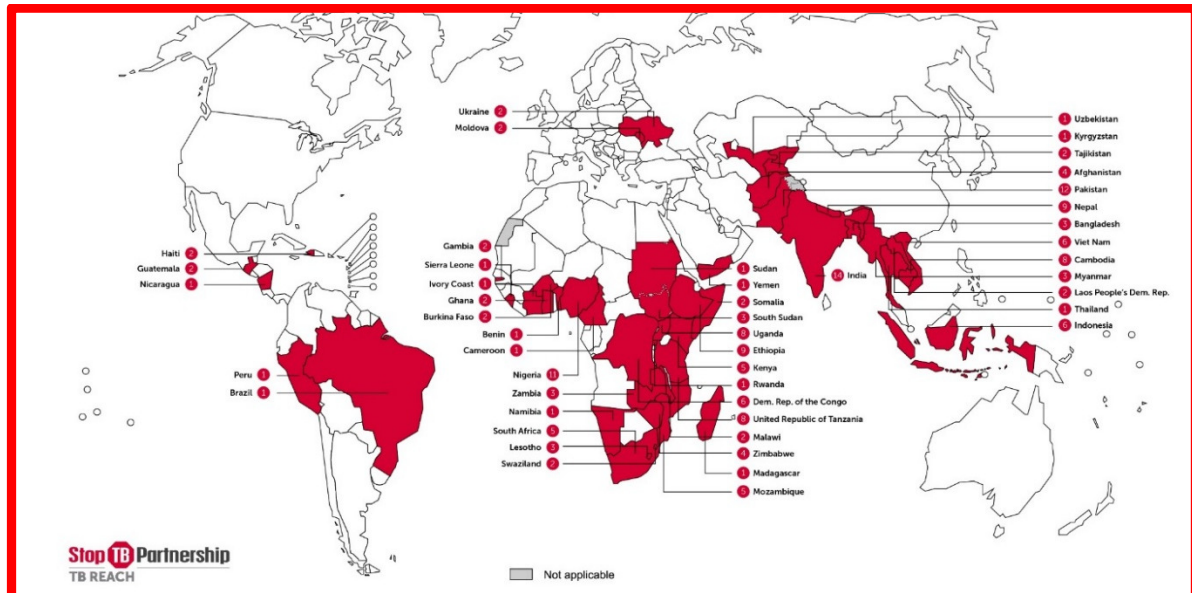


Total efforts from funding Waves 1-4\* have resulted in

- **Over 33 million people screened for TB**
- **Over 1.9 million people diagnosed with TB who were reported to National TB Programmes (NTPs)**
- **89% of people diagnosed with TB successfully linked to proper care and treatment**
- **Over 900,000 lives saved**

*\*Progress and achievements from Wave 5 grants, are not included in these achievement as projects are on-going. Highlights and more information about Wave 5 projects are listed below.*

## A Total of US \$111 million for Funding Waves 1-5 Work in 48 countries – 180 Grants



## WAVE 5 PROJECTS

38 projects were funded at a value of US\$16 million for Wave 5 (2017-2018),

These projects are currently being implemented in more than 20 countries.

A diversity of approaches and target populations are reflected in the projects as can be seen in the sample list below:

- Implementing Search-Treat-Prevent strategies in India & Viet Nam as part of Zero TB Cities
- Improving access and care for women and girls in Afghanistan
- Screening of children at MCH/paediatric facilities & contact investigation for childhood TB in Kenya
- Providing services to a marginalized and indigenous population in Namibia
- Delivery of lab results and medicines by drones in Madagascar
- Using CAD4TB to identify people in need of TB testing in the community in Zambia
- A GeneXpert Omni evaluation with pre-market access provided by FIND in Tanzania
- Evaluating sputum transport mediums to improve test results in Ethiopia
- Graduating from the Challenge Facility for Civil Society to TB REACH for a CBO in Cambodia
- Scaling up private sector engagement in Bangladesh with a 1:2 match of TB REACH funds by Global Fund and USAID/Challenge TB

For a full list of Wave 5 projects, please see

[www.stoptb.org/assets/documents/global/awards/tbreach/TBRw5\\_FinalPRCSelections.pdf](http://www.stoptb.org/assets/documents/global/awards/tbreach/TBRw5_FinalPRCSelections.pdf)

## HIGHLIGHTS FROM WAVE 5

### **Project title: Improving Detection of TB and Linkage to Care Through Community-based Approaches in India's tribal pockets**

Grantee: Asha Kalp

The Sahariya tribal communities have limited access to government-run health services due to stigma, language, and geographic barriers. This often neglected community has a documented TB burden that is 15 times higher than India's national average. The Wave 5 project expands the geographic coverage of earlier work in the population and is working to improve data collection and monitoring via introduction of a mHealth app. To date, Asha Kalp's Wave 5 activities have resulted in 146,929 persons screened for TB and 2,027 people started on treatment. Asha Kalp recently facilitated an interactive session on 'TB and its treatment and Challenges' with Dr. Soumya Swaminathan, Deputy Director General of Programmes at the World Health Organization, and various patients belonging to the Sahariya community bringing more awareness to issue of TB in tribal communities.



**Project title: DrOTS: Drones Observed Therapy in Remote Madagascar**

Grantee: Global Health Institute, Stony Brook Foundation

A team of innovative public health specialists from Stony Brook are exploring the use of drones to transport sputum samples and to deliver TB medicines to two remote mountainous communities in Madagascar. Due to the lack of infrastructure, about 1/3 of the people suspected of having TB in these villages are unable to travel up and down the the road to get testing or treatment.



On 13 March 2018, a National Drone Summit will take place at the Institut Pasteur de Madagascar to inaugurate the launch of two drones that will deliver TB medicines. Among other invitees are Ministry of Public Health, Ministry of Transport, Civil Aviation Authority, NTP, TB REACH, WHO, UNICEF, USAID, PSI, Vayu, Vertical Technologies.

To view the latest video of a field visit by the project team, please click [here](#) (length 1:31min)

**Project title: Scaling up Sustainable Social Enterprise Model for Tuberculosis Care in the Private Sector of Bangladesh**

Grantee: icddr,b

A previous Wave 3 grant expanded to a TB REACH Wave 5 grant with joint funding from USAID / Challenge TB, and the Global Fund. The project expanded a social enterprise model (SEM) in Bangladesh. In this SEM, clients are charged for high-quality chest x-rays and then the revenue is used to subsidize the diagnostic testing and follow up for TB care in the private sector, called TB screening and treatment centers (TBSTCs). Not only did the approach push a highly innovative path for better sustainability in the revenue generation, it currently accounts more than one third of TB cases detected in Dhaka City from three referral sites.



In the Wave 5 grant, 5 additional TBSTCs have been established in Dhaka and Chittagong, and 1 additional TBSTC in Sylhet will be fully operational by early March 2018. This is TB REACH's first Type 3 project and sets this approach on a path to transition away from TB REACH funds in 2018.

**Project title: Active Case Finding among elderly in rural Cambodia using chest x-ray and Xpert**

Grantee: CATA

This project takes learnings from the Cambodia prevalence survey in active case finding and turns them into operational approaches to active case finding. The approach takes the high prevalence documented in people above 55 years of age in the most recent prevalence survey, the experience of survey implementation, and the use of chest x-ray and Xpert as a highly sensitive testing algorithm to reach rural communities. The CATA team visits more than 500 villages every quarter and works with local public health facilities to host the screening camps. To date the project has worked to almost double TB notifications, both bacteriologically positive, as well as all forms.



**Project title: Community-driven Output-based Approach to TB Service Delivery in Hard-to-Reach Areas the Niger Delta, Nigeria**

Grantee: German Leprosy and Tuberculosis Relief Association

In a hard to reach area of Niger delta another intervention is making Xpert testing possible with the use of solar power. SMS reminders are also used to promote adherence, and results-based incentive funds for community initiated projects provide social support for TB patients.



## WAVE 6 CALL FOR PROPOSALS

In November 2017, TB REACH launched its call for proposals for Wave 6 funding. USAID is supporting TB REACH with new funding focused on private sector engagement, and implementing treatment adherence technologies is also an area of focus for Wave 6.

Over 570 grant proposals, with a total request of more than USD 224 million were received. All proposals submitted to TB REACH are assessed by an independent Proposal Review Committee (PRC). The reviews are conducted in a two stage process. In January 2018, the Stage 1 review was completed and now 149 applicants have been invited back to submit a more detailed Stage 2 proposal. The deadline to submit the Stage 2 proposals is 27 March 2018. At the end of April, the PRC will meet in-person to discuss all proposals and make final funding recommendations to the Stop TB Partnership Coordinating Board.

Below is the initial summary analysis of the proposals that were invited to submit a Stage 2 application.

149 applicants are invited to submit a Stage 2 application and together their proposals total a funding request for USD 68.6 million

- 62% of proposals are for improving detection, linkage to treatment & reporting of TB - USD 44.7 million
  - 76% of the above proposals are specifically focused on private sector engagement, totaling USD 27 million in funding request
- 30% of proposals are for improving treatment adherence and outcomes - USD 22.3 million
  - 78% of the above proposals are specifically focused on digital adherence technology, totaling USD 18 million in funding request
- 8% of proposals are for developing innovative resources and materials to aide service delivery - USD 1.6 million
- 40% of proposals, asking for USD 30.8 million, came from High Impact Africa countries (Global Fund regions)
- 33% of proposals, asking for USD 21 million, came from High Impact Asia countries (Global Fund regions)
- 60% of proposals, asking for USD 43 million, came from Global Fund Strategic Initiative priority countries<sup>1</sup>

### What's New in Wave 6

In addition to a focus on private sector engagement and digital adherence technologies, in Wave 6 TB REACH will continue promoting gender equality and equity. This is an important step in aligning TB REACH work with Sustainable Development Goals, Stop TB Global Plan and [Canada's Feminist International Assistance Policy](#). While TB epidemiology is such that more men than women fall ill with the disease, women experience TB and its impacts differently and might encounter additional barriers when accessing diagnosis and treatment. As health program implementers, health-workers, lab technicians, community health promoters, and caretakers women take a central, but often unrecognized role in battling TB. TB REACH grantees will have an opportunity to consider and

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<sup>1</sup> Bangladesh, DR Congo, India, Indonesia, Kenya, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Ukraine, and UR Tanzania

implement gender sensitive programming and focus on gender parity within their own organizational structures and within communities where they work. This shift towards understanding these concepts will be incremental and in Wave 6, TB REACH will assess the baseline of where most grantee organizations are in understanding of gender sensitive programming and gender parity. Through grant implementation, TB REACH Secretariat will provide additional training and support to encourage gender- sensitive programming, focus on gender specific challenges in communities, and discussion of gender equality at organizational level. At the end of Wave 6, TB REACH will evaluate the results of this work and draw lessons for the following Wave. Through interventions targeting finding missing people with TB and connecting them to treatment, TB REACH will shift gender paradigms in communities where our grantees operate.