

TERMS OF REFERENCE

Portfolio Evaluation: Better tools for diagnosis and treatment of drug-resistant tuberculosis

Disease area:	Tuberculosis
Programmatic priorities:	<ul style="list-style-type: none"> - Accelerate adoption of new TB drugs and regimes - Accelerate access to new TB detection tools
Investments in scope:	<ul style="list-style-type: none"> • EndTB • BENEFIT Kids • Seq & Treat • ASCENT • Supporting investments: WHO enabler; IP investments

PURPOSE OF THESE TERMS OF REFERENCE

These Terms of Reference (TOR) serve as an overall framework for the services to be provided by the Contractor selected under this Request for Proposal (RFP 2024.14).

DESIRED TIMEFRAME

Requested start date: Mid-January 2025
 Expected completion date: End-May 2025

TERMS OF REFERENCE

1. Background and rationale for Unitaid investment

Drug-resistant TB continues to present a global health threat. In 2022, an estimated 410,000 people developed multidrug-resistant or rifampicin-resistant TB (MDR/RR-TB), which requires treatment with second-line drugs. However, only two in five of these people (175,650) were diagnosed and started on treatment and only 63% of these were successfully treated¹. While still below target, this represents an increase from previous years (60% in 2019, 50% in 2012), demonstrating a steady improvement in treatment success with the introduction of all-oral regimens recommended by WHO since 2018. Diagnosis of drug-resistant TB continues to be a major gap; only 63% of people with pulmonary TB were bacteriologically confirmed, and of these, just 73% were tested for rifampicin resistance.

¹ [Global tuberculosis report 2023 \(who.int\)](#)

History of Unitaid's DR-TB investments:

Unitaid has prioritized investments to improve access and innovation to address DR-TB since its foundation in 2006, with two early flagship investments in treatment and diagnosis:

- *Scaling up MDR-TB Treatment Initiative*² (2007-2013; US\$ 53m): This investment, led by the Global Drug Facility (GDF) aimed to increase the number of patients with access to MDR-TB treatment and improve the affordability of second-line anti-TB drugs by encouraging additional manufacturers to enter the market. The end-of-project evaluation determined that Unitaid's investment contributed to greater availability of quality-assured MDR-TB suppliers, more affordable prices and more stable supply of critical medicines for WHO-recommended MDR-TB regimens. For example, the number of suppliers of MDR-TB medicines increased from 5 to 24 between 2007 and 2013 and the overall cost of the MDR-TB treatment regimen was reduced by nearly one-third³. A total of 17,054 treatment courses were procured for the 19 high-burden MDR-TB project countries.
- *Expand-TB*⁴ (2008-2016; US\$ 83m): This investment, implemented by the Global Laboratory Initiative (GLI) of the WHO in collaboration with GDF and FIND aimed to accelerate access to state-of-the-art, quality-assured diagnostic technologies and laboratory services in high burden countries to strengthen case detection through National TB Control Programmes. The project equipped 103 laboratories in 27 countries to diagnose drug-resistant TB using the latest WHO recommended tests and achieved considerable price reductions for essential diagnostic equipment and supplies through special negotiations and competitive tenders. Between 2013 to 2015, a cumulative total of about 147,000 cases of MDR-TB had been detected and more than 1.7 million laboratory tests were carried out at EXPAND-TB sites. Beyond the direct impact, this investment created a network of laboratories contributing to improved detection and treatment of MDR-TB in project countries and beyond.

Overview of Unitaid's DR-TB investments in scope for this evaluation:

Unitaid's subsequent investments in DR-TB built on the successes of these early investments and leveraged advancements in available and emerging treatment and diagnostic tools. In 2012-2013, the first new TB drugs in 40 years – bedaquiline and delamanid - became available, with promising implications for shorter, safer all-oral regimens⁵. The WHO issued interim policy recommendations on bedaquiline (2013) and delamanid (2014) allowing their use as part of DR-TB treatments under specific circumstances due to the lack of safety and efficacy data. In 2014, Unitaid launched an ambitious investment – ***Expand new drug markets for TB (endTB)***⁶ - led by Partners in Health (PIH), and implemented in partnership with Médecins sans Frontières (MSF) and Interactive Research & Development (IRD) to address these gaps. The endTB project aimed to generate clinical evidence on the safety and efficacy and early entry and operational experience of these two new TB drugs to improve DR-TB treatment outcomes across a wide range of population groups, including HIV positive patients, children and pregnant women, to inform global and national guidelines. Through its consortium of members including MSF Access Campaign and in collaboration with other stakeholders, the project also actively seeks to lower the cost of key regimen drugs including bedaquiline and delamanid. A mid-term evaluation of the project was commissioned by Unitaid in 2017⁷.

² <https://unitaid.org/project/mdr-tb-scale/#en>

³ <https://unitaid.org/assets/End-of-project-evaluation-Support-for-MDR-TB-scale-up-initiative.pdf>

⁴ <https://unitaid.org/project/expandtb-project/#en>

⁵ At the time, standard of care regimens included a complex mix of oral and injection-based treatments for between 18 and 24 months with a success rate of 48%.

⁶ <https://unitaid.org/project/end-tb-project/#en>

⁷ <https://unitaid.org/assets/Swiss-TPH-endTB-MTE-final-report-rvd-final-13-Jun-18.pdf>

In May 2018, Unitaid issued a call for proposals to complement its portfolio of DR-TB investments, prioritizing three areas: proof-of-concept for use of targeted gene sequencing for drug susceptibility testing to inform patient management in LMICs; child-friendly formulations of second-line TB drugs and targeted evidence generation to inform better treatments for children; and demonstration of the feasibility of using innovative adherence technologies at scale in LMICs to improve outcomes for TB patients (drug-susceptible and drug-resistant)⁸. Three grants were awarded between July and October 2019:

- ***Better Evidence and Formulations for Improved MDR-TB Treatment for Children (BENEFIT Kids)***, led by the Desmond Tutu TB Centre Stellenbosch University and implemented in partnership with BJ Medical College, De La Salle University Medical Center, Uppsala University, Chiang Mai University, Johns Hopkins University, TB Alliance, and University of California San Francisco. The project aims to improve prevention and treatment options for children with MDR-TB and to address existing gaps in priority paediatric second-line TB drugs by creating improved child-friendly prevention and treatment solutions. It has the potential to contribute to reduced MDR-TB related morbidity and mortality in children by developing an evidence-based package of improved paediatric MDR-TB treatment tools available for adoption and scale-up.
- ***Rapid, comprehensive targeted gene sequencing solution for drug-resistant TB diagnosis in LMICs (Seq&Treat)***, implemented by FIND: This project will catalyse the use of targeted next generation sequencing (tNGS) for rapid and comprehensive TB drug resistance testing to inform clinical decision making and initiate appropriate therapy for drug-resistant TB, prevent mortality, and stop further resistance development.
- ***Adherence Support Coalition to End TB (ASCENT)***, led by the KNCV Tuberculosis Foundation and implemented in partnership with PATH, the Aurum Institute, London School of Hygiene and Tropical Medicine, and Treatment Action Group. The project aims to deliver a scalable, affordable, evidence-based and patient-centred treatment support package using digital adherence technologies (DAT) for all types of TB. It has the potential to improve outcomes and reduce financial consequences from TB by harnessing mobile technology to help patients adhere to their TB medications through integrated DAT interventions.

Table 1 provides summary information about each investment, including implementation timeframe, budget, project countries and implementing partners/sub-grantees. **Annex 1** provides additional information on the project outcomes, outputs and key results as of December 2023.

Through these four investments, jointly worth more than US\$ 130 million and covering 25 project countries, Unitaid aims to **accelerate access to better tools to diagnose and treat drug resistant TB in all populations** in LMICs. In addition, Unitaid made investments in several cross-cutting areas to enable the direct investments to meet their goals. Starting in 2017, Unitaid funded the WHO Global TB (GTB) program to enable and accelerate adoption and uptake of new TB diagnostics, drugs and regimens in high burden countries⁹. Activities include direct support to Unitaid’s investments through its technical capacity and normative authority as well as broader enabling efforts to extend impact beyond project countries by leveraging its global convening power. Specifically, the WHO enabler aims to i) provide strategic guidance to enable introduction of new products supported by Unitaid funded projects and ensure country preparedness for accelerated uptake; ii) provide implementation guidance and specialized support to early adopter countries; iii) coordinate knowledge sharing and best practices among countries and stakeholders; iv) facilitate Unitaid funded research to ensure timely delivery of results/outcomes and v) facilitate inclusion of results/outcomes of Unitaid-funded innovation into development of WHO normative guidance. In 2018, Unitaid awarded three grants supporting access to medicines through innovative use of TRIPS flexibilities¹⁰: The evaluators are also expected to assess how and to what extent these cross-cutting investments have contributed to accelerating uptake of new TB diagnostics and treatments for DR-TB in high burden countries.

⁸ <https://unitaid.org/call-for-proposal/seeking-projects-to-fight-tuberculosis-and-its-drug-resistant-strains/#en>

⁹ The WHO enabler investment has been renewed until 2025.

¹⁰ <https://unitaid.org/assets/Joint-Portfolio-End-of-grant-evaluation-Supporting-the-use-of-TRIPS-Flexibilities.pdf>

Table 1. Overview of direct investments in evaluation scope

Element	endTB	BENEFIT Kids	Seq & Treat	ASCENT
Lead implementer	Partners in Health	Stellenbosch University	FIND	KNCV Tuberculosis Foundation
Implementation timeframe and duration	Original: Apr 2015-Mar 2019 CE/NCE to Dec 2023 (8 years, 9 months)	Original: Sep 2019 – Aug 2021 CE/NCE to Dec 2024 (5 years, 4 months)	Original: Oct 2019 – Sep 2022 NCE: to Sep 2023* (4 years, 4 months)	Original: Jul 2019-Dec 2022 NCE: to Dec 2023* (4 years, 4 months)
Budget ceiling	Original: US\$ 60.4 million Final: US\$ 81.4 million	Original: US\$ 18.9 million Final: US\$ 20.6 million	Original: US\$ 14.5 million Final:	Original: US\$ 14 million Final:
Key product interventions	Better, safer and shorter DR-TB regimens for all populations	Child-friendly formulations for MDR-TB prevention and treatment	Targeted next generation sequencing (tNGS) for DR-TB diagnosis	Digital Adherence Technologies for treatment adherence
Project Countries	Armenia, Bangladesh, Belarus, Ethiopia, Democratic People's Republic of Korea, Georgia, Haiti, India, Indonesia, Kazakhstan, Kenya, Kyrgyzstan, Lesotho, Myanmar, Pakistan, Peru, South Africa and Vietnam	India, Philippines, and South Africa	Brazil, China, Georgia, India, South Africa (+Indonesia)	Ethiopia, Philippines, South Africa, Tanzania, Ukraine
Consortium members (budget)	Médecins sans Frontières (MSF); Interactive Research & Development (IRD)	BJ Medical College, Chiang Mai University, De La Salle University Medical Center, Johns Hopkins University, TB Alliance, University of California San Francisco, Uppsala University	• N/A	Aurum Institute, London School of Hygiene & Tropical Medicine, PATH, Treatment Action Group (TAG)

*Seq&Treat and ASCENT have received costed extensions until September 2025 under a new Afl to support the responsible roll-out of new DR-TB regimens.

3. Objectives of the consultancy

Under these Terms of Reference, the evaluators will provide Unitaid with:

1. An assessment of the extent to which Unitaid's investments contributed to establishing the conditions for better diagnosis and treatment of DR-TB for all populations and key lessons learned (see next section for priority themes).
2. An assessment of Unitaid's role as *pathfinder* (analysing complex access problems and designing a pathway to resolve them) and *influencer* (enabling impact by partnering with a wide range of stakeholders and leveraging its unique position)

4. Work to be performed

This evaluation will take place over approximately 5 months. The key evaluation questions, outlined in Table 3, are based on Unitaid's [evaluation framework](#), Unitaid's 2023-2027 strategic framework (**Annex 2**) and Unitaid's [scalability framework](#), which underpin all internal and external evaluations. Unitaid's evaluation framework criteria are aligned with the Organisation for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC) standard evaluation criteria. The evaluation framework was recently revised to align with Unitaid's [new strategy](#) adopted in June 2022. We encourage evaluators to check Unitaid's Evaluation website (<https://unitaid.org/evaluations/#en>) for more details on our evaluations and examples of evaluation reports.

Specifically, the evaluators are expected to:

- (1) Review and refine an overall theory of change (TOC) and specific access objectives by product supported through Unitaid (jointly with Unitaid as part of the inception report). The original TOC from the 2016 TB disease narrative and area for intervention report is provided in **Annex 3**.
- (2) Assess the extent to which the investments and Unitaid did the right things (activities, outputs), in the right way (engaging stakeholders, adapting course as needed) to achieve the right results (outcomes) and contribute to Unitaid's 2023-2027 strategic objectives (see Table 3). Unitaid is interested in understanding the "so what" of results achieved – for example, how were the results achieved, how sustainable are the results, what difference did they make in accelerating/enabling access to introduction and uptake of new tools in the project countries and more broadly, and what if any unintended consequences have occurred over the course of implementation?

Table 3. Key evaluation questions by Unitaid Strategic Objectives

SO 1 (primary): Accelerate the introduction and adoption of key health products	
To what extent did the investments accelerate the development and introduction of quality-assured, fit-for-purpose tools to improve DR-TB diagnosis and treatment in LMICs for all key populations?	
<ul style="list-style-type: none"> • To what extent did the investments effectively identify and remove critical access barriers to establish conditions for equitable access to tNGS and new DR-TB regimens? • What progress was made in facilitating demand, adoption and scale up of new diagnostic and treatment tools for MDR-TB within target countries and beyond, how impactful and sustainable are these gains and what gaps remain? What have been the main factors influencing readiness for adoption and scale-up? <ul style="list-style-type: none"> ○ How have the investments contributed to an enabling <u>global</u> environment for scale-up, including generating evidence, normative guidance, tools to support country adaptation and uptake? Specifically, how influential were the investments in generating evidence to inform WHO guidelines on use of bedaquiline in MDR-TB treatment and the recommendations for tNGS for DR-TB diagnosis? ○ To what extent have the investments helped establish <u>country</u> readiness for scale-up, including securing ongoing political and financial commitments by national governments and other partners, supportive policies and enhanced health system capacity for delivery, and partnering with civil society? 	
SO 2: Create systemic conditions for sustainable, equitable access	SO3: Foster inclusive and demand driven partnerships for innovation
<ul style="list-style-type: none"> • How well have the investments and Unitaid disseminated knowledge, evidence and lessons learned on equitable access? To what extent has this contributed to generating broader awareness and increased support for these investment areas from other stakeholders? 	<ul style="list-style-type: none"> • To what extent have the investments been responsive to community needs and how effectively have Unitaid and implementers engaged with affected communities in the planning, design, implementation and assessment of activities? Were design and implementation approaches appropriately adapted/course corrected to respond to any changes in context? What synergies took place to ensure effective engagement, learning and sharing of knowledge? • How well did the investments and Unitaid add value and maximize alignment/coherence and synergies with global partners, governments, in-country stakeholders, and CSOs during planning, implementation and assessment to promote adoption and scale-up within existing health systems? • To what extent did implementers and the Unitaid secretariat contribute to further development of global alliances/partnerships to support scale-up and sustainability of products supported through the investment?

(3) Assess the extent to which progress has been made towards the targets outlined in target access profiles (TAPs) for key products supported under the investments (e.g. tNGS, shorter DR-TB regimens). The TAP concept, inspired by the well-established concept of the ‘Target Product Profile’ (TPP), builds on and streamlines Unitaid’s other access tools (access barriers, scalability framework). The TAP outlines the desired ‘profile’ or conditions for a target product that are necessary for the product to become readily accessible (i.e., equitably, fit-for-purpose, affordably and rapidly) for people and communities who need it most¹¹. This assessment will contribute to answering the evaluation questions under SO1 in the table above; more details will be provided to selected evaluators during the inception phase.

¹¹ The TAP outlines the conditions that need to be in place beyond Unitaid’s specific contributions (e.g. for the response as a whole), which Unitaid’s work contributes towards.

- (4) Document and synthesize what have been the overall lessons learned and assess the extent to which strategic, implementation and sustainability/scalability risks have been identified and managed over the course of implementation. In addition, the evaluators are requested to explore the following learning themes to capture key lessons and formulate recommendations:
- I. Learning theme 1 – access conditions: What are the lessons learned regarding Unitaid’s approach to promoting equitable access to key DR-TB tools across the portfolio (what worked well, challenges, missed opportunities); to what extent did Unitaid appropriately identify market shortcomings and solutions through our processes before investing and then throughout the grant lifecycle; what are the implications for ongoing and future investments and secretariat-led activities?
 - II. Learning theme 2 - country adoption and scale-up: What are the potential barriers and facilitators to country adoption and scale-up of tNGS and new DR-TB regimens, and to what extent are they being addressed through ongoing and planned investments/secretariat-led activities?
 - III. Learning theme 3 – paediatric treatments: To what extent have the investments improved DR-TB treatment options for children, including preventative treatment, and contributed to strengthened program policy and delivery options for children at country level? In addition, to what extent have the investments helped establish a sustainable platform for accelerating development and testing of pediatric formulations for TB?
- (5) Provide a succinct assessment of each investment and the portfolio as a whole against the OECD-DAC criteria (relevance, coherence, effectiveness, efficiency, impact and sustainability). This can be provided in tabular form. Key aspects of the OECD DAC criteria are covered in the evaluation questions linked to Unitaid’s three strategic objectives outlined above (refer also to Unitaid’s evaluation framework).
- (6) Conduct virtual workshops with implementers and key stakeholders to corroborate findings and identify lessons learned and recommendations.
- (7) Suggest comprehensive, actionable recommendations based on key findings and lessons learned to guide and inform ongoing and future investments under its new strategy. We expect the evaluators to spend the required level of effort for this crucial piece of the evaluation report.

5. Evaluation methodology, place of work, and management

Methods: The evaluation methodology will involve a combination of document reviews and qualitative interviews (key informant interviews, focus group discussions/workshops) with the relevant stakeholders and other innovative approaches to capture results (see below). For the document review, evaluators will undertake a review of the investments using grant documents such as: Project Plan, Logframe, Annual Reports, research protocols and findings, scalability matrices, target access profiles and any other grant-related materials. Suggested participants for key informant interviews and focus group discussions are provided in Section 6. **It is expected that the evaluators would go beyond key informant interviews to analyze and triangulate interviews with evidence and data from multiple sources, especially when there are divergent views to enable the evaluators to draw conclusions based on the strength of evidence.** Evaluators are expected to develop and apply rubrics to assess strength of evidence, strength of effect, and level of contribution to inform analysis and reporting of findings.

For capturing outcomes and assessing the contribution of Unitaid’s investments, it is envisioned that a modified outcome harvesting and contribution analysis approach be taken, where the evaluators collect evidence on what has been achieved across the cascade of care for DR-TB and determine whether and how the investments and the

Unitaid secretariat contributed to these changes (including unintended consequences). The evaluators are encouraged to propose innovative options to establish a consensus around the key outcomes and level of contribution and to triangulate with data from implementer reports/implementation research reports.

Place of work: The evaluators will work remotely and may be required to conduct site visits and interviews in ~3-4 project countries to be finalized jointly as part of inception (at least one country in the regions of Asia, Africa and LATAM). Progress in a selection of the remaining countries will be assessed through a desk review plus virtual interviews (as appropriate). The evaluators, in consultation with Unitaid and implementers, will identify potential stakeholders to interview. In line with Unitaid's effort in reducing carbon footprints related to the procurement activities, it is preferred that the evaluators have either a regional/local presence in the project countries (especially those targeted for site visits) or have access to local counterparts that can assist the Evaluators in understanding can assist the evaluators in achieving an in-depth understanding of the landscape of the country in terms of DR-TB, help identify and interview stakeholders and collect additional information on the context in each country and help identify and interview stakeholders.

Management and communication: The evaluators will be expected to participate in a virtual inception/kick-off meeting with Unitaid and to prepare and present the findings as well as hold virtual workshops with stakeholders during each phase of the evaluation. In addition, the evaluators will be expected to provide regular (weekly/bi-monthly) status updates to the Unitaid focal point for the evaluation. External evaluations are a critical element to Unitaid's results and performance management. Hence, **Unitaid will take an active part in the process and dedicate a significant amount of time in reviewing and iterating on the various draft reports with the external evaluators**, while honouring the independence of evaluators, so that we have a final evaluation report that meets our expectations.

6. Target respondents

Target respondents for interviews would include (but are not limited to) the following:

- The lead implementers – PIH, Stellenbosch University, FIND, and KNCV and consortium members/implementing partners;
- In-country partners / stakeholders such as key decision makers at the country level, officials (high and mid-level) at relevant Ministries (including National TB programmes, maternal and child health programmes), community groups and civil society organizations, frontline health workers managing/interacting with DR-TB patients, laboratory staff and others;
- Wider global stakeholders indirectly involved with the respective grants such as the Global Drug Facility (GDF), Global TB Caucus, Global Accelerator for Pediatric Formulations (GAP-f), Paediatric Antituberculosis Drug Optimization TB (PADO-TB) representatives, Stop TB Partnership, African Centre for Disease Control, Digital Adherence Taskforce, other relevant Unitaid implementers (Aurum Institute, LSTM) and others as relevant;
- Donors and scale-up partners – Global Fund, USAID, President's Emergency Plan for AIDS Relief (PEPFAR), BMGF, WHO;
- Developers and suppliers of TB drugs and diagnostic products, as appropriate;
- Relevant staff at the Unitaid Secretariat (project team, senior management); and
- Others as identified

The evaluators are asked to dedicate a bigger proportion of key informant interviews to external stakeholders and partners and to use a mix of focus group discussions and individual interviews, as appropriate. It is estimated that

50 or more people will be interviewed for this evaluation, of which more than half will be stakeholders beyond Unitaid and implementers.

Unitaid Secretariat interviews will be done in a combination of group and individual discussions with the Project Team (PT) and members of the Senior Management Team. Before the interview with the senior management, it is expected that the evaluators will prepare a briefing note/PPT slides and develop questions with the PT beforehand.

7. Qualification and skills

The successful bidders will propose a multi-disciplinary team of 3-4 experienced evaluators, including the team leader, that together bring a strong understanding of market dynamics and interventions to increase access to TB/DR-TB diagnosis and treatment in LMICs. The team leader must have at least 10 years of experience leading evaluations of a similar scope and complexity. Core team members should have at least five years of individual experience in their respective areas of technical expertise.

The proposed evaluation team shall meet the following requirements:

- Expert knowledge of TB and, in particular, the challenges related to testing, diagnosis and treatment of TB and DR-TB in LMICs;
- Experience with mixed methods approaches, with at least one team member with expertise in collection and analysis of qualitative data; experience with outcome harvesting and contribution analysis or other comparable evaluation approaches desirable;
- Expert knowledge of the global health landscape and the dynamics of introducing and scaling up interventions for complex health issues within existing health systems at national and global levels;
- Experience in evaluating advocacy and community/civil society engagement, partnerships and demand creation interventions;
- Regional and/or country presence in project countries or established network of local counterparts with an in-depth understanding of national and sub-national TB policy and implementation context;
- At least one team member with expertise in clinical trials and implementation research;
- Include an appropriate representation with regard to sex, a broad mix of backgrounds, skills and perspectives, and national and international experience, including in resource-limited settings; and
- Proficiency in English (knowledge of other UN languages an asset); final deliverables must be submitted in English.

8. Deliverables and guidance for budget development

The evaluation will run over ~5 months, with deliverables to be submitted on the following indicative dates:

Deliverable	Illustrative Timeline
1. An inception report outlining the process for the evaluation including tailored evaluation questions and sub-questions, methodology, draft tools, a workplan and list of interviewees	End Jan 2025
2. Final evaluation design, methods and tools	Mid Feb 2025
3. Data collection: <ul style="list-style-type: none"> - Document reviews - Country visits/data collection/interviews 	Feb - Mar 2025

4. First draft evaluation report submitted and presented for review and comment by Unitaid. This first draft report would include an Introduction, Methodology, Findings: comprehensive portfolio analysis across the strategic objectives, Lessons learned (general and by themes), Conclusion, and Recommendations. Annexes would include an Evaluation table against OECD-DAC criteria, and an assessment of the TAPs, among others. Where relevant, Unitaid will provide templates.	Mid-Mar 2025
5. Second-draft evaluation report, including Executive Summary. This second draft will address feedback from Unitaid, which may require additional data collection, analysis, interviews and triangulation of data. The evaluators will concurrently share the second draft report with the implementers for a factual check and address their feedback in the final report.	End Mar 2025
6. Coordinate and conduct a Validation Workshop with Unitaid, implementers and key stakeholders and get their feedback, which will be addressed in the final report. Draft 2 of the report is to be shared with the participants at least one week before workshop.	Mid Apr 2025
7. Final Deliverables: (1) Final evaluation report; and (2) a PPT slide deck summarizing the evaluation findings and presentation to Unitaid (3) Evaluation brief (using template provided by Unitaid)	End May 2025

Note: The final evaluation report will be available to the public on the Unitaid website (www.unitaid.org). Unitaid reserves the right to redact sensitive or confidential information prior to publication of the final evaluation report.

9. Budget

Unitaid is an Organization that is dependent on the budgetary and extra-budgetary contributions it receives for the implementation of its activities. Bidders are, therefore, requested to propose the best and most cost-effective solution to meet Unitaid requirements, while ensuring a high level of service.

All bidders are expected to submit their proposed budget in the Financial Proposal (Annex 5 of the RFP). As mentioned under section 5 of this ToR, it is preferred that firms have either a regional/local presence in the project countries or have access to local counterparts that can assist the evaluators to minimize the need for international travel, in line with Unitaid’s effort in reducing carbon footprints related to the procurement activities.

10. Payment terms and schedule

Basis for Payment	Payment Percentage
1. Upon satisfactory completion of Data Collection and acceptance by Unitaid	20% of Professional Fee
2. Upon satisfactory completion of First draft evaluation report and acceptance by Unitaid	20% of Professional Fee
3. Upon satisfactory completion of Second draft evaluation report and acceptance by Unitaid	20% of Professional Fee

4. Upon satisfactory completion of Validation Workshop and acceptance by Unitaid	20% of Professional Fee
5. Upon satisfactory completion of Final evaluation report and acceptance by Unitaid	20% of Professional Fee

For professional fees, payment will be made following satisfactory completion of the ToR and of corresponding detailed invoices, along with a Financial Statement (using the template to be provided by Unitaid) detailing the actual level of effort incurred and breakdown of travel expenses.

For travel costs (subject to agreement with Unitaid), payment will be made in accordance with WHO rates and upon submission of invoices indicating actual travel costs with proof of payment. Evaluators are responsible to organize all logistics of travel, including hotel booking and local transportation. All travels must be arranged in the most economical way, in line with Unitaid’s effort in reducing carbon footprints related to the procurement activities.

Annex 1. Project summaries (key results until Dec 2023)

Expand New Drug Markets for TB (end TB)



Outcome:

Establish best practices for the use of new TB medicines and novel regimens through generated and shared evidence

Outputs:

1. Establish a network of early-adopter sites that will closely monitor the first cohort of patients on new TB drugs and regimens
2. Conduct and complete a clinical trial of novel regimens for FQ-susceptible MDR-TB
3. Reduce country-level barriers to scale-up of new TB drugs in all endTB countries.
4. Dissemination of evidence and communication to global level stakeholders
5. Conduct and complete a clinical trial of novel regimens for FQ-resistant MDR-TB

Key Achievements:

- Through translation of evidence from the operational research into WHO guidance, endTB has generated demand and accelerated acceptance for new TB regimens.
- The endTB project observational study completed enrollment of nearly 3,000 participants in 2018, across the original 17 endTB countries. The data from the study helped shape national guidelines supporting the use of new TB drugs on a global level, informing the 2022 revision of the global MDR-TB treatment guidelines.
- The endTB clinical trial completed follow-up of patients in 2023 and high impact results were shared at the November 2023 Union Conference. The study generated compelling evidence to support the use of four new, improved regimens to treat multi-drug resistant tuberculosis or rifampicin-resistant tuberculosis (MDR/RR-TB). The trial found three new drug regimens that can deliver similar efficacy and safety to conventional treatments while reducing treatment time by up to two-thirds. The endTB regimens represent important alternatives for short MDR-TB treatment and complement the use of another highly effective, shorter MDR-TB regimen, called BPaLM, which is not suitable for certain populations.
- In June 2024, WHO GDG reviewed the data and in August 2024 issued a [rapid communication](#) recommending three new patient-centered treatment regimens that will empower clinicians to offer shortened MDR-TB treatment regardless of age, pregnancy, and comorbidities that are common among people with MDR-TB. In addition, the trial supports the use of a fourth regimen as an alternative for people who cannot tolerate bedaquiline or linezolid; at least one of these two drugs is in every current WHO-recommended regimen for MDR-TB. More information: [endTB clinical trial results | endTB](#)
- The new treatments recommended by WHO rely on both new and pre-existing drugs that are already available on the market, off primary patent, and well-known to clinicians. Notably, the endTB1 regimen is half the price of BPaLM, has a lower daily pill burden, and uses a combination of drugs that are widely available in low- and middle-income countries, resistance testing and child-adapted formulations are also readily available due largely to the work done under BENEFIT kids (see below). With these new regimens, all patients, including historically overlooked populations, can now be cured in nine months or less with all-oral treatments.
- By April 2023, the endTB-Q trial of novel regimens for FQ-resistant MDR-TB has completed enrolment. Results from the Q trial are expected in 2025.

Notes:

Project website: <https://endtb.org/>

Results video: <https://www.youtube.com/watch?v=JQ7X-Mt4hxc&t=5s>

WHO rapid communication: [Key updates to the treatment of drug-resistant tuberculosis: rapid communication, June 2024 \(who.int\)](#)

Better Evidence and Formulations for Improved MDR-TB Treatment for Children (BENEFIT Kids)



Background

Outcome:

An evidence-based package of improved paediatric MDR-TB treatment tools available for adoption and scale-up

Outputs:

1. Novel evidence from existing data for improved paediatric MDR-TB treatment
2. Novel evidence from new PK, acceptability, efficacy and safety studies for improved paediatric MDR-TB treatments
3. Targeted formulation development and market shaping to improve availability of child-friendly formulations of second-line TB drugs

Key Achievements (as of December 2023):

- Provided critical data to inform 2022 WHO treatment guidelines: The MDR-TB IPD included $\geq 20\,000$ children and adolescents globally and informed WHO guidelines in 2022, and showed that young children and children with clinically diagnosed MDR-TB were underrepresented. It also showed that children and adolescents treated with ≥ 2 or 3 WHO Group A drugs had improved outcomes, highlighting the importance of treating children of all ages with the best available medicines, including bedaquiline.
- Demonstrated the safety and efficacy of levofloxacin for prevention of MDR-TB in children: TB CHAMP trial results were shared at the November 2023 Union Meeting Late Breaker session. Data from TB CHAMP informed WHO [WHO guidelines](#) in 2024 recommended 6 months of levofloxacin for TB preventive treatment in children exposed to MDR-TB.
- Provided updated evidence on optimal dosing of child-friendly formulations of levofloxacin (PERFORM), moxifloxacin and clofazimine (CATALYST), and delamanid (Delamanid Crush) and showed that child-friendly formulations were more palatable, acceptable and preferred by children and caregivers.
- CATALYST, conducted in South Africa, India, and the Philippines, also reported on experiences of children and families treated for MDR-TB, highlighting the ongoing experiences of stigma. Nested health economics work across the three countries will result in an on-line tool freely accessible to NTPs to help estimate the cost of paediatric MDR-TB treatment formulations and regimens.
- ChilPref ML identified generic formulations of moxifloxacin and linezolid that are taste-preferred by children, while linked extemporaneous formulation development work, led by the TB Alliance, found ways to create stable, safe suspensions of bedaquiline, delamanid, pretomanid, and clofazimine – huge steps toward acceptable and more feasible RR-TB treatment formulations and regimens for children.

Notes:

Project website: <https://blogs.sun.ac.za/dttc/benefit-kids/>

WHO rapid communication TPT: [Tuberculosis preventive treatment: rapid communication \(who.int\)](#)

Rapid, comprehensive targeted gene sequencing solution for drug-resistant TB diagnosis in LMICs



Background

Less than 40% of estimated DR-TB cases are diagnosed, and the need for more comprehensive and affordable drug susceptibility testing solutions is growing. New and better regimens for TB and DR-TB comprising both new and repurposed drugs are being rolled out in LMICs at a rapid rate. However, resistance to key drugs in these regimens is increasing, and there is a need for better diagnostic options for rapid diagnosis of drug-resistant TB.

Outcome:

Sustainable, high quality culture-free sequencing solutions from a diverse manufacturer base together with standardized interpretation tool at WHO, available for introduction in LMICs, with access pricing and evidence-based delivery models to guide and accelerate adoption.

Outputs:

1. Dossier of trial data, costing analysis and modelling to support WHO guidance on End-to-End solutions for targeted sequencing for DR-TB diagnosis
2. An open-access clinical knowledgebase at WHO to enable standardized analysis and interpretation of sequence data for accurate and rapid clinical decision making
3. Proof-of-principle of sustainable & scalable delivery models for sequencing-based diagnosis of DR-TB to inform implementation guidance in high-burden, pathfinder countries
4. Access pricing for commercial End-to-End targeted sequencing solution(s) for LMICs and market intelligence for supply-demand generation

Key Achievements:

- Two tNGS solutions (Genoscreen and Nanopore) were tested and data submitted to WHO; together these solutions represent more than 90% of the existing sequencing equipment in LMICs
- In July 2023, the WHO Guidelines Development Group (GDG) issued a [Rapid communication](#) supporting the use of tNGS as a new product class for DR-TB diagnosis, largely informed by evidence from Seq&Treat¹², with full guidelines released in March 2024. The guidance highlights the potential of tNGS for ‘rapid and accurate genetic analysis and detection of mutations associated with resistance in a fraction of the time¹³ required for culture-based methods for detecting resistance’.
- Provided extensive clinical evidence to support the latest version the [WHO mutations database](#) (V2, released in November 2023; V3 in progress). The new catalogue will improve the performance of tNGS assays in general, particularly for new and repurposed drugs including BDQ (new version includes >80 isolates associated with BDQ resistance, up from none in the 2021 version as well as additional isolates from linezolid and delamanid).
- Illumina's special ceiling pricing ex-works (lower than US price) for frequently used sequencing products was made available to LMICs. In addition, the install base for NGS grew rapidly during the COVID-19 response, laying a foundation that can be repurposed for TB following the WHO recommendations (19 of 30 high-burden DR-TB countries now have sequencing capacity built through COVID¹⁴).
- Sequencing platforms, reagents and consumables were included in Global Fund catalog in 2022, which continues to encourage use of new NGS capacity for TB¹⁵ and genomic sequencing capacity strengthening was included as a priority area for the Pandemic Fund launched in 2023¹⁶.

Notes:

Project website: <https://www.finddx.org/what-we-do/projects/seqtreat/>

WHO guidelines: [WHO launches new guidance on the use of targeted next-generation sequencing tests for the diagnosis of drug-resistant TB and a new sequencing portal](#)

¹² Over 80% of the evidence supporting the WHO tNGS policy came from Seq&Treat.

¹³ 3–5 days for tNGS compared with 4–6 weeks for culture-based testing.

¹⁴ 9 high-burden MDR-TB countries with more established NGS capacity (4+ NGS facilities; Bangladesh, China, India, Nigeria, Pakistan, Peru, Indonesia, Russia, South Africa) and 10 high burden MDR-TB countries with emerging capacity (1-3 NGS facilities; Azerbaijan, Belarus, DRC, Kazakhstan, Kenya, Myanmar, Philippines, Thailand, Viet Nam, Ukraine;) as of April 2023 (Source: Pandemic Prevention Institute/FIND).

¹⁵ [core_resilientsustainablehealth_infonote_en.pdf \(theglobalfund.org\)](#)

¹⁶ [Pandemic-Fund-Cover-Note.pdf \(worldbank.org\)](#)

Background

Directly Observed Treatment (DOT), where a health care worker oversees the medication being taken either at a health care facility or at home, is the most widely implemented approach for supporting TB patients to complete their treatment. However, innovations are needed to improve patient-centred care. The ASCENT project supports people to successfully complete their course of treatment using digital adherence technologies (DATs) and data-driven support interventions, such as smart pill boxes and other innovations. These DATs empower people on TB treatment to take their daily medication at a time and place that suits them best. Additionally, they provide information to the TB care provider, helping to determine the most appropriate treatment approach for each individual and focusing efforts on persons that require extra support.

Outcome:

A scalable, affordable and evidence-based patient-centered treatment support package informed by adherence technology for all types of TB

Outputs:

1. DAT intervention operationalized
2. Evidence generated for optimal use and scale
3. Global market established for optimized product, price and supply chain of DAT
4. Key stakeholders engaged and prepared to scale up DAT intervention

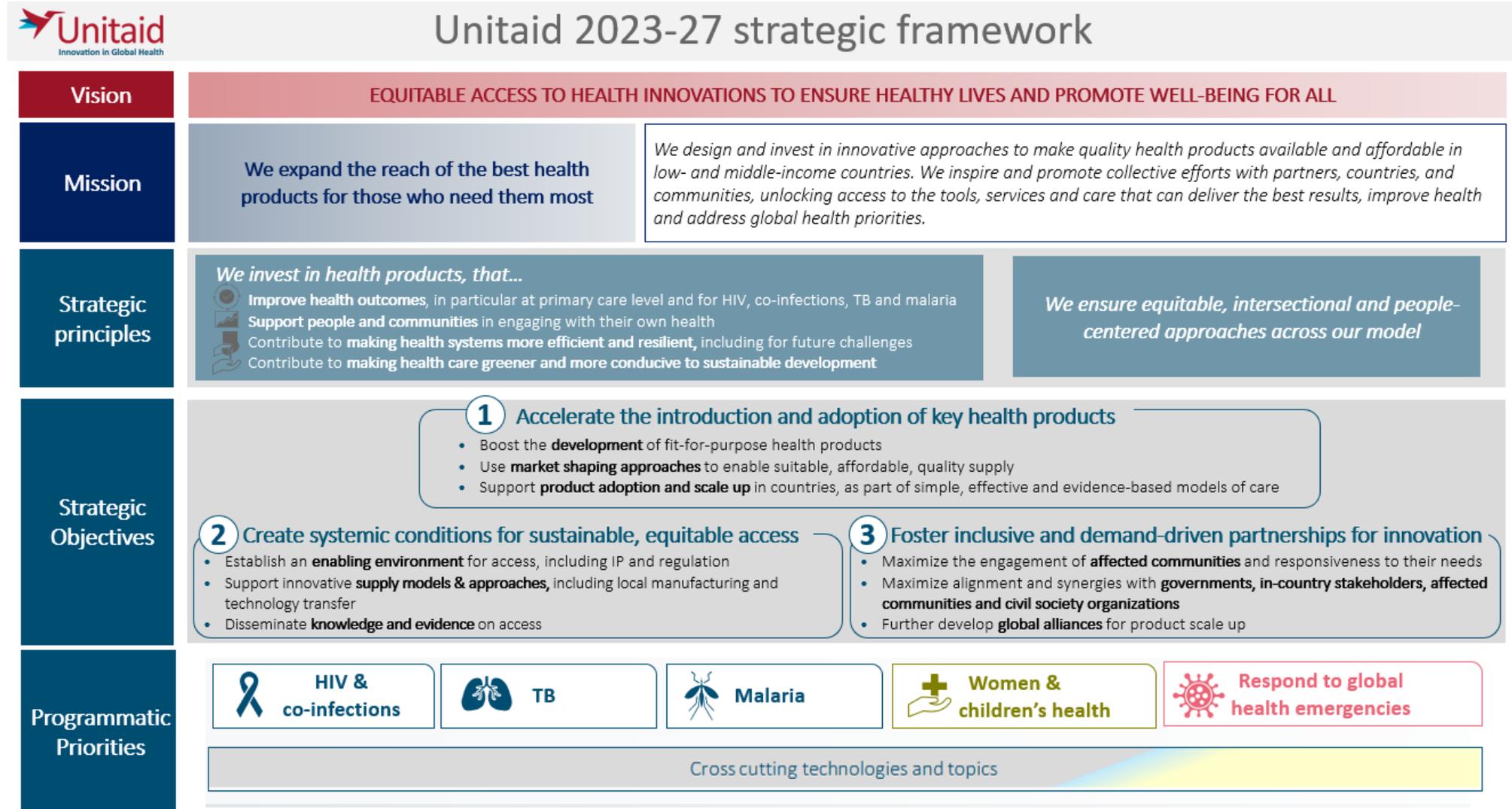
Key Achievements:

- Supported over 19,000 people affected by TB during their treatment with (DATs) in 5 countries and trained over 1,000 health providers from 260 clinics. Engagement with the technologies was high (>90%) in all settings throughout treatment
- Demonstrated high acceptance and feasibility of using these digital technologies at scale; in several countries continuation or scale-up of the DATs is ongoing
- Studies did not find that DATs improved treatment outcomes when compared to standard of care, however - cost-effectiveness analysis showed that DAT interventions were cost-saving and reduced the inequitable distribution of patient costs when compared to the standard of care, underscoring the potential value of interventions that reduce health service visits in improving the equitable distribution of health services.

Notes:

Project website: <https://www.digitadherence.org/>

Annex 2: Unitaid Strategic Framework 2023-2027



Annex 3. Original Program Theory of Change (TOC)

Source: *Disease Narrative for Tuberculosis and Areas for Intervention, March 2016.*

