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# TB REACH

Status

Monitoring and Evaluation Agency

Comparison with the Global Fund

Launching of the wave 2

Lucica Ditiu

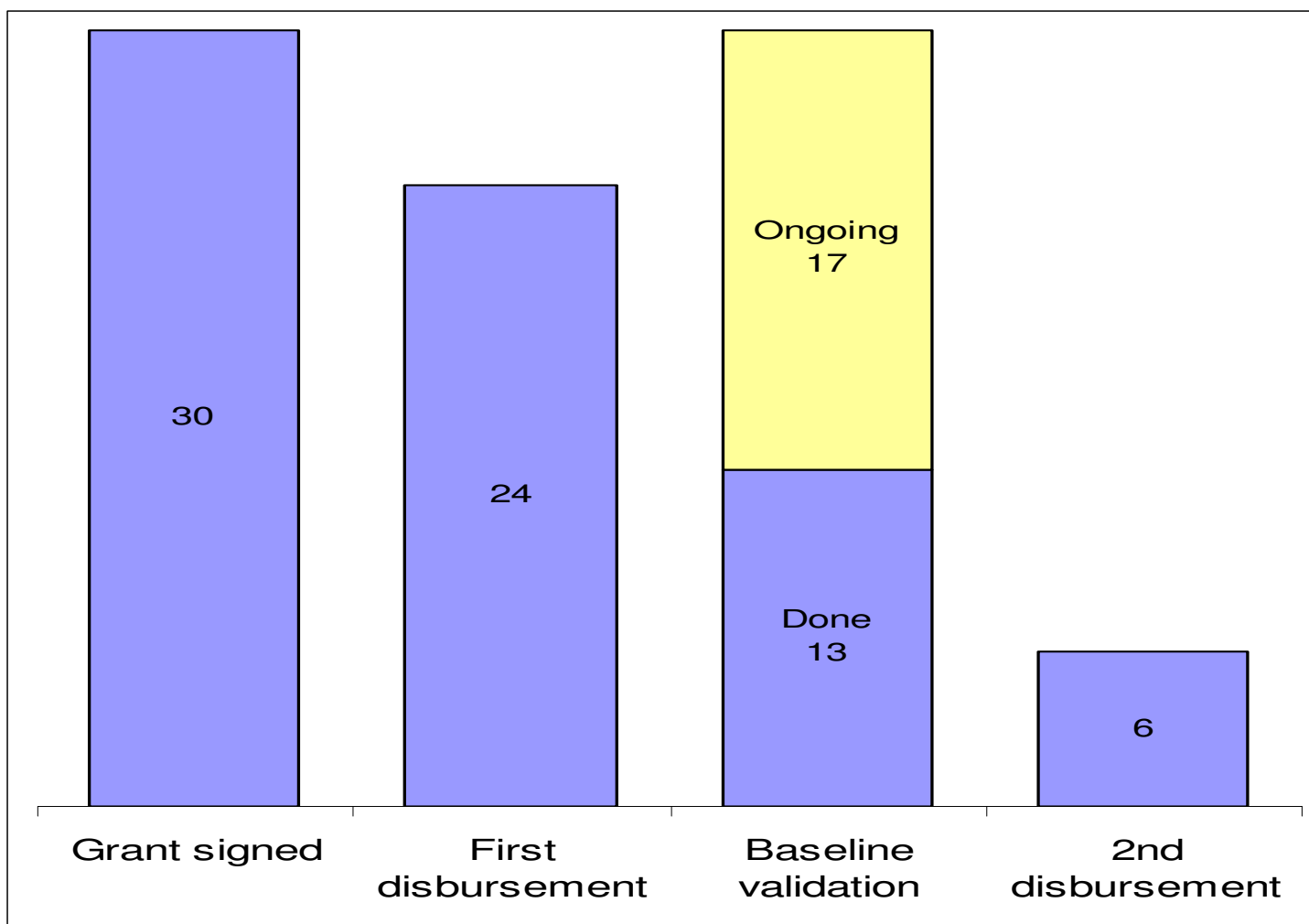
Johannesburg, 14-15 October 2010



# TB REACH

- **Stop TB Partnership initiative to promote innovative approaches in early and increased TB case detection** (supported by a 5-Year CIDA Grant to the Partnership)
- **Funds projects up to US\$ 1 million for 1 year**
- **Open to all possible applicants**
- **Multiple applications possible from countries**
- **NTP support letter required**
- **Wave -1 funding announced in Jan 2010**
- **192 applications received and 30 approved for funding in May 2010**
  - 10 Govt. (including 7 NTP)
  - 20 non-Govt (CSOs)
  - Budget varies from US\$ 150,000 to 1 million
  - Aim at detecting and treating over 40,000 additional smear positive cases

## Progress of 30 Wave-1 TB REACH projects (as of 8 Oct 2010)



# TB REACH M&E Agency

- HLSP (London) in partnership with KIT (Royal Tropical Institute - Amsterdam)
- **Selection done via a competitive process**
  - involving a RFP and following WHO procedures including review by the Contract Review Committee
- **Contract signed with HLSP in the second half of August 2010**
- **Baseline validation (to be completed for all projects in Oct 2010)**
- **Finalization of individual project M&E plans**
- **Review of reports by grantees (reports at 3, 9 and 12 months)**
- **Flagging of underperforming projects and their follow-up**
- **Two meetings of grantees**
- **Final report - includes an analysis of the additional case detected**

## Coordination with The Global Fund

- Creating a coordination group between the 2 Secretariats
- Development of an electronic tool - summarize the Global Fund and TB REACH funded projects in countries that have both projects.
- Feedback received from TB REACH Wave-1 grantees through a specially designed questionnaire.
- Ensuring transparency and sharing of data on monitoring and evaluation of the TB REACH grants/ Global Fund projects especially in reaching impact indicators in same geographical areas.
- Briefing the GF Secretariat on the wave 2 TB REACH launch
- Input from the GF Technical Review Panel to the TB REACH Proposal Review Committee (PRC) during the review period.

# Global Fund TB Reach Tool (screenshot)

## Global Fund TB Reach proposal tool

INTERNAL USE AND CONFIDENTIAL - The information in this document is confidential and is not subject to public disclosure

This tool has been developed to display selected information from the GF and TB REACH proposals. The purpose of the tool is to provide a general framework and possibilities to compare different variable within the GF and TB REACH grants; to facilitate coordination in the implementation and monitoring of these projects; to inform decisions on the second year extension of TB REACH projects; and to have a clear overview of the funds available in the country from both sources. The details of each proposal can be found on the respective websites of GF and TB REACH.

**To display information, follow these steps:**

1. Select the country of your choice using the combo box (green)
2. Select the GF grant proposal in the list and display information by using the radio button (blue section)
3. Select the TB Reach proposal in the list and display information by using the radio button (pink section)

**1. SELECT THE COUNTRY**

Pakistan

2. SELECT THE GLOBAL FUND GRANT						3. SELECT THE TB REACH PROPOSAL					
GLOBAL FUND						TB REACH					
Grants No	Round	Begin	End			Grants No	Wave	Begin	End		
PKS-809-G09-T	8	Sep-09	Aug-11	--	<input checked="" type="radio"/>	PK1	1	Sep-10	Sep-11		<input checked="" type="radio"/>
PKS-607-G06-T	6	Oct-07	Sep-12		<input type="radio"/>	PK2	1	Sep-10	Sep-11		<input type="radio"/>
PKS-607-G07-T	6	Jan-00	Jan-00		<input type="radio"/>	PK3	1	Sep-10	Sep-11		<input type="radio"/>
PKS-809-G10-T	8	Jan-00	Jan-00		<input type="radio"/>	PK4	1	Sep-10	Sep-11		<input type="radio"/>

# Global Fund TB Reach Tool (screenshot...2)

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Reduce morbidity and mortality due to TB (reduce burden of disease due to TB)	Active case finding among high risk groups in urban slums in Pakistan (Sindh Province) involving general practitioners by using new diagnostic tools																																																																								
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	Increase the case detection of smear positive TB through active case finding of tuberculosis cases among TB suspects invited to free																																																																								

## **TB REACH Grantees: How is TB REACH different from GF**

- Focused on people with limited access and uniquely targeted towards a improvement in TB-case detection
- Promotes active and early case detection
- Focused on innovations and accepts new ideas
- There is an upper limit of cost per unit case
- Shorter period of funding and smaller scale
- Easier and faster process of application, simpler requirements for applying.
- Simpler and shorter application form; no trained expert needed to fill up application form
- No CCM bottleneck to apply
- Exchanges with PRC is faster
- Fast pace of decision making with an early start of project
- Strong evaluation of baseline figures and focuse on additionality in case detection
- Much faster and flexible disbursement system with less bureaucracy
- No safeguard policy while dealing with applicants

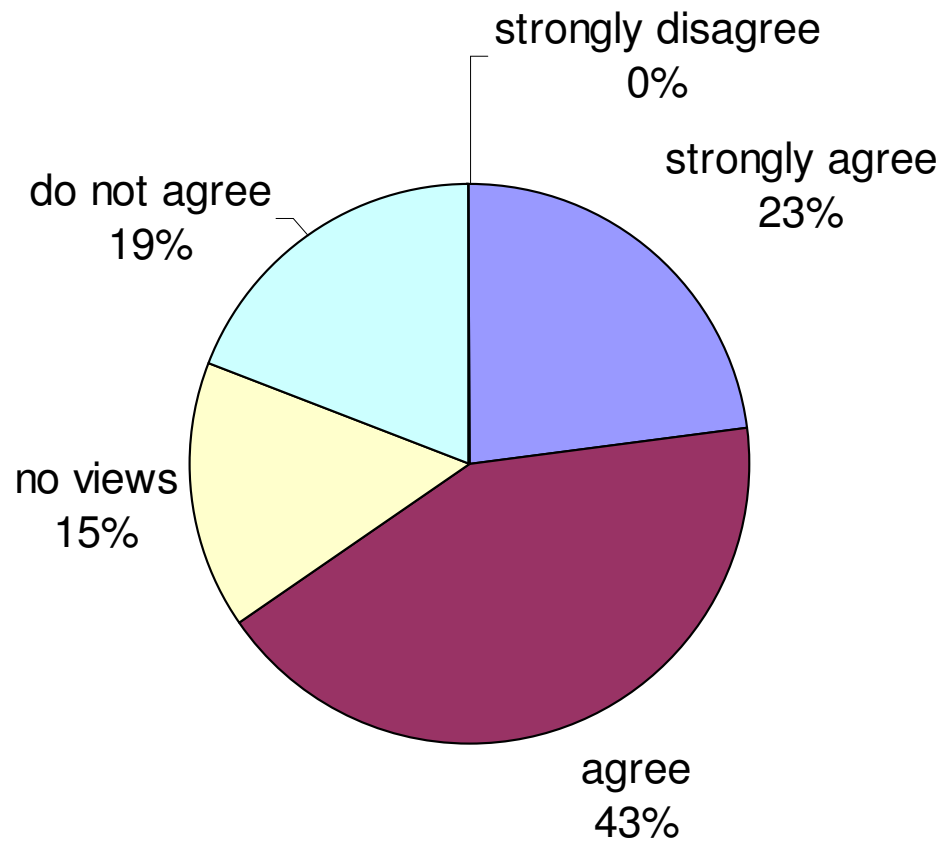


## **TB REACH Grantees: How is TB REACH similar to GF**

- Performance based
- Require applications with sufficient clarity, details, clear objectives and gap analysis
- Address existing gaps, encourage complementarity, driven by needs of recipient.
- Require support and involvement of NTP
- Use review committees/panel for selection
- Approaches for tracking and evaluation seem similar
- Emphasize quantitative results and are focussed on outcomes
- Funding based on science and best practices
- Need for internal M&E plan
- Process of data and report verification has similar approaches

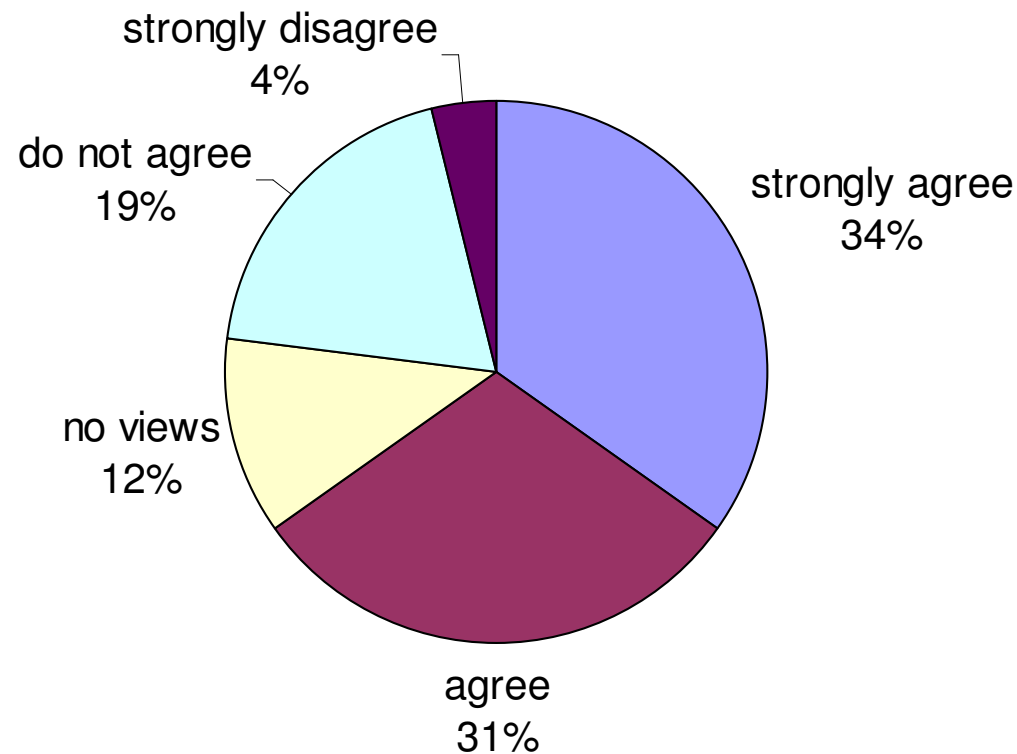
## TB REACH Grantees views

Ensuring absolutely **no overlap/duplication** of TB REACH activities with activities funded from other sources, e.g. Global Fund, **is possible**. (n=26)

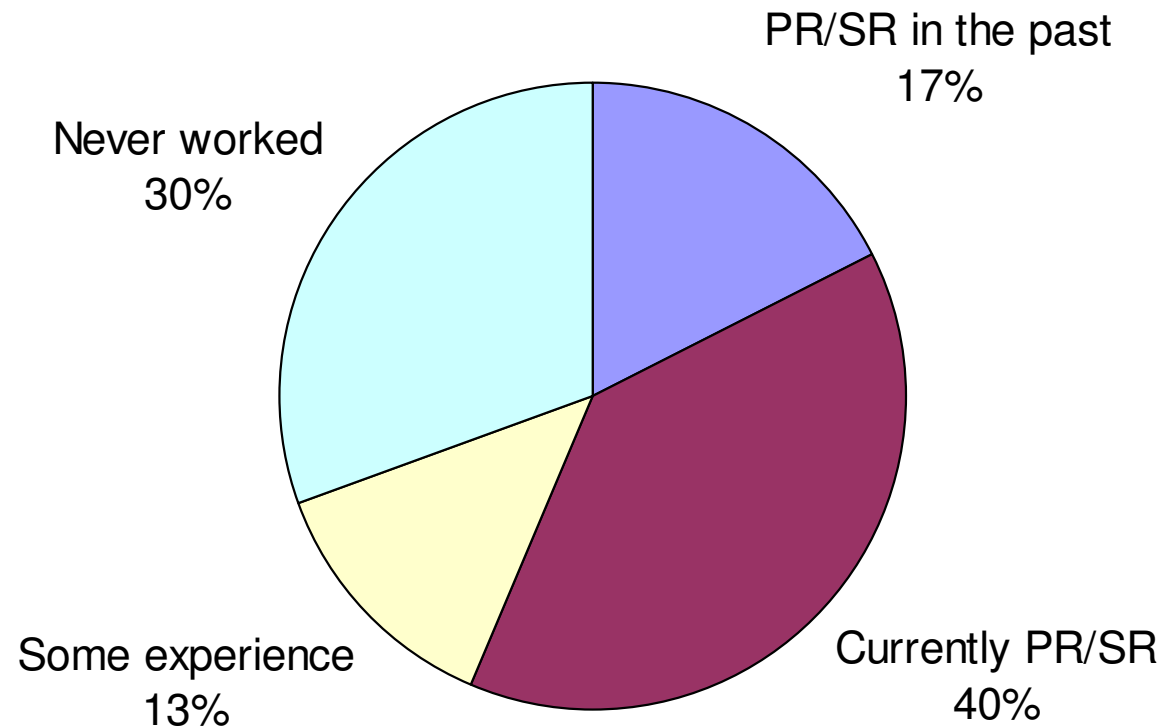


## TB REACH Grantees views

TB REACH projects, if successful, can be **easily programmed** into existing, or new, Global Fund grants to the country for TB control. (n=26)



## GF Experience of the TB REACH Grantee (n=23)



## TB REACH- Wave 2

PSG Meeting in Berlin, 10 Nov.2010

Launch: 1<sup>st</sup> December 2010 - 28 February 2011

### Suggested changes in the eligibility criteria:

- Revise the CDR criteria
- Revise the economic criteria to properly address the poverty pockets in countries
- Swaziland (and countries in similar situation) eligible
- Focus on the additional number of cases detected and treated, rather than on cost/patient
- Simplify and clarify the application form

### Encourage

- CSOs and NGOs at peripheral level to apply
- Focus on populations with limited access to health care - the vulnerable, un-reachable, high risk populations – including the endogenous/minorities
- New innovative ways of detecting additional TB cases, including rapid diagnostic methods – i.e. Xpert MTB
- Many, good applications !!!!

For more on TB REACH visit <http://www.stoptb.org/global/awards/tbreach/>



## **For discussion**

**Advice required on further steps for working in close collaboration and coordination with the GF**

**Any additional comment/advice required on the Wave 2 launch**