

# TB REACH

# About TB REACH

- Stop TB Partnership initiative to promote **early and increased** TB case detection using **innovative** approaches
  - Supported by a 5-Year CIDA Grant to the Partnership
- Funds projects up to US\$ 1 million for 1 year
  - Funding is fast-track
- Open to all possible applicants
  - Govt. as well as non-govt. and civil society organizations
- Multiple applications possible from countries
  - NTP support letter required

# TB REACH Wave-1

- Wave -1 funding announced in Jan 2010
- 192 applications received
- 30 approved for funding (May- 2010)
  - 10 Govt. (including 7 NTP)
  - 20 non-Govt (CSOs)
  - Budget varies from US\$ 150,000 to 1 million
  - Total \$18.4 million committed
  - Aim at detecting and treating over 40,000 additional smear positive cases

# TB REACH - Wave 2

- Launch: 1<sup>st</sup> December 2010
- Open for applications up to 28 Feb 2011
- PRC Meeting: Starting last week of March 2011
- Presentation to the CB, April 2011
- Clarifications process – May 2011
- Grant Agreement signed – June-July 2011

# Country eligibility

## Main changes

- More flexible country income criteria
  - Per capita GNI  $\leq$  US\$2000
  - Sub-national poor population/poverty pockets
    - in countries with per capita GNI US\$2000 to 3000
    - in the remaining HBCs
  - Guidance to applicants on "poverty pockets"
- Dropping of CDR as a criteria

# TB REACH Eligible Countries

TB REACH Wave-2 Eligible Countries

Countries with per capita GNI US\$2000, or less  
(source: World Bank, 2009 data, revised 9 July 2010)

Region	Country	GNI per capita (WB 2009 data)	TB high burden country (HBC)
1 EMR	Afghanistan	370	HBC
2 SEA	Bangladesh	590	HBC
3 AFR	Benin	750	
4 AMR	Bolivia	1,630	
5 AFR	Burkina Faso	510	
6 AFR	Burundi	150	
7 WPR	Cambodia	650	HBC
8 AFR	Cameroon	1,170	
9 AFR	Central African Republic	450	
10 AFR	Chad	620	
11 AFR	Comoros	870	
12 AFR	Congo, Rep.	1,830	
13 AFR	Côte d'Ivoire	1,060	
14 EMR	Djibouti	1,280	
15 SEA	DPR Korea	j (estimated to be low income, i.e. \$995, or less)	
16 AFR	DR Congo	160	HBC
17 AFR	Eritrea	300	
18 AFR	Ethiopia	330	HBC
19 AFR	Gambia, The	440	
20 AFR	Ghana	700	
21 AFR	Guinea	370	
22 AFR	Guinea-Bissau	510	
23 AMR	Guyana	1,450	
24 AMR	Haiti	j (estimated to be low income, i.e. \$995, or less)	
25 AMR	Honduras	1,820	
26 SEA	India	1,170	HBC
27 AFR	Kenya	770	HBC
28 WPR	Kiribati	1,890	
29 EUR	Kyrgyzstan	870	
30 WPR	Laos PDR	880	
31 AFR	Lesotho	1,020	
32 AFR	Liberia	160	
33 AFR	Madagascar	420	
34 AFR	Malawi	280	
35 AFR	Mali	680	
36 AFR	Mauritania	960	
37 WPR	Mongolia	1,630	
38 AFR	Mozambique	440	HBC
39 SEA	Myanmar	j (estimated to be low income, i.e. \$995, or less)	HBC
40 SEA	Nepal	440	
41 AMR	Nicaragua	1,010	
42 AFR	Niger	340	
43 AFR	Nigeria	1,140	HBC
44 EMR	Pakistan	1,020	HBC
45 WPR	Papua New Guinea	1,180	
46 WPR	Philippines	1,790	HBC
47 EUR	Republic of Moldova	1,390	
48 AFR	Rwanda	460	
49 AFR	São Tomé and Príncipe	1,140	

TB REACH Wave-2 Eligible Countries

Countries with per capita GNI US\$2000, or less  
(source: World Bank, 2009 data, revised 9 July 2010)

Region	Country	GNI per capita (WB 2009 data)	TB high burden country (HBC)
50 AFR	Senegal	1,040	
51 AFR	Sierra Leone	340	
52 WPR	Solomon Islands	910	
53 EMR	Somalia	j (estimated to be low income, i.e. \$995, or less)	
54 SEA	Sri Lanka	1,990	
55 EMR	Sudan	1,230	
56 EUR	Tajikistan	700	
57 AFR	Togo	440	
58 AFR	Uganda	460	HBC
59 AFR	UR Tanzania	500	HBC
60 EUR	Uzbekistan	1,100	
61 WPR	Viet Nam	1,010	HBC
62 EMR	West Bank and Gaza Strip	k (estimated to be lower middle income (\$996 to \$3945))	
63 EMR	Yemen, Rep.	1,060	
64 AFR	Zambia	970	
65 AFR	Zimbabwe	j (estimated to be low income, i.e. \$995, or less)	HBC

**Note 1: Additionally countries that are not in this list can apply for sub-national populations/areas that are poor (poverty pockets) with justification provided in the application form. Countries\*\* that have a per capita GNI between US\$2000 and US\$3000 are especially requested to consider this approach.**

**		
SEA	Bhutan	
SEA	Democratic Republic of Timor-Leste	
EMR	Egypt	
EUR	Georgia	
AMR	Guatemala	
SEA	Indonesia	HBC
EMR	Iraq	
WPR	Micronesia (Fed States of)	
EMR	Morocco	
AMR	Paraguay	
WPR	Samoa	
AFR	Swaziland	
EMR	Syrian Arab Republic	
EUR	Ukraine	
WPR	Vanuatu	

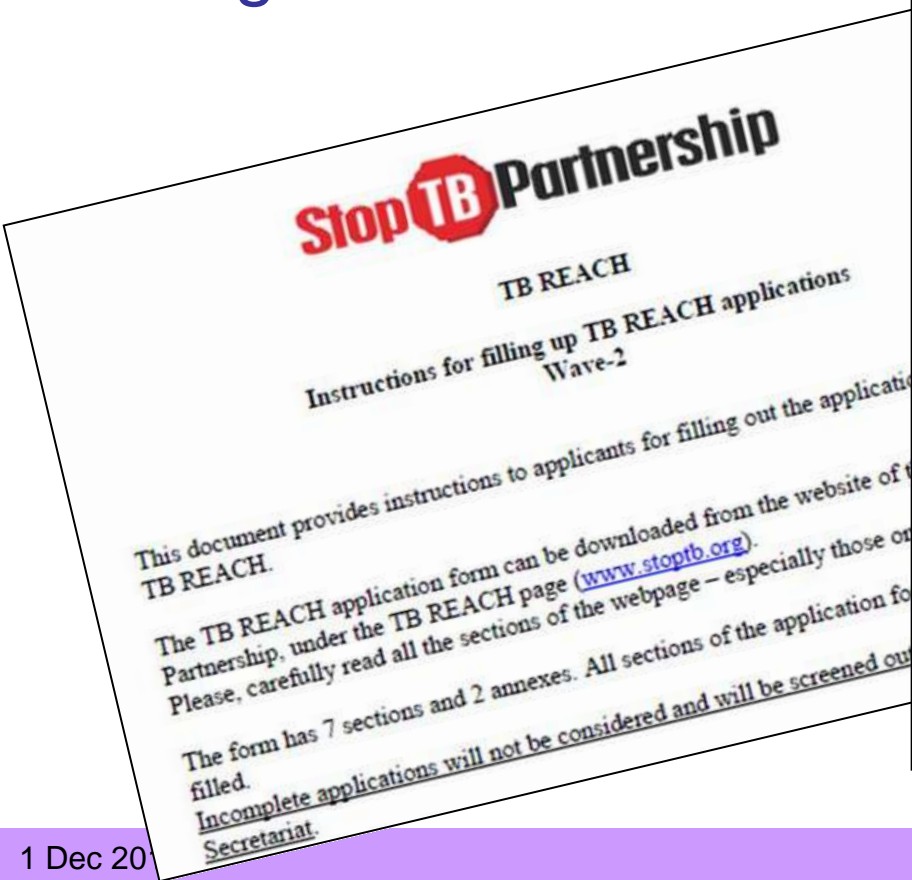
**Note 2: Applicants from the remaining TB high burden countries\*\*\*\* and who are planning to target sub-national/provincial/district populations that are demonstrated to be economically poor (poverty pockets), with low TB case detection and limited access to TB services, may consult with the TB REACH secretariat for confirming their eligibility prior to applying.**

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AMR	Brazil	HBC
WPR	China	HBC
EUR	Russian Federation	HBC
AFR	South Africa	HBC
SEA	Thailand	HBC

# Requirements for applications..1

- Who can apply?
  - CSOs, NTPs, NAPs, govt. and non-govt. organizations, affected communities and any STOP TB Partner
- Multiple applications per country possible, but one applicant cannot submit more than one proposal per country.
- Applicants to target vulnerable population, population living in poor areas/poverty pockets, population with "limited access to healthcare"
- Applications from outside of NTP requires a letter of endorsement from the NTP and a statement on the role of the NTP in the project.
  - In exceptional situations, if the applicant is not able to obtain a response from the NTP, then the applicant needs to submit supporting evidence that the project was discussed and submitted to the NTP in a timely manner.
- Budget
  - Up to US\$ 1 million for one year
    - Budgets less than \$200,000 will require justification
  - To ensure sustainability - the per capita cost (budget per additional estimated bacteriologically-positive TB case detected and treated successfully) must be as low as possible.
  - Applicant should have in-country presence and no support will be provided for establishing new office

Standard application form can be downloaded from the TB REACH website along with instructions



**TB REACH**  
**- FINANCING FACILITY FOR INNOVATIVE TB CASE DETECTION**

**APPLICATION FORM**

Country			
Title of the proposed project			
Applicant			
Application Type	TB REACH - Wave 2		
Application amount (in US\$)	US\$		
Proposed duration	Start (month and year):		End (month and year):

**IMPORTANT:** Applicants should carefully read the instructions for TB REACH Applications before completing this application form and follow the instructions as they respond to each section.

Filled in application should be sent to [tbreach@who.int](mailto:tbreach@who.int) with the subject line "TB REACH application". In case email is not possible send by surface mail to: Edin Karahasanovic, Stop TB Partnership Secretariat, World Health Organization, WHO/STB/TBP, 20 Avenue Appia, CH-1211 Geneva 27, Switzerland

**Deadline for receipt of application:** 28 February 2011  
5pm (Central European Time)



# Wave-2: Suggested Interventions

- List of suggested interventions - not intended to be exhaustive
  - Local innovative interventions and approaches possible
- Guidance documents and tools to be provided on the web site

# Documents and tools for applicants

**Stop TB Partnership**

TB REACH

References for applicants

*Note: This is not an exhaustive list. Applicants are encouraged to do further research of their own local experiences.*

**Stop TB Partnership**

TB REACH

Suggested references for applicants  
WHO publications

## TB REACH Wave-2

### EXAMPLES of suitable interventions

- Contact investigation: appropriate implementation of systematic screening of contacts of TB cases in the household, workplace, and/or relevant settings, e.g. in congregate settings such as refugee camps and prisons.
- Intensified TB case finding and treatment among people with HIV including in community settings (using the new international recommendations of symptom based clinical algorithm), and ensuring the provision of isoniazid preventive therapy for those identified.
- Screening of clinical risk groups – such as people with diabetes or who are malnourished, smokers, previous TB patients.
- Screening of vulnerable and at-risk population groups, such as urban slum-dwellers, homeless, elderly, migrants, prison inmates or health workers in certain workplace settings.
- Innovations in sputum collection (i.e. multiple samples collected during a single day at the point of seeking care, or at the patients residence/neighbourhood)
- Innovations in specimen collection sites and transportation to the laboratory.
- Strengthening and optimizing the smear microscopy services including fluorescent microscopy using LED microscopes.
- Introduction of Xpert MTB/RIF system at district and sub-district levels to diagnose additional TB cases using targeted algorithms.
- Innovative use of chest X-ray as a screening tool for TB in high-risk and vulnerable population, including the use of mobile digital X-ray with electronically transmissible results.

...lack of basic human needs, such as clean water, nutrition, health care, clothing and shelter, because of the inability to afford them.  
In 1998 a UN Statement on poverty, signed by the heads of all UN agencies stated: "Fundamentally, poverty is a denial of choices and opportunities, a violation of

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Limited access to TB services criteria

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Guidance to applicants on targeting poverty pockets

Want to target poverty pockets?

documented association between poverty and tuberculosis. Not only are the poor more likely to get TB disease, but they are also more likely to face a heavy burden of TB (loss of wages, out-of-pocket expenses for care, loss of productive years of life) makes the poor people even poorer.

poverty Sub-group of the Stop TB Partnership is: "A world where the most vulnerable are protected from TB and have easy and

Partnership. TB REACH is focussed on the poor and

with per capita GNI of \$2000, or less, TB REACH will target poverty pockets within countries that have a per capita GNI of \$3000 and poverty pockets within the

economic disparities there are often well documented. Substantially higher levels of poverty in rural areas are more vulnerable to TB and often face limited

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# IMPORTANT

- TB REACH Wave 2 should be used to obtain the evidence needed to scale up
- Funding for treatment of drug resistant TB (including drug procurement and distribution) is beyond the scope of TB REACH initiative

GOOD LUCK !