Multicountry Priority Area Terms of Reference Open for Consultation

Tuberculosis: Support Latin America and Caribbean (LAC) countries transitioning from Global Fund Tuberculosis financing

2 March 2018

Priority: Support Latin America and Caribbean (LAC) countries transitioning from Global Fund Tuberculosis financing
Upper ceiling Allocation: US$ 4,500,000
Max. Number of grants: 1
Grant duration: 3 years (est. 2019-2021)

Multicountry approach:
Based on the Global Fund Board's decision (GF/B36/04) in November 2016 on the Catalytic Investments available during the 2017-2019 Allocation Period, US$ 65 M has been made available for the tuberculosis component under the Multicountry approach. The amounts and priority areas for Catalytic Investments have been determined primarily by technical partners in consultation with the Global Fund Secretariat, and reflect critical needs that will assist in the delivery of the global plans for HIV, TB, and malaria and the 2017-2022 Global Fund Strategy. Under the recommendation of the Global Fund Board and technical partners, unless an ideal Applicant can be agreed through comprehensive regional consultations, the funds will be allocated through an open and competitive RFP process.

Of the US$ 65 M made available for this strategic priority area, this RFP refers to the **US$ 4.5 M made available under Multicountry priority area "Support Latin America and Caribbean (LAC) countries transitioning from Global Fund Tuberculosis financing."** This funding is intended to lay the groundwork for the improvement in national TB responses as part of the transition process in LAC and aims at a) boosting resources mobilization (national and/or external); b) strengthening efforts to address access-barriers to TB services; c) improving coordination and avoiding efforts duplication; and d) strengthening TB communities and networks, community response, monitoring and mobilization.

All comments on the draft Terms of Reference should be sent to Rosalie Laurent (Rosalie.Laurent@theglobalfund.org) by 18 March 2018 midnight Geneva time.

Problem statement

A multi-sectoral response is needed to End TB. In general, LAC countries have demonstrated significant improvements in TB detection and successful treatment. While achieving 80% TB treatment coverage and higher and maintaining 85% and more successful treatment rate, countries have acknowledged in their National Strategic Plans and new funding requests to The Global Fund that in order to close the remaining detection and treatment gaps more attention, in terms of strategic information and differentiated approaches are required to approach the key populations with different needs and specific factors that become barriers to access the existing capacity and availability of services.

The Global strategy ENGAGE-TB is designed to approach the need for stronger community systems that actively participate in the design and implementation of the programs, generate demand for TB prevention, as well as the advocacy to ensure technical and financial sustainability of the gains, continuity of TB services and elimination of barriers access for all those in need, especially key populations. However, its implementation in LAC has been limited by the availability of technical assistance, capacity and involvement of existing NGOs/CSOs in national responses and availability of domestic/external funding for this component.

National TB programme responses in LAC countries have not systematically invested in empowering people affected by TB and community systems. Historically, service provision relied mostly on the public health sector, including the approaches and interventions at the community level, which is usually limited by the level of fragmentation of health providers, lack of comprehensive health services, and multiple barriers to those services specially in large cities related to the existence of diverse patient populations and lack of patient centred care, poverty and marginalization[1]. In some settings, community systems have played a transformative role in securing the links between informal providers and the formal health system to improve awareness and active case finding, access to care, treatment adherence, psychosocial support and reducing stigma. Therefore, it is crucial to encourage and build the capacity of people that had TB to engage in advocacy and other elements of the TB response. To drive better access to health and universal health coverage including those affected by human rights and gender related barriers to access, civil society and community-based organizations have a critical role to play. As per the Global Plan to END-TB, the disease should become part of national agendas, and all barriers to diagnosis and treatment should be removed. While a few countries in the region still do not consider TB as priority on their domestic health agenda, WHO promotes and emphasizes the importance of facing the challenge of a multi-sectoral response to END TB[2].

More than 30% of TB financing is either unfunded or from international donors in the Americas region. Usually, the unfunded programmatic components are related to needs of investments for technology innovation or expansion of innovative technologies and approaches, health system strengthening components and community systems strengthening. Patients continue to face barriers to health care access, which can lead to delayed diagnosis and result in catastrophic expenses for individuals and families in the context of rapid urbanization, and related increase in populations vulnerable to tuberculosis.

There is currently no baseline data on the number of TB patients facing catastrophic total costs in the region. Studies have shown high economic and financial burden on individuals and families due to TB disease. Although the middle-income countries in the region have social support schemes for the poor and marginalized groups, there is need to connect people with TB and their families to these schemes. The Global TB programme reiterate the need for investments in social supports and coordination with the social sector.

[1] Pan American Health Organization (PAHO/WHO). Framework for Tuberculosis Control in Large Cities of Latin America and the Caribbean. 2016.
[2] WHO. Global Ministerial Conference on Ending TB in the Sustainable Development Era. November, 2017.

The available funding aims to support the implementation of key strategies related to pillar 2 and strengthen and diversify the multi-sectoral response to tuberculosis as more countries in the region move closer to or transition out of Global Fund support (largest external donor) for national tuberculosis responses in the LAC region.

The second pillar of the *End TB strategy* – "Bold Policies and Supportive Systems" requires intense participation across government, communities and private stakeholders. The multi-sectoral TB response needs to be strengthened regionally and nationally.

Key components of operationalizing pillar 2 include:

- Political commitment with adequate resources for TB care and prevention
- Engagement of communities, civil society organizations, and all public and private care providers
- Social protection, poverty alleviation and actions on other determinants of TB

Geographic scope

The funding proposal should cover countries in the LAC region and ensure that it meets Global Fund eligibility requirements for multi-country proposals[3]. Prioritization criteria for country selection should be provided including disease burden, projected transition timing[4], and the likelihood that engagement will complement and strengthen the national response, including improvement in social protection and reducing barriers to access for key populations.

Epidemiological context

Estimated TB incidence and TB mortality declined significantly between 2000 and 2016 in the countries of the Americas, according to the 2017 WHO TB Report[5]. It is estimated that in 2016, nearly 274,000 (255,000 – 294,000) people contracted the disease in the region and 17,000 (16,000 – 18,000) died because of TB (WHO, 2017). Estimated people living with HIV-TB coinfection in 2016 was 30,000 (28,000- 33,000) (WHO, 2017).

Total new and relapse cases notified in 2016 were 221,008, resulting in an 81% (75-87) treatment coverage gap – almost 53,000 missing people with TB (WHO, 2017). Haiti, Bolivia, Peru, Guyana and the Dominican Republic have the highest estimated TB incidence rates in the region (WHO, 2017). The populations most at risk of TB in the Americas are immunocompromised people such as those with HIV, people who suffer malnutrition or diabetes, tobacco users, those who are homeless, urban slum dwellers, people with addiction problems, and, more generally, males over 14 years of age. Indigenous communities and migrant workers also bear disproportionate burden of TB in the region. These populations generally face severe barriers to accessing health care or, if they do have access, are less likely to be promptly diagnosed as having TB; and less likely to receive support for treatment adherence. In 2016, 80% of TB notified cases in the region know their HIV status and 11% of them are HIV positive, with 64% of them on ART (WHO, 2017).

One of the major challenges for the fight against TB is the emergence of new strains that are resistant to medications that that have been used for decades to treat the disease. In 2016, 2.9% of new cases and 13% of retreatment ones were MDR/RR, which means that there were 12,000 (11,000 – 13,000) MDR TB cases in the region (WHO, 2017). 8,100 MDR/RR-TB cases are estimated among notified pulmonary cases of multidrug-resistant tuberculosis, of which 45.8% were diagnosed (WHO, 2017). Treatment success of 2015 cohorts are low, being 76% for new and relapse cases, 48%

[3] 51% of selected countries should be eligible for the Global Fund TB funding for 2017-2019 allocation period.
[4] https://www.theglobalfund.org/media/5641/core_projectedtransitions2016_list_en.pdf
[5] Global tuberculosis report 2017. Geneva: World Health Organization; 2017. Licence: CC BY-NCSA 3.0 IGO. Accessed on February 14, 2018 at http://apps.who.int/iris/bitstream/10665/259366/1/9789241565516-eng.pdf?ua=1

among previously treated, 55% among TB HIV, 46% for MDR TB (2014 cohort) and 48% for XDR-TB (2014 cohort) (WHO, 2017).

Strategic focus

The funding proposal should cover countries in the LAC region and ensure that it meets Global Fund eligibility requirements for multi-country proposals[6]. The rationale for country inclusion should be transparent and clearly described in the funding proposal. While the funding proposal is likely to focus on specific countries, the benefits of the proposed regional grant should include show the added value of the regional approach to contribute to TB outcomes and impact at the regional and country levels.

In addition to the above, the proposal for the LAC multi-country tuberculosis grant is expected to consider the following principles:

- Align with the WHO's End TB Strategy and contribute to measurable impact and outcomes at the regional level by adding value to the existing Global Fund country grants and efforts supported by other stakeholders;
- Support efficient knowledge sharing networks and communities of practice with particular emphasis on the role of communities and people affected by the disease;
- Demonstrate transparency and inclusiveness throughout the process of proposal development and grant implementation.
- Ensure capacity building and empowerment of country and regional level stakeholders in relevant programmatic areas supported by the proposal;
- Focus on strengthening community systems and supporting a multi-sectoral approach to address human rights and gender related barriers to access for key populations in the region and at the selected countries (i.e. Prisoners, migrants, illegal workers, mobile populations, etc.);
- Empowerment of communities affected by and people with TB.

Target populations and diseases under the grant

Direct beneficiaries of this RFP include: (i) national tuberculosis control programs; (ii) communities affected by tuberculosis; (iii) national and regional civil society organizations/networks; (iv) other stakeholders in regional tuberculosis response.

Scope of work and expected outcomes

As more countries in the LAC region move closer to or transition out of Global Fund support for national tuberculosis responses, it is critical to support the implementation of key activities related to pillar 2 of the End TB Strategy in order to strengthen and diversify the multi-sectoral response to tuberculosis. WHO and civil society have worked together to develop the Engage TB framework and this grant seeks to support its implementation in the region. The areas below are aligned to these strategies to enhance the engagement of communities, people affected by tuberculosis and CSOs in the implementation of the End TB Strategy.

Area 1: Political commitment with adequate resources for TB care and prevention

Expected outcomes and indicative results in Area 1 may include (but are not limited to):

- Countries monitor financing trends and show an increase in the domestic funding for community system strengthening and community-based interventions to end TB;

[6] 51% of selected countries should be eligible for the Global Fund TB funding for 2017-2019 allocation period.

- Participation and involvement of communities and people affected by TB in advocacy for resource mobilization at all levels of government
- Countries implement comprehensive resource mobilization advocacy plans with the participation of key population representatives and CSOs;

Indicative activities in Area 1 may include (but are not limited to):

- Capacity building of civil society on health budget advocacy; including strengthening of advocacy skills to influence the allocation of resources based on needs and risk.
- Civil society organizations (CSO) capacity building on financing mechanisms for the TB response, in particular for community interventions;
- Development of regional and country level advocacy strategies for more and better financing of the TB response at the regional, national and subnational levels complemented by work to link it clearly to regional and national commitments to Universal Health Care (UHC) and Primary Health Care (PHC) coverage;
- Development and use of tools to monitor and facilitate advocacy on national budgets for the TB response, and other related critical investments (i.e. TB/HIV budget and co-morbidities with non-communicable disease)
- Development and dissemination of studies and investment cases to support advocacy to increase domestic funding for tuberculosis programming;
- Social mobilization/campaigning at regional and national level, including non-TB CSOs and networks, for increasing domestic resources for tuberculosis (with links to UHC and PHC).
- Building alliances among stakeholders at regional and national levels to advocate for domestic public resources for tuberculosis programming;
- Exchanging good practices among countries on funding for community tuberculosis programming.

Area 2: Engagement of communities, civil society organizations, and all public and private care providers

Expected outcomes and indicative results in Area 2 may include (but are not limited to):

- Multi-sectoral regional coordination for TB in place and includes communities affected by TB and key/vulnerable populations including but not limited to indigenous people, migrants, and prisoners
- Countries with participation and involvement of communities and people affected by TB in key interventions for TB prevention, diagnosis and treatment at the community level;
- Number of new public-public and public-private alliances formalized to promote TB notification and treatment success at country and regional level with focus on key/vulnerable populations, co-morbidities and coinfections;
- Countries undertake community-based monitoring of national TB program implementation
- Countries implement comprehensive stakeholder engagement plans with the participation of communities affected by TB and key/vulnerable populations

Relevant activities in Area 2 may include (but are not limited to):

- Establish strategic partnerships across and between the health, private, social, and community sectors
- CSOs strengthened in terms of knowledge, tools and resources to participate in the TB response at the community, national, and regional levels as well as to develop and implement advocacy strategies;
- Engage civil society in policy development and planning and periodic monitoring of program implementation

- Strengthen multi-sectoral regional coordination platform(s) through development of advocacy strategies for better planning, coordination and efficient use of national and regional resources that includes communities affected by TB and key/vulnerable populations including but not limited to indigenous people, migrants, and prisoners
- Strengthen TB affected communities and networks to ensure meaningful participation in the national and regional TB responses;
- Improve availability, access and use of data to inform strategic decision making and accountability of TB services at the community level including support for community-based monitoring of quality of TB services, including violations such as denial of TB services and TB-related discrimination;
- Strengthen community organizations and networks with capacity to participate in TB policy design and community-led advocacy for the TB response, including availability, access and use of strategic information;
- Foster partnership with non-TB CSOs and networks to implement innovative advocacy and stakeholder engagement strategies;
- Facilitate the exchange of experiences across sectors and countries in the LAC on advocacy and stakeholder engagement

Area 3: Social protection, poverty alleviation and actions on other determinants of TB and related stigma

Expected outcomes and indicative results in Area 3 may include (but are not limited to):

- Countries benefited from policy changes/implementation in favor of key populations and communities affected by TB;
- Countries include specific strategies to address human rights and gender related barriers to access to TB prevention, diagnosis and treatment services for key populations;
- Countries monitor the social protection coverage of people affected by TB and key/vulnerable
- Number of CSO strengthened and implementing advocacy plans to address stigma and discrimination or access to social security systems

Relevant activities in Area 3 may include (but should not be limited to):

- Assessment of the regional and national social determinants of TB and access-barriers to TB services, in partnership with TB-affected communities and networks
- Develop instruments to protect and promote human rights, including addressing stigma and discrimination, with special attention to gender, ethnicity, and protection of vulnerable groups.
- Advocate for regional and national monitoring of social protection coverage of people affected by TB and key/vulnerable
- Strengthen access to social protection for people with TB through advocacy and community-based monitoring
- Facilitate the exchange of experiences across sectors and countries in the LAC improving access to social protection and reducing barriers to services

The above list should not be treated as an exhaustive list of activities to be financed by the Global Fund. The final list of activities shall be determined with the successful Applicant during the grant negotiation stage and subject to Global Fund Board approval.

All activities will be conducted in line with relevant national/international guidelines and standards.

Roles, Responsibilities, and Management Structure

One principal recipient that can cover all countries participating in the grant. Ideally, the PR will have the following:

- History/experience working with civil society on TB issues
- History working with national TB programs
- Track record in the Latin American and Caribbean region

The Principal Recipient shall engage with the global, regional and in-country technical partners, such as WHO/PAHO, the Stop TB Partnership and others who will be able to provide the most relevant technical expertise that the Principal Recipient and its partners can use is each area of work. The Principal Recipient and its partners should be able to coordinate with other donors and donor-funded programs in the region, creating synergies and efficiencies wherever possible.