
TB REACH

Round-1 proposals

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Hanoi, 4-5 May 2010



Background

- **Only 61% case detection in 2008**
- **Large and persistent gap in case detection - 3.7 million cases undetected in 2008**
- **Recent call for moving beyond 70% case detection - towards universal access and early case detection**

To reach case detection targets and to interrupt transmission it is important to develop and implement innovative new ways of detecting more TB cases early in their course of illness

What is TB REACH?

- **Funding initiative for early and increased TB case detection**
- **Promotes innovative interventions/ approaches and interventions that were shown efficient to increase case detection**
- **Targeting of populations with limited access to health services in eligible countries**
- **Rounds-based annual funding; each project about US\$ 0.5 to 1 M per year**
- **Possibility for second year funding**
- **Result based (additional TB cases detected & successfully treated)**

What is TB REACH? (contd..2)

- **Implemented by Stop TB Partnership Secretariat**
- **Guided by Programme Steering Group (PSG)**
 - 1st meeting on 15 January 2010
- **Proposals selected by Proposal Review Committee (PRC)**
- **Monitoring by an M&E agency (under selection)**
- **Applicants : NTP, MoH, other ministries, NGOs, FBOs (one or multiple applications from eligible countries)**

Eligibility

Countries with GNI per capita \leq US\$2000

- Further prioritization of countries with GNI per capita \leq US\$1000 (at least 70% projects)*

Countries with low case detection

- Case detection (new ss+) \leq 70%**

HBCs to be considered on a case-to-case basis

Target populations

- Population with limited access to TB services - at least 70% of the target population for each TB REACH project should fall under the criteria of "limited access to TB services".

Targeted budget

- Cost per additional ss+ treatment success under US\$350

* source: World Bank 2008 GNI figures

** source WHO TME



Summary of eligible countries

Criteria	No. of countries	No. of HBCs
A. Countries eligible by the criteria of GNI per capita 2000 or less	68	16
B. Of A. those with best estimate of CDR 70% or less	60	16
C. Of B. break up by WHO Region		
AMR	2	0
AFR	34	8
SEA	6	3
WPR	7	3
EUR	3	0
EMR	8	2
	60	16

Initial screening by TB REACH secretariat

- **Timeliness**
- **Country eligibility**
- **Completeness of filled in form**
- **NTP support letter**
- **Financial and registration documents**

Total number of applications received	192	US\$ 126,293,391
Applications that were incomplete, or not eligible	90	
Number of applications submitted to PRC	102	US\$ 72,283,938

Grading of the proposals

Meeting of the PRC

- **Technical issues**
 - **Cost effectiveness**
 - **Feasibility**
 - **Sustainability**
 - **Impact**
-
- **Category A: Recommend for funding immediately**
 - **Category B: Recommend for funding provided that adjustments and clarifications are met within a limited timeframe**
 - **Category C: Not recommended for funding in its present form but encouraged to revised submission for the future calls for proposals**
 - **Category D: Rejected.**



PRC Results

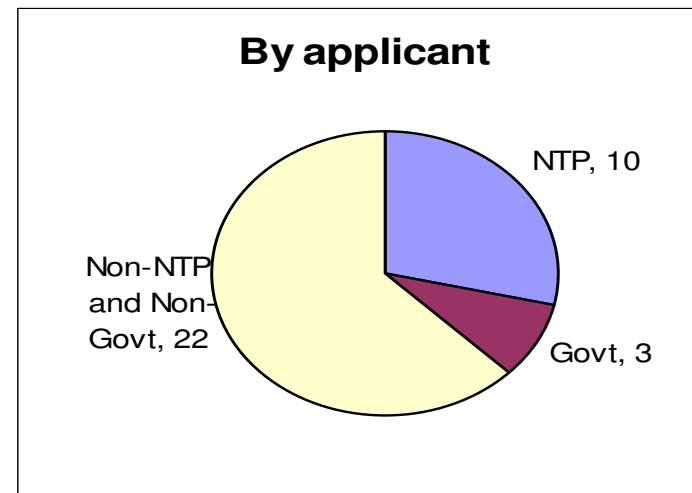
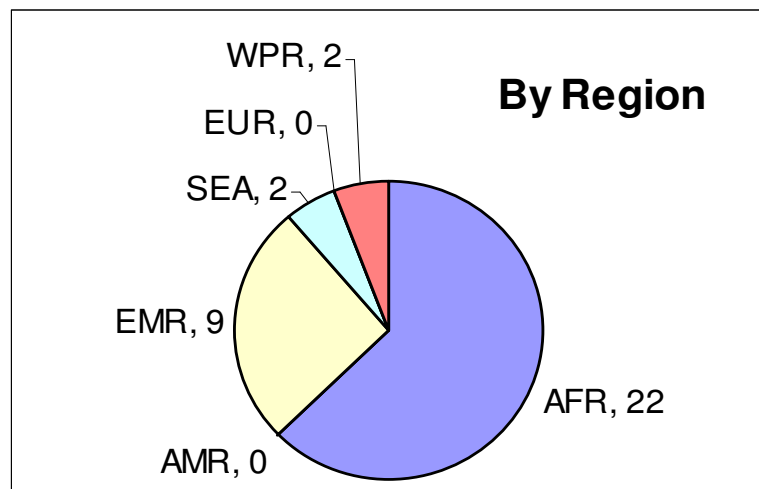
Category after review by PRC	Number of applications	Budget (US\$)
Category A	3	2,039,334
Category B+	8	4,646,343
Category B	19	11,762,193
Category B-	5	3,501,380
Category C	40	30,114,678
Category D	27	20,220,010
Total	102	72,283,938

Total budget approved (A, B+, B, B-)	(35 proposals from 21 countries)	\$21,949,250
Total budget approved (A, B+, B)	(30 proposals from 19 countries)	\$18,447,870

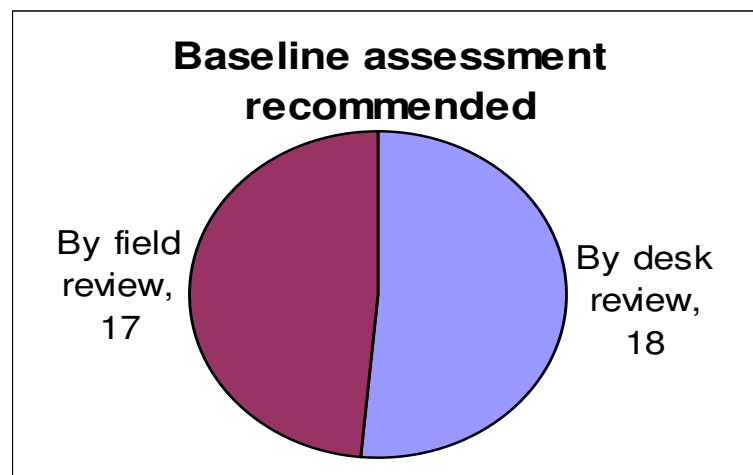
Note: all projects recommended for funding with the exception of 3 (Lesotho, Nigeria and Sudan) are in countries with per capita GNI below \$1000



Proposals with Category A and B



Of the 22 Non-Govt applicants 15 are international and 7 are national NGOs



Category B -

Type of applications:

- 3 NTP (Bangladesh, Ghana, Tanzania)
- 2 NGO (Ghana-local; Zambia – International)

Main strengths:

- Addressing vulnerable population and groups (PLHIV)
- Innovative approaches (e.g. introduction of LED FM, front load, involvement of chemists, traditional healers, religious leaders chemical sellers, pregnant women, IDP, refugees, slums population)

Main weaknesses:

- Figures provided are incorrect, inconsistent or unclear
- Cost per additional treatment success of ss+
 - cannot be calculated
 - too high with no justification
- Unclear or inadequate description of interventions
- Lack of information on additionality of the proposed interventions to existing work
- Weak work plans

Decision requested

1. Funding of the category B- proposals
2. Endorsement of the PRC recommendations for funding of Category A, B+, B

Grants are subject to final WHO/LEG clearance

