KNCV
TUBERCULOSISFOUNDATION

To eliminate TB

ANNUAL PLAN 2018

KNCV TUBERCULOSIS FOUNDATION

CONTENTS

1 INTRODUCTION

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The annual plan, approved by the Supervisory Board on 7 December 2017, provides a detailed overview of our planned activities in 2018.. Are all these plans set in stone? Absolutely not. Unexpected opportunities may occur or grants may be awarded that require a relative shift of focus.

KNCV should benefit from the flexibility that comes with being an NGO, but only after thorough consideration and prioritization. For instance, the balance between acquisition and implementation needs to be carefully monitored, recognizing the human resource implications. The below summary does not provide a full overview of 2018 activities, but just some highlights of the memorable year to come.

Now or never

If everything works out as planned, the year 2018 will be remembered as the year that TB finally made it to the top of the global political agenda, resulting in a UN General Assembly resolution on ENDING TB. It will be the first time in the history of the UN that TB, the deadliest infectious disease ever, will be addressed at this political level. Recognizing the importance of political commitment to fulfill our KNCV mission, we will step up advocacy efforts to support the UNGA preparatory process. It is literally now or never! For that purpose we will join forces with relevant partners, both public and private, to raise awareness, prepare the case, and provide the evidence base for necessary interventions. In that context we will work closely with the Global Caucus ('parliamentarians for TB'); the Dutch Government; the Lancet Commission; and involve KNCV country offices in local advocacy. And of course, we will use the outputs of the UN High Level Meeting (HLM) to inform the other event that KNCV is looking forward to: the UNION World Conference on Lung Health!

The UNION Conference comes back after 49 years!

I have no doubt that the UNION 2018 'vibe' will hit the organization on January 2nd and last until the closing ceremony on October 28th. Our goal is to assist the UNION in organizing a great conference that will be remembered as innovative, energetic, inspirational and inclusive, while celebrating the theme that fits the City of Peace and Justice so well: "Declaring Our Rights: Social and Political Solutions". Let's hope that the UN HLM will provide the basis for that message and celebration. Obviously, KNCV will use the UNION 2018 opportunity to showcase the results of our work under Challenge TB and other projects, illustrating that KNCV delivers at all levels, from science to program implementation. However, we intend to move beyond our KNCV interests and use the conference to profile Dutch TB expertise in general. For that reason we will work closely with the Dutch TB research platform and Dutch TB doctors and nurses. Lastly, KNCV will assist in mobilizing civil society and (ex) patients to ensure that we can jointly 'declare the rights' that should lead to social and political solutions mentioned under the conference theme. On our 115th birthday, KNCV wants to be as proud as we were in 1932 and 1969 when we hosted earlier UNION World conferences!

The 'busiest' pipeline ever

The pipeline of TB tools, such as new diagnostics, drugs and digital solutions has never been so busy. Busy enough to End TB? Probably not, we will need more R&D. But the promise of the existing pipeline does bring new drugs and regimens; point of care triage- and treatment monitoring tests; LTBI tools; and digital solutions. The proper design, introduction, evaluation and scale up of related innovations is key to ending TB. And that is why in 2018, KNCV will continue to focus on cutting edge innovations under the KNCV 'technical initiatives', while recognizing the interdependency of TB program components in the context of comprehensive and setting specific programs. This is not just 'trendy jargon', but emphasizing that KNCV's roots in comprehensive TB program design. This heritage will be of great advantage in the upcoming 'retooling era', which

requires rational and responsible phasing in and out of tools and interventions. For that reason, we will further intensify the linkages between our programmatic and research staff, with the team Evidence complementing our 'implementers on the ground'.

We need more than technology alone

Technology alone will not suffice to bring the necessary change. Societal changes, health systems and demand generation are as important to ensure quality care for all in need. In 2018, KNCV will continue to invest and achieve in areas such as stigma reduction; private sector involvement; patient support and demand generation. Building on our leadership role in the field of stigma measurement and stigma reduction, we will apply scientific concepts in the realities of high burden TB countries. Furthermore, we recognize that an increasing number of people seek care in the private sector, including the poor. Older Private-Public Mix concepts are still valid, but need to be extended with new solutions such as accreditation; quality based insurance packages; win-win referral systems and so more. Also, we will further strengthen efforts to build sustainable patient platforms, such as in Indonesia.

The Netherlands: low prevalence expertise as an export product

In 2018, team Netherlands will develop and implement new eHealth strategies, with focus on communication and education. This is a perfect example of how international initiatives such as the KNCV digital health initiative, also feeds into national innovations. At the same time there is increasing international interest for Dutch experiences with elimination strategies such as treatment of latent TB infection; risk-group management; public-private collaboration; and centralization. In 2018, we will explore best ways to mobilize and share our elimination track record. In the meantime we will further strengthen the elimination evidence base with research projects such as TB ENDPoint; iPSI; and E-DETECT TB.

Strengthening communications and fundraising capacity

The coming year offers major opportunities in the field of resource mobilization and communication. Examples are the global events described above and the results achieved under the grants that come to an end, such as the Challenge TB project and the project funded by the Dutch Ministry of Foreign Affairs. We recognize that to be fit for the future, KNCV will need to step up national and international communication, distinguishing different target groups. For that reason we will increase the communications capacity of both KNCV in general, and the KNCV Challenge TB Project Management Unit. Also, we will better coordinate the planning and content of communications with the technical division, public affairs, UNION preparation teams, and the resource mobilization unit. Moreover, we will further strengthen capacity of country offices to showcase their work and mobilize resources beyond the Challenge TB project. This will require commitment of all KNCV staff. Too often we keep satisfaction about our work to ourselves, instead of sharing our proud feelings and achievements internally and externally.

Exploring a more prominent role in TB education

In previous years, training and mentoring was mostly embedded within projects and integrated in technical assistance. KNCV is not recognized as an educational center.

KNCV management, supported by the Board of Directors, recognizes the strategic importance of education and decided to explore the feasibility of becoming an international TB training center. After initial discussions and a desk review of available TB-related courses offered at national, regional and global levels in 2017, we plan to explore the business case early 2018. Obviously, we do not want to duplicate valued efforts of our partners, but rather identify our KNCV niche where we can offer an added value.

And last but not least: how to make this all work?

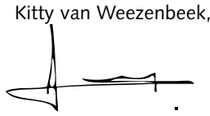
We will start the year 2018 with over 500 KNCV employees worldwide, working in a great variety of projects and legislative and cultural environments. Successful acquisition may force us to recruit more staff, while at the same time starting first preparations for a transition to a future without the Challenge TB project. This includes a social plan which HRM will develop in close consultation with the works council.

In previous years, we have strengthened operations and capacities at country level and we will continue to do so, aiming at sustainability beyond Challenge TB.

In 2018, we will pay extra attention to data security, ensuring that we comply with new Dutch and European regulations. The Finance division will intensify internal audits with CTB partners and set up financial monitoring of projects funded by new donors, such as UNITAID, EDCTP, and BMGF.

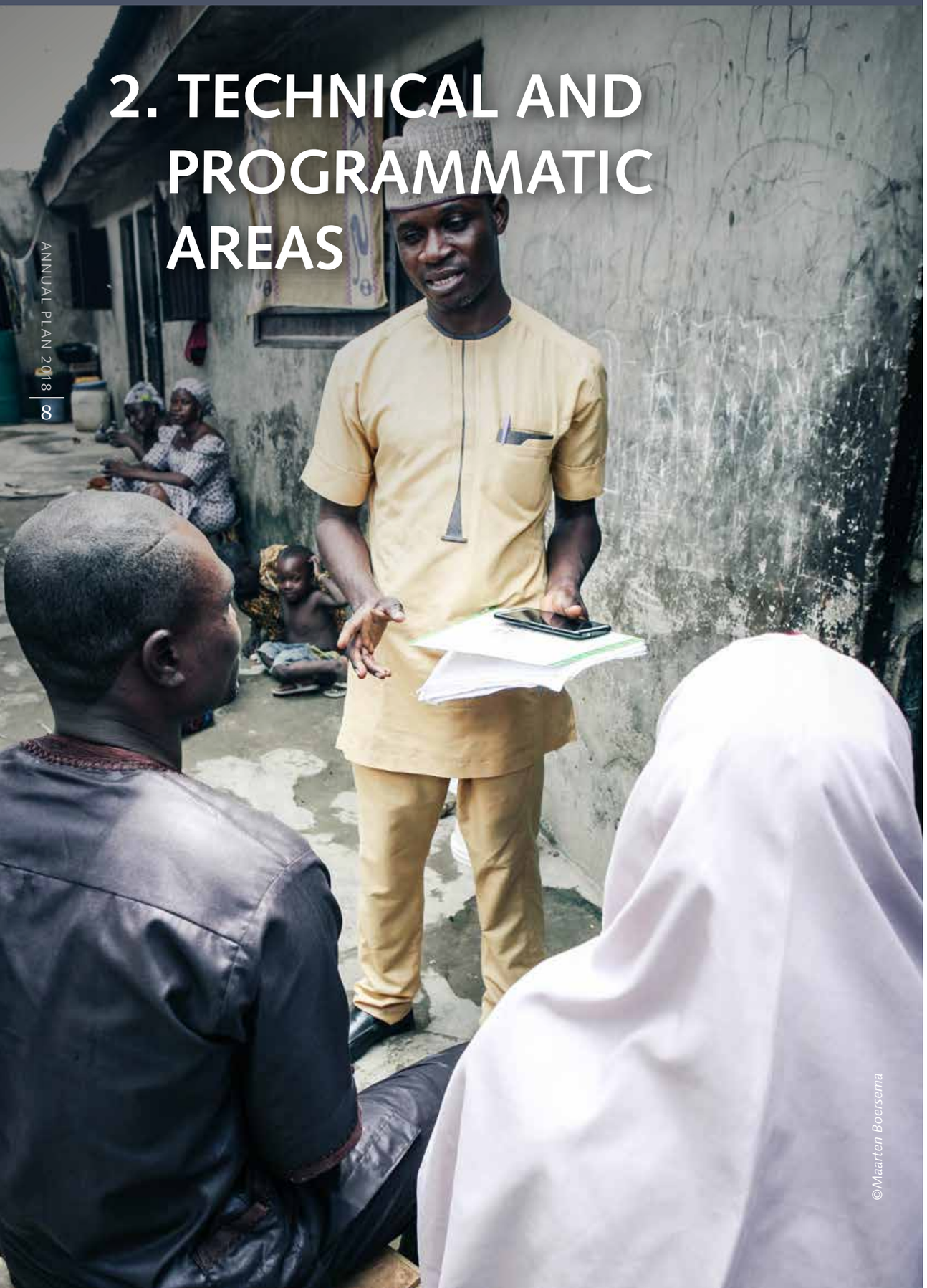
Leaves me to wish success and thanks to all KNCV employees who contribute to our mission! It is all for the patients and their families! A memorable year it will be!

Kitty van Weezenbeek,



Executive Director

2. TECHNICAL AND PROGRAMMATIC AREAS



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Wherever it engages, KNCV continues to deliver short- and long-term Technical Assistance (TA), conduct relevant research and provide input into the broader policy and development dialogue at national and international levels.

Within that context, KNCV continues to broaden its scope of work in terms of both geographic and technical coverage. Concerning technical coverage, KNCV seeks to anticipate and strengthen new technical areas to be able to address evolving disease response paradigms and health systems developments. We are therefore actively looking to develop strategic niche areas to better meet the growing demands of donors and countries (including, for example, digital health solutions, transmission and cost-effectiveness modeling, resource allocation tradeoff discussions, inputs into universal health coverage for tuberculosis). This means that KNCV will continue to strive to provide end-to-end technical assistance and leadership for issues ranging from global/national policy framework development, demonstration projects from sub-national level to scale-up programs at national level, and product introduction, adoption and access.

The broadened KNCV approach leads to human resource capacity and managerial consequences to be addressed simultaneously at KNCV central office and country levels. Examples are the shift towards direct implementation and not only TA; working at subnational levels, the need for robust health systems and patient-based data, improved data utilization to build quality programs, and different approaches to risk mitigation.

Geographically, our technical work continues to focus on the USAID funded "Challenge TB" (CTB) project countries. As noted elsewhere, KNCV is the lead agency in ten CTB countries and the East Africa Regional program. Additionally, we provide technical oversight and quality assurance of interventions in ten countries with substantial CTB support which are led by other coalition members.

Beyond CTB, the Technical Division supports programs funded by the Dutch Ministry of Foreign Affairs (DGIS), Global Fund (GF), Eli Lilly Foundation (ending December 2017) and industry in several countries. In a novel collaboration, KNCV is continuing its private-non-profit partnership in Nigeria with Cepheid, manufacturer of the GeneXpert rapid molecular test, to prevent disruption to key laboratory services by providing in-country service and maintenance support. A similar support program for Vietnam will be transitioned over to the government. In 2018, we will continue to diversify KNCV funding sources to expand global adoption and delivery of important new products, including fixed-dose pediatric drug formulations as well as new drugs and regimens for TB prevention and treatment. As of August 2017, we have had success in diversification through several expected/pending grants that will continue for the next 24 months: Bill and Melinda Gates Foundation (subject: TA for country adoption of adherence technologies); Unitaid (subject: country adoption of 3HP for LTBI management focused on children and PLHIV); TB Alliance (subject: elucidating the pathway to change, cost and adoption of new drugs and regimens in three key countries)

In line with KNCV's strategy 2015-2020, we continue to develop our programs according to the following three Strategic Objectives:

1. Improve access to early TB prevention and care for patients with all forms of tuberculosis (and achieve better individual outcomes and public health impact).
2. Generate a solid evidence base for existing and new tools and interventions.
3. Bolster the governance and management capacity of the National TB Programs (to ensure robust, responsive and inclusive national TB Control systems).

Our ultimate aim is to develop, test, evaluate and scale-up country specific, patient and community centered strategies and interventions that save lives and have public health impact, including the appropriate incorporation of all new WHO-endorsed products. To reinforce this aim, we will continue our internal 'cultural' shift to incorporate evidence generation into all core work areas from the inception phase.

During 2015-16, KNCV adapted its organizational structure to strengthen technical capacity and policy development, aligned with our strategic objectives. We operate through five thematic technical teams: Access and Quality Care; Laboratory and Diagnostics; Evidence; Health Systems and Key Populations; Netherlands and Elimination. Based on completion of the first-ever KNCV Innovations Document in 2016, we have developed several crosscutting division-wide initiatives: New Drugs and Regimens (NDR, 2016) – renamed Right Diagnosis, Right Treatment (RD/RT, 2017); Digital Health (2016); Find and Treat all Missing Persons with TB (2017); and Stigma (measurement and reduction, 2017).

The KNCV "Find and Treat all Missing Persons with TB" (FTMP) initiative aims to support countries to develop, implement and monitor & evaluate tailored FTMP interventions at district level. A practical guide was developed in 2017 which will guide country staff, NTPs and KNCV consultants in their approaches to understand district level epidemic and health- & community systems, and develop, implement and assess the impact of FTMP interventions. The guide includes four implementation areas where interventions will be focused: Community Engagement, Matching the Services to Patients' Pathways, Triage and Screening, and Quality Care. This guide will be mainly used to guide the development and implementation of the country's FTMP strategy at district level. The guide can also be helpful to develop an FTMP strategy and FTMP interventions at national level and to develop FTMP funding requests.

The initiative on TB stigma, funded through Earmarked Reserves, cuts across the Access, Systems, and Evidence teams. KNCV's stigma portfolio includes tool development, capacity building, policy change, and implementation science. While stigma is a newly defined technical area for KNCV, it leverages the expertise of KNCV staff with psychology, anthropology, sociology, human rights, ethics and epidemiology backgrounds. The absence of a well-established evidence-base provides impetus to innovate, test promising approaches, and engage a wide range of KNCV staff who are committed to this area. Measuring and reducing TB stigma is vital for the success of many of KNCV's other efforts, including FTMP and PMDT, for example.

Going forward into 2018, we will evaluate new opportunities as done over the past year, particularly technological and programmatic innovations for adoption into our work and look to strengthen the overall quality of our TA and associated deliverables. In parallel, we continue to expand our work in rolling-out new TB drugs and shorter regimen for the treatment of drug-resistant TB. We also continue our efforts to coordinate and align TA regardless of funding source (CTB, Global Fund, DGIS, etc.) in CTB and non-CTB countries. Toward this purpose, a USAID financed Global Fund hub was initiated within the PMU during 2016. The DGIS contribution for TA, entering its final two years of programming, will specifically be utilized to further strengthen and support the harmonization and optimization of any GF-supported interventions. Efforts in 2018 will be given to transition planning in the selected countries of Nepal, Swaziland and the Philippines.

For work in the Netherlands, KNCV receives resources for TB activities as outlined in the National TB Control Plan 2016-2020. This plan will direct TB control activities for the next three years. The NL team's research portfolio also incorporates non-Dutch government funding, updated in this chapter.

Efforts to document and exchange Dutch TB knowledge will continue to intensify through new publications, international research and policy development efforts.

Finally, capacity building throughout the KNCV structure remains an area of continued attention and development for the Technical Division to strengthen staff competencies wherever we work in countries, regions and at central office. This is done using a variety of approaches: e-learning courses, development of a basic consultant package, creation of a core KNCV training niche, and new learning/research collaborations with other academic centers. While the Young Professional program brought our first three junior level consultants to central office, HR at country level will also be reviewed in a few key countries to identify opportunities for expanding local professional development pathways. The institution of mandatory home-weeks for the Division (two yearly based on budget availability) will continue to provide a mechanism for greater cross-KNCV collaboration, knowledge sharing and initiatives generation. Balancing the longer with immediate term need to deepen the KNCV technical reach, we will explore options to expand the KNCV flexible consultants network – put into place during 2016 - to strengthen our capacity to deliver quality TA in a timely manner on a defined contract basis.

FOCUS AREA 1: ACCESS

Strategic Objective 1:

To improve access to quality prevention, early diagnosis and timely initiation of effective treatment, using a patient centered approach for all patients (including children and adolescents) with all forms of TB and within the framework of a comprehensive public health approach to achieve better individual outcomes and public health impact.

Approach:

KNCV will deliver comprehensive country specific packages of interventions in the following 4 key areas:

1. Prevention of transmission of TB
2. Prevention of progression from latent TB infection to TB disease
3. Early diagnosis and effective treatment of TB disease
4. Overcoming barriers for special patients' groups (as defined in each country setting)

The country specific packages will continue to be jointly developed with the respective NTP, based on epidemiological data, a thorough gap and resource analysis, and in close consultation with key internal/external stakeholders. Emphasis is placed on rational priority setting, evaluation, sustainability and buy-in from relevant stakeholders.

Key Result Area 1: Prevention of transmission of TB In the absence of an effective vaccine, prevention of TB infection centers on minimizing the risk of transmission.

This continues to be achieved through implementation of the FAST strategy (Finding TB cases Actively, Separating safely and Treating effectively). This strategy was developed under TB CARE I.

Key Result Area 2: Prevention of progression from latent TB infection to TB disease Prevention of progression from latent TB infection to disease remains a key strategy to limit transmission and prevent both incident cases and mortality.

KNCV has a long history of detecting and treating persons with latent TB infection (LTBI) and knows the system requirements involved. We distinguish three target groups for LTBI:

(1) recent exposure/ infection (contacts),
(2) previously infected individuals with clinical or social risk factors; and
(3) patients with untreated in-active TB disease, such as individuals with 'fibrotic' lesions.

Prevention of TB among people with latent TB infection is a priority for KNCV. Thus, in 2018 through the UNITAID-

funded project—IMPAACT4TB, KNCV will commence delivery of quality-assured 3HP (3-month rifapentine plus isoniazid course) among PLHIV and child contacts <5 years starting treatment with affordable, quality-assured 3HP. The IMPAACT4TB project through its consortium partners including KNCV intents 400,000 people on 3HP, representing 0.8% of the target population (child contacts <5 and PLHIV newly entering care) during the grant period (2018-2021). This work will also contribute to:

- revising WHO preventive therapy guidelines based on evidence generate;
- establish a price agreement for RPT with the innovator in the short term and with generic supplier(s); and
- gather costing information to make an investment case for scaling up 3HP.

In addition to the IMPAACT4TB project, the Evidence team is participating in a trial of 3HP in three African settings (described on page 15 under Focus Area 2: Evidence).

To halt transmission of M/XDR-TB KNCV will work towards strengthening contact investigation of patients diagnosed with DR-TB. Training and recording and reporting tools will be developed and prioritized for use in KNCV-led countries, starting with pilot sites and expanding to national coverage (Kyrgyzstan). Tools will include interview form of index case, risk-assessment form for contact, and household contact register.

Key Result Area 3: Early diagnosis & effective treatment of TB disease (regardless of presence or absence of drug resistance) – right diagnosis/ right treatment. Given recent prevalence surveys that continue to document higher national rates of active TB than previously estimated by WHO, countries must redouble their efforts to ensure universal access to early diagnosis of TB with provision of good quality, affordable and patient centered treatment and care.

A. CASE DETECTION AND DIAGNOSIS

The Right Diagnosis/Right Treatment Approach

KNCV will continue to advance the adoption and implementation of new drugs and regimens (ND&R) under the framework of the Right Diagnosis, Right Treatment (RD/RT) approach, which aims to accelerate the processes required for adoption, implementation and scale-up of new tools, including policies, diagnostic and other technologies, and TB drugs—comprehensively and systematically; and in the context of the programmatic management of TB. Under the RD/RT approach patients are triaged through GeneXpert screening and second line LPA and, accordingly, assigned either a short-treatment regimen (STR) or individualized regimen.

To advance the RD/RT approach, KNCV will continue to:

- Develop and/or update guidance documents and tools, and will support a strategic and coordinated adoption and implementation of ND&Rs, including diagnostic algorithms and bacteriological follow-up of TB treatment.
- Provide technical assistance to national laboratory networks for the adoption and implementation of new, rapid diagnostic technologies for DR-TB including SL-LPA and new generation sequencing (NGS). This work will involve policy formulation and/ or update, human resource development and training tools, supervision and mentoring.
- Continue to support the roll-out of Xpert MTB/Rif testing in all KNCV supported countries and other GeneXpert technologies (Omni).
- Support improved non-invasive TB diagnosis among children with specialized trainings for processing of non-sputum specimens for Xpert examination, focusing on stool specimens.
- Expand specimen transport systems, quality management (QMS), external quality assurance (EQA) and appropriate bio-safety measures.
- Expand programs for preventive laboratory maintenance, including calibration and repair of GeneXpert machines.
- Assess and implement diagnostic connectivity solutions through information technologies (e.g. Alert and other multi device connectivity networks) to expedite the availability and utilization of results for shorter and individualized treatment regimens. (Botswana, Ethiopia, Malawi).
- Provide global level guidance to diagnostic connectivity is provided via the GLI Global Laboratory Initiative (GLI) task force on diagnostic connectivity.

In 2018, KNCV will focus on the following areas:

CASE DETECTION AND DIAGNOSIS

- Support selected countries (Ghana, Malawi, Indonesia) to introduce automated reading software for digital radiography (CAD4TB).
- Support selected countries to perform active case finding in communities with mobile TB diagnostic units (with X-ray and Xpert capacity).
- Optimize TB laboratory networks by building in-country capacity to:
  - Introduce and maintain Laboratory Quality Management Systems
  - Further roll-out and optimize GeneXpert MTB/ Rif testing in all KNCV supported countries, with support for the roll-out of the next generation Xpert Ultra cartridge (released 2017) and the anticipated Omni point-of-care device (anticipated mid-2018)
  - Build capacity for first and second-line drug resistance testing, using both molecular and phenotypic methods, and identifying new paradigms that shift next generation molecular diagnostics (i.e., sequencing) to lower tiers of the health system
  - Introduce and support roll-out of new laboratory innovations
  - Improve laboratory capacity to diagnose extra-pulmonary TB, TB in children and TB among PLHIV
  - Routinely monitor (with digital health tools) volume, timeliness and availability of testing on facility-level and re-structure specimen transport (hub & spoke model) and / or increase Xpert machines available to optimize testing capacity. A similar model applies for other technologies such as 2nd line LPA
  - Expand monitoring and expansion of timely preventive laboratory maintenance, including calibration and repair of GeneXpert machines

B. TREATMENT

In 2018 and under the framework of the New Diagnosis/ New Treatment framework, KNVC will intensify its efforts to assert itself as an organization recognized for establishing operational models for a smoother country adoption and implementation of equity-based treatment options using precision diagnostics. In addition to continuing its work to implement WHO-endorsed shorter and individualized regimens with new and repurposed drugs, KNCV will work to optimize these regimens, based on accurate drug-susceptibility results with existing molecular diagnostics (GeneXpert and 2nd Line LPA) and next generation targeted sequencing (NGS). To achieve this KNCV will:

- Develop and/or update programmatic and clinical guidance documents and tools to support a strategic and coordinated adoption and implementation of ND&Rs.
- Support in-country human resource development through training and provision of training tools, including a generic training package for “New Drugs and Shorter Treatment Regimens” that consists of a generic curriculum, including exercises and evaluation forms.
- Develop and implement a “progress dashboard” to track introduction and scale-up of PMDT with its

multiple components, including delivery of treatment with ND&R. The dashboard will ensure the quality and consistency of data provided by countries. Importantly, it will facilitate the identification of achievement, gaps and weaknesses within and across countries, and guide targeted technical assistance and supervision.

- Strengthen pharmacovigilance / active drug safety monitoring and management systems, including national (or regional) technical working groups (TWGs), through the development of guidance documents and tools (national aDSM guidelines, SOPs and recording and reporting forms), training, patient data review and supervision/mentoring. Facilitate linkages with global reporting platforms (e.g. WHO) to monitor adverse events among patients on ND&Rs.
- Guide procurement and supply management of ND&Rs, including estimation and quantifications, integrated information systems and training.
- Assess and introduce scalable and affordable digital technologies that enhance patient treatment adherence (e.g. Medication Event Reminder Monitors-MERM, 99DOTS, SMS, Video Observed Therapy-VOT)) and other solutions (financial incentives).
- Strengthen ambulatory care for patients with DR-TB through patient care and support networks (case manager, treatment supporters) and web-based data management systems.
- Influence policy through active participation in global, technical committees that include the DR-TB Scale-Up Treatment Action Team (DR-STAT), Global Drug-resistant Initiative (GDI), Green Light Committees (GLCs), Global Laboratory Initiative (GLI), and Global Drug Initiative's Triage Task Force, and Global Task Force on Digital Health for TB.

Key Result Area 4: Overcoming barriers for special patient groups

Attention will continue to be given to support NTPs in addressing the needs of special patient groups/ key affected populations (e.g. urban poor, migrants, children, elderly, miners, prisoners, PWUD/PWID, PLHIV etc.), focusing on overcoming perceived and actual access barriers. Activities under this work area are to be primarily incorporated into the FTMP initiative as described elsewhere.

FOCUS AREA 2: EVIDENCE

Strategic Objective 2:
To generate a solid evidence base for existing and new tools and interventions.

Approach:
KNCV will strive to continue relevant TB research as evidenced by impact on policy, research output and successful collaborations in four key Results Areas:

1) Implementation research: evidence for scale-up
2) Operational research: local solutions to local challenges
3) Population epidemiology: surveys and surveillance
4) Research capacity building: increase capacity in the above three research areas

KNCV will continue to generate the necessary evidence base for policy change and development and for programmatic implementation strategies. This will be achieved through focused and prioritized implementation of quality research in the above key result areas. We will continue building on KNCV's long tradition of linking research to technical assistance and program implementation, as well as its widely recognized experience in all regions of the world.

Key Result Area 1: Implementation research, evidence for scale-up

KNCV's implementation research aims at translating innovations in TB control interventions into policy and practice through gathering of evidence about their performance at programmatic scale. Such "evidence for scale-up" is needed by governments, donors and other policy makers to take decisions about the rollout of these particular interventions. We take great care to conduct 'pragmatic' studies in a scientifically robust manner while ensuring that these interventions are tested in realistic conditions beyond the usual tightly controlled research settings. Besides viability, we also assess cost-effectiveness, acceptability and feasibility to justify scale up in low resource settings.
Within the scope of "Challenge TB" we will continue the following multi-year implementation research projects in 2018:

- Prevention of TB. In a multi-country, multi-year pragmatic trial among HIV-infected persons led by the Aurum Institute with KNCV taking on the role of Sponsor, we will compare the effect of different treatment regimens on treatment completion and TB incidence. The main objectives are:
  1) to compare treatment completion of taking 12 weekly doses of rifapentine and isoniazid (3HP) to taking six months of daily isoniazid (6H) and
  2) to compare effectiveness of a single round of 3HP to two annual rounds of 3HP.

  The study is taking place in South Africa, Mozambique and Ethiopia. In South Africa enrollment was initiated in September 2016, the other two countries could start enrollment early summer 2017 (June for Ethiopia and July for Mozambique).) Participants receiving 6H will be followed for 12 months and participants receiving 3HP will be followed for 24 months for development of TB and other endpoints such as completion of preventive treatment, major side effects leading to prematurely stopping preventive treatment, and mortality. We will seek synergy with this project with the recently awarded UNITAID proposal on the scale-up of 3HP.

- Testing novel packages of diagnostics for case finding. In 2017, we prepared for introduction of diagnostic screening and diagnostic algorithms in several countries, using a combination of older and newer tools, including mobile digital chest X-ray with automated reading systems (CAD4TB), Xpert MTB/Rif and the second-line Hain test (GenoType MTBDRsl), and for evaluation of the efficacy and cost-effectiveness of these methods in relation to and in association with other approaches. In 2018, both the Ultra test for the GeneXpert system and the portable GeneXpert system OMNI will become available. In 2018, several projects will be operational:

  o In Ghana, KNCV will support the NTP to assess the impact of implementation of digital X-ray with CAD4TB in 48 district hospitals on TB case finding, and evaluate the use of digital X-ray with CAD4TB is cost-effective for triaging patients for GeneXpert testing or where best to place X-ray with CAD4TB in the TB diagnostic algorithm. Besides evaluating the impact and cost-effectiveness, different operational research questions around the implementation of digital X-ray will be answered.
  o In 2017 KNCV was awarded an EDCTP grant as part of a consortium with London School, ZAMBART, HST and others to measure the TB outcomes of the ongoing HPTN071/POPART trial. This is a two-country cluster randomized trial of combination HIV and TB prevention intervention being delivered in 21 communities in Zambia and South Africa. The TREATS study consists of 3 distinct measures of the burden of TB; incidence of TB infection measured in a cohort of adolescents and young adults, prevalence of active TB disease measured in a prevalence survey of individuals aged 15 years and older and an analysis of routinely collected data including TB notification data for the same communities. Nested within the study are qualitative and economic data collection and evaluation of newer diagnostic tools for TB. KNCV will

provide technical support to conduct prevalence surveys in all 14 study communities in both Zambia and South Africa, starting in July 2018, targeting a total of 56,000 people.

- In Ogun and Nasarawa states of Nigeria, we will continue to assess the yield in TB case finding, employing mobile testing vehicles targeting high-risk, male dominated industries, high volume health care settings, prisons and ART centers. The trucks are equipped with digital chest X-ray, automated chest X-ray reading software (CAD4TB), and 4-module Xpert machines.
- In Malawi, we will assess the usefulness of implementing CAD4TB as part of enhanced case finding activities (in outpatient departments and ART clinics) and ACF activities in the community. The project will include determining the optimal CAD4TB threshold for triaging and screening. This will enable the country to use CAD4TB how it is intended to be used. The project will also evaluate whether CAD4TB can be a useful tool when it is used for recurrent screening.
- In Indonesia, KNCV will assess intensified TB case finding strategies using novel algorithms among community health center attendants. Phase I of the study, assessing the costs per additional case detected when actively screening all primary health clinic clients with X-ray and Xpert MTB/Rif for different client groups, has just been started in August 2017. Based on the outcomes of this phase, in phase II, a cluster-randomized study will be carried out to assess the health system costs and feasibility of client screening when used in routine practice.
- In Nepal, we will test the cost-effectiveness of ACF in remote areas employing conventional sputum smear microscopy or Xpert MTB/Rif-based algorithms in the EU Horizon 2020 funded IMPACT TB project. Data collection is expected to start in the early autumn of 2017. In the same project, in Vietnam, the costs and effectiveness of implementation of ACF by salaried health workers versus volunteers will be compared.
- In Ethiopia, as part of the childhood TB roadmap, the government is rolling out integration of TB services in Integrated Management of Neonatal and Childhood Illnesses (IMNCI) . Its feasibility and effects are being evaluated through a stepped-wedge study during the first phase of its roll-out. The results of this study will be analyzed to help decide the way forward in 2018. In close collaboration with the Ethiopian Public Health Institute KNCV is exploring the use of stool for diagnosing TB in children.

- Active drug safety monitoring and management (aDSM). Within the scope of the programmatic implementation of new drugs and shorter regimen for DR-TB treatment (ND/R Initiative), we have established aDSM including linkage with pharmacovigilance authorities. Indonesia, Vietnam, Kyrgyzstan, Tajikistan and Ukraine initiated patients on treatment with bedaquiline and all countries also initiated shorter regimen in 2017. In 2017, regular analyses on safety and efficacy have been initiated. In 2018, KNCV will support analyses to further improve programmatic implementation of DR-TB treatment. In addition, we will leverage our expertise built in recent years to expand aDSM systems in the African context, once awarded an EDCTP grant on pharmacovigilance. Through that grant, we would aim to improve the readiness of sub-Saharan Africa (SSA) health systems to effectively deliver new medical products and to monitor their post-market safety.

Key Result Area 2: Operational research, local solutions to local challenges

Operational research is intended to provide locally relevant solutions to locally defined problems (and may yield results that are useful in similar settings elsewhere), with priorities that are generally locally defined. This classical notion of operational research in TB control is, for KNCV's purposes, distinguished from implementation research by its non-intervention nature.

In 2018, KNCV continues to assist countries to generate more evidence on how to prevent, diagnose and treat TB, addressing local conditions, and further, to evaluate the role of stigma, gender, and structural barriers to access and utilization. Ongoing OR projects include:

- Assessing under-notification. In Lagos State in Nigeria, an inventory study is being conducted to measure the scope and magnitude of under-notification of TB cases.
- An Indonesian organization of former MDR-TB patients will lead a MDR-TB stigma intervention to reduce self-stigma and empower patients to take greater control of their health and welfare.
- KNCV will partner with St. Peter's hospital in Addis Ababa, Ethiopia to develop and validate KNCV's MDR-TB stigma scale for health care workers and patients.
- In Vietnam, KNCV will partner with the Woolcock institute of Medical Research in Sydney to validate KNCV's MDR-TB stigma scale for patients and compare MDR-TB vs DS-TB stigma.
- KNCV will train country-level CTB partners and activists to measure TB stigma in Ukraine, Kyrgyzstan, Zambia, and Bangladesh (MSH). Bangladesh, Zimbabwe, and Kyrgyzstan are all incorporating TB stigma baseline measures into CTB year 4PA4 work plans, and evidence team members will support them to follow the new measurement manual guidelines developed as part of the CTB stigma core project.
- Following KNCV's participation in the National Institutes of Health (NIH) "Science of Stigma Reduction" meeting in 2017, KNCV will compete for scientific grants for Implementation research. We will seek funding to pilot the four stigma reduction Intervention packages developed in 2017(self-stigma, community, structural, health institutions), in countries TBD.
- Determine more sensitive and specific screening and diagnostic algorithms for finding all TB patients, including drug-resistant, HIV-infected, and pediatric cases. Concerning DR-TB, for example in Ethiopia, KNCV continues to support the evaluation of an alternative strategy to enhance DR-TB case detection whereby Xpert MTB/Rif testing will be done for all presumptive TB cases in the urban regions (Addis Ababa, Dire Dawa and Harari).
- Evaluation of the cost and cost-effectiveness of different models of care for DR-TB patients. In Nigeria 3 different models of care are utilized, with different modes of hospitalization (8 months, 4 months or no hospitalization). In 2016-2017 data was collected on the cost and effectiveness of each of these models, which has been analyzed in 2017 and will be published in 2018.

Newly planned OR studies for 2018 include:

- Identifying barriers to timely definitive diagnosis and treatment initiation after DR-TB suspicion in Tanzania with the aim to increase the proportion of dianosed DR-TB patients that timely start treatment and reducing the delay of DR-TB treatment initiation after diagnosis;
- Assessment of the feasibility of hospitalized versus ambulatory DR-TB treatment care in Tanzania, what are challenges for each model according to patients and health care workers' perspectives. KNCV is working with graduate level medical and public health students to complete these two projects in Tanzania while also building in-country research capacity.
- Analyzing the cough-to-cure cascade in Tajikistan, using data available from district(s) where new drugs and regimens are being piloted.

Key Result Area 3: Population epidemiology, surveys and surveillance

Over the years, KNCV has built a wealth of expertise in surveys and surveillance to measure the extent and course of the TB epidemic at the population level in a variety of settings. This includes technical assistance to develop and improve surveillance systems, to utilize surveillance data as well as to design, conduct and analyze TB prevalence and incidence surveys, surveys of LTBI in children/adolescents and drug resistance surveys. In 2018 KNCV will:

- Continue assisting countries in gathering and analyzing epidemiologic data at national and sub-national levels, and to translate findings into policy and practice (epidemiological assessments & surveillance system reviews).
- Continue to support Mozambique, Swaziland, Vietnam, and Botswana with prevalence surveys planned to start in the latter half of 2017 that will also test new screening and diagnostic approaches including mobile technologies. Botswana will be the first country to conduct a combined national TB and HIV survey. Mozambique will be the first country to use mobile Xpert and CAD4TB as part of the screening algorithm.
- We expect to support two drug resistance surveys in 2018, in Ethiopia and Malawi.
- After a review of ACF activities in 2017, 2018 will establish an evidence base on effectiveness and cost-effectiveness of ACF activities in Myanmar.
- Continue collaboration with the LSHTM to improve the TIME Model and gathering data to populate the TIME model for country specific use in Ethiopia and potentially other countries.

Key Result Area 4: Research capacity building

In 2018, KNCV will continue to invest in expertise and build scientific collaborations. Not a research institute as such, KNCV takes a pragmatic view to balance in-house expertise against involving outside expertise through collaborations that maximize efficiencies of each respective partner. This year, KNCV aims to:

- Build capacity through training and research. Specifically, through the training of NTP staff, staff of collaborating organizations and local academic groups in research methods, data collection and analysis, and in manuscript writing. In 2018, we expect to continue to support three PhD candidates; in China, Swaziland and the Netherlands.
- Support national OR bodies and related research agendas. In Ethiopia, KNCV will continue to support the Tuberculosis Research Advisory Committee (TRAC) to enhance OR capacity in the country. Technical and financial support will also be provided to the annual TRAC conference where young researchers are encouraged to present their OR studies. In 2017 KNCV/CTB continued its OR capacity building activities in Ethiopia by providing backstop to the KNCV country office to support implementation of different operational research studies. This ranged from evaluation of the postal service for sputum transportation to mapping of MDR-TB cases in Addis Ababa to investigate clustering. All steps of a research project from design, to data collection and analysis, as well as the write up of results are being supported.
- Share TB knowledge and experiences. This work will continue on several levels through 'KNCV lunch meetings', publications and presentations at international fora.

FOCUS AREA 3: HEALTH SYSTEMS AND KEY POPULATIONS

Strategic Objective 3:

Bolster the governance and management capacity of the National TB Programs (NTPs) to ensure robust, responsive and inclusive national TB programs

Approach:

Effective TB control at country level requires strong technical and managerial leadership to ensure sound strategies, responsible resource management, adequate response to opportunities and capacity to overcome challenges. We promote a holistic, joint approach involving all public and private stakeholders, ensuring optimal use of resources with each constituency contributing to a unified, comprehensive national TB control strategy and plan. Working across teams, KNCV will reach the above strategic objective 3 through delivering comprehensive country specific technical assistance packages in the following 5 key areas:

1) Strategic governance, policy development and operational planning
2) Sustainable finance and affordable services for all
3) Enhanced performance across sectors and leveraging health resources of countries, including community systems strengthening and engagement and private sector engagement
4) Interoperable surveillance & monitoring systems
5) Optimizing TB care to groups under-served by current systems

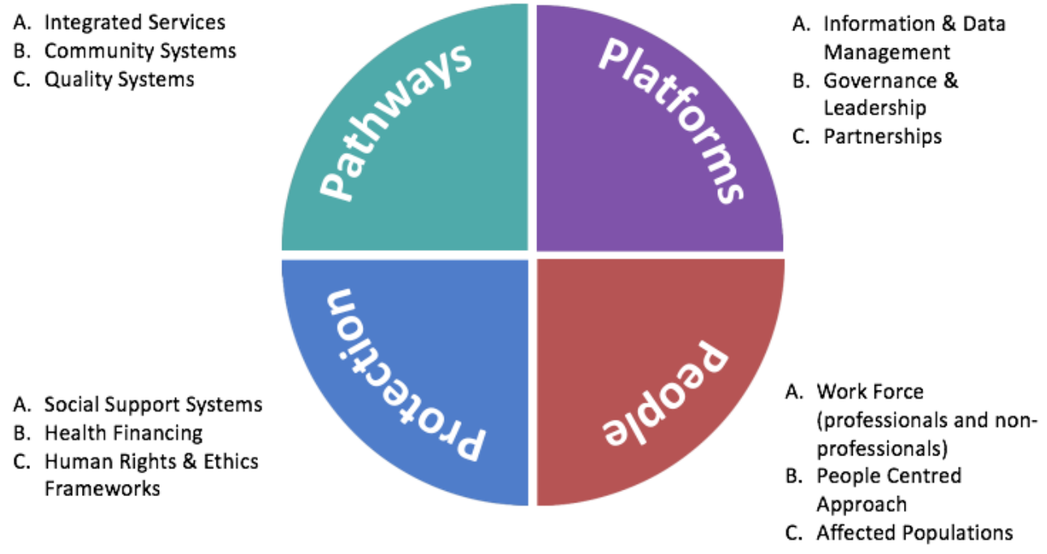


Figure 1: Building blocks for People Centered, Resilient, Sustainable Systems for Health

KNCV aims to build People Centered, Resilient, Sustainable Systems for Health using the four building blocks ('Pathways', 'Platforms', 'People' and 'Protection') as shown above in figure 1.

Key Result Area 1: Strategic governance, policy development, and operational planning

In 2017, a new GF funding cycle started, encouraging countries to review, revise, or develop new National TB Strategic Plans (NSPs). In preparation for this process, many countries conducted program reviews, epi assessments and various other situation analysis exercises. KNCV continues to support NTPs in these processes, as well as the development and implementation of their NSPs based on a thorough gap and situation analysis and through prioritized and costed action plans. KNCV also continues to improve the planning processes by developing and fine tuning existing planning and assessment tools with a focus on improved priority setting, alignment of NSPs with the Global End TB strategy, and by providing training and mentoring to key NTP and local partners.

Strategic and operational planning occurs at global and national levels. In 2018 at the global level, KNCV will:

- Continue to advise the GF secretariat and participate in the policy dialogue through the NGO Northern Constituency where KNCV is represented by the Executive Office; and assist in the safeguarding and optimization of Global Fund portfolio implementation through participation in the Global Fund Audit and Finance Committee[1], of which the KNCV member is currently the Co-Chair
- Participate and contribute to other relevant global fora (WHO, STP, TB Situation Room, STAG). At the international level, KNCV will strengthen its role as TB advocate through intensified advocacy, communication of compelling data/ results and active participation in relevant global fora
- Continue to participate in global policy and guideline development working groups – highlighting the need for patient centered approaches, involvement of affected populations, ethics and human rights issues

At national level, KNCV will:

- Ensure that planning through all KNCV programs and projects are aligned and complimentary with the countries' NSPs and the global End TB strategy
- Assist countries to fulfill basic NFM requirements such as national program reviews, situation & gap analyses and NSP development, etc. before developing a Global Fund Funding Request
- Support all KNCV - countries in development and adjustment of national screening policies and regulations, based upon data-driven risk group prioritization and rational algorithm selection.
- Assist countries to enhance national management and service delivery capacities. This will include support to HRD planning and implementation through review and revision of human resource capacity and organizational structures, (in-service) training curricula and the organization and provision of training in collaboration with local/ regional training centers. Furthermore, we will assist in curriculum development for pre-service training, collaborating with professional associations to update continuing medical education programs (CME) and advise HR departments of Ministries of Health on TB related accreditation and training certification schemes. These approaches are especially relevant as countries move toward better integration of TB/HIV service provision.
- Develop and test related e-health and m-health solutions in target countries that address communication and information feedback gaps. Improved transfer of data/information should result in more rapid diagnostic test results and treatment initiation/adaption. These platforms can also be used to facilitate information flow from facilities to communities and back.

At subnational level, KNCV will:

- Assist in participatory provincial, zonal, regional, district work planning
- Provide support to further integration of TB services at facility levels
- Improve quality of TB services
- Strengthen general systems such as supportive supervision and regular reviews
- Enhance the quality of data collection and analysis and utilization of routine program data
- Enhance local ownership, governance and resource provision (inclusion of TB into local government budgets)

Key Results Area 2: Sustainable finance and affordable services

Many low and middle-income countries depend on international funding for basic and/or advanced TB control initiatives. The new global (WHO) strategic goals will require increased long-term international and national investments, especially for the development and operationalizing of initiatives associated with the introduction of new tools. KNCV will support countries to access domestic and international funding sources. KNCV Central Office will work in tandem with country office staff and partners to ensure multidisciplinary approaches to in-country resource mobilization, assistance to National TB Program management and, where applicable, local government/health authorities, with the development of prioritized budgeted national and sub-national annual work plans. In countries with a KNCV office, we will guide and assist in the coordination of processes for optimal planning and utilization of available resources (especially but not limited to resources from key donors: Global Fund, PEPFAR, USAID, and DGIS).

In 2018, KNCV will:

- Assist countries to assess the comparative return on investment from GeneXpert Ultra, digital chest X-ray (CXR), CAD4TB and other mobile services versus business as usual in Mozambique, Nigeria, Malawi. In collaboration with the LSHTM and others, explore the feasibility to develop long-term (20 years) costing and financing models that include phasing out scenarios for external funding (Indonesia & Vietnam).
- Explore approaches that combine national push (regulatory) and pull (financing) mechanisms to improve access/care. Expanding health systems financing opportunities (such as Universal Health Care, national insurance schemes, performance based financing) linked to facility accreditation and GP certification are opening novel avenues for engaging hospitals and the private sector in a growing number of countries. Indonesia, for example, represents a unique opportunity given the expanding reach of its national health insurance scheme (JKN) for public health facilities and GPs. In the Philippines, the DGIS funded "Improving TB and TB/HIV prevention & care - Building models for the future" project will support KNCV/HIVOS/NTP partnership to implement an innovative program, which aims to increase private sector provider engagement in TB control activities in high endemic urban areas through the national insurance program's reimbursement initiative. In Nigeria, the same project under KNCV/PharmAccess partnership will explore ways of linking health insurance provider reimbursements to its quality improvement and assurance system. In the metropole of Lagos state, Nigeria, the developed quality improvement system for TB/HIV services in the engaged private sector will be used in accrediting facilities for empanelment in the Lagos State Health Insurance scheme (LSHIS). The local organization(s) selected to prepare the facilities for their quality improvement plan for accreditation will be trained on the use of the quality improvement model.

Key results Area 3: Enhanced performance across sectors and leveraging health resources of countries, including community systems strengthening /engagement and public-private partnerships

Many countries, including those with originally strong public TB services, are confronted by a service delivery shift from public to private sector throughout all levels of society, including the poor. KNCV recognizes this reality as an opportunity and will continue to support processes that strengthen referral and quality assurance mechanisms for private sector providers. Simultaneously, KNCV will initiate and guide National TB Control Programs to operate more outside the usual boundaries of the Ministry of Health by supporting them to strengthen their advocacy capacity within the MoH and towards other government sectors. NTPs are encouraged to establish formal partnerships with prisons and mining companies to promote early case-finding, infection control measures and LTBI treatment, and establish TB services as near as possible to the affected population. KNCV will continue to spark these collaborations. This multi-sectorial approach is crucial for reaching vulnerable groups, enabling the uptake of new tools, ensuring sufficient staffing levels and facilitating public-public and public-private collaboration.

[1] The AFC's role is to ensure optimal performance of the corporate and financial operations of the Global Fund. It: Provides oversight of the financial management of the Global Fund's resources; Provides oversight of the internal and external audit functions; Oversees the investigation functions of the Global Fund

In 2018, KNCV will:

- Continue to catalyze transparent and formal collaboration among various government Ministries to ensure that TB services reach those at-risk and in-need.
- With DGIS funding in Nigeria, Kazakhstan and the Philippines, KNCV will use existing frameworks of patient centered care to expand service delivery models to private providers. The aim is to increase affordable access to quality TB screening, diagnosis and care by incentivizing adherence to national (and professional) standards established by domestic programs. Linkages with civil society organizations will serve to push demand for access/care by increasing awareness of TB, promoting early health seeking behavior and providing support to patients and families once diagnosed and treatment is initiated. These efforts will be complementary to other private sector engagement efforts already established under CTB and the potential USAID PCC and Innovations & Health System strengthening grants in the pipeline.
- Continue to support the development of quality and patient centered TB/HIV services in the non-public sector in Lagos, Nigeria through the use of quality improvement integrated tools (ISTC and SafeCare). The aim is to ensure quality of service provision at the lowest level of implementation i.e. participating private (non-public) healthcare facilities and stimulate increased case finding and increasing access to services.
- The FTMP initiative, for which both the strategy and operational guide were developed in 2017, will include stepwise approaches to increase private sector and community engagement in rural and urban district settings. The framework for urban TB control will be further implemented. Examples of urban TB planning implemented in KNCV led countries are Indonesia, Nigeria and Ethiopia, and evidence of their successful implementation will become available during 2018.

Key Results Area 4: Interoperable Monitoring and Surveillance Systems

High quality data in accessible formats facilitate effective management of TB programs and patient services across all providers. Demand for integrated financial, commodity and program performance data from an array of stakeholders is growing. Ensuring that the data systems of CBOs, NGOs and private providers provide the essential information that national programs need is a growing challenge and opportunity. The tools to render the information are evolving rapidly. Under its Digital Health initiative, KNCV is looking to address these challenges of integration, interoperability and compatibility of data systems. We advocate the use of affordable, flexible open source software and open standards and the use of a countrywide personal unique identification numbers.

KNCV already supports TB surveillance and data systems, as well as, rational data management and utilization for decision making, where it is involved. Surveillance activities focus mainly on the transition from paper-based registration systems that aggregate TB information as it moves up the management chain to case-based electronic recording and reporting systems. Long-term support is focused on country-ownership and in-country capacity building to ensure sustainability and adaptability to changing information demands.

In 2018, KNCV will:

- Initiate support to new countries (e.g. Philippines) and continue surveillance support in others (e.g. Vietnam, Burma, Malawi and Swaziland).
- Provide technical assistance to countries seeking to move from a paper based system to interoperable case-based and/or electronic systems (e.g. Mozambique, Indonesia, Malawi, Zambia and Swaziland). Ensure higher quality data collection aligned with appropriate M&E systems through design, introduction, monitoring, supervision and better integration of these systems (e.g. Vietnam, Malawi, Indonesia, Swaziland).
- Continue support for strengthening of comprehensive R&R systems that link laboratory, drug stores, treatment sites, and community interventions.
- Continue support for the development and integration of appropriate recording and reporting systems for LTBI interventions, especially for children and PLHIV.
- Ensure integration into and/or exchange with other national disease M&E systems, specifically opportunities to link TB and HIV reporting systems for better patient and program management.
- Under the Digital Health Initiative, promote comprehensive digital systems & data management/ utilization assessments using tools developed in 2016 and 2017 and assist countries in developing adequate surveillance and data management strategies and capacities for TB control.

Key Result Area 5: Optimizing TB care to groups under-served by current systems

There are several populations at risk for TB whereby their environment constitutes a higher risk of exposure such as in congregate and health care settings; whose risk is increased due to co-morbidities (PLHIV, diabetes, silicosis and smoking), or due to extremes of age (young children and the elderly). Many populations at-risk for TB are also present within institutions that are unaware or ill-equipped to address TB. These include groups for whom geographical access is not the barrier, but rather a systems weakness (e.g. verticality, lack of coordination). While there is overlap with Focus Area 1 (Access. Key Result Area 4: Overcoming barriers for special patient groups), the approaches employed here are directed to broader systems (even beyond health) within and outside countries at regional levels and across unique ecosystems.

KNCV has developed a Find and Treat all Missing Persons with TB (FTMP) strategy and operational guide that defines a practical district level approach to find, report, and treat people with TB who are at risk of acquiring TB and who are missed by formal and informal health systems. Figure 2 shows the FTMP Framework. The initiative provides a stepwise approach with tools and guidance to assess the situation (Who is missing? Why are they missing? Where are they/ where and how

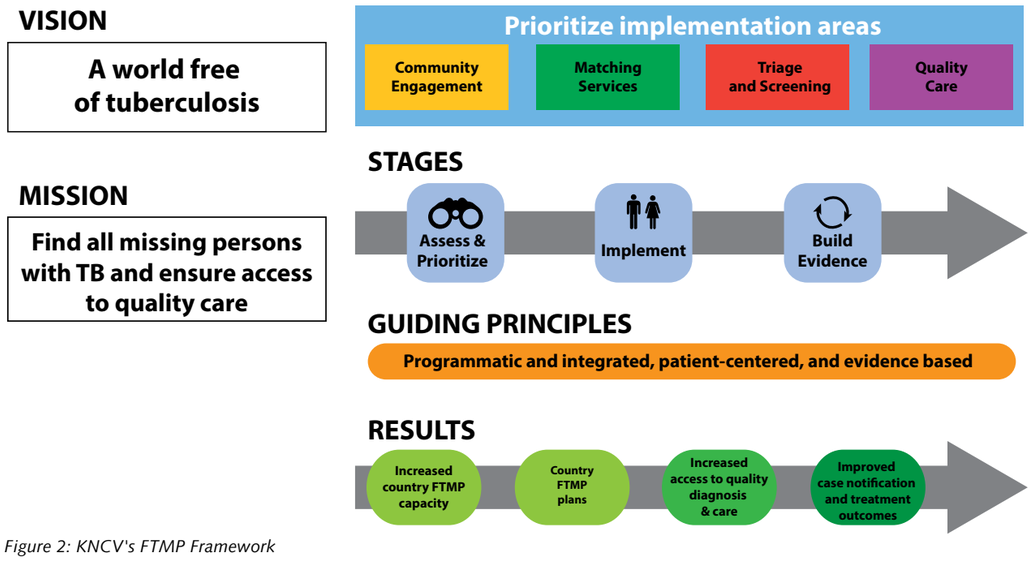


Figure 2: KNCV's FTMP Framework

can they be reached?); It helps to develop tailored innovative approaches to mitigate the situation (How can we reach them/ ensure access and adequate care for them?); and build evidence to evaluate and optimize interventions for advocacy and scale up. The FTMP initiative relates to and is considered the first step in the pathway or the "right diagnosis – right treatment" approach described above.

In 2018, KNCV will explore and support efforts under key result area 5 through:

- Ecosystems approaches: With continued large population migration to cities and TB prevalence surveys that confirm high rates of TB in these settings, it is essential to evolve our approaches to TB control. KNCV will continue its work with partners in Indonesia, Nigeria, Malawi and Ethiopia to develop and implement a framework for Urban TB control in selected cities to focus on improving access in particular for men and other at–risk populations that comprise the urban poor.
- National self-assessment approaches: Using the KNCV Childhood TB Benchmarking Tool, KNCV will continue broad based work to expand national self-assessments linked to action plan development, as was tested in 2016 in Vietnam, Bangladesh and Malawi and further refined in Nepal in 2017. KNCV will seek to build on the progress made with the Childhood TB Benchmarking Tool and forge partnerships with relevant partners to create an appropriate response package.
- TB screening, diagnosis and care activities targeting vulnerable populations such as children.
- Using the 2017 KNCV Key Populations white paper and recently developed FTMP Initiative (co-led with the Evidence Team), we will assist select countries to address the needs of relevant key populations by assessing their situation, adapting and adopting tools to promote access and affordability of TB services and identify social protection, stigma and legal barriers. This work will mandate further engagement with community-based partners and affected communities to develop effective strategies, tailor the service delivery model, design acceptable interventions and create a monitoring & evaluation framework that builds the evidence base for reaching such populations. The comprehensive FTMP Initiative will be closely aligned with similar efforts of the WHO, STP and GF that prioritize finding all missing persons with TB.

THE NETHERLANDS & ELIMINATION

The activities of the Netherlands & Elimination team are focused on activities to support Dutch TB control and contribute to the goals set in the national strategic plan for 2016-2020. In addition, the team aims to share experiences in TB control in the NL to the benefit of TB programs in other countries, through research, training and participation in WHO-sponsored task forces relevant to TB elimination.

For 2018, a central cross-cutting goal in all areas will be development and implementation of digital and eHealth

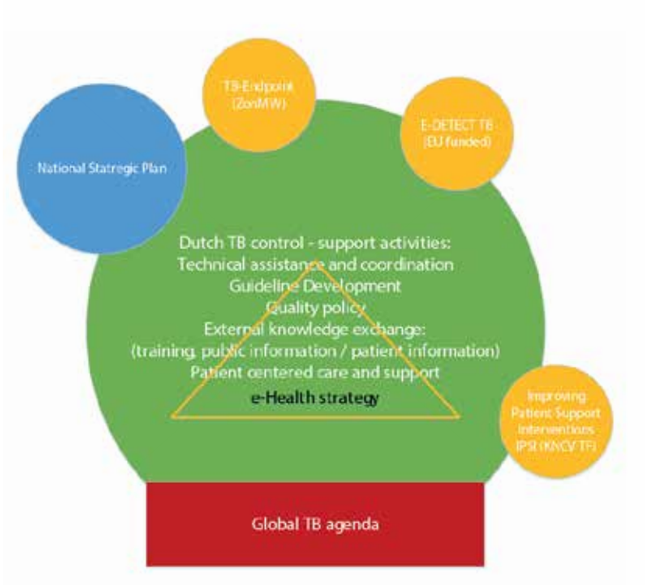


Figure 3: Activities of The Netherlands & Elimination program

methods and approaches following the KNCV Digital Health Strategy. In the Netherlands, the focus areas for eHealth are: program management, surveillance and monitoring, patient care and information, communication and education. KNCV aims to take the lead in the last 2 areas. For this purpose, the team will develop an eHealth strategy with national partners, undertake a landscape assessment and create public repository depository of existing and available eHealth tools and strategies. In addition, the team aims to build capacity in the use and development of eHealth methods through (national) meetings and training. Furthermore, the team will contribute to updating and strengthening of the professional content on the KNCV website and update TBC-online.

Focus Area 1: Support access to quality health and TB care

KNCV Team Netherlands and Elimination contributes to improved access to quality TB care through the following activities:

1. **Policy and guideline development**
   KNCV organizes and facilitates the Committee for Practical TB Control (CPT). The CPT is a multi-disciplinary meeting of medical professionals and other stakeholders involved in Dutch TB Control, taking place 4 times a year. The CPT develops and endorses national guidelines and policies with the aim of comprehensive and consistent of TB control efforts in the Netherlands.

2. **Access to updated professional guidelines and public information**
   KNCV disseminates and publishes new and updated guidelines and policies on the professional website and the journal 'Tegen de Tuberculose'. The national guidelines are summarized in the Manual on TB control ('Handboek Tuberculose') which is updated every year. In addition, KNCV provides patients, TB departments of Municipal Public Health Services (GGDs) and other organizations involved in TB control with context and language-specific information materials in hard copy and through the public website.

3. **Patient centered care and support activities**
   TB typically affects people who have a poor socio-economic background. KNCV provides financial and material support through the 'Fonds Bijzondere Noden' (FBN) to address and prevent catastrophic costs for patients and their families in need.
   KNCV will continue to support a patient platform providing peer support through a closed Facebook account. (Former) patients are also contributing to operational research and training and advocacy activities. KNCV will maintain relations with national organizations involved in care for TB risk groups (e.g. Lampion).

Focus Area 2: Generate solid evidence base in the Netherlands

KNCV Team Netherlands and Elimination contributes to generating evidence for the 'Dutch TB Research Agenda for 2016-2020' through network building, initiating and performing externally funded operational research projects (ENDTB Point, iPSI), monitoring and evalution of TB control interventions and other collaborative research with national and international partners (e.g. E-DETECT TB). Team members contribute actively to national and international scientific meetings through participation in scientific committees, sharing knowedge/experience in conferences and courses and publishing in peer-reviewed journals. In addition, KNCV supports individual researchers and other professionals in the Netherlands (e.g. GGD professionals, students) in various ways.

1. **ZonMw TB ENDPoint**
   In 2018 the first phase of this comprehensive implementation research project program supported by the Dutch government (ZonMw) to optimize TB prevention among high risk migrants

will be finished. The focus in the second phase of the project is to analyze and publish the results of the 3 pilots, use these data for a cost-effectiveness analysis of potential screening scenarios and write a business case to guide the decision makers in the optimal choice for future policies.

2. **Improving Patient Support Interventions (iPSI)**
   In 2018 the analysis of the results of this qualitative research project into the perceived effectiveness of nursing support interventions for TB/LTBI patients in the Netherlands will be completed and described in a full report. The project is financed through KNCV earmarked reserves. Based on findings, the Executive Committee will decide if the project is to be continued with an intervention study implementing the results and recommendations.
3. **E-DETECT TB**
   In 2018 activities for this collaborative project to strengthen early detection and integrated management of tuberculosis in high risk groups in Europe will continue as planned. The project is funded by the European Commission (EC) and will run from May 2016 – May 2019. KNCV is leading work package 4 'Outreach for early diagnosis and treatment among risk groups for tuberculosis in Romania and Bulgaria' and contributes to work packages 6 'Establishing a database of latent and active TB among high risk migrant groups in Europe countries' and WP 7 'Supporting national TB programmes to develop action plans and national TB control strategies'.

Focus Area 3: Support health systems in the Netherlands

I. **Coordination and Technical Advice**
   KNCV Team the Netherlands & Elimination supports TB control efforts through planned and ad hoc technical advice to individual professionals and organizations.
   - KNCV's Team the Netherlands & Elimination works closely with the RIVM-CIb (Centre for Infectious Disease Control) to coordinate and support TB control activities in the Netherlands and support the implementation of the National TB Control Plan (NTCP) 2016-2020.
   - KNCV will continue to collaborate with GGD GHOR Nederland and other organizations on national TB control issues, such as the organization and evaluation of screening programs of immigrants, asylum seekers and prisoners.
   - KNCV will continue to collaborate with professional organisations to strengthen clinical management of patients with TB and LTBI through training of clinical TB coordinators, facilitating a multidisciplinary TB-HIV collaborative platform. In 2018, KNCV will support the development of clinical audits in TB mortality cases and initiate research into risk factors and treatment outcomes of TB meningitis.
   - In close collaboration with the national reference laboratory at RIVM and the GGDs, KNCV will continue to monitor and study TB transmission and the effectiveness of screening interventions through DNA fingerprint cluster surveillance and whole genome sequencing.

II. **Quality policy (regional reviews; monitoring and evaluation of screening risk groups)**
   KNCV contributes to maintaining and enhancing the quality of TB control management in two ways. KNCV facilitates the plenary review committee ('plenaire visitatiecommissie') responsible for periodic professional review of TB control management on a regional level. KNCV also monitors and evaluates the screening policy of risk groups in the NL though annual updates of the TB surveillance report published by RIVM and evaluation reports covering 5-year periods. In addition, KNCV provides technical (epidemiological) support to GGD GHOR Nederland to evaluate the screening of asylum seekers and prisoners. Major activities in planned for 2018 are the organisation of 2 regional reviews and analysis and report on the results of contact investigation over the period 2011-2015.

III. **Training**
   KNCV supports professional associations to develop curricula and provide continuous education. KNCV also offers specific TB training courses for professionals working in public health TB control departments. In addition, KNCV participates in TB courses organized by others through membership of educational committees, as well as ad hoc lectures and presentations at universities and other educational institutions. Furthermore, KNCV is co-organizer of the annual European Advanced Course on Clinical Tuberculosis.

IV. **The 49th Union World Conference on Lung Health**
   The annual Union World Conference, to be held in The Hague in 2018, offers a unique opportunity for the Dutch field to participate in this important international meeting where new research results and policies in all areas of (international) TB control are shared. Team NL and Elimination will stimulate and actively support Dutch TB-control professionals to actively participate in the Union World Conferece, and present Dutch research and best practices through symposia, poster presentations and other events or means ('Tegen de Tuberculose').

V. **E-Health Action Plan (using KNCV Earmarked Reserves)**
   The eHealth action plan follows the KNCV Digital Health Strategy. Planned activities are focused on providing access, development and implementation in daily practice, including evaluation of the use, added value and application to new and existing e-health tools relevant to TB control in the Netherlands. KNCV will promote the use of e-health and e-learning tools through:
   a. An inventory of national and international available eHealth tools and provide access (web links) on KNCV-professional website
   b. Maintenance and update of KNCV website (professional and public information)
   c. A survey among TB professionals and allied professionals into e-health use and best practices, barriers and enhancing factors, and perceived (unmet) needs in e-health tools
   d. A national action plan to foster the implementation and the transition to e-health methods and tools
   e. Update existing HE folders, guidelines and SOPs into new digital and interactive educational tools
   f. Skills training of eHealth tools in regional meetings & professional training
   g. Survey to evaluate the progress in adoption and implementation of e-health tools and practices

EXPECTED OUTPUTS FOR 2018

- Report on survey of eHealth practices and perceived unmet needs among TB-professionals
- Webpage with information and links to relevant eHealth tools
- Presentation at regional meetings and other professional platforms
- Workshop "Use of eHealth tools" for professionals
- Existing written folders and brochures are translated to eHealth tools / applications
- Update medical professional content KNCV website
- Update of e-learning courses 'patient support' & MDR TB management
- National action plan to promote eHealth activities
- Digital update Handboek TB-bestrijding

3. ORGANIZATIONAL DEVELOPMENTS

OPERATIONS DIVISION

In 2018, the priority areas of the Operations Division will be project management, optimize operational country support, country office strengthening, contribute to project development and organizational management.

A. Project Management

1. **Ensuring the successful management of Challenge TB projects implemented by KNCV;** to continue developing plans and budgets for all KNCV Challenge TB projects, implement and ensure timely and quality technical and financial reporting. Main focus will be to manage the KNCV led countries which all have a KNCV country office. These are Botswana, CAR-Tajikistan, CAR-Kyrgyzstan, East Africa Region, Ethiopia, Indonesia, Malawi, Namibia, Nigeria, Tanzania and Vietnam. For non KNCV led countries all KNCV activities will also continue to be supported by the Operation Division.

2. **Successful management of the project "Improving TB and TB/HIV prevention & care - Building models for the future";** For the DGIS funded project, "Improving TB and TB/HIV prevention & care - Building models for the future", we will continue to manage and support country teams and technical advisors in the sound implementation of activities for Pillar 1 (Improve TB and HIV prevention and care by strengthening engagement of the non-public sector through creation of replicable and sustainable partnership models), Pillar 2 (Improve Global Fund implementation through quality Long Term Technical Assistance) and continue to support the implementation of Pillar 3 (KNCV contributing TB and TB/HIV perspectives to the policy making in the Global Fund Board processes). It is planned to phase out Pillar 2 activities in Nepal and Swaziland in the first half of 2018, as part of the project's exit strategy. The Indonesia component of Pillar 2 will be finalized by the end of 2017. Focus in Year 4 for the three Pillar 1 countries (Kazakhstan, Nigeria and Philippines) will be on cooperation with project partners Hivos, PharmAccess and AFEW International. The focus is the further development and scaling up of the partnership model of each country, on the joint dissemination of project results, on ensuring sustainability of activities and on the further preparation of the exit strategy. Key events for dissemination of project results in 2018 are the International AIDS Conference in Amsterdam and The 49th Union World Conference on Lung Health in The Hague.

3. **Successful management of the Global Portfolio (non-Challenge TB projects);** The Challenge TB project is still our biggest program but the project portfolio of KNCV is diversifying just as the funding sources. We continue to invest in improving on project management to ensure adequate internal monitoring of progress and follow up and timely quality reporting in line with donor requirements. We will extend our knowledge on donor rules and regulations for new funders such as UNITAID and EDCTP.
For monitoring purposes we use a project tracking system and a reporting tracking tool for ongoing monitoring. Since 2016 we started a project balanced score card reported on a quarterly base. Besides project specific meetings, regular meetings between Operations and Technical division specifically on the Global Portfolio are organized. In 2018 we will continue to invest in development and maintenance of up to standard project management tools, for example standard procedures around the closure of a project. We will also invest in improving financial monitoring tools to improve budget monitoring.

4. **Standard procedures and SOP's will be further developed.** In relation to this a KNCV toolkit with all relevant templates for both CTB as well as non-CTB projects will be compiled to facilitate project management in a multi donor environment both at HQ level as well as at Country office level.

B. Optimize Country support & Country office strengthening

We will continue to optimize functioning of multi-disciplinary country teams, looking for the required balance between technical and administrative issues in collaboration with the Technical division. Country teams are to oversee all active projects in country and define overall KNCV Country strategy within the country (project overarching)

We will continue to optimize collaboration with the Challenge TB PMU, including regular meetings to ensure clear communication HQ internal as well as towards the countries and align reporting requests.

We aim at an effective and efficient division of tasks between KNCV Central Office and Country offices, taking into account differences between the countries based on responsibilities and tasks, required and available capacity. For identified capacity building needs for the different country offices, follow up actions will be defined. Priority will be given to the earlier identified KNCV focus countries Nigeria, Ethiopia, Indonesia. We will continue to stimulate local leadership/ownership at Country Directors level.
Support will be provided in further development of local resource mobilization into relevant country offices in collaboration with the Resource mobilization unit.

Procurement: One of the Portfolio Managers is appointed as procurement focal point. For bigger international procurements KNCV currently works with Nederlandse Inkoop Centrale (NIC). In 2018 we will evaluate our collaboration / contract with the NIC, including looking at possible alternative ways to facilitate procurement processes.

KNCV Field Office manual: In 2017 the existing Field Office Manual (version 2015) has been updated and shared with the Country offices (Q4) to ensure the offices are informed on updated existing KNCV policies and guidelines. In 2018 the focus will be on identification of and follow up on additional needs from country offices related to operational management, as well as knowledge sharing between countries aiming at sharing good practice. Country specific manuals will be shared through Sharepoint with all Country Offices.

C. Project Development:

As funding diversification is essential for KNCV we will continue to be actively engaged in developing new proposals, expanding knowledge on rules and regulations of different funders, smart budgeting and further development of standard KNCV formats according to the needs, and ensure that existing tools and formats are well known within the organization.

D. Organizational Management – organization level

Resource planning system and related management information: In 2017 the resource planning system related to registration of budgeted direct project days, and resulting individual work plans has changed significantly in order to ensure that management information is available not only on project level, but also on unit and organizational level. In 2018 we will continue to improve this resource planning system aiming at improving the quality of management information with the focus on managing related information flows, accuracy and further develop standardized reports to meet information needs from different levels (project/unit/organization). For this purpose a workgroup is put in place and we will work in close collaboration with the Finance division and Technical coordinators.

Safety and security management: In collaboration with the HR department the agreed security framework will be further implemented. In 2017 country specific safety and security plans have been developed. In 2018 we will monitor and support actual implementation of agreed country security plans and related SOPs

IT AND FACILITY MANAGEMENT

The focus for IT & Facilities is to ensure there is an up to date, reliable and flexible IT system in the KNCV central office . For 2018, we will concentrate on consolidating the IT environment and the facility services.

SHAREPOINT

In the second half of 2017, a start was made with an online platform based on Sharepoint. This project will continue in 2018. Once this is in place, we will investigate the possibility to replace the current platform used for the ePortal by a platform based on Sharepoint, and to start using Sharepoint as an alternative for the fileserver. Sharepoint offers much more functionalities than the ePortal:

- Collaborating online on documents
- Version control of documents
- Permissions on documents
- Integration with Office applications and the Outlook calendar
- Facilitate work procedures
- Document management system
- Manage your files in Explorer or by using tags

CHOOSE YOUR OWN DEVICE (CYOD)

We will develop and implement a policy on Choose Your Own Device to enable employees more flexibility in the choice of a device or the possibility to use personal devices.

MOBILE DEVICE MANAGEMENT (MDM)

Together with CYOD, MDM will be implemented to control unmanaged devices accessing KNCV IT resources. This also includes rights management on documents and/or Sharepoint sites, enabling KNCV to share information or to collaborate with stakeholders or beneficiaries by managing control of access to this information.

MULTI FACTOR AUTHENTICATION (MFA)

Multi Factor Authentication (MFA) is an extra layer of access security. Currently only one user ID is needed to access information and systems. This may compromise critical systems. By adding a soft token (mobile app), an extra step is needed to verify access. MFA can be integrated within Intune. This extra layer of security is not necessary for all applications, it can for instance be limited to HRM or Finance systems.

DATA PROTECTION REGULATION

We will make sure all procedures with regard to privacy sensitive information are up-to-date and all KNCV Employees work accordingly.

PORT REPLICATORS/DOCKING STATIONS

We will evaluate the performance of the current port replicators, and replace them, if necessary.
Video conferencing system
Implement a video conferencing system in the main conference room.

TELEPHONE SYSTEM

We will optimize the current telephone system with regard to voicemail, phone calls and possibly auto attendance.

GENERAL

The reception function will be improved, possibly by adjusting the physical location. The demands from an expanding organization will be better met and the daily IT issues can be better dealt with.

FACILITIES PROCEDURES

We will implement several procedures from Facilities (e.g. Clear desk policy, visitors, use of meeting rooms, how to report IT issues, etc).

RESOURCE MOBILIZATION AND FUNDRAISING

The year 2018 will accelerate the intensified resource mobilization efforts in general, and the introduction in

2017 of country level resource mobilization in particular. The latter is a strategic choice related to KNCV's ambition to ensure the sustainability of selected country offices in key countries and regions, beyond the Challenge TB project. Obviously, our current CTB country presence offers opportunities to position ourselves for multi-year institutional and in-country fundraising. However, this will require investments to build local fundraising capacity and ensure adequate support from central office level. Local resource mobilization action plans are in place in Ethiopia, Nigeria and Indonesia.

Almost all proposals developed over the course of 2017 were developed at central office level, with input from country offices and technical staff based in target countries (e.g. Philippines). In 2017 we stepped up efforts to identify country-based funding schemes in order to achieve our target for 2020. But a pre-condition for tapping into country-based funding is that there should be sufficient capacity to do so. KNCV made a strategic decision to invest in country capacity in a selected number of countries to raise funds and develop donor and partnership relations on the ground. The action plans per country look different, based on local circumstances, skills and capacity available in country, funding landscapes and network potential. Strong support and involvement from the management at country and central office level is needed to ensure that the fundraising efforts are going to be successful.

Focus on strategic fundraising and sustainability

KNCV is strengthening the coordination and collaboration between Communications and private fundraising, Institutional Fundraising, Advocacy and the Technical Division in order to ensure optimal planning of focus, timelines and messaging and increase visibility and recognition of its expertise in the Netherlands as well as internationally. External positioning is vital for successful applications to high level institutional donors on innovative and multiyear programs.

In line with KNCV's organization strategy, the unit Resource mobilization will focus on strategic fundraising in 2018 in order to achieve its target, which is to increase the number of multiannual (>2 years) by 25% in 2020. This target can only be achieved if it is fully aligned with the priorities of the technical, operations, finance, communication, public affairs and vice versa.

We focus on strategic opportunities that will contribute to the diversification and sustainability of KNCV's funding base provided that they are also in line with the technical priorities and strategic interventions of KNCV. The aim is to have a variety of donors, including USAID, DGIS, Global Fund and UNITAID, that can support KNCV with multiyear contracts.

Also, KNCV will explore options for increasing the core funding base and engagement with major donors, corporate foundations and private foundations. This effort is strongly connected to the enhanced attention for TB and its investment case in the course of 2018 as both the Union 2018 in The Hague and the UN General Assembly special session in New York will place emphasis on the importance of combatting MDR-TB in the AMR agenda. The Union 2018 is an unprecedented opportunity to show all stakeholders the strong technical capacity and innovation force of KNCV.

Retain, Revive and Develop

To achieve our resource mobilization target mentioned above, the approach will be to retain, revive and develop relations with donors and partners that can provide access to multiyear funding.

- **Retain:** Achieve the goals in existing multiyear contracts provide the basis to retain the donors concerned and to apply for a renewal of their support. Timely identification of the potential for renewal and a joint approach with the operations and technical divisions is crucial.
- **Revive:** Research the potential to revive former donor relations. These are donors that supported KNCV in the past. Why did the support stop and how can KNCV reconnect to their current policies and funding opportunities for TB? Reconnecting can be organized through existing donors and partners and should be based on a strong track record. The need for a constant showcasing of results and demonstrate impact is eminent.
- **Develop:** Proactively scan and develop new donors with the potential to support KNCV with multiannual contracts or frameworks. This could be achieved in various way for instance:
    - o through an initial (demonstration) pilot or short term contract so as to build up a basis for follow-up funding
    - o by partnering with strategic partners that can create access for KNCV to build up a track-record with new donors

In all three approaches it should be clear that cost-recovery (coverage of indirect costs) is a minimum principle in all new funding opportunities.

COMMUNICATION AND PRIVATE FUNDRAISING

2018 will bring some great opportunities to further enhance our communication and fundraising activities. The first is that we are hosting the 49th Union World Conference on Lung Health in The Hague in October. Internationally we will profile the Netherlands in general and KNCV specific as the center of TB knowledge and innovation. For the Dutch general public, the international conference will give us topicality to make people aware of the great health hazard TB still is and involve them in our mission. In addition to the conference being held in The Hague, there is also growing international political attention for TB, that will help to create momentum. Most notably, the UN Assembly Meeting on TB in September, will mark the first time ever that TB is featured on the General Assembly's agenda. Thirdly, we will have even more stories and impact to share with Challenge TB implementation at its peak and new projects and partnerships starting up.

SHARE AND ENGAGE

In 2017 we have stepped up our social media efforts and enhanced our online communication both internationally as well as in The Netherlands. The website offers an overview of our innovations, partners, projects and impact, in addition to information on TB and tools for professionals. Both Twitter and Facebook, for which we started an international page in 2017, are important tools for outreach and engagement. Since KNCV has always worked in partnership with organizations both globally and locally, we plan to incorporate this in our social media outreach in 2018, by sharing and amplifying stories, together we broaden our audience and generate more notice for TB and the ways to end it. This approach also puts KNCV firmly in the middle of TB care and prevention - involved on all levels.

IMPACT AND INNOVATION

KNCV has always been a pathfinder towards TB elimination. As stated elsewhere, we aim to develop, test, evaluate and scale-up country specific, patient and community centered strategies and interventions to save lives and have public health impact. In our communications approach, we will combine rich impact data which is collected throughout our different projects with storytelling on a personal level. In addition to written stories and photographs, in 2018 we will produce several short videos which can be shared through our website and social media. For this we will develop a recognizable and appealing graphic video format.

In 2016-17 KNCV's technical division has identified several initiatives on new technical areas. Working together with the technical teams, we will continue to develop a kit of communication materials for each initiative, as well as plan and execute the dissemination of our vision and impact on these. The goal is to further enhance recognition of KNCV's technical leadership and stimulate the use of developed tools and interventions throughout the TB community.

CORE FUNDING AND PARTNERSHIPS

In 2016-17, with financial support from SMT, we explored

ways to increase KNCV's core funding. A broad orientation led to a focus on legacies, leadership giving and capacity building at three pilot country offices. Activities were set up and/or intensified in 2017 and will continue through 2018 and beyond.

Capacity building is focused on KNCV country offices in Nigeria and Ethiopia, as well as the country office and sister organization YKI in Indonesia. In each country, a 3-day workshop results in an action plan, which includes a stakeholder approach and development of materials and media. The approach is designed to be mutually beneficial – whole we strengthen resource mobilization and communications in-country and also enhance information exchange and branding adherence throughout the KNCV organization. Examples to achieve this are a country specific KNCV brochure, extended country information on the KNCV website, aligned branding at events and better exchange of storytelling opportunities. This will result in a more coherent image of KNCV in the different country offices.

'Leadership giving' is a broad concept which includes major donors, foundations and corporate giving. Though we have been exploring and networking toward this goal, we expect the momentum created by the conference in 2018 to be a major accelerator. Beyond our commitment of sponsoring conference activities, we are also exploring the development of long term KNCV/TB centric sponsorship opportunities as well as fundraising. Examples of this include two planned photo exhibitions in The Hague city hall, a cooperation with Madurodam on World TB Day 2018, as well as a communication platform towards high net clients provided by ABN AMRO.

An important part of our core funding is based on KNCV being a beneficiary of the Dutch Lotteries. In 2017, we successfully applied for a change from the Vriendenloterij to the Postcode Loterij. The Posctcode Loterij is far better aligned with our work and therefore offers more possibilities for both funding and communication.

UNION WORLD CONFERENCE

Together with the Municipality of The Hague we will host the 49th Union Conference on Lung Health in October 2018. The theme of the conference is "Declaring Our Rights: Social and Political Solutions". As the 'city of peace and justice', The Hague is in a unique position to link science, human rights and policy with regards to public health responses. To optimize the scope and impact of the event, we have already began preparations and organized two stakeholder meetings in 2017. This engagement of current and new partners will continue and increase through 2018. Pending actions include a Holland Pavilion in the exhibition area, profiling Dutch expertise and innovation; and an inspiring community program, involving public, media and community organizations. The Hague has pledged its commitment to city branding and to raising the event's visibility.

PRIVATE FUNDRAISING AND CAMPAIGNING IN THE NETHERLANDS

In 2017 we developed a brand document and defined three personas for private fundraising in The Netherlands. This strategic document will be the starting point of a corporate KNCV campaign, to be launched on World TB Day 2018. The campaign aims to give KNCV a clear, differentiated and recognizable identity, appealing to the chosen target groups, which we will build on in the next three years. Additionally we will participate in a national campaign promoting charity legacies.
We will continue to invest in online engagement. To build on the lessons learned in 2016-17, we will need to define more ways for people to become involved in our mission and help to end TB. Examples are facilitating people to share our messages to reach a broader audience or participating in (sport) events to raise money. Even though this is a less direct fundraising approach, the investment is important because involving people is a crucial long term strategy, as well as a way to be visible and attractive for larger donors such as PCL, corporates and the Dutch government.

Besides (paid and earned) campaigning we plan to maximize media attention, making use of the topicality of TB due to high profile events. To this end, a media plan and content calendar will be developed, working towards highlight moment such as World Stop TB Day, the International Aids Conference in July, the UN meeting in September and Union conference in October. In preparation of increased media attention, five technical and managerial staff received media training in 2017.

PUBLIC AFFAIRS

Public Affairs has a dual objective of positioning KNCV institutionally and supporting and positioning the KNCV TB mission in the broader global health and development agenda.

I. Three (interrelated) work streams are distinguished:

Netherlands advocacy; aims at positioning TB and Global Health engagement in the Dutch development and international health agenda. This has the dual aim of (1) building administration commitment to ODA for TB, TB/HIV and Health (as fully described in the advocacy grant application to BMGF) and (2) positioning KNCV for administrative visibility, backing and continued funding access.

Result: increased commitment to and recognition of the significance and potential of Dutch TB engagement and global health at political and administrative levels within the Dutch government

Global Fund governance and policy engagement; The Global Fund provides 80% of external financing for TB control implementation (USD 600 mln. p.a.) and is the Netherlands principal annual commitment for international HIV/Aids (55 million p.a.). KNCV staff is involved as leadership of the Audit and Finance Committee (AFC) of the Global Fund Board, with a tangible role in driving policy change and grant making performance towards impact in the fight against AIDS, TB and Malaria.
The activities entail agenda setting, meeting chairing and accountability to full GF Board and Coordinating Group; active member of the NGO Developed country delegation to GF Board; the engagement includes facilitating bi-directional KNCV and GF information flow at policy level enhancing KNCV positioning for operational engagement at Secretariat level; additionally, consultation processes are conducted with Dutch MoFA, Committee NGO community and Stop TB Partnership enhancing KNCV positioning and TB advocacy; this enhances political access.

Result: AFC optimally supports oversight and policy shaping in accordance with its Charter; increased KNCV visibility, network and political access with key players at GF Secretariat, Dutch administration and partners;

Global TB and in-country advocacy; with the UN HLM in NY and Union TB Conference in The Hague, 2018 will be a year of unique opportunities to build momentum for TB: to drive the TB agenda politically, globally and in-country, for implementation and resourcing; this is also a key year for KNCV to strengthen its position as a convener through public affairs engagement.

2018 PA activities in this third work stream will be focused

- Successful UN HLM: the key activity envisaged here is to work towards Dutch PV a UN to host a pre-meeting of key stakeholders
- In-country advocacy support to CTB offices: to support selected KNCV country offices to play a role in capturing the follow-through of Moscow and UN HLM towards increased implementation drive and financing of country-level TB control in close alignment with CTB plans. APA 4 plans are envisaged to entail support to NTPs in briefing Ministers in preparation of Moscow and UN HLM as well as convening de-briefs

Result: Enhanced KNCV policy influencing at global and in-country level

II. Resourcing and funding of Public Affairs:

Human resources: 1,5 FTE

- 1.02 FTE Netherlands and global advocacy (0.71 FTE grant covered and 0.29 FTE is institutional positioning/lobby (Netherlands, Union conference, international engagement and support to selected country offices). A small share of the 0.29 FTE in this may be coverable through supporting CTB APA 4 in-country advocacy;
- 0.52 FTE Global Fund governance engagement (fully grant covered)

Out-of-pocket expenses:

- the vast majority of out-of-pocket expenditures (venues, facilitation, contracted services and travel) are covered by grant funding (BMGF if awarded and DGIS as contracted); further travel is to be funded from department budget. Additionally:
- 14K for out-of-pocket expenditures (principally external advisory services) not covered through grant financing and
- PM item for limited cost overruns in implementation of BMGF grant and occasions for KNCV profiling(for ad hoc executive approval)

FINANCE DIVISION

Focus in 2018 will be on the financial monitoring of projects from new donors (UNITAID, EDCTP, BMGF), financial monitoring of the 4th year of Challenge TB and DGIS implementation, as well as monitoring of sub awardees under these grants.
In 2018 we will strengthen the capacity of the office finance team with a general ledger controller. One of the tasks of this new staff member will be to implement a system for electronic purchase invoice approval. This will make it possible for staff members to approve invoices online and to create an online archive, including pipeline overview.
Early 2018 the outcome of a compliance check on local law and regulation for all country offices will become available. The outcome of the check will guide actions to be taken to further improve compliance.
The annual risk assessment will focus on local risks in country offices and how these can be mitigated. The input from countries will be included in the overall risk assessment.
The request for a NICRA change with USAID will be followed up and if approved, implemented per 1 January 2018.
After introduction of the system in 2017 we will continue to improve the system to monitor STTA and workplans together with the Operations team.
Effort will be put into creating more financial awareness and cost awareness within the whole organization (non-finance staff), in an effort to reduce indirect costs.
Internal audit missions (both country offices and CTB partner offices) will be performed according to the internal audit plan and quality consulting guidelines and outcomes registered based on the registration tool. Special attention will be given to the follow up of action plans defined based on 2016 audit findings. Internal audits with CTB partners will be intensified compared to earlier years.
We will start up the process for country registration and possibly a KNCV office in the U.S..

HUMAN RESOURCES MANAGEMENT

The HRM unit indicated the following priorities that will be dealt with:

PERFORMANCE MANAGEMENT

Following up on what has been put into motion into 2017, the HRM unit will further implement the new performance management system for KNCV central office. HRM will contribute to the implementation of a competence management system that stimulates development of staff and supports management in the further development of the competences of their staff.

SOCIAL PLAN

Anticipating on the closure of Challenge TB in 2019, HRM will develop a Social Plan for the employees at KNCV's central office. This will be developed in close consultation with the Works Council.

INSITE

In 2017 HRM implemented the new ICT system Insite which is a portal of the payroll - and staff administration system of Afas. HRM integrated the sick leave system in Insite to be able to monitor sick leave at KNCV. In 2018 HRM will focus on further development of sick leave reporting on a division/unit and central level.
HRM will also do research on the possibility to give employees access to Insite. This will enable employees to review their pay slips and manage/update their own personal details.

RI&E

In order to comply with the Dutch legislation an RI&E will be carried out in close consultation with Facility Management and the Works Council.
A Risk Assessment and Evaluation (RI&E) is an inventory of the risks within a company regarding the safety, health and welfare of workers. A risk assessment shows the likelihood that a hazard occurs, the effect that it produces and the frequency with which employees are exposed to the hazard.

REMUNERATION POLICY

In the past two years HRM developed a new job house with generic job descriptions. The next step will be to develop annexes to specific generic job descriptions, applicable to specific staff members. In 2018 HRM will also focus on further preparation of the new salary house.

RECRUITMENT, SELECTION AND RETENTION

The current growth of the economy is leading to a scarcity in the labor market of technical and non-technical positions. Taking the end of Challenge TB into consideration, a challenge in retaining staff is expected. Therefore there is a need for a strategic recruitment, selection and retention policy to be able to attract and retain qualified staff on a global and central level.

SUCCESSION PLANNING

The succession planning will remain an ongoing topic in 2018. It is important to invest in succession planning, specifically for key positions within the organization. It is a priority to continue with further development of the new generation TB specialists (including the Young Professional Program).

SAFETY AND SECURITY

In 2018 HRM will conduct security awareness trainings for new staff. A follow up training for the Crisis Management Team will take place. In 2017 the emergency phone has been outsourced to Eurocross, this will be closely monitored in 2018.

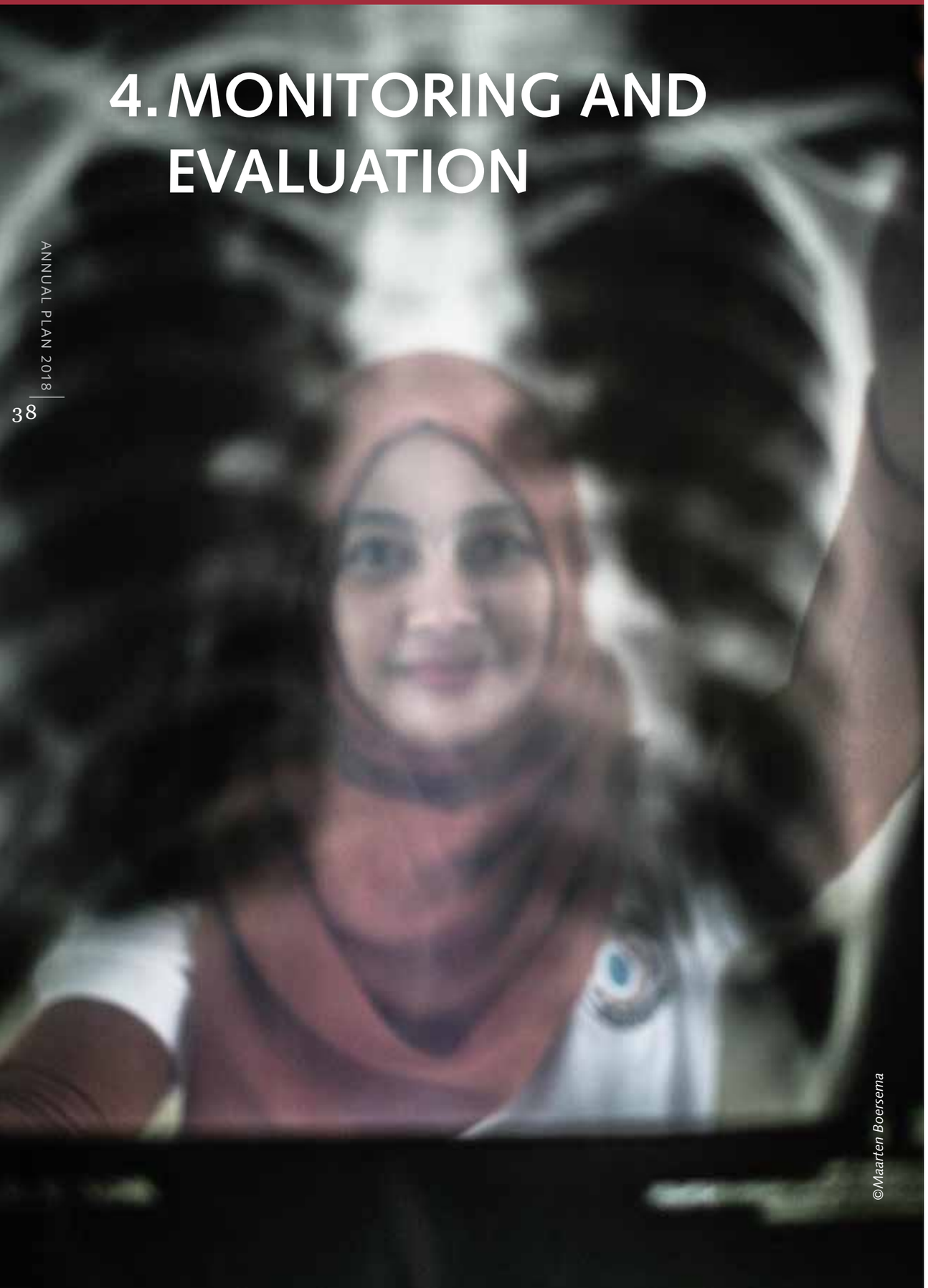
WORKLOAD

Following up on the outcome of the Employee Satisfaction Survey and the analysis of the increasing workload, interventions have been implemented in 2017 and will be continued in 2018. This will help to create of a healthy work-life balance.

SICK LEAVE

In 2017 the sick leave percentage was higher than the average sick leave percentage in The Netherlands (source: CBS). This is caused by long term sick leave and a relatively high sick leave reporting frequency. Actions to be taken in 2018 will be to continue the monitoring of sick leave cases by HRM and line management. HRM works closely with the occupational health and safety service ('Arbodienst') on prevention and to monitor sick leave. Also interventions of the workload project, to be continued in 2018, will contribute to a healthy work-life balance.

4. MONITORING AND EVALUATION



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In 2016, there were an estimated 1.3 million TB deaths among HIV-negative people (down from 1.7 million in 2000) and an additional 374 000 deaths among HIV-positive people. An estimated 10.4 million people fell ill with TB in 2016: 90% were adults, 65% were male, 10% were people living with HIV (74% in Africa) and 56% were in five countries: India, Indonesia, China, the Philippines and Pakistan.

Drug-resistant TB is a continuing threat. In 2016, there were 600 000 new cases with resistance to rifampicin (RRTB), the most effective first-line drug, of which 490 000 had multidrug-resistant TB (MDR-TB). Almost half (47%) of these cases were in India, China and the Russian Federation. Globally, the TB mortality rate is falling at about 3% per year. TB incidence is falling at about 2% per year and 16% of TB cases die from the disease; by 2020, these figures need to improve to 4–5% per year and 10%, respectively, to reach the first (2020) milestones of the WHO End TB Strategy.
(Source: WHO Global Tuberculosis Report 2017)

Data in countries in which KNCV is working show a different message per country. It confirms the need to focus on finding the missing persons with TB. India, Indonesia and Nigeria are accountable for almost half of the global gap of undetected and non-notified cases.

The Global Fund initiative on finding the missing persons with TB in 13 countries, including many CTB countries, needs to address this gap. KNCV's "Find and Treat all the Missing Persons with TB" initiative as well as our work on latent TB infection and the "New drugs and regimens" initiative will help to support this. Different countries ask for different approaches: in Indonesia this is done through e.g. engaging the private sector, in Nigeria through setting up a lab network.

The global TB mortality rate is showing a decline, although data in some countries show an increase from 2014 to 2015. This is also affected by the number of patients diagnosed with HIV who are put on ART treatment. This percentage is low in countries like Indonesia, which could be a cause of a higher mortality rate. The projects in Indonesia focus on scaling up GenXpert and decentralizing care. However, links are made with other projects in country for ART treatment, creating the essential link for TB/HIV activities.

A good indicator for finding all the missing persons with TB is the number of absolute cases detected. This indicator will be added to the annual overview in the annual report.

WHO data per country for 2016 and Challenge TB data for year 3 will be analyzed in the coming months and reported in the 2016 Annual report.

5.THE BUDGET FOR 2018

BUDGET ACCORDING TO THE CBF REPORTING FORMAT

In table 1 the budget for 2018 is depicted in compliance with the regulations set by the Central Bureau for Fundraising (CBF). The following paragraphs highlight the specifics of the budget.

The deficit of € 0,6 million is covered by the use of earmarked reserves (€ 0,6 million). The total income is budgeted on a consolidated level of € 98,3 million. Of that, € 46,7 million is compensation for activities implemented by the coalition partners of Challenge TB. Total income budgeted for 2018 is € 3,2 million higher than budgeted for 2017. This increase is fully justified by a greater amount for activities in countries for the Challenge TB project. Income from (government subsidies) is planned for a total of € 94,5 million,

BUDGET 2018 GUIDELINE 650

	Actual 2016	Budget 2017	Prognosis 2017	Budget 2018
Income:				
- Income from individuals	1.125.626	1.162.400	1.037.000	1.270.000
- Income from companies	375.803	69.500	310.300	437.000
- Income from lotteries	1.144.439	1.070.000	995.000	1.300.000
- Income from government grants	69.550.163	90.736.300	90.136.400	94.518.100
- Income from allied non-profit organizations	348.250	452.000	533.000	502.400
- Income from other non-profit organizations	576.993	1.583.800	1.564.700	230.000
Total fundraising income	73.121.274	95.074.000	94.576.400	98.257.500
- Income for supply of services	25.291	23.000	20.000	11.000
- Other income	8.442	13.400	9.800	12.400
Total income	73.155.007	95.110.400	94.606.200	98.280.900
Expenses:				
Expenses to KNCV Tuberculosisfoundation's mission				
- TB control in low prevalence countries	872.219	960.800	862.400	830.000
- TB control in high prevalence countries	67.824.500	90.503.600	90.171.300	92.047.500
- Research	1.326.022	1.362.500	1.283.900	1.451.400
- Communication and advocacy	857.159	1.152.800	1.239.500	1.709.200
Expenses to acquisition of funds				
- Costs for own fundraising activities	230.609	416.600	316.700	592.600
- Costs for joint fundraising activities	-	-	-	-
- Costs for activities by third parties	49.652	40.100	48.600	321.700
- Costs to acquire subsidies	450.677	524.300	518.600	697.700
Management and control				
- Costs for management and control	1.161.406	1.113.000	1.781.000	1.352.500
Total expenses	72.772.244	96.073.700	96.222.000	99.002.600
Nett investment income	114.581	61.900	242.400	86.000
Result	**497.344**	**901.400-**	**1.373.400-**	**635.700-**

Table 1: Budget 2018 in compliance with CBF regulations

Category	Budget 2017		Budget 2018	
	In € 1 mln	*In %*	*In € 1 mln*	*In %*
CIb for activities Netherlands	0,50	1%	0,46	0%
DGIS*	3,20	4%	2,32	2%
USAID:				
- Project management Challenge TB/ TB CARE I	2,70	3%	3,29	3%
- KNCV activities fees related to technical assistance	6,30	7%	5,43	6%
- KNCV material costs and country expenses	17,90	20%	33,88	36%
- Activities implemented by coalition partners	51,90	57%	46,70	49%
Subtotal USAID	78,80	87%	89,30	95%
Other (government) subsidies	8,24	9%	2,37	3%
Total	**90,74**	**100%**	**94,45**	**100%**

Table 2: Breakdown of Subsidies 2018

while income from other sources is € 3,8 million. The latter mainly consists of private fundraising and lottery income. The amount of € 94,5 million from government subsidies is dominated by the income from USAID.
A breakdown of the total amount is shown in table 2.

The total level of consolidated expenditures amounts to € 99,0 million, which is € 3,0 million higher than budgeted for 2017. This is also explained by higher budgeted costs in countries for Challenge TB projects. These costs are based on submitted year 4 workplans. TBCTA Partner expenses amount to € 46,7 million in 2017 compared to € 51,9 million in the budget for 2017.

Table 3 shows a breakdown in percentages for the various expenditure categories. The largest part of the expenses goes to activities for TB control in high prevalence countries.

BUDGET ACCORDING TO THE INTERNAL REPORTING FORMAT

In table 4, the budget is shown in line with our internal financial management structures, which provide more instruments to control specific income and cost categories than the CBF reporting format.

For organizational costs we budget € 14,7 million in 2018, which is € 1,4 million more than in 2017. Personnel costs are higher by € 1.1 million, due to an increase in FTE level of 10.4 FTE. Main increases are budgeted for in country staff, technical staff, international communications and Finance. Through time registration € 14,4 million of the organizational expenses is charged to project expenses, which is € 1,4 million higher than 2017, due to more direct days. An amount of € 0,4 million of organizational expenses remains after charging to projects (2017 € 0,4 million). This is caused by higher budgeted costs for communication.

Income on investments is expected to be relatively low due to the relatively low interest rates on the bonds market. Costs for (fundraising) activities decrease with € 0,05 million compared to the budget for 2017. Income for (fundraising) activities increases with € 0,76 million, both private donations and sponsoring show a planned increase related to fundraising and sponsoring for the Union 2018 conference. Lottery income is expected to increase from the same level in 2017 due to the move from the Vriendenloterij to the Postcodeloterij. From 2018 onwards 90% of the income from the Lotto will no longer be un-earmarked funding and will be allocated through project funding, for which Dutch health organizations can submit proposals in a coalition with at least two organizations.

Project expenses, with € 98,1 million including charges from organizational costs, take up the largest part of the total expenses. Of the total project expenses, € 0.8 million is compensated by (semi) earmarked income, including € 0,5 million from endowment funds. The contribution from the endowment funds is budgeted to increase compared to 2017, due to an expected income for the Union World Conference in 2018. Proposals for contributions from the endowment funds will be discussed with the Boards of the funds in

Relative division of expenditures	Actual 2016	Budget 2017	Prognosis 2017	Budget 2018
Expenses to KNCV Tuberculosisfoundation's mission				
- TB control in low prevalence countries	1%	1%	1%	1%
- TB control in high prevalence countries	93%	94%	94%	93%
- Research	2%	1%	1%	1%
- Communication and advocacy	1%	1%	1%	2%
Subtotal	97%	98%	97%	97%
Expenses to acquisition of funds	1%	1%	1%	2%
Managament and control	2%	1%	2%	1%
Total	**100%**	**100%**	**100%**	**100%**

Table 3: Division of expenditures 2016-2018

Cost and income category	Actual 2016	Budget 2017	Prognosis 2017 Q3	Budget 2018	Difference with budget 2017	Difference with prognosis 2017	% of Prognosis 2017
Profit & Loss account							
1.1 Salaries, allowances and social security	9.972.362	10.889.800	11.309.800	11.965.000	1.075.200	655.200	106%
1.2 Additional personnel costs	597.795	653.100	1.022.000	804.900	151.800	-217.100	79%
1.3 Office costs	270.477	302.600	293.400	307.300	4.700	13.900	105%
1.4 Housing expenses	281.926	297.800	299.300	302.600	4.800	3.300	101%
1.5 Depreciation	214.628	299.700	220.400	295.800	-3.900	75.400	134%
1.6 Other costs	389.881	498.400	468.300	600.400	102.000	132.100	128%
1.7 Communication	197.382	393.500	427.700	443.500	50.000	15.800	104%
Organizational costs	11.924.452	13.334.900	14.040.900	14.719.500	1.384.600	678.600	105%
1.9 Charged to projects	-11.470.840	-12.971.600	-14.016.000	-14.366.100	-1.394.500	-350.100	102%
Organizational costs after charging to projects	**453.612**	**363.300**	**24.900**	**353.400**	**-9.900**	**328.500**	**1419%**
2.1 Investment income	111.112	77.000	235.000	73.000	-4.000	-162.000	31%
2.2 Interest	23.070	25.000	25.000	25.000	-	-	100%
2.3 Other income	2.479	3.000	4.100	7.000	4.000	2.900	171%
General income	**136.662**	**105.000**	**264.100**	**105.000**	**-**	**-159.100**	**40%**
3.2 Direct costs fundraising	323.771	465.000	415.000	395.000	-70.000	-20.000	95%
3.3 Fundraising activities third parties	33.000	30.500	30.500	40.600	10.100	10.100	133%
3.4 Public affairs/ advocacy	13.104	13.000	19.500	20.500	7.500	1.000	105%
3.5 M&E system implementation	-	-	-	-	-	-	
3.7 Other activities	38.386	73.700	74.700	80.200	6.500	5.500	107%
Activity costs	**408.261**	**582.200**	**539.700**	**536.300**	**-45.900**	**-3.400**	**99%**
4.1 Contributions	370	400	400	400	-	-	100%
4.2 Gifts and donations	223.228	100.000	70.000	587.000	487.000	517.000	839%
4.3 Fundraising private and corporate market	582.119	682.000	642.000	720.000	38.000	78.000	112%
4.4 Legacies and endowments	555.911	400.000	325.000	400.000	-	75.000	123%
4.5 Lotteries	1.144.439	1.070.000	995.000	1.300.000	230.000	305.000	131%
Activity income	**2.506.067**	**2.252.400**	**2.032.400**	**3.007.400**	**755.000**	**975.000**	**148%**
5.1 Charges organizational costs	11.467.005	12.971.600	14.016.000	14.366.100	1.394.500	350.100	102%
5.2 Travel and accomodation	6.183.549	1.429.100	8.196.900	8.725.200	7.296.100	528.300	106%
5.3 Material costs	19.664.538	28.896.000	27.994.200	28.340.500	-555.500	746.300	103%
70599 - Expenses Coalition Partners Challenge TB	34.115.252	51.872.000	45.872.000	46.700.000	-5.172.000	828.000	102%
Projectcosts	**71.430.343**	**95.168.700**	**95.679.100**	**98.131.800**	**2.963.100**	**2.452.700**	**103%**
Funding donors - fee	11.016.600	10.934.600	11.779.500	11.943.300	1.008.700	163.800	101%
Funding donors - travel and accomodation	5.638.000	1.326.400	8.353.700	8.645.600	7.319.200	291.900	103%
Funding donors - material costs	19.020.300	28.256.900	26.026.200	27.470.100	-786.800	1.443.900	106%
Income coalition partners Challenge TB	34.115.252	51.872.000	45.872.000	46.700.000	-5.172.000	828.000	102%
Income third parties	69.790.152	92.389.900	92.031.400	94.759.000	2.369.100	2.727.600	103%
6.7 Endowment funds	348.250	452.000	533.000	502.000	50.000	-31.000	94%
Projectincome	**70.138.402**	**92.841.900**	**92.564.400**	**95.261.000**	**2.419.100**	**2.696.600**	**103%**
7.1 Other income	8.429	13.400	9.800	12.400	-1.000	2.600	127%
Other (project)income	**8.429**	**13.400**	**9.800**	**12.400**	**-1.000**	**2.600**	**127%**
Result (deficit)	**497.343**	**-901.500**	**-1.373.000**	**-635.700**	**265.800**	**737.300**	**46%**

Table 4: Budget 2018 per category

Use of reserves	Movements			
	Actual 2016	Budget 2017	Prognosis 2017 Q3	Budget 2018
Continuity reserve	573.717	47.800	-500.200	1.300
Decentralization reserve	-10.978	-150.000	-150.000	-150.000
Reserve investment revaluation	-164.398	-	-	-
Fixed asset reserve	-86.590	-49.900	-49.900	-152.600
Earmarked project reserves				
Fund innovation	-127.146	-121.500	-70.972	-17.000
Fund new developments Netherlands	-26.870	-62.100	-115.800	-11.900
Fund new developments Africa, Asia, Europe, Latin America	-	-181.000	-182.966	-50.000
Fund new developments policy development and research	-18.778	-65.100	-74.868	-62.800
Fund capacity building decentralization strategy (incl Basic P	-142.322	-207.000	-193.842	-62.000
Fund special needs (allocation decided by the boards)	-	-	-	-
Fund monitoring tools	20.000	-50.000	-5.000	-10.000
Fund advocacy	-16.516	-62.700	-62.752	-70.700
Fund Union 2018			50.000	-50.000
Fund Childhood TB	3.129	-	-3.100	-
Fund Education	500.000	-	-3.400	-
Earmarked project funds				
Fund TSRU	-6.648	-	-4.600	-
Young Talent Scolarship Fund	-	-	-	-
Fund special needs (allocation decided by third parties)	-	-	-	-
Jacob and Carolina fund	5.670	-	-5.600	-
Unspent Funds for objectives	-4.927	-	-	-
Total reserves	**497.343**	**-901.500**	**-1.373.000**	**-635.700**

Table 5: Coverage of the deficit 2018

November. The budget for 2018 shows project days and income allocated to 'project days to be defined' for an amount of € 1,6 million (2017 0,97 million).

THE NET RESULT

The net result presented for 2018 is a surplus of € 1,300. This amount is budgeted to be added to the continuity reserve to cover the risk of redundancy payment for a higher number of staff. The required size of the continuity reserve will be analyzed again on its risk level before the end of year closing of 2017.

Coverage of the deficit and allocation of the net result to the continuity reserve is specified in table 5.

INVESTMENTS AND DEPRECIATION

Fixed assets do not take a large part of KNCV's balance sheet. However, in 2018 we plan to (re)invest an amount of € 138,500 in mainly IT equipment. This amount is lower than the annual depreciation and will be invested in a video conferencing system, laptops and a replacement of the file server by Sharepoint.
The movements in fixed assets are listed in table 6.

Fixed assets category	Investments in 2018	Depreciation in 2018	Expected book value 31-12-2018
Office construction	-	59.100	93.578
Office inventory	10.000	19.000	15.218
IT Equipment	128.500	215.800	60.752
Total	**138.500**	**293.900**	**169.548**

Table 6. Fixed assets per category in 2018

Use of reserves	Projected balance		
	Ultimo 2016	Ultimo 2017 (forecast)	Ultimo 2018 (budget)
Continuity reserve	8.267.913	7.767.713	7.769.013
Decentralization reserve	1.052.159	902.159	752.159
Reserve investment revaluation	492.777	492.777	492.777
Fixed asset reserve	502.824	502.824	502.824
Earmarked project reserves			
Fund innovation	87.972	17.000	-
Fund new developments Netherlands	157.573	41.773	29.873
Fund new developments Africa, Asia, Europe, Latin America	232.966	50.000	-
Fund new developments policy development and research	163.566	88.698	25.898
Fund capacity building decentralization strategy (incl Basic P	255.810	61.968	-
Fund special needs (allocation decided by the boards)	131.077	131.077	131.077
Fund monitoring tools	170.000	165.000	155.000
Fund advocacy	133.484	70.732	-
Fund Union 2018		50.000	-
Fund Childhood TB	3.129	29	29
Fund Education	500.000	496.600	496.600
Earmarked project funds			
Fund TSRU	145.670	141.070	141.070
Young Talent Scolarship Fund	18.654	18.654	18.654
Fund special needs (allocation decided by third parties)	255.610	255.610	255.610
Jacob and Carolina fund	5.670	70	70
Unspent Funds for objectives		-	-
Total reserves	**12.576.854**	**11.253.754**	**10.770.654**

Table 7: Balance of (earmarked) reserves 2016-2018

PROJECTED BALANCE OF (EARMARKED) RESERVES ULTIMO 2018

The planned coverage of activities and projects from earmarked reserves means the balance of the reserves will be lower at the end of 2018. In table 7, the projected balance is depicted, taking into account the actual result for 2016 and the planned use of reserves in 2017 (prognosis) and 2018.

The use of earmarked reserves and funds is stimulated by CBF regulations, stipulating that charities should not foster too high equity. The continuity reserve is not allowed to be higher than 1-1.5 times the organizational expenses for 1 year. The current continuity reserve is well within that bandwidth.

Profit & Loss account	Budget 2018 *In € 1 mln*	Long-term forecast 2019 *In € 1 mln*	Long-term forecast 2020 *In € 1 mln*	Long-term forecast 2021 *In € 1 mln*
Organizational costs				
Personnel related costs	12,77	13,03	13,29	9,00
Other indirect costs	1,95	1,99	2,03	1,50
Subtotal organizational costs	14,72	15,01	15,31	10,50
Charged to projects	-14,37	-14,65	-14,95	-9,00
Total organizational costs not charged to projects	0,35	0,36	0,37	1,50
Investment and general income	0,11	0,11	0,11	0,11
Net result organizational costs	-0,24	-0,24	-0,26	-1,39
Activity costs				
Costs for fundraising	0,44	0,44	0,44	0,45
Other activity costs	0,10	0,10	0,10	0,10
Total Activity costs	0,55	0,55	0,54	0,55
Activity income				
Own fundraising	1,71	1,00	1,00	1,00
Lotteries	1,30	1,30	1,30	1,30
Total Activity income	3,01	2,30	2,30	2,30
Net result Activities	2,46	1,75	1,76	1,75
Project costs				
Charges organizational costs	14,37	14,65	14,95	9,00
Travel and accommodation	8,73	8,90	9,08	5,50
Material costs	28,34	25,00	25,00	15,00
Expenses coalition partners Challenge TB	46,70	50,00	50,00	-
Total Project costs	98,13	98,55	99,02	29,50
Project income				
Funding donors - fee	11,94	12,70	13,05	8,00
Funding donors - travel and accommodation	8,65	8,82	8,99	5,00
Funding donors - other direct project costs	27,47	24,60	24,60	15,00
Endowment funds contribution	0,50	0,30	0,30	0,30
Other income for projects	0,01	0,01	0,01	-
Income coalition partners Challenge TB	46,70	50,00	50,00	-
Total Project income	95,26	96,42	96,95	28,30
Net result Projects	-2,87	-2,13	-2,07	-1,20
General Result (minus is a deficit)	**-0,66**	**-0,63**	**-0,57**	**-0,84**
Covered by earmarked reserves / donated to earmarked reser	**-0,64**	**-0,55**	**-0,55**	**-0,55**
Influence on/movements other reserves	**-0,02**	**-0,08**	**-0,02**	**-0,29**

Staffing plan including direct reports regional and country level	Budget 2018 *FTE*	Long term forecast 2018 *FTE*	Long-term forecast 2020 *FTE*	Long-term forecast 2021 *FTE*
Positions at central level, including region Netherlands/Europe	103,9	103,9	103,9	70,0
Positions at regional and country level, direct reporting to central leve	22,5	22,5	22,5	5,0
Total	**126,4**	**126,4**	**126,4**	**75,0**

Table 8: Long Term Financial Plan up to 2021

Salary costs - Break down per unit prognosis	Budget 2018 FTE Total	# of indirect days	# direct days
Directors office	4,06	756	109
Management support			
- Team HRM	4,27	901	8
- Team facility management & IT	2,23	476	-
- Team communication	4,33	922	-
Subtotal	10,83	2.299	8
Technical Division	7,63	746	880
TD Access Care	10,15	331	1.745
TD Access Diagnostics	4,80	193	829
TD Evidence	8,80	333	1.541
TD Netherlands/Elimination	5,94	247	1.107
TD Systems Support	6,55	320	1.075
Subtotal Technical Division	43,87	2.170	7.178
Project Management Unit (PMU)	15,52	-	3.306
Operations Division	33,48	1.128	6.003
Private fundraising	3,44	733	-
Institutional fundraising	2,00	426	-
Finance Division	13,22	1.256	1.557
Total	126,42	8.768	18.160

Salary costs - Break down per unit budget	Budget 2017 FTE Total	# of indirect days	# direct days
Directors office	4,11	798	77
Management support			
- Team HRM	4,36	913	15
- Team facility management & IT	2,06	439	-
- Team communication	4,45	934	14
Subtotal	10,87	2.286	29
Technical Division	5,04	644	434
TD Access Care	7,95	377	1.312
TD Access Diagnostics	4,00	195	657
TD Evidence	6,70	308	1.077
TD Netherlands/Elimination	6,71	205	1.225
TD Systems Support	7,40	356	1.210
Subtotal	37,80	2.084	5.913
Project Management Unit (PMU)	12,69	213	2.489
Operations Division	32,73	1.545	5.470
Private fundraising	3,18	653	25
Institutional fundraising	2,00	376	50
Finance Planning & Control	12,61	1.348	1.355
Total	115,99	9.303	15.407

Salary costs - Break down per unit difference	Difference Budget 2017 - Budget 2018		
Directors	-0,0	-42	32
Management support			
- Team HRM	-0,1	-12	-7
- Team facility management & IT	0,2	37	-
- Team communication	-0,1	-12	-14
Subtotal	-0,0	13	-21
Technical Division	2,6	102	446
TD Access Care	2,2	-46	434
TD Access Diagnostics	0,8	-2	172
TD Evidence	2,1	25	465
TD Netherlands/Elimination	-0,8	42	-118
TD Systems Support	-0,9	-36	-135
Subtotal	6,1	86	1.265
Project Management Unit (PMU)	2,8	-213	817
Operations Division	0,8	-417	533
Private fundraising	0,3	80	-25
Institutional fundraising	-	50	-50
Finance Planning & Control	0,6	-92	202
Total	10,4	-535	2.753

Table 9: Personnel plan 2018

	AP2018
Nigeria	87
Ethiopia	82
Malawi	33
Tanzania	27
Namibia	17
Botswana	4
Kyrgyzstan	16
Tajikistan	15
Kazakhstan	9
Vietnam	8
Indonesia	134
Kenya	5
Total	**437**

Table 10: Local country office staff

A total deduction of € 229,000 is planned from the three earmarked reserves 1) decentralization reserve, 2) capacity building reserve, 3) innovation reserve. This is because expenditures in 2014-2017 were lower than budgeted, leaving funds available for 2018.

THE BUDGET FOR 2018 COMPARED TO THE LONG TERM FINANCIAL PLAN UP TO 2021

Based on the expected progress of Challenge TB, fund diversification plans and general developments like inflation, a longer-term projection is calculated. This is depicted in table 8. The long term financial plan is based on the assumption that one or more new awards will be obtained, in line with our goal to diversify our funding base.

STAFFING PLAN

The personnel plan, grouped according to the organizational structure is shown in table 9. Compared to the staffing plan for 2017 the total number of FTE's increases from 115,99 FTE to 126,42 FTE. Of that total 22,5 FTE is located in the regional office in Kazakhstan and in country offices, and directly reporting to head office. In the budget 2017 this was 21,0 FTE. In the table, the numbers of direct and indirect days are also indicated.

At regional and country level, staff that does not report directly to the central office are locally recruited and contracted. They are not included in the staffing plan in table 9, but can be found below in table 10.

RATIOS

Goede Doelen Nederland has proposed a set of ratio's to be published by fundraising organizations. These ratios are shown in table 11.
For expenses on management and control, KNCV has set a minimum and a maximum ratio of 2.5-5%. Due to the increase in in country and coalition partner expenses the percentage budgeted for 2018 is 1.3%.

Apart from the CBF ratios KNCV also monitors the calculated percentage for indirect costs using two methods:

- An internal method used for charging personnel and overhead costs to projects.
- The USAID method to calculate the indirect costs which we are allowed to declare for the Challenge TB project.

Both percentages are shown in table 12, together with the number of (in)direct days and the average cost price per direct (project) day.

	Actual 2016	Budget 2017	Prognosis 2017	Budget 2018
Change in expenses to KNCV's mission compared to previous year	150%	132%	132%	103%
Ratio total expenses versus total income	99,5%	101,0%	101,7%	100,7%
Ratio expenses for fundraising versus fundraising income	1,0%	1,0%	0,9%	1,6%
Ratio continuity reserve versus organizational expenses	0,3	0,4		0,3
Ratio expenses on mission versus total expenses	97,4%	97,8%	97,2%	97,0%
Ratio expenses to the mission versus total income	96,9%	98,8%	98,9%	97,7%
Ratio expenses management and control versus total expenses	1,6%	1,2%	1,9%	1,4%

Table 11: Ratios required by Goede Doelen Nederland and CBF

Key ratios	Actual 2016	Budget 2017	Prognosis 2017 Q3	Budget 2018
Total days direct	15.408	15.407	15.991	18.160
Total days indirect	5.296	9.303	8.921	8.768
Total days	20.704	24.711	24.912	26.928
% Direct	74%	62%	64%	67%
Number of fte		115,81	116,95	124,42
Average costprice excluding indirect costs per project day in	436	461	420	460
% *indirect costs*	70,64%	82,80%	90,61%	72,00%
% *ICR USAID*	59,84%	64,71%	68,96%	55,56%

Table 12: Key ratios 2018

The number of direct days increases from 15,407 in 2017 to 18,160 in 2018. This is mainly caused by additional direct days for technical staff and new positions. The average cost price per direct day remains at the level of 2017 (excluding indirect costs), salary raises (inflation and merit increases) are compensated by more direct days for staff in lower salary ranges.

THE BUDGETARY, MANAGEMENT AND CONTROL RISKS FOR 2018

A number of budgetary and control risks can be identified:

1. A large part of KNCV's income for personnel fees is in US dollars. We have included an exchange rate in the budget of US$ 1.17 against € 1 (figure 6). The current rate (early November 2017) is at 1,1619, indexes from ABN AMRO bank give a rate of 1,10 for 2017.

2. Country expenses are charged against a budget that is fixed in dollars. The result of this is that available budget in local currency increases or decreases based on exchange rate fluctuations. This in monitored by local staff and budget adjustments are made quarterly and submitted to the donor for approval.

   Fees are charged to the projects monthly, based on the exchange rate at the end of each month, mitigating part of the result. Careful liquidity planning will be needed to control the risk of losses on currency exchange rate fluctuations. Because we do not have a maximum fee for KNCV staff in US$ in the Challenge TB cooperative agreement the risk of an increased rate has been reduced significantly compared to TB CARE I.

3. A large part of the budget is for material costs in countries for the Challenge TB program. There is a risk that costs are identified as unallowable within USAID by auditors in countries or by the auditor who executes the overall audit. Unallowable costs declared by coalition partners are to be reimbursed according to the stipulations in sub agreements. We will have to reimburse KNCV's unallowable costs ourselves. Financial control at country office level is a key mechanism to limit this risk. Training and guiding the financial staff is important in this matter and is taken up during annual courses and field missions. Experience however shows that some of the risk cannot be ruled out, e.g. due to regulations around VAT in a country. Therefore, a contingency budget of € 100,000 has been included in the project costs.

Currencies	17-8-2017	24-8-2017	+3M	2017e	+12M	2018e
EUR/USD	1,17	1,18	1,15	1,15	1,17	1,20

Figure 6: Euro - US Dollar exchange rate development

4. The income from legacies is budgeted at €400,000. This is an average amount reached in the past years, but it can be lower or higher.

5. The annual plan for Dutch TB control has been submitted to the CIb. Approval is still pending.

6. The same counts for some Challenge TB program: 11 out of 12 workplans have been approved. Implementation of activities can only start after approval. Pre-approval has been received for staffing & operations expenses in KNCV lead countries.

7. The annual plan for DGIS has been submitted and approved.

8. The endowment funds' applications for financial contribution have been submitted in the first half of November and approved (representing an income amount of €480,000). The other two are expected to react in December or January (representing an income amount of €32,000).

9. Income has been included for project days to be defined in the amount of €1,6 million. This amount will need to come from additional Challenge TB work and new donors. The amount has been calculated at 75% of full income on these days. This is in line with the budget for 2017.
10. A contingency budget of €100,000 has been included under other costs to deal with unexpected fallbacks or react to valuable opportunities. This budget is managed by the Executive Director.

6. ABBREVIATIONS

99DOTS	A mobile phone technology for monitoring and improving TB medication adherence
ACF	Active Case Finding
aDSM	Active Drug Safety Monitoring and Management
AFC	Audit and Finance Committee
AFEW	AIDS Foundation East-West
AIGHD	Amsterdam Institute for Global Health and Development
ART	Anti-Retroviral Therapy
CAR	Central Asia Region
CBF	Centraal Bureau Fondsenwerving (Central Bureau for Fundraising in the Netherlands)
CBO	Community Based Organization
CIb	Centrum Infectieziektebestrijding (Center for Infectious Disease Control)
CME	Continued Medical Education
CO	KNCV central Office in The Hague
CPT	Commissie voor Praktische Tuberculosebestrijding (Committee for Practical Tuberculosis Control)
CTB	Challenge TB, the global mechanism for implementing USAID's TB strategy and TB/HIV activities under PEPFAR (U.S. President's Emergency Plan for AIDS Relief)
CXR	Chest X-ray
CYOD	Choose Your Own Device
DGIS	Directoraat-Generaal Internationale Samenwerking (Dutch Ministry of Foreign Affairs)
DNA	Deoxyribonucleic Acid
DOTS	Direct Observed Therapy Short-Course
DR-STAT	DR-TB Scale-Up Treatment Action Team
DR-TB	Drug-Resistant Tuberculosis
DS-TB	Drug-Sensitive Tuberculosis
EC	European Commission
EDCTP	European and Developing Countries Clinical Trials Partnerships
EQA	External Quality Assurance
FAST	Finding TB Cases Actively, Separating safely and Treating effectively
FTE	Full-time Equivalent
FTMP	Find and Treat all Missing Persons with TB
GGD GHOR	Association of GGDs (Municipal Public Health Services) and GHOR (Regional Medical Emergency Preparedness and Planning offices) in the Netherlands
GGD	Municipal Public Health Services
GLC	Green Light Committee
GLI	Global Laboratory Initiative
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
HR	Human Resources
HRD	Human Resource Development
IATI	International Aid Transparency Initiative

IMNCI	Integrated Management of Neonatal and Childhood Illnesses
iPSI	Improving Patient Support Interventions
ISTC	International Standards for TB Care
IUALTD	International Union Against Tuberculosis and Lung Disease
JKN	Jaminan Kesehatan Nasional (indonesia universal health care scheme)
KNCV	Koninklijke Nederlandse Centrale Vereniging tot bestrijding der Tuberculose
LPA	Line Probe Assay
LSHIS	Lagos State Health Insurance Scheme
LSTHM	London School of Hygiene and Tropical Medicine
LTBI	Latent Tuberculosis Infection
M&E	Monitoring and Evaluation
M/XDR-TB	Multidrug-resistant / Extensively Drug-resistant Tuberculosis
MDM	Mobile Device Management
MERM	Medication Event Reminder Monitors
MFA	Multi Factor Authentication
MFA	Ministry of Foreign Affairs
MoH	Ministry of Health
ND&R	Initiative programmatic implementation of new drugs and shorter regimen for DR-TB treatment
NGO	Non-Governmental Organization
NGS	New Generation Sequencing
NIC	Nederlandse Inkoop Centrale
NIH	National Institutes of Health
NSP	National Strategic Plan
NTP	National Tuberculosis Program
OR	Operational Research
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	People Living with Human Immunodeficiency Virus
PMDT	Programmatic Management of Drug-Resistant TB
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
QMS	Quality Management System
R&R	Recording and Reporting
RD/RT	Right Diagnosis, Right Treatment
RI&E Risk	Inventarisation and Evaluation
RIVM	Rijksinstituut voor Volksgezondheid en Milieu (National Institute for Public Health and the Environment)
SL-LPA	Second Line - Line Probe Assay
STAG/STAG-TB	Strategic and Technical Advisory Group
STR	Short Treatment Regimen
TA	Technical Assistance
TB	Tuberculosis
TBD	To be determined
TIME	TB Impact Model and Estimates
TRAC	Tuberculosis Research Advisory Committee
TWG	Technical Working Group
UN	United Nations
UN HLM	United Nations High Level Meeting
USAID	United States Agency for International Development
VOT	Video Observed Therapy
VWS	Ministerie van Volksgezondheid, Welzijn en Sport (Ministry of Health, Welfare and Sport)
WHO	World Health Organization

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