TB REACH
Annex-II

Comparative analysis of TB REACH and Global Fund

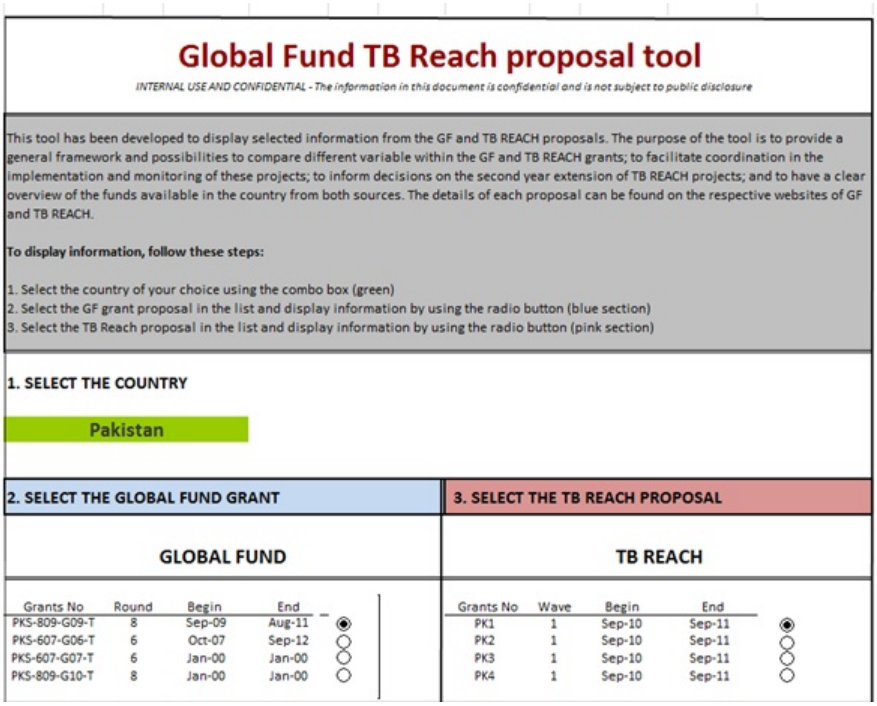
Based on the recommendation of the Stop TB Coordination Board meeting of May 2010 the Secretariat took the following steps:

1. Creating a coordination group between the TB REACH team in the Secretariat and the focal points on TB at the Global Fund[1].
2. Brainstorming on which should be the most efficient process for ensuring a good coordination, collaboration and transparency with GF funded projects in countries with a TB REACH grant. Special discussions were held on how to make a comparative analysis between the GF and TB REACH types of funding and projects.
3. It was agreed for the following steps:
    a. Development of an electronic tool to summarize the Global Fund and TB REACH funded projects in countries that have both projects. The purpose of this tool is to identify areas for coordination in implementation and monitoring of the projects, avoid duplication of activities (if any) and plan for future integration of successful TB REACH projects into Global Fund supported national strategic plans. An example of the tool is attached as screenshots.
    b. A summary table with main points of similarity and differences between the TB REACH and the Global Fund initiatives. The table is attached.
    c. A summary of feedback received from TB REACH Wave-1 grantees which includes as well feedback on TB REACH and Global Fund. This feedback was collected via a questionnaire mailed to all grantees with the purpose of improving the work of TB REACH Secretariat with the grantees, having a better TB REACH wave 2 launch and assessing the grantees views on possibilities of continuation of the TB REACH grants with GF funds. 28 out of 30 Grantees returned the questionnaire. The three NTP projects in DR Congo responded together with one filled-in questionnaire. The summary of the feedback is attached.
    d. Full transparency and sharing of data on monitoring and evaluation of the TB REACH grants/ Global Fund projects especially in reaching impact indicators in the same geographical areas.
    e. Briefing the GF Secretariat on the wave 2 TB REACH launch
    f. Input from the GF Technical Review Panel to the TB REACH Proposal Review Committee (PRC) during the proposal review period.

[1] This group composed of Dr. Mohamed Abdel Aziz and Mrs. Rachel Bauquerez (GF) and Dr. Lucica Ditiu and Dr. Suvanand Sahu (TB REACH), will continue to function and might be enlarged for the purpose of coordination between the two funding initiatives in future

TB REACH and Global Fund projects in countries: summarizing tool

Screenshots as examples



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

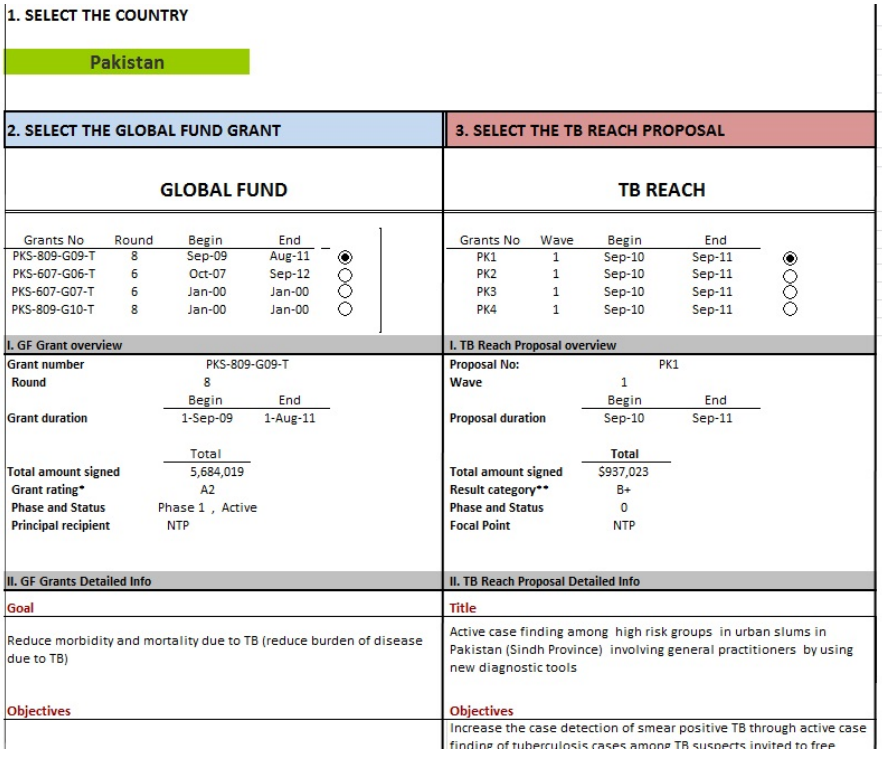
GLOBAL FUND

Grants No	Round	Begin	End	
PKS-809-G09-T	8	Sep-09	Aug-11	◉
PKS-607-G06-T	6	Oct-07	Sep-12	○
PKS-607-G07-T	6	Jan-00	Jan-00	○
PKS-809-G10-T	8	Jan-00	Jan-00	○

3. SELECT THE TB REACH PROPOSAL

TB REACH

Grants No	Wave	Begin	End	
PK1	1	Sep-10	Sep-11	◉
PK2	1	Sep-10	Sep-11	○
PK3	1	Sep-10	Sep-11	○
PK4	1	Sep-10	Sep-11	○



1. SELECT THE COUNTRY

Pakistan

2. SELECT THE GLOBAL FUND GRANT

GLOBAL FUND

Grants No	Round	Begin	End	
PKS-809-G09-T	8	Sep-09	Aug-11	◉
PKS-607-G06-T	6	Oct-07	Sep-12	○
PKS-607-G07-T	6	Jan-00	Jan-00	○
PKS-809-G10-T	8	Jan-00	Jan-00	○

3. SELECT THE TB REACH PROPOSAL

TB REACH

Grants No	Wave	Begin	End	
PK1	1	Sep-10	Sep-11	◉
PK2	1	Sep-10	Sep-11	○
PK3	1	Sep-10	Sep-11	○
PK4	1	Sep-10	Sep-11	○

I. GF Grant overview

Grant number	PKS-809-G09-T		
Round	8		
	Begin	End	
Grant duration	1-Sep-09	1-Aug-11	
	Total		
Total amount signed	5,684,019		
Grant rating*	A2		
Phase and Status	Phase 1 , Active		
Principal recipient	NTP		

I. TB Reach Proposal overview

Proposal No:	PK1		
Wave	1		
	Begin	End	
Proposal duration	Sep-10	Sep-11	
	Total		
Total amount signed	$937,023		
Result category**	B+		
Phase and Status	0		
Focal Point	NTP		

II. GF Grants Detailed Info

Goal

Reduce morbidity and mortality due to TB (reduce burden of disease due to TB)

Objectives

II. TB Reach Proposal Detailed Info

Title

Active case finding among high risk groups in urban slums in Pakistan (Sindh Province) involving general practitioners by using new diagnostic tools

Objectives

Increase the case detection of smear positive TB through active case finding of tuberculosis cases among TB suspects invited to free

II. GF Grants Detailed Info	II. TB Reach Proposal Detailed Info
Goal	**Title**
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
Objectives	**Objectives**
1. Pursue high quality DOTS expansion and enhancement 2. Health systems strengthening (HSS)	Increase the case detection of smear positive TB through active case finding of tuberculosis cases among TB suspects invited to free diagnosis in Chest Camps in urban slums of selected districts of Sindh province. The frontloading strategy and LED based fluorescence microscopy will be applied to reduce initial defaulting and increase the sensitivity of direct smear microscopy, respectively.This intervention will be implemented by engaging the private GPs in TB control through training, management of identified suspects and detected cases whether by referral from the camps or those detected in their routine practice, using the same recording and reporting system as NTP, and ensuring regular supervision and collection of reports by district coordinators.
Areas covered	**Areas covered**
Whole country	Sindh province, including Karachi and 4 other tensils in Sindh province. The proposed intervention focus on expansion of quality DOTS services in Marginalized population (urban and peri-urban slums) including quality diagnosis through active case detection, engagement of CBO (for, patient support, awareness) and private practitioners / laboratories in TB care.
Service Delivery Areas identified	**Activities identified**

In what ways is TB REACH similar, or dissimilar, to the Global Fund?

		TB REACH[2]	**Global Fund**[3]
1.	Objective	To promote early and increased TB case detection using innovative approaches in populations that are poor and have limited access to TB services.	To dramatically increase resources to fight three of the world's most devastating diseases (HIV, TB and Malaria), and to direct those resources to areas of greatest need.
2.	Amount of grant provided	Small. Funds projects with a budget of US$ 1 million or less. In the first wave a total of US$ 18.4 million was committed for 30 approved projects with an average budget of US$ 0.61 million per project (range US$ 0.15 to 1 million).	Large. Of the 83 TB grant agreements signed so far for phase-1 only 5 were for budget less than US$ 1 million
3.	Purpose of grant	In support of innovative or proven interventions for early and increased detection of additional TB cases (focussing on drug susceptible bacteriologically proven TB cases) in economically poor settings and amongst population with limited access to TB services. 100% grants committed to TB and focussed on activities related to TB case finding.	In support of comprehensive TB control activities, including all components of the Stop TB Strategy As of 31st Dec 2009, TB grant portfolios constituted only 16% the total.

[2] http://www.stoptb.org/global/awards/tbreach/
[3] http://www.theglobalfund.org/en/

4.	Eligible countries	Selected on the basis of per capita GNI ≤US$ 2000 and low levels of TB case detection (CDR SS+ ≤70% in Wave-1). Exceptions on a case-to-case basis for the remaining TB high burden countries based on targeting subsets of populations that are poor, with low case detection and faced with limited access to care. A total of 60 countries were eligible for Wave-1 funding.	Selected on the basis of World Bank classification of countries by income level. Includes low income countries and lower middle income countries (if with cost sharing and focus on poor and vulnerable populations). Upper middle income countries can apply only if the disease burden is high and other specific conditions are met. Exceptions exist in the form of provision of grace period for a few countries. More than 100 countries were eligible for applying for Round-10 TB grants.
5.	Eligible applicants	Government authorities, National TB Programmes (NTPs), any Stop TB Partners, international and local NGOs, CSO, FBOs can directly apply. No requirement to go through Country Coordination Mechanisms (CCMs). A support letter is required from the NTP.	CCMs submit applications on behalf of the country. Under exceptional situations agencies can directly apply without the CCM. There are guidelines for CCM on representation and on inviting potential principal and sub recipients to participate in proposal development.
6.	No of applications	Multiple applications from multiple agencies for a single country is accepted. In Wave-1 a total of 192 applications were received; 30 were approved for funding; multiple projects in one country possible - 2 countries with 4 projects each.	Limited to one application per disease per country per round. All applicants are included as principal and sub-recipients. Dual track financing ensures funding via government and via NGOs
7.	Funding timeframe	Fast. One year fast-track funding with a possibility for second year extension. Wave-1 call for proposal was launched on 25 Jan, results announced in May 2010 and all grants were signed by Sept 2010. By the first week of October 2010, first disbursement has been made for 24 (89%) projects.	Slower. Five year projects approved and grants signed separately for phase-1 (2 years) and phase-2 (remaining part of the project). A number of round 9 TB Grants still unsigned one year after the announcement of the results in Nov. 2009.

8.	External M&E	Technical performance monitored and evaluated by an external public health professional agency. Financial performance monitored by Stop TB Partnership Secretariat. Participation of Secretariat in monitoring missions for some countries. Focus of monitoring and evaluation is on increased TB case detection and additional cases detected with the project.	Technical performance monitored by CCM and financial by the Local Fund Agent (LFA) appointed by GF. Evaluation prior to commencement of phase-II by CCM and GF Secretariat. Participation of GF secretariat in monitoring missions for some countries. Focus of monitoring is on financial and technical indicators on many aspects of TB control, guided by the GF M&E toolkit.
9.	Nature of interventions	Innovative as well as proven; interventions may be sometimes on unchartered territories, including approaches and interventions not yet recommended by WHO. Opportunity for operational research on such new initiatives within a programmatic setting. Applicants to Wave-1 include a few universities/teaching institutions in collaboration with in-country implementers to implement a package of new ideas.	Proven interventions included in the Stop TB Strategy with scope for innovative approaches of implementation within the local context. Unproven and path breaking new intervention generally does not form a main part of the application. CCM and TRP processes does not allow for interventions that are not yet internationally recommended.
10.	Application form and instructions for applicants.	Application form is simple. Instructions to applicants are brief and straight forward. Has a suggested list of interventions and technical reference material for applicants on the website. External technical assistance is not required to develop proposals.	Large application form which has evolved and has become quite complex over several Rounds of funding. Requires expertise to fill up. Instructions are elaborate with cross references and thus require careful reading and comprehension. Technical assistance is required for developing proposals. Most applicants use technical support in the form of proposal writers to complete the form.
11.	Review process for applications	Applications are screened by Secretariat for completeness and for meeting other criteria (letter of support from NTP and financial capacity	After initial screening by Secretariat proposals are screened by the Technical Review Panel which consists of over 40 experts.

		requirements, etc) Applications are then reviewed by the Proposal Review Committee (PRC) consisting of nine members. PRC grades proposals into 4 grades. The PRC decision is subject to endorsement of the Stop TB Coordinating Board. There is no appeal process as the timeline is short and funding is for one year. A standard PRC Review Form is used to communicate results to the applicants.	TRP grades proposals into 4 grades, with the second grade having a sub-grade. The TRP decision is subject to endorsement of the Global Fund Board. There is a process for appeals against TRP decisions. A standard TRP Review Form is used to communicate results to the applicants
12.	Cost effectiveness	TB REACH has a criteria that the proposed budget per unit additional treatment success of smear positive TB case should be US$ 350 or less. Exceptions are possible with justifications (e.g. in high TB/HIV settings, etc). This is with a view to prevent the development of unsustainable interventions that cannot be later reprogrammed into other budget sources, including domestic sources.	No such cost effectiveness parameter to evaluate budgets.

Summary of feedback received from TB REACH Wave-1 Grantees

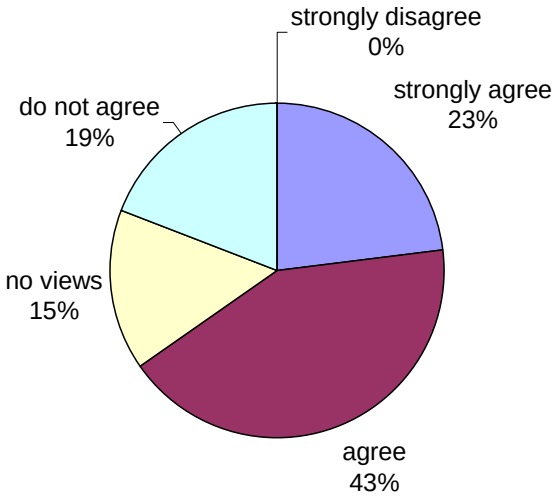
1. The following points were identified for TB REACH as being different from Global Fund[4]:
   - Focused on people with limited access and uniquely targeted towards a single issue of improvement in TB-case detection and promotes active and early case detection
   - More focused on innovations. Accepts new ideas
   - Focused on smear positive TB case detection
   - 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 focuses on additionality in case detection
   - Much faster and flexible disbursement system with less bureaucracy
   - No safeguard policy while dealing with applicants

2. Points identified for TB REACH which are similar to Global Fund were the following[5]:
   - Both funding are performance based
   - Require applications with sufficient clarity, details, clear objectives and gap analysis
   - Address existing gaps and encourage complimentarily and are driven by needs of recipient.
   - Rounds based funding
   - 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

[4] Question asked to Grantees: "Based on your experience so far and your own assessment, how do you think is TB REACH funding different from Global Fund funding of TB projects?"
[5] Question asked to Grantees: "Based on your experience so far and your own assessment, how do you think is TB REACH funding similar to Global Fund funding of TB projects?"

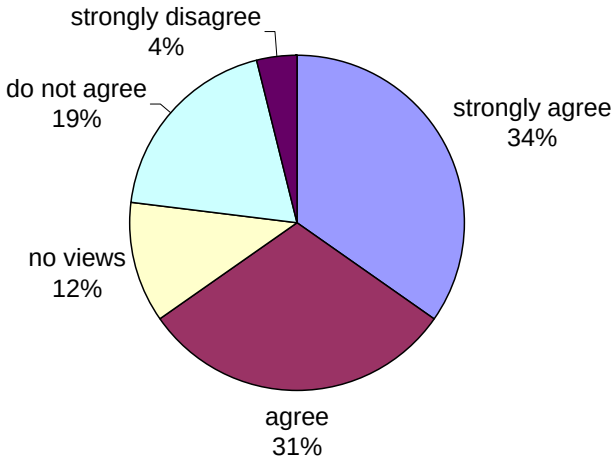
3. Views on possible overlap/duplication

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



4. Views on future incorporation of TB REACH projects in GF grants.

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



5. TB REACH Grantees experience with GF