TB REACH 2010-2019 and TB REACH 3.0

Jacob Creswell, Head Innovations and Grants, Stop TB Partnership
Elizabeth Onyango, Manager, National TB Program Kenya
Aamir Khan, Executive Director, IRD Global

Stop TB Board – December 2019 - Jakarta
Outline

TB REACH – an Innovation Platform

1. TB REACH 2010-2019
2. Wave 7 Update
3. Perspectives from Kenya
4. Perspectives from Pakistan
5. TB REACH 3.0
• Supported 313 grants in 54 countries
• Provided USD 155.5 million to partners to focus on innovative service delivery
• Screened more than 40 million people
• More than 2.6 million people with TB in project areas diagnosed and treated for TB
• More than 80% of projects have increased TB notifications by at least 20%
• Leveraged more than USD 180 million in other donor funding
• 60% of global guidelines referenced TB REACH supported projects
TB REACH 2010-2019: Diagnostics

- Supported first uses of Xpert as a diagnostic tool in many countries – pushing national guidelines. Before WHO recommendations.
- Using other diagnostic and screening tests in the field (TrueNAT, Fuji LAM, CRP) to generate evidence for uptake
- Leading funder of AI for CXR reading and published seminal evaluation of multiple AI systems.
TB REACH 2010-2019: Key Populations

• Delivering services and documenting results to the most vulnerable where public health systems don’t reach.

• Nomadic and tribal populations
• Transgender Women, FSW and MSW
• IDPs
• Miners
• Refugees and labor migrants
TB REACH 2010-2019: Sustainability

- TB REACH takes out risk for other donors for larger, long term investments
- Stop TB working with Global Fund TB and country teams and assisting grantees with CCM discussions, through the Strategic Initiative
- Unitaid recently invested USD 14 million to scale projects piloted by Wave 6 grants supported by BMGF
- Currently working with China to scale treatment adherence in Tibet
- Global Fund and USAID are supporting successful TB REACH interventions in Nigeria, Mozambique, Zambia, Pakistan, Tanzania, Bangladesh, Cambodia
TB REACH: Scaling Up Islands of Elimination in Vietnam

• Screening whole populations for both TB disease and infection
• Includes integrated health screening Hep, DM, and cancer
• Changing national policy for testing all for TB infection
• New treatment regimen for TPT
• Initial TB REACH investment has generated **USD 5.5 million** in co-funding from EU, 5% Initiative, CDC, USAID, and private sector
TB REACH Wave 7

• EC Approved USD 15.4 million for 37 new projects
• Private sector engagement strategies with additional support from USAID
• Handheld x-ray
• Introducing TPT, new regimens, new populations
• Implementing BPaL regimens
• Empowering women and girls
Wave 7 – Empowering Women & Girls

• In addition to case detection – empowerment activities is a new area for the TB community in line with Canada’s Feminist International Assistance Policy
• Creating a rural Tele-health hub where a community midwife will run her practice. Clients will be connected to underutilized urban female doctors.
• Women-factory workers - in Myanmar and Indonesia. Mobilization of women in communities around the factories, seeking a long-term impact on the garment industry, as well as on the standing of women in the community.
Wave 7 – Empowering Women & Girls

- Several organizations will combine TB case finding with skills training and work linkages for women including micro-financing schemes.
- As projects’ understanding of community and gender dynamics deepens, they will devise solutions that promote empowerment and gender equality.
- All projects will undergo revisions in organizational policies related to gender and document how their activities impact individual and societal change.
TB REACH – Wave 7 and Wave 6 SU

- Grantee event with 113 participants last week in Ho Chi Minh City
- Extra day on private sector engagement strategies supported by USAID and GAC
- 9 Wave 6 scale up grants USD 6.5 million – approved by EC last week
- W7 and W6 SU Aiming to diagnose and treat +250,000 people with TB
- Some Wave 7 interventions have begun – others begin Q1/2 2020
TB in Kenya - Overview

- Kenya is one of 14 HBC for TB, TB/HIV and MDR-TB
- 6th highest TB burden in Africa, 4th highest TB/HIV burden
- One of 7 HBC that is on track to achieve the SDG 2020 milestones for reductions in both TB incidence (20%) and deaths (35%)
- After long decreases in TB notifications, recent increases due to renewed focus on TB case finding after 2015 prevalence survey results
Kenya has received **10 grants of more than USD 7 million** - currently 3 active grants.

- Grants have supported a wide variety of projects and approaches
  - Private sector engagement
  - Awareness generation
  - Community based active case finding
  - Working with key populations including female sex workers, fisherfolk and PLWH
  - New diagnostics
  - Childhood TB

- Grants have been provided to the NTP, County TB Program, Universities, local and community-based organizations, and INGOs.
• Supported the first programmatic use of Xpert in Kenya for TB diagnosis in general population.
• Overcome financial barriers to pediatric case finding through ACF.
• Greatly increased uptake of preventive treatment among children through targeted education.
• Grantees are invited to present and share results at quarterly and annual TB meetings.
• Help design national approaches to active case finding and national strategic plans for TB.
TB REACH 2010-2019: Key Populations

- Kenya is included in Global Fund’s catalytic investments on TB
- To promote the engagement of community-based organizations, and new ideas for case detection, used the TB REACH model for calls for proposals and grant awarding for innovative solutions as part of our Innovation Challenge TB Fund.
- Kenya was able to identify more TB cases in 2017 and 2018, partly due to the models and methods piloted by TB REACH.
KIC TB- Automated TB Self Screening Machine
Looking Forward for TB REACH and Support to Countries

- TB REACH provides support for new ideas that can be taken up by other donors if successful.
- No other funding mechanism exists for programmatic work that can take risks and innovate.
- Involving National TB Programs in both the development of proposals as well as ensuring their results are shared is critical.
- Working with CCMs and other country-based groups to disseminate findings, both positive and negative.
- Encouraging different types of partners to apply and providing them with tools will help improve proposal quality.
Being able to take risks to drive innovation
Adolescent & Health Leadership Course

Communication Skills

Leadership

Community based intensified case finding for disease

Self Awareness

Health

Planning
آئرن ستارہ
تینی امکانات کمپ ہیں (حم 9:00-2:30 دوہانہ)

 hôسٹس انساں کا
صحیت مندرجہ ہے
SEHATMAND ZINDAGI

ئیر انساں کمپ ہیں (حم 9:00-2:30 دوہانہ)

kiran sitara

آئرن ستارہ
تینی امکانات کمپ ہیں (حم 9:00-2:30 دوہانہ)
Incubating innovators and providing the path to large scale implementation
Congratulations on your TB REACH grant!
<table>
<thead>
<tr>
<th>Funding Cycle</th>
<th>Recipient</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bridge Consultants Foundation</td>
<td>Household contacts</td>
</tr>
<tr>
<td>1</td>
<td>Indus Hospital</td>
<td>Private practitioners; mHealth</td>
</tr>
<tr>
<td>1</td>
<td>Prisons of the Punjab</td>
<td>Prisoners</td>
</tr>
<tr>
<td>1</td>
<td>National TB Program (NTP)</td>
<td>Chest camps</td>
</tr>
<tr>
<td>2</td>
<td>Association for Social Development (ASD)</td>
<td>Health facility; LHWs; chest camps</td>
</tr>
<tr>
<td>2</td>
<td>IRD Pakistan</td>
<td>Private laboratories; mHealth</td>
</tr>
<tr>
<td>3</td>
<td>IRD Pakistan</td>
<td>Social enterprise models; mHealth</td>
</tr>
<tr>
<td>3</td>
<td>National TB Program (NTP)</td>
<td>Household &amp; community contacts</td>
</tr>
<tr>
<td>4</td>
<td>Indus Hospital</td>
<td>Childhood TB; mHealth</td>
</tr>
<tr>
<td>5</td>
<td>Bridge Consultants Foundation</td>
<td>Transgender populations</td>
</tr>
<tr>
<td>5</td>
<td>Interactive Health Solutions</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>DOPASI Organization for Sustainable Development</td>
<td>TB in Miners</td>
</tr>
<tr>
<td>6</td>
<td>FIND/IRD/CHS</td>
<td>IPAQT Private Sector Laboratory Engagement</td>
</tr>
<tr>
<td>6</td>
<td>Indus Hospital</td>
<td>Extrapulmonary TB, rural districts</td>
</tr>
<tr>
<td>7</td>
<td>National TB Control Program</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Bridge Consultants Foundation</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Association for Social Development (ASD)</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>IRD Pakistan</td>
<td>Kiran Sitara School Girls</td>
</tr>
<tr>
<td>7</td>
<td>CHS Pakistan</td>
<td>Rural Tele-Healthcare for women</td>
</tr>
</tbody>
</table>
Pakistan’s Zero TB Initiative
Global Fund Support
2016-2017 USD 40m – Zero TB Karachi +32 districts
2018-2020 USD 40m – Zero TB Karachi, Peshawar, Quetta + 32 districts
The road to sustainability
Scaling Social Business Models in Healthcare

Cost-Share on Global Fund Grant**
Pakistan

<table>
<thead>
<tr>
<th>Year</th>
<th>Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>18%</td>
</tr>
<tr>
<td>2020</td>
<td>28%</td>
</tr>
<tr>
<td>2021</td>
<td>4%</td>
</tr>
<tr>
<td>2022</td>
<td>33%</td>
</tr>
<tr>
<td>2023</td>
<td>49%</td>
</tr>
</tbody>
</table>

**Weighted average of all salaries and overheads

**CHS incorporated as a social business in Pakistan

2014

2016

Private-sector engagement model success in Karachi

2017

Global Fund supported scale-up to 23 districts

2018

Expansion of commercial lab network and sales

2019

Scale-up of PPM model to the Philippines

2020

Scale-up in Manila and linkages to UHC

1,036,138 Individuals Screened with X-ray

160,733 GeneXpers (PCR) Tests

41,312 Patients Treated for TB

1,239 DR-TB Detections

Pakistan

SEHATMAND ZINDAGI

Weighted average of all salaries and overheads
An interoperable mHealth enabled application to help identify, diagnose, and treat TB patients.
You’re not just a project, you’re part of a social movement!
TB REACH Timeline Wave 7 and Beyond

Wave 7 Grantee Meeting: December 2019
Wave 7 Implementation: Q1 2020
Document results, reporting and dissemination:
Final Audits and Reports Q3/4 2021

Wave 6 Scale up: Nov 2019
TB REACH 3.0 resource mobilization
Current TB REACH funding ends: March 2021
Wave 8?
Vision for TB REACH 3.0

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.
TB REACH 3.0: Focus

The TB REACH platform can elicit new ideas from a wide partner base across a range of areas and focus

- Link with other disease areas for integrated health screening (hepatitis, malaria, food support, diabetes, mental health, immunizations, AMR)
- Work to deliver against UNHLM targets (case detection, MDR, children, TPT)
- Evaluate new technologies and approaches
- Engagement with the private sector and for the private sector
- Linking to larger initiatives such as new catalytic funding for Global Fund 2021-2023, Find.Treat.All
TB REACH 3.0: Governance

Independent Proposal Review, Board Approval, M&E, Knowledge Management

- Reconstitute a smaller ‘TB REACH Think Tank’ with donors, a strong civil society voice, opinion leaders outside TB space, private sector
- Provide additional support to partners engaged on specific areas of focus (i.e. private sector engagement, BPaL)
- Promote more south to south learning and sharing
- Continue strong external M&E, and support for results dissemination
TB REACH 3.0: Grant Structure

Providing support for all types of partners to test, document and scale innovative solutions to the persistent challenges of TB

- Focus on smaller, innovative solutions to test and support local organizations and capacity building
- Continue to gather evidence for new tools and approaches
- Allow for longer grants (18-24 months) and increasing grant value (1.5 million) to document scale-up
- Continue to work closely with Global Fund, USAID other donors, and in-country mechanisms to promote up take and scale
• Total funding ask for the next 5 years of TB REACH USD 130 - 150 million or USD 25-30 million per annum.
• Demand and number of high-quality proposals is greater than the current funding levels.
• Especially pertinent to expand work to support the identification of new technologies and approaches and help scale-up.
• TB REACH can absorb large amounts of funding as +80% provided directly to partners service deliver activities.
Areas for Board Input

- Questions on current results
- Feedback on future of TB REACH, vision, planning and positioning
The Stop TB Partnership’s TB REACH initiative has been generously supported by Global Affairs Canada since its inception in 2010.

Additional funding support has been provided by USAID, the Bill & Melinda Gates Foundation, Unitaid, and the Indonesian Health Fund.