



TB REACH Wave 3

Information note for proposals targeting mining sector-associated TB (miners, their families, and communities)

Background: It is recognized that the spread of TB and TB/HIV via the mining sector contributes significantly to the spread of TB in many countries, especially in parts of Africa – the only region in the world which is presently not on track to achieve the MDG targets for TB. The impacts are particularly acute on miners, ex-miners, their families and communities. Addressing the high concentration of TB in this vulnerable group by supporting innovative ways of reaching them with TB care is aligned with TB REACH’s core purpose of early and increased TB case detection.

Eligibility: The burden of mining-associated TB is highest in Southern Africa (SADC countries). Organizations in those countries that are struggling with a high burden of the co-epidemic that are impacted by mining associated TB (e.g. Lesotho, Swaziland, Mozambique, Zimbabwe, Tanzania, DR Congo, etc.) may especially consider to apply although all proposals focusing on mining from all TB REACH eligible countries are considered. These countries are consistent with signatories of the SADC Heads of State Declaration on TB in the Mining Sector. Applicants are encouraged to review the list of TB REACH eligible countries on the [TB REACH website](#). Detailed guidance on filling up the applications is also available on the website.

Public Private Partnerships: TB REACH supports the development of Public-Private Partnerships (PPPs) in expanding innovative approaches to delivering health services and seeks to play a catalytic role in their formation. As TB REACH funding is limited, and private sector innovation can be a significant game-changer, PPPs are seen as an approach to not only leverage additional resources, but also to leverage knowledge, innovation, and skills to maximize results, efficiency, and value for money.

Co-financing: While not a requirement for eligibility, those proposals from partners that have secured and submit evidence of co-financing commitments from the corporate sector, development partners, etc. will be given close consideration – ***if the project approach is consistent with TB REACH parameters.***

For example: Partner X submits a high-quality TB REACH proposal for \$2 million. Along with the proposal is evidence of secured co-financing of \$1 million from a partner as co-financing. Since the maximum possible TB REACH grant per proposal is \$1 million, approval of the proposal would result in a co-financed, high quality, independently monitored project valued at \$2 million.

The maximum that can be awarded from TB REACH funds is currently \$1 million per proposal; however, a larger proposal that has secured co-financing can be submitted, and if approved, would benefit from being part of TB REACH (e.g. independent monitoring and evaluation, highlighting programmatic results at global level, communications etc)

While the TB REACH time frame is 1 year – with very successful initiatives able to be considered for an additional year of funding – with co-financed proposals, the co-financing could be used to expand the impact by reaching more people in year 1, or expanding impact by securing a 2nd year of funding (i.e. making what would most likely be a 1-year project, into a 2-year project).

Interventions: Interventions proposed should be linked to early and increased TB case finding in the mining related population. Interventions should be carefully selected keeping in view the local epidemic, existing levels of care and the local setting. Migration patterns and socio cultural factors need to be considered as well as risk factors and co-morbidities, such as HIV and silicosis. Some examples of interventions that could be considered are: TB screening strategies, diagnostics, contact investigations, provision of care via outreach, mobile clinics, community engagement, tracking of patients for completing diagnosis and treatment. It is important to consider robust systems for notification of diagnosed TB patients to the National TB Programmes so that cases detected can be monitored and evaluated under the standard TB REACH evaluation methods.