TB REACH WAVE 11

Concept Note and Application Information

Bringing Innovative approaches for TB and Lung Health closer to the point of need

Stop TB Partnership
TB REACH

hosted by UNOPS

END TB

TB REACH is a fast-track mechanism to competitively select and fund innovative approaches and tools to reach, diagnose and treat people with tuberculosis (TB) disease, drug-resistant TB, or TB infection. Funded projects undergo rigorous, independent, monitoring and evaluation with the aim of linking impactful projects to long- term funding for scalability and sustainability. TB REACH is announcing a new funding Wave.

I. Overview of the Wave 11 application

Theme and objectives

The TB REACH Wave 11 call for proposals is focused on innovative approaches to integrate TB service delivery with other diseases at the primary and community level. All wave 11 proposals **must** demonstrate how their interventions will contribute to the following:

- improve detection and care for people with TB.
- promote people-centred integrated service delivery (ISD) for TB & lung health closest to the point of need.
- include gender-responsive interventions for people with or affected by TB.
- aim for sustainability by engaging with government, Global Fund, and other partners.

This document describes the funding scope, application process, eligibility criteria and timelines. For more in-depth information on the theme and possible interventions, please refer to the **Wave 11 Technical Information.**

Background information for Wave 11

Despite significant global efforts TB remains a major cause of morbidity and mortality. Millions of people affected by TB are missed by the health systems or face barriers to timely TB diagnosis, treatment, and prevention. The disruption of health services, including TB service provision during the COVID-19 pandemic emphasized the need for resilient country health systems. Further the increasing burden of non-communicable diseases (NCDs), including chronic respiratory diseases (CRDs) overwhelm health systems that are already struggling to respond to communicable diseases, particularly in lower-middle- income counties (LMICs). Primary health-care (PHC) is the cornerstone of a sustainable, people-centered, community-based, and integrated TB service delivery system.

Expanding primary health care (PHC) is critical to health systems strengthening and subsequently, attaining universal health coverage. TB REACH has long supported the delivery of TB services through the PHC model with a focus on **communities** to find and treat people with TB.

Respiratory symptoms are the most common reason for primary care visits globally. The increasing burden of chronic respiratory diseases (CRDs) is a concern particularly in LMICs where they are associated with poorer outcomes. Notably TB and CRDs such as asthma, chronic obstructive pulmonary disease (COPD) and occupational lung diseases share common risk factors. Despite feasible interventions for both TB and CRDs, many people still lack a correct diagnosis and treatment highlighting the need for integrated service delivery (ISD) at primary and community care levels of health systems.

Integrating health services can increase efficiency in the health system and contribute to health system strengthening (HSS). For people seeking and receiving health care, ISD can potentially improve their experience by being more convenient, removing access barriers, saving time and costs by allowing for access to multiple services at once and improving continuity of care and coordination of treatments for multiple health conditions. While integrating TB services has demonstrated success within certain vertical programs e.g., HIV and diabetes, other areas have not been fully developed and there remains a dearth of evidence with regards to integration with other NCDs and in particular CRDs. The WHO's Practical Approach to Lung health (PAL) strategy is one such ISD initiative that aimed to improve the combined management of people with respiratory illnesses. While PAL demonstrated benefits e.g. improved TB and CRD detection and quality of care, its implementation was limited by various challenges, including resource constraints. These same constraints resonate with ISD implementation of many other disease conditions.

TB REACH is supporting ISD interventions based on this framework through Wave 10 grants. For Wave 11, we will build upon these efforts to integrate TB and other disease areas, but with a more specific focus on lung health.

Overview of Wave 11 funding considerations

- **Innovative ISD approaches for Integrated service delivery for TB and lung health**

  Wave 11 interventions should include feasible and innovative models of care that support ISD for TB and other lung health conditions as close as possible to the initial point of care. TB REACH Wave 11 projects will aim to improve TB services by strengthening the PHC pillars[1] at the community and primary care level. Applicants should consider interventions at the first point of contact, including community-based service delivery points and PHC clinics where people seek TB care. Interventions that aim to strengthen diagnostic capacities including tests and other diagnostic solutions down to the community or primary facilities are encouraged.

  TB REACH values innovations including the use of new tools but also new approaches and ways of working and reaching people. It is important that the proposed interventions are designed to meet the varied needs of people with TB at the first point of care and consequently other points of service delivery. Wave 11 applicants are encouraged to explore innovations both in the model of ISD and in the tools used for screening, diagnosis and treatment.

  Interventions should be designed to achieve or demonstrate feasibility for multimorbidity screening and lung care, define and implement a comprehensive PHC lung package, reduce costs for individuals and the health systems, and be acceptable to both the healthcare workers and people seeking care.

- **Gender responsive TB interventions**

  Gender plays a crucial role in TB epidemiology, exposure to risk factors, how people seek and engage with care, and consequently their treatment outcomes. Wave 11 TB REACH projects will be required to examine epidemiological and societal aspects of TB disease and the arising gender-related inequalities. TB REACH applications should describe the influence of gender on access to TB services in their context, and how the proposed interventions will address gender-specific challenges to ensure accessible and acceptable care. Proposals should demonstrate how the interventions will proactively address societal norms and explore other intersecting risk factors e.g., age, ethnicity, sexuality, occupation etc to identify and reach the most vulnerable groups.

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1. The 5 PHC pillars include i) **first Contact** with the health system, ii) **Comprehensive** interventions, iii) **Coordinated** and integrated service delivery iv) **Continuity** of care v) **Person-Centred** care.

- **Empowering women and girls**

  In many settings women, are more vulnerable to social and economic inequalities and are more likely to have less education, access to employment and with lower incomes. TB REACH projects through a previous call (Wave 7) supported by Global Affairs Canada worked with community organizations to successfully bring focus to women's empowerment. TB REACH projects will continue to further explore ways of supporting women and girls through the interventions. Successful applicants invited for **Stage 2 proposal** submission will be asked to demonstrate how they plan to empower women working within their organizations and in the communities where they work in.

- **Engaging relevant partners for sustainability**

  TB REACH projects are short in duration but rely on intense data collection efforts and M&E to document results. These results should inform the national response to TB. Additionally, TB REACH projects operate within existing health systems and will require support from the local authorities to be effective. To facilitate coordinated care within primary care for TB and lung health, projects should engage with the National TB Programs (NTP), other Ministry of health (MOH) departments, professional societies of chest physicians, asthma units, and others. TB REACH supported projects should not replace existing services but rather seek to complement or strengthen the linkages to such institutions (both public and private).

  Wave 11 applicants will be required to provide a letter of support from NTPs and relevant MOH authorities. The minimum level of NTP support required for projects will be a commitment to provide free TB treatment drugs for all people diagnosed with TB, linkage to existing diagnostic facilities such as sputum testing, access to other supportive care including but not limited to TB preventive treatment, nutritional support, psychological support, and other enablers provided locally for people with TB.

  In previous Waves, NTPs, themselves, have been eligible to apply for TB REACH funds. Projects led by or involving the NTP can have a higher chance of being sustained by the government. However, because of in-country bureaucratic approval processes, NTPs often have challenges in implementing innovative approaches in the short-time frame allotted for TB REACH grants. For this Wave of funding, we encourage applicants to include the NTPs (at national, provincial and regional levels) as subrecipients / partners in their proposals.

Additionally, projects must engage with other relevant MOH units or departments to facilitate the diagnosis and care for non-TB lung morbidities according to the local guidelines. This could range from access to diagnostic equipment for spirometry, medicines and specialist services within the country's health system among others. The NTPs and the MOH units should commit to provide the grantee access to TB case notification and/or treatment outcome data, and other relevant data on lung conditions to facilitate impact measurement.

Following the Covid-19 pandemic, many countries have mobilized domestic or donor funding to support epidemic preparedness including additional investment in diagnostic capacities, community health programmes among others. In addition, many diagnostic platforms set up during the epidemic may still be available for use. Applicants should explore opportunities in-country to tap into such existing programmes to utilize these resources for TB and lung health.

To maximize and promote the uptake of successful TB REACH projects into other funding streams, it will be necessary to have early and continued engagement and linkages of this Wave to NTPs, MOHs, local Global Fund TB mechanisms and implementers, local professional societies, and other agencies throughout the lifecycle of the project. Applicants must demonstrate how they will engage with other local partners, including the TB programs, beyond letters of support, to improve the potential that successful interventions can be continued after TB REACH funding ends. Applicants are encouraged to consider additional approaches for NTP engagement including support and supervision of projects, and/or routine meetings for sharing of progress with NTP, country coordinating mechanisms (CCM), and other groups, as part of their funded activities. Grantees will be strongly encouraged to share their interim results of their projects with NTPs to generate awareness of their progress. Finally, TB REACH will work with partners to document and disseminate the results and lessons-learned from this Wave to inform national and/or global policies.

II. Wave 11 Application details

Project timeframe

Projects will typically last for 18 months. This includes:

- Up to 3 months of planning and start up.
- 12 months of implementation activities; and
- A 3-month buffer period which can be used to continue activities (a built in no cost extension) or to close-out project activities and support reporting, documentation, and results dissemination.

Funding value

For Wave 11 up to USD 550,000 can be requested for a grant.

Projects should ensure that detection, treatment, and care for non-TB morbidities are covered, preferably by linking to existing public facilities or private facilities or through in-kind or partner support.

Additional information on developing a budget can be found in the **Wave 11 Budget and Finance instructions**.

Eligibility Criteria

Country eligibility

Eligible countries should fulfill one or more of the following criteria:

- Be classified as a low-income or lower-middle-income economy by the World Bank (in 2022, GNI per capita less than USD 4,255) Source : (https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups)
- Have an estimated national incidence rate above 100 people with TB per 100,000 population (source: Global TB report WHO)
- Be included in WHO high TB, TB/HIV, and/or multidrug-resistant (MDR-TB) burden country lists. Source (WHO https://cdn.who.int/media/docs/default-source/hq-tuberculosis/who_globalhbclist-stb_2021-2025_backgrounddocument.pdf?sfvrsn=f6b854c2_9)

List of eligible countries:
Afghanistan, Algeria, Angola, Azerbaijan, Bangladesh, Belarus, Benin, Bhutan, Botswana, Bolivia, Brazil, Burundi ,Burkina Faso, Cabo Verde, Cambodia, Cameroon, Central African Republic, Chad, China, Congo, Cote d' Ivoire, Comoros, Democratic People's Republic of Korea, Democratic Republic of Congo, Djibouti, Egypt, Eritrea, Ethiopia, Eswatini, Equatorial Guinea, Gam-

bia, Gabon, Ghana, Greenland, Guinea, Guinea-Bissau, Haiti, Honduras, India, Indonesia, Iran, Jordan, Kazakhstan, Kenya, Kiribati, Kyrgyzstan, Laos, Lebanon, Lesotho, Liberia, Madagascar, Malawi, Mali, Marshalls Islands, Mauritania, Micronesia, Mongolia, Morocco, Mozambique, Myanmar, Namibia, Nepal, Nicaragua, Nigeria, Pakistan, Papua New Guinea, Peru, Philippines, Republic of Moldova, Nauru, Russian Federation, Rwanda, Sao Tome & Principe, Senegal, Somalia, Sierra Leone, Solomon Islands, South Africa, South Sudan, Sri Lanka, Sudan, Syrian Arab republic, Tajikistan, Timor-Leste, Togo, Tunisia, Tuvalu, Thailand, Uganda, Ukraine, United Republic of Tanzania, Uzbekistan, Vanuatu, Viet Nam, Yemen, Zambia, and Zimbabwe.

Eligible Entities

To be eligible as primary recipient (PR) of TB REACH funds, an applicant must be a non-governmental, not-for-profit organization or institution with a demonstrated presence delivering services in the country of application. A strong preference will be given to local, non-governmental organizations and institutions applying as PRs. Governmental organizations, including TB programs (at national/ regional level), are encouraged to be included as a sub-recipient (SR) for the application where appropriate. International non- governmental organizations should demonstrate local capacity and presence in-country to carry out service delivery interventions, and the ability to sustain and scale successful interventions. Multi-country applications are accepted. Applicants may submit multiple applications for funding, however a maximum of one application per PR, per country will be awarded.

Selection Process

TB REACH follows a two-stage application process.

The primary focus of the Stage 1 application is on the proposal concept and organizational capacity. For this stage, proposals are evaluated on the coherence of the proposed activities to the theme, the organization capacity and track record in delivering on fast-track timetables to deliver proposed activities.

When reviewing and selecting the top Stage 1 applications, the independent Proposal Review Committee (PRC) will specifically assess the following areas:

- Background/Problem statement
- Description of the ISD model
- Health System Strengthening contributions
- Innovation (innovative approach, unique integration, new regiment, or diagnostics)
- Gender-responsive TB programming
- Organization Implementation Capacity

Note that the results of the capacity assessment self-questionnaire WILL NOT EXCLUDE any applicants from participating in the selection process and ARE NOT PART of the selection criteria. While the submission of supporting documents is not a requirement, applicants are encouraged to provide as honest and accurate responses as possible.

Selected Stage 1 application will be invited to submit a more detailed and comprehensive proposal.

Stage 2 proposals give more detail on the activities including targets, monitoring and evaluation framework for impact evaluation, scalability, and possible implementation research.

Timeline for Wave 11 with key dates

Stage 1 will be open from November 15, 2023 - January 17, 2024

Stage 2 will be announced to all successful applicants of Stage 1 in March 2023

Please see a more detailed timeline below.

TB REACH Wave 11 Timeline

Wave 11 Events	2023			2024											
	Q4			Q1			Q2			Q3			Q4		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Wave 11 Events Stage 1 Application Window (9 weeks)															
Review & Selection															
Stage 1 PRC selection															
Wave 11 Events Stage 2 Application Window (6 weeks)															
Review & Selection															
Stage 2 PRC selection															
EC Approves Funding Decisions															
Clarifications, Grant Nego & Signing, Baseline Validation															
Grantee Workshop															

All proposals must be submitted online.

The online application can be found here

The Stop TB Partnership is grateful for the continued support of Global Affairs Canada which has provided foundational funding for TB REACH since 2010 and is supporting Wave 11. Additional generous support for TB REACH has been provided by the United States Agency for International Development (USAID), Foreign, Commonwealth and Development Office (FCDO) and The Bill and Melinda Gate Foundation.

Key resource documents

1. Global Tuberculosis Report 2021. https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2021.
2. A vision for primary health care in the 21st century. https://www.who.int/publications-detail-redirect/WHO-HIS-SDS-2018.15.
3. Byrne, A. L., Marais, B. J., Mitnick, C. D., Lecca, L. & Marks, G. B. Tuberculosis and chronic respiratory disease: a systematic review. *Int J Infect Dis* **32**, 138–146 (2015).
4. Rossaki, F. M. *et al*. Strategies for the prevention, diagnosis and treatment of COPD in low- and middle- income countries: the importance of primary care. *Expert Review of Respiratory Medicine* **15**, 1563–1577 (2021).
5. Meghji, J. et al. Improving lung health in low-income and middle-income countries: from challenges to solutions. *The Lancet* **397**, 928–940 (2021).
6. Foo, C. De *et al*. *Integrating tuberculosis and noncommunicable diseases care in low- and middle-income countries (LMICs): A systematic review. PLOS Medicine* vol. **19** (2022).
7. Hamzaoui, A. & Ottmani, S. Practical approach to lung health: lung health for everyone? *Eur Respir Rev* **21**, 186–195 (2012).
8. Stop TB Partnership | TB REACH - Wave 7. https://stoptb.org/global/awards/tbreach/wave7GenderPaper.asp.

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