TB REACH WAVE 9

Addressing inequities in drug-resistant tuberculosis under the principles of USAID Global Accelerator to END TB and UN HLM on TB.

TB REACH is a grant-making platform that funds innovative approaches and technologies to find and treat people with all different forms of tuberculosis (TB). Funded projects undergo rigorous monitoring and evaluation with the aim to link impactful projects to long-term funding for scalability and sustainability. This document outlines the grant framework that is in place for funding in the Wave 9 call for proposals. **Wave 9 will be specific to addressing drug-resistant TB (DR-TB).**

Project Categories

In Wave 9 TB REACH will award grants across two broad evaluation categories:

1. Improving linkage to care and rapid uptake of novel treatment regimens; or
2. Improving treatment adherence and outcomes for people with DR-TB.

1. Improving linkage to care and rapid uptake of novel treatment regimens

Under this category, applicants can apply for the following sub-categories:

1.1 Linkage to care to reduce pre-treatment loss to follow up for DR-TB.

Many people including children who are diagnosed with DR-TB never initiate proper treatment [1-4]. Activities under this category must aim to reduce pre-treatment loss to follow up (formerly known as 'initial default') for individuals with DR-TB, and to facilitate rapid treatment initiation for people diagnosed with DR-TB. Proposals can include both adults and children. Applicants should propose innovative solutions that identify and address gaps for the different points in the DR TB Care Cascade that lead up to treatment initiation (case finding, DR TB confirmation, referral, and treatment initiation). For example. Interventions should seek to reduce/address barriers to DR-TB treatment initiation, reduce the gap between the numbers of people diagnosed and initiated on appropriate care, and expedite the treatment initiation process. Applicants need to take into consideration additional gaps and issues on DR-TB posted by COVID-19 in 2020 and propose solutions associated with addressing DR-TB in post-COVID environment.

Further guiding principles for the possible interventions are outlined in the DR-TB technical brief, which will be considered by the Proposal Review Committee for making grant selection.

1.2 Implementation of new DR-TB treatment regimens.

Activities under this category must focus on increasing the uptake of new, all-oral WHO- endorsed short treatment regimens. Proposals should focus on assisting National TB Programs (NTPs) on rapid uptake either via the rapid initiation or through the scaling up nation-wide approach.

Due to time and funding limitations of this wave, proposals should focus on programmatic implementation of new treatment regimens only. Study proposals and clinical trial research requiring ethical and regulatory approvals, post grant funding, will not be accepted due to the time constraints for the implementation activities. Thus, it is critical that applicants seek NTP support and coordination prior to proposal submission.

Further guiding principles for the possible interventions are outlined in the DR-TB technical brief, which will be considered by the Proposal Review Committee when making grant selections.

2. Improving treatment adherence and outcomes

Under this category, applicants can apply for activities aimed at improving treatment adherence and treatment outcomes to DR-TB treatment through implementation of innovative approaches, tools and activities. Activities might have either medical, or non-medical components (such as outlined in the USAID DR-TB Care Package [5]), or both. Applicants can propose interventions focused on adults, children or both. TB REACH will accept proposals that aim to improve final treatment outcomes, adherence to dosing during treatment as well as interim outcomes such as culture conversion. Due to time constraints of the grants, it will be difficult to include outcomes such as relapse free cure. Proposals which have activities related to active Drug Safety Management and Monitoring (aDSM)[6] will be considered for review and funding.

Funding Type

In Wave 9, all awarded projects will have a grant ceiling of **USD 600,000**. Projects can either be a "proof of concept" for a new innovation or focus on scaling up an existing intervention. Majority of funds will be allocated to scalable concepts and less on proof of concept.

Proof of Concept

Purpose: The goal of these projects is to establish proof of concept for innovative approaches and technologies aimed at improving the number of people starting DR-TB treatment, or initiated on novel regimen and recorded in NTP registers (additional notifications) or improving DR-TB treatment adherence and outcomes). Proposed interventions should reflect out of the box, innovative ideas that have never been implemented in their country before and will be evaluated as such.

Focus on Scalability

Purpose: The goal of these projects should be to take an approach that has documented impact and increase the numbers of people who are reached. It is not necessary to have been a prior TB REACH grant recipient to apply for this type of funding, however evidence of the impact of this approach must be provided in the application. While projects should focus on larger-scale service delivery; project coverage can still be sub-national and/or sub-provincial, especially in large countries. In addition to service delivery projects looking at scalability must focus on **strengthening managerial and organizational capacity for scale-up, optimizing the cost of implementation, cost effectiveness and modelling the impact of further scale up**. The success of these projects will be evaluated on both impact and capacity for sustainability.

Grants Timeframe

All selected projects will be allowed up to 24 months of funding depending on the proposal. Grants that are funded for treatment outcomes will likely need more time whereas linkage to care grants might not need as much.
The timelines post-award may include:

- Up to 3 months of planning and start up;
- 18 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.

NTP and Other Partner Engagement

For all applications, the NTP must commit to providing free second line drugs for TB treatment to all people with DR-TB diagnosed, as well as medications to manage adverse drug reactions and to provide the grantee TB case notification and/or treatment outcome data to facilitate impact measurement. Such commitment must be documented in the support letter, attached to the application. In addition, applicants should be working with their NTPs and other partners to ensuring further support if the activities are impactful. This support does not require a direct financial commitment although it will strengthen the proposal. Applicants should also actively engage with other implementing partners, country coordinating mechanisms (CCMs), and funding agencies to build awareness of their approaches. Participation in country dialogues, National Strategic Plan (NSP) development and national policy meetings is also encouraged. Projects are highly encouraged to seek co-financing for diagnostic commodities from their respective NTP.

Eligible countries for implementation

Organizations from the following 24 countries are eligible to apply for Wave 9: Afghanistan, Bangladesh, Cambodia, Democratic Republic of Congo, Ethiopia, India, Indonesia, Kenya, Kyrgyzstan, Malawi, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Tajikistan, Tanzania, Uganda, Ukraine, Uzbekistan, Vietnam, Zambia, and Zimbabwe.

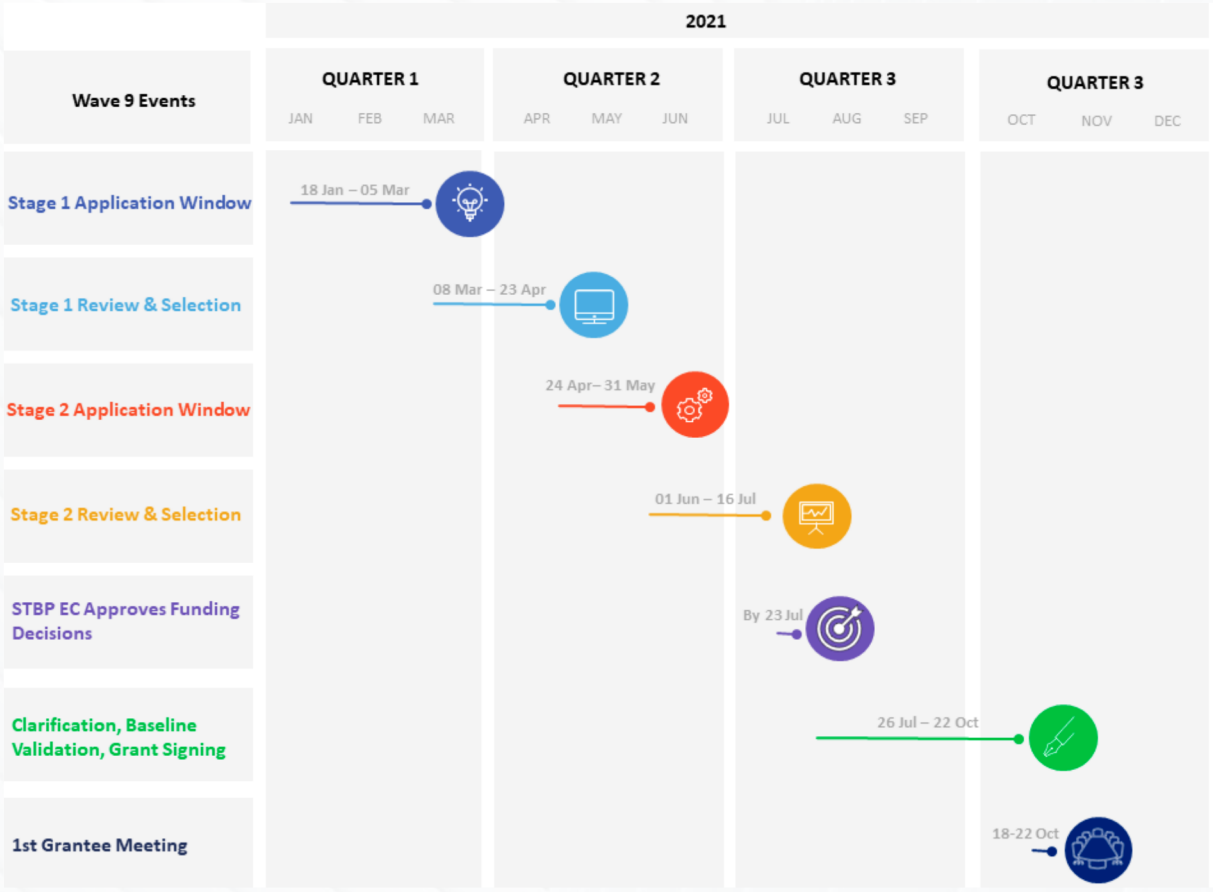
Eligible entities that can apply

Applications must be led by a **local, non-governmental organizations** (with any international partner(s), if included, receiving less than 50% of the total budget).

To be considered a 'local' organization, an entity must satisfy all of the following requirements:

- Be organized under the laws of the recipient country (i.e., the country of implementation);
- Have its principal place of business in the recipient country;
- Be majority owned by individuals who are citizens or lawful permanent residents of the recipient country or be managed by a governing body, the majority of whom are citizens or lawful permanent residents of a recipient country; and
- Not be controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of the recipient country.
    - The term "controlled by" means a majority ownership or beneficiary interest as defined above, or the power, either directly or indirectly, whether exercised or exercisable, to control the election, appointment, or tenure of the organization's managers or a majority of the organization's governing body by any means, e.g., ownership, contract, or operation of law.

Timeline for Wave 9 grant applications



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6. Organization, W.H., Active tuberculosis drug-safety monitoring and management (aDSM): Framework for implementation. 2015, World Health Organization.