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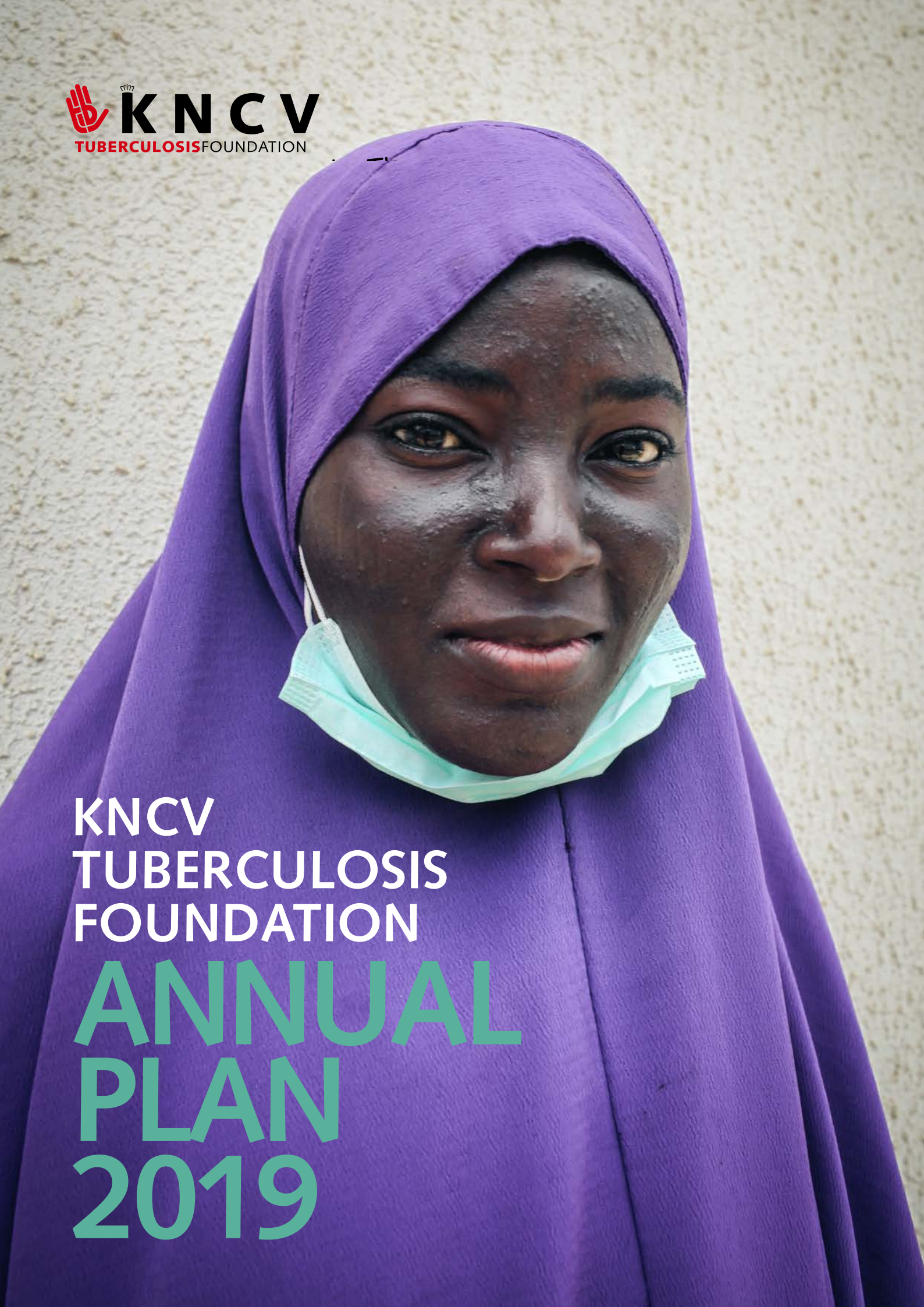

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ANNUAL PLAN 2019

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CONTENTS

1. INTRODUCTION 5
2. TECHNICAL AND PROGRAMMATIC AREAS 7
2.1 Access 10
2.2 Evidence 12
2.3 Health Systems 15
2.4 Digital Health Solutions 19
2.5 Team The Netherlands & Elimination 22
3. ORGANIZATIONAL DEVELOPMENTS 24
3.1 Operations Division 24
3.2 IT and Facility Management 27
3.3 Resource Mobilization and Fundraising 28
3.4 Communication and Private Fundraising 30
3.5 Public Affairs and Advocacy 32
3.6 Finance Division 34
3.7 Human Resources Management 35
4. MONITORING AND EVALUATION 36
5. THE BUDGET FOR 2019 38
Abbreviations 50

‘Recognizing that stigma remains a key barrier to diagnosis and treatment’

Dr. Kitty van Weezenbeek

1. INTRODUCTION

We look back on an amazing year in which the political momentum for TB increased, with TB for the first time addressed at the highest political level during the UN HLM, that took place in New York on the 26 September 2018. One month later, KNCV Tuberculosis Foundation (KNCV) was the local host of a very successful 49th Union World Conference on Lung Health in The Hague during which KNCV was highly visible with an all-time record number of approved symposia and oral abstracts. In 2019, KNCV will build on both events through country advocacy; contributions to the global accountability framework; and introduction of new technical innovations, including the ‘stool test for diagnosis of childhood TB’.

Technical areas of work

In 2019 KNCV will step up its work in the field of digital health with focus on adherence tools; further intensify efforts to introduce new drugs and regimens using the KNCV triage approach; implement the KNCV ‘Finding the missing persons with TB’ strategy’ and conduct research to demonstrate (cost)effectiveness of relatively new areas of work such as the Xpert stool test, LTBI management, stigma reduction, adherence technologies and active case-finding approaches. Obviously, all these technical areas will be implemented in the broader context of rational and comprehensive setting specific priority setting, which KNCV is known for.

Evidence generation in a changing environment

After decades of relative still stand, there is the promise of new diagnostics, new drugs and regimens, a new vaccine, and a great variety of digital and socioeconomic solutions. KNCV will continue to play an important role in evidence generation and (inter)national policy development. In 2019, the last year of the Challenge TB (CTB) project, KNCV will document lessons learned in CTB countries, and focus on research related to other projects such as, but not limited to, the Unitaid projects on LTBI management and adherence technologies, and KNCV initiatives such as the validation of the one-step Xpert stool test.

Digital Health as cross-cutting weapon

KNCV will actively engage in strategic (niche) areas to meet the growing demand for digital health solutions for measuring the TB epidemic; programme planning; and care delivery along the patient pathway from diagnosis to cure. We have therefore formed a special Digital Health Solutions (DHS) Team to position KNCV as a technical agency for introduction, scale-up and evaluation of cost-effective digital health solutions.

Stay on the forefront of treatment innovations

Countries with a high burden of drug-resistant TB, have been scaling up new life-saving treatments with the assistance of KNCV, even before the 2018 WHO guidance became available. A cross-cutting KNCV Task Force has been established to ensure that KNCV stays at the forefront of rapid global developments. KNCV will deliver setting specific technical assistance to help countries to manage the transition to new regimens, especially in the field of guideline development, supply chain management, human resource capacity building, pharmacovigilance and the use of next generation sequencing for both drug-resistance surveillance and patient care decision making.

Finding the Missing Persons with TB (FTMP)

In 2019 KNCV will disseminate and implement our comprehensive FTMP strategy in KNCV supported countries, through inclusion in national, subnational and district planning, as well as in Global Fund applications. We will also make our strategy available through a KNCV/FTMP-website.

Recognizing that stigma remains a key barrier to diagnosis and treatment, we will introduce our Stigma intervention packages and toolkits and evaluate promising approaches, such as the PhotoVoices intervention.

Sustainable health systems through a multisectoral approach

Bolstering the governance and management capacity of the National TB Programs forms an important part of KNCV’s strategy. KNCV will also encourage NTPs towards a multi-sectoral approach which is crucial for sustainability. In 2019 KNCV’s Health Systems Solutions (HSS) Team will for instance explore approaches that combine national push (regulatory) and pull (financing) mechanisms to improve access to care. Examples are to enhance local ownership, governance and TB resource provision into local government budgets and health insurance packages through subnational and district- ▸

based planning, following the experiences and examples of country programs like Indonesia and Ethiopia. Recognizing that data systems of CBOs, NGOs and private providers provide essential information, the HSS Team will work closely with the DHS Team on addressing challenges of integration, interoperability and compatibility of data systems and the adequate utilization of data for (sub)national decision making and quality improvement.

Exchange Dutch TB knowledge

Team the Netherlands & Elimination will continue to support Dutch TB control, for instance through the implementation of a new digital health strategy, while intensifying dissemination of Dutch expertise and experiences through publications and international events such advanced clinical trainings and the 19th edition of the Wolfheze Workshops. The latter will be organized in close collaboration with WHO-Euro and ECDC, and will bring together policy makers, epidemiologists, microbiologists, researchers and other professionals working in TB control in the European Region.

Increase visibility and recognition for KNCV's expertise

In 2019 KNCV will further strengthen 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 KNCV's expertise in the Netherlands as well as internationally. External positioning is vital for successful applications to high level institutional donors on innovative and multi-year programs.

Preparing for a future without Challenge TB

Despite successful diversification of funding sources in recent years, KNCV will need to prepare for significant organizational changes after close out of in country CTB activities in June 2019 and overall project end at 29 September 2019. KNCV management works closely with the Works Council and the Board of Trustees to make the organization fit for a future with, or without a new USAID flagship grant. While awaiting the USAID response to KNCV's request for a one year 'no cost extension', KNCV prepares for different scenario's. Obviously, we continue our efforts to mobilize funding to mitigate the consequences of CTB close-out. Recognizing the possible impact on the organization, we will ensure a transparent environment and regularly update KNCV staff members about developments, future scenarios and related organizational changes.

Dr. Kitty van Weezenbeek
Executive Director of
KNCV Tuberculosis Foundation

2. TECHNICAL AND PROGRAMMATIC AREAS

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 international, national and regional levels. Within that context, KNCV also continues to define its scope of work in terms of both geographic and technical coverage.

Concerning technical coverage, KNCV seeks to anticipate and strengthen emerging technical areas that address evolving disease response paradigms and health systems developments. We therefore actively engage in strategic niche areas to meet the growing demands of donors and countries (including, for example, digital health solutions, introduction of new drugs and regimens, stigma, transmission and cost-effectiveness modeling and resource allocation tradeoff discussions). This means that KNCV strives to provide end-to-end technical assistance and leadership for issues ranging from global/national policy framework development, demonstration projects from the sub-national level to scale-up of programs at the national level as well as product introduction, adoption and access.

To this end in 2018, there were several relevant changes in the Technical Division structure. First, we reorganized our approach to TB diagnostics and laboratory systems work by establishing a laboratory subgroup (Diagnostic Networks & Solutions/DxNS) based in the Health Systems team. Second, we formed a dedicated Digital Health Solutions team – it is no longer only a strategy (2016) or initiative (2017). Finally, we have set up a cross-cutting internal Task Force on DRTB to be able to better respond to the changing landscape around new drugs and regimens, using all our tools and innovations developed under RD/RT initiative.

In terms of geographic coverage, our technical work continues to focus on the KNCV led, USAID funded "Challenge TB" (CTB) project countries. As noted elsewhere, KNCV is the lead agency in eleven 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 led by other coalition members.

Beyond CTB, the Technical Division supports programs funded by the Dutch Ministry of Foreign Affairs (DGIS), Global Fund (GF), Unitaid and industry (Cepheid) in several overlapping countries. Again in 2018, we succeeded to expand the coverage of countries with new sources of funding to be executed primarily during 2019. TB REACH grants were gained for Nigeria, Tanzania, The Philippines and Ukraine. Based on these foundations and the Division's Theory of Change, we will continue to diversify KNCV funding sources to expand global adoption and delivery of important new products in 2019.

In line with KNCV's strategy 2015-2020, the Technical Division continues to develop our programs and focus our efforts according to KNCV's 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 overarching aim is to develop, test, evaluate and scale-up country specific and patient-community centered strategies and interventions that save lives and have public health impact, including the appropriate incorporation of all newly WHO-endorsed products and guidance. To reinforce this aim, we continue our internal 'cultural' shift to incorporate evidence generation into all core work areas from the inception phase.

With the above-noted Division structural changes, in 2019, we will operate through five thematic technical teams: Access and Quality Care; Evidence; Health Systems and Key Populations; Digital Health Solutions; Team the Netherlands & Elimination. Based on completion of the first-ever KNCV Innovations Document in 2016, we have developed four cross-cutting division-wide **initiatives**: New Drugs and Regimens (NDR, 2016) – renamed Right Diagnosis, Right Treatment (RD/RT, 2017); Find and Treat all Missing Persons with TB (FTMP, 2017); Digital Health; and

Stigma (measurement and reduction, 2017).
The FTMP initiative, officially launched on World TB Day 2018, aims to define and refine KNCV's position on a practical approach to find and treat all the 'missing' patients in low- and middle-income countries with a high TB burden. The accompanying practical guide is meant to support country staff, NTPs and KNCV consultants in developing their approaches to first understand the district level epidemic and health- & community systems, and then develop, implement and assess the impact of FTMP interventions. The guide includes four implementation areas: Community Engagement, Access to Services, Case Finding, and Quality Care. The guide and accompanying tools will contribute to countries' capacities to implement KNCV's FTMP approach in a standardized and measurable way that takes into account country level context and health needs of affected individuals and patients. We will invest in a FTMP website, whereas stakeholders can find all relevant materials.

The TD 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 in 2019, we will continue to evaluate new opportunities for engagement, particularly technological and programmatic innovations for adoption into our work and existing initiatives. We will also look to strengthen the overall quality of our TA and associated deliverables. One important emerging area is in data quality and utilization for NSP development and Global Fund applications, specifically around the issue of gap analysis, resource allocation and impact modelling. WHO, the BMGF and others have initiated work on this topic in 2018 through the WHO Global Task Force on TB Impact Measurement where KNCV is represented. This effort fits nicely within the FMTP and TBMAC workstreams. In addition, we continue to expand efforts in rolling-out new TB drugs and the shorter regimen for the treatment of drug-resistant TB as well as short regimens for TB prevention.

Concerning 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 years. The NL team's research portfolio also incorporates non-Dutch government funding. 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 HQ. This is done using a variety of approaches: e-learning courses, development of a basic consultant package, attending specialized courses, and new learning/research collaborations with other academic centers. The Young Professional program continues, bringing a fourth junior level consultant to HQ to become a TB epidemiologist. A fifth candidate will be recruited in 2019. 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 development. The KNCV flexible consultants network also continues – put into place during 2016 - to strengthen our capacity to deliver quality TA in a timely manner on a defined contract basis.

In 2019 KNCV will introduce new technical innovations such as the stool test. A training for the stool test took place in Ethiopia.

2.1 ACCESS

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.

KNCV will deliver comprehensive country specific packages of interventions in the following four 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 (**F**inding TB cases **A**ctively, **S**eparating safely and **T**reating 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 multiple system requirements and challenges involved. In 2018, WHO released consolidated guidelines on the programmatic management of LTBI. For TB prevention, we distinguish two target groups for investigation and treatment:
1. Recent exposure/ infection (contacts), focused on household contacts of all ages
2. Previously infected individuals with clinical or social risk factors (i.e. PLHIV)

Prevention of TB among people with latent TB infection remains a priority for KNCV under CTB (Prevention study), through the Unitaid-funded project - IMPAACT4TB and an application to the Dutch Postal Code Lottery. Through Unitaid, and after some delay, KNCV will commence delivery in 2019 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, intends to treat 400,000 people with 3HP during the grant period (2018-2021).

In 2019, KNCV is expected to contribute to:
- Further revision of WHO preventive therapy guidelines based on evidence generated;
- A significant price agreement for RPT with the innovator in the short term and at least one generic supplier; and
- Impact modelling and costing information to solidify an investment case for scaling up 3HP.

In addition, the Evidence team is participating in a trial of 3HP in three African settings (described under Focus Area 2: Evidence).
To halt transmission of TB, KNCV will continue to work towards strengthening contact investigation of patients diagnosed in all settings, building on the rich Netherlands experience. Appropriate tools will be adapted in a new **KNCV operational guide** on CI and treatment of LTBI.

Key Result Area 3:

Early diagnosis & effective treatment of TB disease (regardless of presence or absence of drug resistance) – Right Diagnosis/Right Treatment Initiative.

Given recent prevalence surveys and inventory studies that continue to document higher national rates of active TB than previously estimated by WHO, countries must redouble their TB efforts to ensure universal access to early diagnosis of TB with provision of good quality, affordable and patient-centered treatment and care.

The Right Diagnosis/Right Treatment Approach

Late 2018 WHO guidance has set a goal to eliminate injectable TB drugs as part of the PMDT value chain while bolstering earlier and wider use of new drugs such as bedaquiline. In addition, next generation sequencing is increasingly being introduced into countries for surveillance purposes but not yet established for patient care decision making. Adaptation to these changes remain feasible under the KNCV initiative framework for *Right Diagnosis, Right Treatment (RD/RT)*, 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 RD/RT, patients are triaged through initial GeneXpert testing and second line LPA, and accordingly, assigned either a short-treatment regimen (STR) or individualized regimen using new or repurposed drugs.

In 2019, KNCV will continue to:
- Develop and/or update guidance documents, tools and training materials to support strategic and coordinated adoption and implementation of ND&Rs, including diagnostic algorithms and bacteriological follow-up of TB treatment.
- Align clinical with laboratory technical assistance through the newly established Diagnostics Networks & Solutions group to support 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.

To support these efforts at both global and country levels, a Task Force has been established across all teams to engage more intensively with the expected rapid DRTB policy evolution in early 2019. Building upon the USAID funded CTB bedaquiline core project, this task force will:
- Support the gathering of evidence for an all oral shorter treatment regimen for DR-TB patients either via Unitaid supported project (pediatric cases only) or via support to country specific operational research (OR) activities (adult and pediatric cases) using globally developed templates e.g. the Global Drug-resistant Initiative's OR protocol template for "The Evaluation of Effectiveness and Safety of Novel Shorter Treatment Regimens for MDR-TB"
- Support in-country human resource development through training and provision of training tools, including an updated generic training package for "New Drugs and Shorter Treatment Regimens" that consists of a generic curriculum, including exercises and evaluation forms.
- Advocate for the adoption and wide implementation of the "ND&R progress dashboard" developed to track the introduction and scale-up of PMDT with all 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 (PV) / active drug safety monitoring and management (aDSM) 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. Specifically, technical assistance (TA) will be provided to support countries introduce and monitor the implementation of their respective "aDSM roadmaps" developed in 2018. Facilitate linkages with global reporting platforms (e.g. WHO) to monitor adverse events among patients on ND&Rs. The opportunity of KNCV's involvement in the PAVIA project will be used in the respective countries to synergize PV/aDSM for second line TB drugs activities.
- Guide procurement and supply management of ND&Rs, including estimation and quantifications, integrated information systems and training. With the new WHO Guidelines on the management of DR-TB being issued in late 2018, countries will need intensified TA to transition to the new recommended regimens with the resultant implications to drug procurement and supply management of ND&Rs.
- 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), Regional Green Light Committees (GLCs), Global Laboratory Initiative (GLI), and the GDI'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.

2.2 EVIDENCE

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. To ensure results can be used as evidence an important task in 2019 will be to write up insights gained in recent years to ensure they contribute to the evidence base. Evidence will be harvested from the flagship program Challenge TB focusing on finding the missing patients (see FTMP initiative). The expertise from TB control in the Netherlands will be harvested and applied internationally, specifically around contact investigation, latent TB infection, and risk group management. Herein Team Evidence will work closely with Team NL & Elimination. Also in 2019, 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 outside expertise through collaborations that maximize efficiencies of each respective partner.

For the year 2019, the following areas will receive a focus/special attention in finding key answers to work towards TB elimination:

1. Innovations from TB prevalence surveys (TBPS) and overarching lessons learned
2. Lessons from Active Case finding (ACF) activities
3. Pharmacovigilance and New Drug and Regimens including renewed needs for DR-TB surveillance
4. Know your epidemic: combining all available data from surveillance, surveys and inventory studies to optimize TB control strategies making use of subnational estimations and modelling
5. New diagnostics methods & optimizing of diagnostic algorithms (in collaboration with new DxNS group)
6. Addressing latent TB infection

Key Result Area 1:

TB prevalence surveys

Over the last five years, KNCV has supported several countries in conducting their national TB prevalence survey and is an active member of the subgroup on TB Prevalence surveys of the Global Task Force on Impact Measurement. The combined results of these surveys are resulting in key insights for TB elimination. In 2019, the Evidence team, in close collaboration with WHO and other partners, will work on combining key information to provide evidence around optimizing screening and diagnostic algorithms, gaining deeper understanding of the best case definitions around what types of cases detected can be detected with routine screening approaches, which ones are missed and how they can be targeted/reached.

Besides lessons on screening and diagnostic algorithms, methodologies developed for TBPS can also benefit more routine innovations used in data capturing and usage i.e. digital tools. In close collaboration with KNCV's digital team, these lessons will be made available for country implementation.

Several projects started in 2017/8, and continuing in 2019, already benefit from the lessons learned from TBPS or contribute to the evidence base in this field, particularly:

- The ORIO project in Ghana, where KNCV is supporting the NTP to assess the impact of implementation of digital X-ray with CAD4TB in 48 district hospitals for TB case finding. Included is an evaluation of whether using digital X-ray with CAD4TB is cost-effective for triaging patients for GeneXpert testing besides answering other operational research questions around the implementation of digital X-ray.
- The EDCTP funded TREATS project, where KNCV is part of a consortium with The London School of Hygiene and Tropical Medicine, ZAMBART, HST and others. The goal is to measure the TB outcomes of the ongoing HPTN071/POPART trial. KNCV is leading the conduct of prevalence surveys in 14 study communities in both Zambia and South Africa to determine the impact on the TB burden of universal HIV testing and TB screening. In this study, the latest insight in the optimal screening and diagnostic algorithm for TB prevalence surveys will be tested/evaluated to, in addition to the study outcomes, determine optimal approaches for future countries performing national TBPS surveys.

- KNCV aims to reanalyze data from surveys that have been conducted in the past years to e.g. better understand the characteristics of patients found in recent TB prevalence surveys; and if patients reporting symptoms that would make them eligible for sputum testing under routine case finding conditions differ from patients that do not report such symptoms; and gain insight into the value of Xpert MTB/Rif versus culture testing.

Key Result Area 2:

Lessons from Active Case finding activities

Linked to key result area 1, lessons from TBPS will be applied to ACF activities to work towards TB elimination by Finding and Treating all Missed TB patients, including new algorithms, methods (i.e. CAD4TB) and strategies:

- In Malawi, the results of the CAD4TB operational research in prisons will be harvested to enable the country to determine the use case for CAD4TB, including the optimal frequency for recurrent screening.
- In Indonesia, the results of the project on intensified TB case finding strategies using novel algorithms among community health center attendants are currently being harvested. This will provide insights into 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, as well as on the most optimal screening-diagnostic algorithm(s) in terms of yield and costs. Based on the outcomes of this phase, in phase II, a cluster-randomized study will be carried out in 2019 to assess the health system costs and feasibility of client screening when used in routine practice.

Key Result Area 3:

Pharmacovigilance and New Drugs and Regimens

KNCV supports several countries in the implementation of active drug safety management and monitoring (aDSM). Though most of this work focuses on implementation, KNCV also aims to assess the safety and efficacy of the new TB drugs and regimens using the data collected from patient cohorts in several countries, starting with Kyrgyzstan, Tajikistan, and Indonesia. Additionally, through the PAVIA project led by the Amsterdam Institute of Global Health and Development, KNCV leads the monitoring and evaluation package, which aims in four sub-Saharan African countries to:

- Analyze pharmacovigilance structures and processes at baseline to develop a country specific roadmap;
- Evaluate impact of the project on pharmacovigilance outputs, i.e. adverse event data generated and its impact on policy and practice;
- Develop a blueprint to guide scale-up of PV in other African countries.

The baseline assessments were conducted in 2018.

Key Result Area 4:

Know your epidemic

Data from the national surveillance system combined with data from various surveys conducted (TBPS, DRS and inventory studies) serves to better complete the picture in our understanding of local epidemics. The need for enhanced data aggregation and utilization has long been recognized by KNCV and is part and parcel of ongoing work. Collaboration with the TIME modelling group of LSHTM as well as KNCV's active involvement in the Global Task Force on Impact Measurement illustrate this interest.

KNCV is also actively involved in subnational burden estimation using the TIME model and other modeling approaches. A tool was jointly developed by the TIME modelling group of LSHTM and KNCV Indonesia to estimate the sub-national TB incidence. It consists of a simple model to distribute the national TB incidence as estimated by WHO to the different regions and districts using population data (projections from census data 2012) and subnational distribution of patient risk factors as determined in the latest prevalence survey (age 25-34, age 55-64, male sex, BMI<18.5, PLHIV). After its application to Indonesia, members of Team Evidence have recently introduced and adapted the tool for Tanzania and Nigeria. At this stage, the tool is meant for advocacy and planning as it has limitations and should not be used to monitor performance due to possible confounding that might not be controlled for. These estimates are therefore intended to be used to guide national TB program strategies to improve TB case finding.

Key Result Area 5:

New diagnostic methods & optimizing diagnostic algorithms

In 2019, Team Evidence in close collaboration with the laboratory group at KNCV will continue its work to validate non/less invasive methods to diagnose TB in children. Ongoing work around a simplified pre-processing method for stool use in GeneXpert (One step approach)will yield results in 2019, while additional less invasive tests and approaches are also sought.

Key Result Area 6:

Addressing latent TB infection

KNCV continues to be active in this field in several key areas of prevention: optimized frequency of LTBI therapy in high endemic settings; optimized approaches to CI among pediatric contacts to TB patients; screening algorithms for LTBI management in the NL

Under CTB 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.

Under the Unitaid sponsored IMPAACT4TB project, KNCV will be a co-investigator in a study to compare contact investigation and screening methods for increasing 3HP uptake among pediatric household TB contacts. This is a cluster randomized trial of three clinic-level strategies for pediatric (< 5 years) TB contact investigation among to increase uptake of 3HP. The study will take place in Mozambique and Ethiopia. Clinics in these countries will be randomized to implement one of three strategies: 1) New TB cases refer pediatric household members to the clinic for screening by a nurse or physician, and eligible contacts are started on TB preventive therapy (3HP or 3HR by age-indication) (standard of care); 2) Household-based pediatric contact investigation conducted by community healthcare workers with in-home initiation of TB preventive therapy; 3) Incentive-based contact investigation in which incentives are provided to the index patient after pediatric household contacts present at the clinic for screening by CHW and/or nurse. Clinics will implement contact investigation for 18 months. The primary outcome will be the proportion of pediatric household contacts initiated on TB preventive therapy per arm.

In low-incidence settings, screening for latent tuberculosis infection (LTBI) is most cost-effective using a tuberculin skin test (TST), and if positive, followed by an interferon gamma release assay (IGRA). Due to stock-outs of purified protein derivate from the Statens Serum Institute, PPD-Tubersol and PPD-Bulbio have been used alternatively since 2015 in the Netherlands. Observations from the field in the Netherlands suggested that PPD-Bulbio resulted in more frequent positive indurations with lower IGRA confirmation rates compared to the other PPDs. In 2018 KNCV analyzed data from the National TB Information System and we found that TST-testing with PPD-Bulbio leads to higher TST indurations which are less likely to be confirmed by IGRA among BCG-vaccinated individuals and those with a higher likelihood of infection compared to other PPDs. This work will continue in 2019 as based on these findings cut-off values for a TST-reaction prior to IGRA for specific target groups needs reconsideration.

2.3 HEALTH SYSTEMS

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

Approach:

The success of the Global End TB Strategy depends on people centered resilient sustainable systems for health as a foundation and catalyst for countries to provide universal access to quality TB prevention and care. At country level these systems require 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 both public and private stakeholders, ensuring optimal use of resources with each constituency contributing to a unified, comprehensive national and sub-national TB control strategy and plan(s).

Key Result Areas are divided into Mainstays and Priority Areas. Priority Areas address urgent intervention areas to achieve the objectives of the Global End TB Strategy and are largely aligned to the TD Initiatives. Mainstays denote activities strengthening the underlying health systems and structures to ensure the necessary working environment. Mainstay areas correspond to the **four** key result areas of the KNCV Strategic Plan 2015-2020:

Mainstay Areas:

2.3.1. Strategic and operational planning
2.3.2. Resource mobilization and sustainable finance for affordable services
2.3.3. Engagement of and coordination with other sectors and partners
2.3.4. Monitoring and evaluation/ Quality improvement systems

Priority Areas: Optimizing health systems for achieving the End TB Strategy

2.3.5. Find and treat all missing persons with TB (FTMP)
2.3.6. Diagnostic Network and Solutions
2.3.7. Stigma and human rights
2.3.8. Human resources for health

The Health Systems Solutions (HSS) Team will continue to support countries throughout the program cycle and ensure that national and subnational policies, guidelines, strategies, and implementation plans are responsive, resilient and evidence based. The positioning of the team - aligned to the Access, Evidence, Team NL & Elimination and Elimination, and DHS Teams - along the program cycle will facilitate early adoption and integration of the latest tools, approaches and initiatives. In 2019, countries will start preparing for the next Global Fund funding cycle starting in 2020. For a number of countries this will be the last GF application, as they are preparing to transition out of GF support. The HSS team will support countries in this process, ensuring that all necessary systems, regulations and resources are in place for seamless transition.

Key Result Area 1:

Strategic and operational planning

In 2019 KNCV will:

- Participate and contribute to relevant global fora (WHO, STP, TB Situation Room) and in global policy and guideline development working groups – highlighting the need for innovative patient-centered approaches, involvement of affected populations, ethics and human rights issues.
- Assist countries preparing for the next Global Fund funding cycle. The HSS Team will ensure that the development and implementation of national strategic plans are responsive, evidence based, prioritized and costed.
- Continue 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 EndTB strategy, and by providing training and mentoring to key NTP and local partners.

Key Result Area 2:

Resource mobilization and sustainable finance for affordable services

Expanding health systems financing opportunities (such as Universal Health Coverage, 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. Taking this into account, KNCV will continue to support countries in accessing all potential domestic and international funding sources for TB, working with partners to ensure multidisciplinary approaches to in-country resource mobilization. This support includes providing assistance to NTP management and, where applicable, local government/ health authorities to develop budgeted national and

sub-national annual work plans. In countries with a KNCV office, we will further assist in the processes for optimal planning and utilization of available resources, prioritizing key donors: Global Fund, PEPFAR, USAID, and DGIS, as well as emerging health insurance systems.

In 2019, KNCV will:
- Assist countries in preparation of Global Fund (GF) Funding requests for the 2020-2023 funding cycle.
- Assist countries in preparation of transitioning out of GF Funding support by matching resource requirements with available domestic resources (e.g. national health budget allocation, health insurance packages, social security, etc.).
- Explore approaches that combine national push (regulatory) and pull (financing) mechanisms to improve access to care. Examples are to enhance local ownership, governance and TB resource provision into local government budgets and health insurance packages through subnational and district-based planning, following the experiences and examples of country programs like Indonesia and Ethiopia.

Key Result Area 3:
Engagement of and coordination with other sectors and partners

Many countries are confronted by a service delivery shift from the public to the private sector throughout all levels of society, including the poor. KNCV recognizes this reality as an opportunity to increase access to quality services and enhance patient choice. Ensuring optimization of resources, service quality, regulation of actors, and protection of patients from catastrophic costs and malpractice, requires a multisectoral approach. KNCV will encourage NTPs to extend their collaboration beyond the health sector to include other relevant partners and line ministries/entities. This multi-sectorial approach is crucial for finding the missing persons with TB, enabling the uptake of new tools, ensuring sufficient staffing levels and facilitating public-public and public-private collaboration.

In 2019, 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. Relevant partners will be identified through stakeholder mapping and landscape assessments during situation analysis and strategic planning.
- With DGIS funding in Nigeria, Kazakhstan and the Philippines, KNCV will continue to use existing frameworks of patient-centered care to expand service delivery models to private providers. The aim is to ensure access to quality TB screening, diagnosis and care by encouraging adherence to national (and professional) standards established by domestic programs. Additional linkages with civil society organizations serve to push demand for access/care by increasing awareness of TB/HIV, promoting early health seeking behavior and providing support to patients and families once diagnosed and treatment is initiated. These efforts are complementary to other private sector engagement efforts already established under CTB.

Key Result Area 4:
Monitoring & evaluation/ Quality improvement systems

Quality improvement is a complex process where all roads must converge at the point of service delivery to engage patients, families, health work forces and supportive 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. The HSS Team will work closely with the DHS Team on addressing these challenges of integration, interoperability and compatibility of data systems and the adequate utilization of data for decision making and quality improvement.

In 2019, KNCV will improve quality and integration of TB services through:
- Focusing on standard tools and approaches to quality assessment and management of TB interventions along the patient care pathway and linking quality indicators and quality improvement systems to accreditation and certification (performance base remuneration systems). This will be aligned under the FTMP strategy.
- Enabling rational use of data, quality data collection aligned with appropriate M&E systems through design and better integration of these systems.
- Ensuring that patient-centered care remains a key component of quality assurance and that patients and other key affected community members are not only providing feedback on quality of service provision but are actively involved in monitoring and evaluation of the same.

Priority Areas for: Optimizing health systems for achieving the End TB Strategy

Key Result Area 1:
Find and treat all missing persons with TB (FTMP initiative)

KNCV has developed the FTMP strategy and operational guidance, launched in 2018. It provides an overall framework for several key result area outputs and activities planned in 2019 and will therefore undergo continued development, including:
- Dissemination and implementation (provision of TA) of the strategy and operational guide in KNCV supported countries. The HSS Team, supported by the Communications Team will develop a FTMP Resource Website and eLearning tools to facilitate the dissemination process. Implementation and country experiences will be closely monitored and documented with the aim of refining the tools and publishing case studies and best practices.
- Promoting the inclusion of the FTMP operationalization into NSP development, subnational and district planning as well as Global Fund applications.
- Augmenting the Operational Guide/toolkit with district level tools, standardized quality improvement tools (i.e. data utilization, service quality improvement, etc.) and specific approaches for unique situations and target groups, (e.g. 'TB in big cities', KAPs, etc.). These will be guided by country feedback and identified needs.

Key Result Area 2:
Diagnostic Networks & Solutions (DxNS)

Diagnostic services, networks and technologies are a vital component of the success of TB programs and specifically for FTMP. While many new technologies have emerged over the last few years, and many more are in the pipeline, countries have struggled to optimize their uptake and utilization. Diagnostics Sub-team of the Health Systems Team will therefore focus on the following areas in 2019:
- Redevelop laboratory/ diagnostics role/responsibilities and develop new opportunities and partnerships, ensuring that KNCV remains a recognized and key partner in the area of TB Diagnostics and Diagnostic network support. The sub-Team will develop a strategy and relevant position papers for KNCV's involvement in Diagnostic network support and new technologies.
- New TB diagnostic tests: The sub-Team will monitor the diagnostics pipeline and landscape, support development and piloting of new technologies (in collaboration with the Evidence team) where appropriate and inform global and national policy on new diagnostic tests, approaches and network design/ implementation.
- Existing technologies & approaches: The sub-Team will assist countries in optimizing placement and utilization of existing technologies and approaches, support development and ensure documentation of best practices. Diagnostic services and support systems will be strengthened and expanded, including strengthening quality and access to standard diagnostic techniques such as Xpert, culture/DST, LPA, strengthening laboratory networks, expand specimen transport systems, strengthen quality management (QMS) and quality assurance as well as appropriate bio-safety measures and equipment maintenance. The sub-Team will, in collaboration with the Digital Solutions Team, strengthen and expand the use of diagnostic connectivity solutions, support data analysis approaches and use for further policy development.
- The sub-Team will support development of operational guidelines (step-by-step guides) for endorsed technologies (national implementation packages), prioritizing their adaptation and adoption at national and sub-national level
- The sub-Team will in collaboration with the other teams design new models of care and diagnostic algorithms ensuring optimized utilization of available technologies and resources.
- The sub-Team will design most efficient strategies, networks, analyze access to care & epidemiology for TB diagnostics

Key Result Area 3:
Stigma & human rights

In 2018 using Earmarked Reserves, KNCV developed the Stigma Measurement Guidance for TB and two stigma intervention toolkits - "From the Inside Out: Dealing with TB-related self-stigma and shame" and "Allies Approach – Tuberculosis Stigma reduction for health care institutions". Both toolkits are piloted under the BMF project and the Wessel Foundation grant in 2018/2019 in Kazakhstan and the Philippines. The self-stigma

toolkit will also be piloted in Indonesia. In addition to the two toolkits, the BMF project has also implemented the PhotoVoices intervention in Kazakhstan, and as part of the KNCV 'Story of Hope' exhibition. The initiative has shown that interventions addressing stigma and discrimination are addressing a significant need and demand in TB programs.

To build on this momentum and interests, KNCV will focus on the following interventions in 2019:
- Evaluate, document and publish the TB PhotoVoices intervention with development of an operational guide and training curriculum.
- Continue to pilot, evaluate and document the two stigma intervention packages, publish results and adapt toolkits as necessary. Donors will be approached to expand their reach.
- Assist in continued development of the STP-led 'simplified' stigma assessment tool (to be used as an initial situation analysis snapshot tool – a precursor to the potential application of KNCV's stigma intervention toolboxes).
- Develop an online TB Stigma resource site in collaboration with the Communications Team.
- Explore need for TB stigma intervention toolboxes for the community and institution/policy levels (pending availability of funding).
- Continue to participate in global policy level discussions and consultations on stigma, discrimination, social protection and catastrophic costs. Continue PCC dialogue and input through membership on the Wolfheze PCC working group and introduce stigma-related work as best practices.
- Continue with social protection policy review including assessments on coverage and impact of patient support packages. Provide programmatic input and interpretation for catastrophic cost surveys. Collaborate with WHO, ILO, The Global Fund and stakeholders specialized in health financing on policy development of resilient health finance systems and social protection floors.

Key Result Area 4:
Human resources for health – strong health workforce

A strong health workforce is essential for sustainable and resilient health systems. It is also required to improve the quality of health delivery services. Any HRH strategy has to address: (1) workforce availability (numeric adequacy, worker skill mixes, and outreach to vulnerable populations), (2) motivation (adequate remuneration, positive work and career environments, availability of tools and infrastructure), and (3) competence (pre and in-service training for continuous learning, development of leadership and management competencies). Lack of adequate human resources, high turn-over, poorly prepared task shifting and conflicting priorities are only a few of the many issues to be overcome to address quality. In 2019, under the FTMP initiative and framework, the Health Systems Team will:
- Finalize its HRH strategy and approach packages, focusing on HRH situation assessments, workforce strategies for decentralization of services, retooling/task-shifting, new technologies and approaches, HR transitioning from GF/donor support to national budgets. This package will include tools in collaboration with international stakeholders and document/publish best practices and lessons learned.
- Assist countries to enhance national (and sub-national/district) management and service delivery and quality capacities. This will include support to HRH strategy development, 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.
- 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, service decentralization, adoption of new tools and approaches, and transitioning out of GF support.
- Work to ensure that HR needs assessments and planning will be adequately reflected in the NSP and budget development, planning and implementation of new drugs, tools and initiatives. Provide advocacy and planning support to improve staff working conditions and staff motivation (safety, workload, career development, infrastructure).
- Assist KNCV technical staff in the development of training and other eLearning packages.

2.4 DIGITAL HEALTH SOLUTIONS

Digital solutions applied to the health care sector are creating numerous possibilities with the potential to remove barriers and improve the delivery or provision of health care services. Digital solutions can enable access to quality care regardless of patients' specific needs or lifestyle.

There is recent growing global demand for the use of digital health solutions in TB control driven by WHO and major donors as well as at country level by Ministries of Health and National TB Programs (NTP). To meet this demand, KNCV established the Digital Health Solutions team in June 2018 to position itself as a technical implementer for innovative digital health solutions. The establishment of the team will broaden KNCV's scope in new technical areas and establish a strategic niche for future activities to come.

KNCV's DHS strategy aligns with both the WHO End TB Strategy 2015 – 2035 and Global Fund strategy 2017-2022 to ensure synergy and sustainability. Digital Health will be instrumental to optimize the effectiveness of our current approaches in the next decade and contributes to KNCV's three focus areas: (i) Access, (ii) Evidence, (iii) Health systems as well as the End TB Strategy objectives: (i) integrated, patient-centered TB care and prevention; (ii) bold policies and supportive systems and (iii) intensified research and innovation.

In support to countries, our approach includes the selection of appropriate digital health tools, improvements to data management processes and staff skills and use of tools to improve decision making at all levels of the health system. In support to other KNCV teams, the DHS group works with them to integrate digital health solutions into their projects and activities, contributing to institutional capacity building within KNCV for the selection and use of data management and visualization tools.

Working across the patient pathway to cure, KNCV addresses two broad implementation areas:

Key Result Area 1:
Diagnosis: diagnostic connectivity

Within diagnostic pathways there are several areas where digital health solutions can provide innovative opportunities. With the combined expertise in laboratory strengthening and digital health, KNCV is strongly positioned to support countries in strengthening their diagnostic network to incorporate digital health solutions. One focus area is diagnostic connectivity and data utilization of diagnostic data.

Tuberculosis (TB) diagnostic connectivity solutions can advance the linkage between the laboratory and clinical approaches to patients. The different types of information transmitted by these connectivity solutions in real-time provide an unprecedented opportunity to facilitate treatment and patient management efforts, and in turn, improve health systems and strengthen efforts to end TB.

Over the past few years, KNCV supported the implementation of TB diagnostic connectivity solutions in various countries. Different country-settings and contexts require tailored pathways for appropriate selection and implementation. Some countries, however, struggle to manage and optimize use of diagnostic connectivity, limiting patient impact. Using diagnostic data for, among others, clinical decision making, forecasting of inventory or drugs, quality control, capacity building and surveillance can be challenging.

In 2019, KNCV will contribute to growing global efforts that will focus on building in-country capacity to utilize diagnostic data to improve decision making within the health systems. To achieve this, KNCV will:
- Interact with global stakeholders to define best practices and standardized indicators
- Support development of standardized system selection and data utilization approaches
- Develop monitoring systems for implementation of diagnostic connectivity in focus countries
- Continue to build partnerships with vendors of diagnostic connectivity platforms
- Support the TB Data Fellowship (or other) programs, sponsored by the Tableau Foundation

Key Result Area 2:
Care and treatment

Interruption of TB therapy leads to poor treatment outcomes, resistant forms of TB and continuous transmission in the community. Traditional health facility based Directly Observed Treatment (DOT) is no longer considered an adequate model to support patients to complete their treatment. It is highly resource intensive with multiple issues around accessibility and acceptability

by patients. These challenges become even more evident in the treatment of patients with drug-resistance (DR)-TB who undergo significantly prolonged therapy with multiple and toxic drugs.

Over the last year, WHO has published updated guidelines for DS-TB including the first ever recommendation for using treatment adherence interventions, publishing a handbook for the use of digital technologies to support TB medication adherence. In addition, several funders (e.g. TB REACH, Unitaid) have had calls for proposals specifically focused on the introduction and scale-up of digital adherence technologies.

In mid-2018, KNCV was awarded three grants from the Stop TB Partnership's TB REACH mechanism to pilot the implementation of two types of medication event monitoring systems (MEMS); evriMED MEMS boxes and 99DOTS MEMS sleeves, and Video Observed Treatment (VOT) in the Philippines, Tanzania and Ukraine. In addition, KNCV was awarded a Bill and Melinda Gates (BMGF) grant to provide overarching technical assistance to TB REACH projects with a key deliverable: a generic implementation package for the introduction of digital treatment adherence technologies consisting of a step-by-step guide on selection of setting-appropriate technology, M&E framework and training materials.

Among the goals of these demonstration projects are to determine the adaptations needed to make the technology suitable for a variety of contexts, how to incorporate patient-centered mechanisms in the solution and what steps countries can take to scale-up and/or sustain these innovative approaches. To achieve this, KNCV will:

- Support Tanzania, the Philippines and Ukraine in setting up pilot projects for the use of innovative adherence technologies. Provide support to other TB REACH grantees
- Contribute to development of an implementation package for adherence technologies
- Develop (in collaboration with the Evidence Team) protocols for M&E and operational research
- Seek additional longer-term funding to address implementation, research and market-dynamics
- Support development of patient care differentiation approach using real-time adherence data

'Updated guide lines by the WHO for DS-TB included the first ever recommendation for using treatment adherence interventions'

As part of the Stop TB Partnership's TB REACH mechanism, KNCV pilots the implementation of two types of medication event monitoring systems. Shown here is the evriMED MEMS box.

2.5 TEAM THE NETHERLANDS & ELIMINATION

Team the Netherlands (NL) & Elimination supports Dutch TB control with the aim to contribute to the goals set in the national strategic plan for 2016-2020 and the WHO End TB Strategy. In addition, the team aims to share experiences in TB control in the Netherlands to the benefit of TB programs in other countries, through research, training programs and participation in WHO-sponsored task forces relevant to TB elimination.

In 2019, KNCV aims to expand its role as a Dutch TB Knowledge Center (DTKC) through:

1. Enhanced KNCV visibility in advanced clinical trainings organized in the Netherlands;
2. Execution of a new digital health strategy developed mid-2018. Initially, the digital health work will focus on access to guidelines and best practices, patient care and information, communication and education to the general public as well as to patients and professionals through the KNCV website, and finally, development of a public repository of existing and available digital health tools and strategies;
3. Publications and presentations of key evidence contributing to TB Elimination;
4. Extension of technical advice to international settings/ outside NL (i.e. on contact investigation and LTBI treatment, and monitoring and evaluation of / risk group approaches (to be linked to Work Force development under Systems).

Key Result Area 1:

Support access to quality health and TB care

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

I. Policy and guideline development

KNCV organizes and facilitates the Committee for Practical TB Control (CPT). The CPT is a multidisciplinary 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.

II. Access to updated professional guidelines and public information

KNCV disseminates and publishes new and updated guidelines and policies on the section 'Kennisbank' of the Dutch KNCV website and in 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 the general public, 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 Dutch side of the KNCV website.

III. Patient-centered care and support activities

As TB typically affects people with a poor socioeconomic 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 also supports a closed Facebook account providing peer support to patients and involves patients in training and advocacy activities.

In 2019, KNCV will promote and support the implementation of Video Observed Treatment (VOT) and other means of digital communication, supporting national and regional pilots and organizing/facilitating informative and skills training for professionals. Furthermore, KNCV will promote the use of digital health and digital learning tools for professionals in TB control by implementing a national action plan to foster the implementation and the transition to digital health methods and applications.

Key Result Area 2:

Generate solid evidence base in the Netherlands

Team NL & 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 (TB-ENDPoint, IPSI), monitoring and evaluation of TB control interventions and other collaborative research with national and international partners. Team members contribute actively in scientific meetings, courses and publications in peer-reviewed journals.

I. ZonMw TB ENDPoint

In 2019, this comprehensive implementation research project, supported by the Dutch government (ZonMw), to optimize TB prevention among high risk migrants will be completed. Results of the cost-effectiveness analysis of screening scenarios and a business case for LTBI screening of new migrants will guide decision makers in their choices for future policy.

II. Improving Patient Support Interventions (IPSI)

In 2019, the results of this qualitative research project into the perceived effectiveness of nursing support interventions for TB/LTBI patients in the Netherlands will be published. The project is financed through KNCV Earmarked Reserves. ZonMw funding to translate the findings into a new guideline for nurse's care and patient support has been applied for.

III. E-DETECT TB

Activities for this collaborative project funded by the European Commission (EC) to strengthen detection and management of tuberculosis in high risk groups in Europe will continue until May 2019, with a possible no-cost extension for work package 4, 'Outreach for early diagnosis and treatment among risk groups for tuberculosis in Romania and Bulgaria'. KNCV will contribute to the analysis of the pooled data from work package 6, 'Establishing a database of latent and active TB among high risk migrant groups in Europe countries.'

Key Result Area 3:

Support health systems in the Netherlands

I. Coordination and Technical Advice

Team NL & Elimination supports TB control efforts through both planned and ad hoc technical advice to individual professionals and organizations.

- Working closely with the RIVM-CIb (Centre for Infectious Disease Control) and GGD GHOR Nederland to coordinate and support TB control activities in the Netherlands and support the implementation of the National TB Control Plan (NTCP) 2016-2020.
- Supporting professional organisations to strengthen clinical management of patients with TB and LTBI through training of clinical TB coordinators and facilitating a multidisciplinary TB/HIV collaborative platform.
- Hosting the KNCV website 'tuberculose.nl' with access to epidemiological information for the Netherlands and global TB situation to identify the target groups for TB prevention.

II. Quality policy (regional reviews; monitoring and evaluation of screening risk groups)

KNCV facilitates the plenary review committee ('plenaire visitatiecommissie') responsible for periodical professional reviews of TB control management on a regional level. KNCV also monitors and periodically evaluates the screening policy of risk groups in the Netherlands annually, and more elaborately, over five-year periods. In 2019, the results of contact investigation over the period 2011-2015 will be submitted to a peer reviewed journal.

III. Training

KNCV supports professional associations to develop curricula and provide continuous medical education. KNCV also offers specific TB training courses for professionals working in public health TB control departments. From 2019 onwards, KNCV will further contribute in the organization of the annual Masterclass Tuberculosis for TB coordinators by facilitating the organization of the course. KNCV is co-organizer of the annual European Advanced Course on Clinical Tuberculosis, which is to take place in the Netherlands in 2019. 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.

IV. Wolfheze Workshops Conference 2019

Every two years KNCV, WHO/Europe and ECDC organize the Wolfheze Workshops conference in The Hague. This invitation conference involves policy makers, epidemiologists, microbiologists, researchers and other professionals working in TB control in the European Region. Team NL & Elimination participates actively in the conference organization and technical working groups. During the conference, outcomes of Dutch research and best practices are presented.

V. Capacity building and sustainability

To safeguard expertise for the highly specialized position of TB consultant in low prevalence areas, new TB professionals need to be recruited and trained in providing technical advice and become involved in the support of guideline development. Therefore, an Early TB Professional will be considered for training in the field of TB control in low prevalence countries.

3. ORGANIZATIONAL DEVELOPMENTS

3.1 OPERATIONS DIVISION

In 2019, the priority areas of the Operations Division will be project management, optimizing operational country support, country office strengthening and support, contribute to project development in PADT and in the assigned project development teams and contribute to organizational operational management in collaboration with all other units and divisions.

A. Project Management

1. Ensuring the successful management of Challenge TB projects implemented by KNCV;
Monitor and support day to day CTB project implementation by KNCV to ensure successful implement of approved plans 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 CTB TA activities will also continue to be supported by the Operation Division. We will continue to optimize collaboration with the Challenge TB PMU, ensure clear communication at HQ internal as well as towards the countries and align reporting requests.

2. Successful close-out of the DGIS funded project "Building Models for the Future (BMF)":
For the DGIS funded project 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*) and 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*).

This final year of the BMF project has an in-country implementation period of 9 months, that is from October 2018 to June 2019. The country offices in the Philippines and Kazakhstan will have another month in July to work on project handover to stakeholders and produce reports. Nigeria is the exception where KNCV and PharmAccess will wrap up activities and hand over in January 2019. We will work on overall project reporting in August and the project will officially close in September 2019.

We will support the in-country teams and project partners with downscaling/ending activities and handing over of project success in the first few months of the project year. This to ensure that project closure is realized with a positive understanding of the government and partners. Administrative close-out activities will be well-prepared in advance and we will support the alliance partners in drafting and reviewing their close-out strategy. Particular attention will be paid to each partners' disbursement plan of project procured assets. We will also cooperate closely with KNCV's technical department in conducting a thorough internal evaluation of the project. Findings will be used to inform further project management decisions.

3. Successful management of the non-Challenge TB projects;
For monitoring purposes we continue to use a project tracking system and reporting tracking tools for ongoing monitoring. We will continue country team meetings, project specific meetings to follow on day-to-day project management, as well as and regular meetings between the Director Operations and the Director Technical division to ensure a shared overview. We will continue to invest in development and maintenance of up to standard project management tools. In 2019 we aim to focus more on possible further development of PME systems.

Essential Standard procedures and SOPs are developed over the past years. These will be maintained and where relevant further developed and related to that 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. In 2019 the focus will be on ensuring that the available SOPs and tools will be further incorporated in day to day operations as standard practice by all staff.

We will continue optimizing and aligning the different processes and procedures in collaboration with relevant other departments (ICT, Finance, HR and Resource Mobilization).

B. Optimize country support & Country office strengthening

We will continue to optimize the functioning of multidisciplinary 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 stimulate local leadership/ownership at Country Directors level.

As soon as there is clarity about the requested 'no cost extension' of the Challenge TB project till September 2020, a country specific plan will be developed in collaboration with the country teams to support close out of CTB and possible close out of offices. At the same time we have to ensure continued operational capacity for continuing projects, transitioning relevant offices to suitable size.

We aim at effective and efficient division of tasks between HQ and Country offices, taking into account differences between the countries based on responsibilities and tasks, required and available capacity.

In the past year KNCV has invested in the (local) resource mobilization capacity of Ethiopia, Indonesia and Nigeria. This will be continued in 2019.
Related to this, KNCV will monitor closely the collaboration of KNCV with the locally founded YKI in Indonesia and include the lessons learned in this process in steps that KNCV envisions to take in setting up local foundations in other countries like Nigeria.

Tendering and Procurement of services and goods : One of the Portfolio Managers is appointed as procurement focal point. Over the past years KNCV has developed relevant standard procedures and also the capacity on procurement in different country offices has increased. For bigger international procurements KNCV used to work with the Nederlandse Inkoop Centrale (NIC) but with current and expected level of procurement we do not foresee a need for their services in 2019. In case expected procurement changes significantly (due to new projects) we will assess possible alternative ways to facilitate procurement processes as due to internal

'In the past year KNCV has invested in the (local) resource mobilization capacity of Ethiopia, Indonesia and Nigeria'

developments at NIC it is currently unknown if they are still offering this kind of service.

KNCV Country Office manual: In 2018 the updated Country Office manual including existing KNCV policies and guidelines has been rolled out. In 2019 we aim to optimize the use of share point/My KNCV for information sharing on policies and procedures and SOPs also with and among Country offices.

C. Project Development:

As funding diversification is essential for KNCV we will continue to be actively engaged in supporting the development of new proposals, expanding knowledge on rules and regulations of different funders, smart and realistic 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. During proposal development we will ensure timely involvement of relevant country offices making optimum use of their capacity and costing knowledge and increasing shared ownership of projects under development.

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 have 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 continued to improve this resource planning system aiming at improving the quality of management information focusing on managing related information flows, accuracy and further develop standardized reports to meet information needs from different levels (project/ unit/organization) and familiarize all KNCV staff with the system. The workgroup that is put in place in 2018 will continue to work on further improvements in 2019 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 to ensure safe implementation of our projects and to meet with the 'Duty of Care' standards as KNCV. Security management responsibilities are included in the line management responsibilities of Country directors, Portfolio managers and the Director Operations supported by the KNCV Security Officer and Head of HR. In order to ensure security management to be incorporated in day-to-day management it is a standard topic on country team meeting agenda's and KNCV quarterly reporting formats. In 2018 we will continue to monitor and support actual implementation of agreed country security plans and related SOPs.

General Data Protection Regulation: Operations Division will contribute where relevant to further develop and implement all necessary internal policies and procedures related to General Data Protection Regulation as applicable since 2018.

3.2 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 office in The Hague.

Sharepoint
Early 2018, MyKNCV, based on Sharepoint, was launched as the replacement for the ePortal. During 2018, several collaboration group were migrated from the ePortal to Sharepoint as well. This will continue in 2019.
In 2019 we will start using Sharepoint as an alternative for the fileserver. This depends on whether or not previously defined risks can be solved or will be accepted.

Sharepoint offers much more functionalities than a traditional fileserver:
- 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

Teams/Skype for Business
Microsoft is working on an integration of Skype for Business and Teams. We will investigate and implement the necessary steps to stay up-to-date.

Intune Mobile Device Management/Mobile Application Management (MDM/MAM)
In IT, a transition is going on from management of devices to management of users. Based on Intune Mobile Device Management/Mobile Application Management (MDM/MAM) combined with conditional access, we will investigate the pros and cons of both methods, which steps to take for the short and long term, and start implementing them.

Financial processes
We will, together with OGD, make an inventory of the most important financial processes and implement possible improvements, for instance Single Sign On.

General Data Protection Regulation
We will make sure all procedures with regard to privacy sensitive information stay 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.

Presentation screens meeting rooms
The existing presentation screens will be replaced by bigger ones. The existing presentation screens will be re-used in the other meeting rooms.

End of rental period
The rental period for our The Hague office ends in May 2020. In 2019, we will start discussions with our landlord on contract renewal.

3.3 RESOURCE MOBILIZATION AND FUNDRAISING

In line with KNCV's organization strategy, the unit Resource mobilization will focus on strategic fundraising in 2019 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. The year 2019 will accelerate the intensified resource mobilization efforts in diversifying our funding sources and at the same time maintain our strategic relationship with USAID and the Dutch Ministry of Foreign Affairs as we are entering new funding cycles with our two main institutional donors at the global level.

Obviously, our current CTB country presence offers opportunities to position ourselves for multi-year institutional and in-country fundraising with e.g. Global Fund and globally with Unitaid and other TB dedicated funders. However, in country fundraising will require investments to build local fundraising capacity and ensure adequate support from central office level. Local resource mobilization plans and capacity support mechanisms are in place for Ethiopia, Nigeria and Indonesia.

Almost all proposals developed over the course of 2018 were developed at central office level, with input from country offices and technical staff based in The Hague and target countries. In 2018 we further stepped up efforts to identify country-based funding schemes in order to achieve our target for 2020. 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 capacity situation differs per country, based on local circumstances, skills and capacity available in country offices, local funding landscapes and network potential. Strong support and involvement from management at country and central office level is needed to ensure that fundraising efforts are successful.

Focus on strategic fundraising and philanthropy

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 multi-year programs.
In 2018 KNCV explored options for increasing the core funding base and engagement with major donors, corporate foundations and private foundations. This effort was strongly connected to the enhanced attention for TB and its investment case in the course of 2018 as both the Union World Conference on Lung Health Union 2018 in The Hague and the UN General Assembly special session in New York placed emphasis on the importance of combatting MDR-TB in the AMR agenda. In 2019 we will continue the focus on philanthropy fundraising with a selected group of (corporate) foundations and the recruitment of a dedicated officer to strengthen relationship building and proposal development with (corporate) foundations from the US, the Netherlands and Europe. We are building on the strengthened and intensified relations with the corporate sector who participated and sponsored the Union World Conference that was held in October 2018 in The Hague.

Retain, Revive and Develop

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

- **Retain**: Achieve the goals in existing multi-year 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 multi-annual contracts or frameworks. This could be achieved in various way for instance:
  - through an initial (demonstration) pilot or short term contract so as to build up a basis for follow-up funding
  - 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.

'The aim is to have a variety of donors, including USAID, DGIS, Global Fund and Unitaid, that can support KNCV with multi-year contracts'

3.4 COMMUNICATION AND PRIVATE FUNDRAISING

The year 2019 is going to be a year in which all efforts on positioning, branding and image-building should come together in creating better awareness of the KNCV Tuberculosis brand, good ratings on the results and more funding.

To achieve this, we have to extend, implement and exploit all the highlights achieved in media attention, all preparations made on improved branding and awareness created through the brand new fundraising campaign started in 2018.

Content Management is key

The way we tell our stories and brand our content is key for improving brand awareness. A strong and appealing branding is embedded through our content manager (CM) with a prominent role in the team. The CM is responsible for the Look & Feel of everything we publish through our own channels and beyond. The Union conference was a first good step in working together with the country offices on a uniform appearance, without losing a country's origin. Now we have to move on. There are a number of necessary focus areas for CM to accelerate on in 2019:

- The website: as described in the Online Plan 2019: make it clear, appealing, a professional place for the best technical solutions and tools, more responsive and with attractive video features.
- Collecting the best stories and supporting images, from specific countries and with specific themes, described in the 2019 Communication and Content-strategy plans.
- The results, impact and stories of the projects will be shared through all channels available.
- Get and keep the Country Offices close on how to brand, use storytelling and collect the best content.

Attract readers and share stories

The online and social media efforts have gone through a positive development, due to a more consistent content strategy. Both internationally as well as in the Netherlands. The newly started international Facebook page reached 100.000 likes in October 2018. More results will be booked through the integrated communication approach planned for 2019. The social media tools are important for mainly the international engagement and profiling of KNCV with professional stakeholders, by pushing relevant results and successes. Facebook also plays a role in engaging the Dutch audience and inviting them during the year to share their TB stories and memories and support KNCV (*Dwalen in verhalen* Campaign). By using these channels and their possibilities the objective of a good fanbase should be reached.

Let's create synergy

In 2018 an enormous boost was given to the brand awareness of KNCV Tuberculosis Foundation through a multi-channel approach. The new Media and Campaign manager has a press background and is used to building and maintaining press relations. In the 3rd and 4th quarter of 2018 the created 'momentum' for the fight against TB and the profiling of KNCV was indeed successful. With a solid communications plan and among others our innovative breaking news on the stool test, the 'events' UNHLM and the Union World Conference formed a solid starting point for all media effort pushed through multichannel communication.

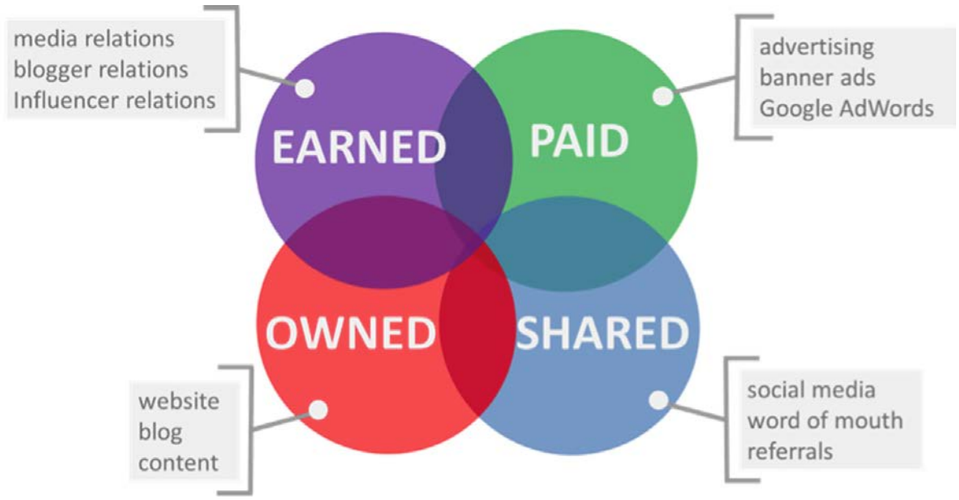
In 2019 even more effort and results from communication and fundraising strategy should be achieved, through using the PESO model whenever possible. Objective is creating 3 specific moments to push the fight against TB forward.

- Strong press releases with news on an appealing subject that will have impact
- An activity like for example World TB Day, a special KNCV sports-event or the next Union Conference in India
- Using stories and the best pictures as storytelling content
- Push fundraising and leads campaigns through, that refer to the chosen subject and stories

Besides these specific moments we will emphasize our 115 years of expertise and experience.
This way the Dutch general public as well as all the national and international stakeholders can be reached with an integrated approach through all relevant means and media. Partly through media we invest in (PAID), also through our press relations (EARNED), picked up by our fanbase and partners (SHARED) and always substantiated by our interactive website (OWNED).

More visibility for our Technical leadership

In our communications approach, we have a clear base to work with. KNCV has 115 years of effective and technical assistance to TB programs. 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.

The way we work is:
- Patient-centered
- with an integrated, programmatic approach
- and solidly evidence-based

Our initiatives and focus areas are:
- Right Diagnosis, Right Treatment
- Digital Health
- TB Stigma
- Find and Treat all Missing Persons with TB (FTMP)

Besides that: Childhood TB, TB Prevention (LTBI) and TB/HIV Co-infection

In the 2019 Communication and Content strategy plans, we collect data and content on these focus projects working closely together with the technical teams. Updating and creating tool-kits, with two-pagers and more interactive internet tools is part of that strategy.

Raising private funds through building a fanbase

Core funding is crucial. Our public target group for private donors is very suitable for creating awareness and empathy for legacies. Therefor a specific part of the integrated Communication plan 2019 is focused on the 70+ segment of our target group. We will work with Storytelling through testimonials. Using people who are already 'fan' of KNCV and included KNCV in their will. In the fundraising plans for 2019 we will use the USP of TB in the core message in the Netherlands. Here, almost everybody older than 60 years has a personal memory on TB. The new *site Dwalen in Verhalen* is a portal that we use to connect with our target audience in order to raise money.

Entering the market of business partners needs specific experience and focus. A new partnership-officer is therefore being acquired. This business market approach concerns a broader concept which includes major donors, foundations and corporate giving.

KNCV's as beneficiary

The important part of core funding based on KNCV being a beneficiary of the Dutch Lotteries has now been further strengthened. We are still beneficiary of the ' Vriendenloterij', but since 2018 also of the 'Nederlandse Postcode Loterij'. Besides that we are still beneficiary of the 'Nederlandse Loterij'. We plan on proactively work on more communication and involvement with the lotteries in order to reach more public.

3.5 PUBLIC AFFAIRS AND ADVOCACY

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

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 Official Development Assistance for TB, TB/HIV and Health (as fully described in the advocacy grant application to the Bill & Melinda Gates Foundation (BMGF)) and (2) positioning KNCV for administrative visibility, backing and continued funding access. We do so primarily through engagement with the Ministry of Foreign Affairs (MoFA), Ministry of Health (VWS), and building relationships 'across the isles' in Parliament.

In 2019 we will build on the gains of 2018 in respect of administrative commitment to TB at MoFA, as secured in the UN HLM preparations (side events and declaration negotiations) and the collaboration in the Building Models for the Future-project, and at VWS in the lead-up to the Union World Conference as well as the follow-through of the Clingendael Report (*Why the Netherlands should step-up its ambitions in Global Health)*. In Parliament we will seek to expand relationships and build on the engagement of TB Ambassador MP Anne Kuik.

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 (GF) provides 66% of external financing for TB control implementation (USD 650 mln. p.a.) and is the Netherlands principal annual budget commitment for international HIV/Aids (58 million p.a.). KNCV staff chairs the Audit and Finance Committee (AFC) of the GF Board. This position comes with a tangible opportunity for influencing policy change and supporting the GF Secretariat in grant making performance towards impact in the fight against AIDS, TB and Malaria.

AFC leadership activities entail agenda setting, meeting chairing and accountability to full GF Board and Coordinating Group; KNCV also serves as active member of the Developed Country NGO Delegation to the Board of the GF. This engagement includes facilitating bi-directional KNCV and GF information flow at policy level enhancing KNCV positioning for operational engagement at the GF Secretariat. Additionally, consultation processes are conducted with Dutch MoFA, NGO community and Stop TB Partnership enhancing KNCV positioning and TB advocacy; the AFC leadership position enhances political access.

In 2019 AFC focus remains on enhancing operational policies, risk management and follow-through of the recommendations of Office of the Inspector General of the GF - independent inspection - reports and an important component will be supporting the 6th replenishment cycle. In the interaction between GF and KNCV policy work, KNCV involvement and modalities to support countries in sustainable programming and financing of TB as well as Human Rights-based TB programming has been identified by the GF internal working group as an area for focus. Dutch NGO and MoFA dialogue in advance of Committee and Board meetings, as well as de-briefings remain a pillar for building support for GF resource mobilization and informing policy dialogue.

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: Building on the TB momentum created thanks to the UN HLM on TB in New York, and Union World Conference subsequently, in 2019 PA attention will shift to enhancing accountability processes from a civil society angle as well as supporting political and accountability engagement by KNCV country offices if and where relevant and prioritized by KNCV/CTB country teams. We will continue to expand the collaboration with the regional and global TB Caucus platforms and engage where appropriate at country level. KNCV chooses its role as informing the policy advocacy with its comprehensive program and technical perspective.

KNCV's Executive Director Kitty van Weezenbeek speaks during the opening ceremony of the Union World Conference in The Hague.

3.6 FINANCE DIVISION

PA plays a role in prompting country advocacy engagement in collaboration with CTB unit at KNCV The Hague and responding to country office requests. 2019 PA activities in this third work stream will be focused

a) **Post UN HLM TB accountability processes:** the key activity envisaged here is to work with Stop TB Partnership, Results UK and UN HLM follow-up platforms. KNCV will focus on the health financing aspect and align this with AFC engagement areas as well as seek to build a solid collaboration with WHO, GF and in-country/regional budget advocacy structures.

b) **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.

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

Focus in 2019 will be on the financial monitoring of projects from new donors (Unitaid, EDCTP, BMGF), financial monitoring of the 5th year of Challenge TB and DGIS implementation, as well as monitoring of sub awardees under these grants.

In 2019 we will introduce 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.

In 2019 the outcome of the compliance check on local law and regulation for all country offices will be followed up during internal audit missions.

The annual risk assessment will focus on the outcomes of the Monte Carlo analysis and on local risks in country offices and how these can be mitigated.

The request for a NICRA change with USAID will be followed up and if approved, implemented.

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 2017 audit findings.

3.7 HUMAN RESOURCES MANAGEMENT

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

Social Plan
Anticipating on the expected closure of major projects, HRM is working on a Social Plan for the employees at KNCV's central office in close consultation with the Works Council. Once the Social Plan is finalized, the roll-out of the Social Plan will take up a significant amount of time for the HRM unit in 2019 or 2020.

Phase-out country offices
The HRM unit will provide assistance to the country offices upon the expected closure of major projects in 2019 or 2020. Tailor-made support will be given on the basis of the needs of the country office.

Salary house
In the past years the HRM unit has worked on a new salary house. The proposal for the new salary house was submitted to the Works Council as request for consent in 2018. Once the Works Council has given their consent the new salary house will be implemented in 2019.

RI&E
Following up on what has been put into motion in 2018, a 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.

Insite
In 2018 HRM worked together with AFAS to set up the Employee Self Service (ESS) part in Insite. This will give employees access to Insite and will enable them to review their pay slips and manage/update their own personal details. The roll-out of the ESS is expected to take place in 2018/2019.

Pension
HRM will do an initial analysis of possible competitive pension funds or plans that's more fitting to our current international staff composition.

International taxation
HRM will do an assessment of HQ's payroll process for the expats based in our country offices for the purpose of legal compliance.

Security
In 2018 HRM unit expanded the role of the Security Officer to meet with the 'Duty of Care' standards and established more robust security management. In 2019 implementation of Duty of Care will continue by conducting security awareness sessions for all new joiners, initiate training and refreshers courses for travellers.
The Security Officer will continue to (pro)actively support and advise KNCV colleagues with their security issues or on relevant security developments.

4. MONITORING AND EVALUATION

LATEST STATUS OF THE TB EPIDEMIC (FROM WHO GLOBAL TUBERCULOSIS REPORT 2018 EXECUTIVE SUMMARY)

Worldwide, TB is one of the top 10 causes of death and the leading cause from a single infectious agent (above HIV/AIDS). Millions of people continue to fall sick with TB each year. In 2017, TB caused an estimated 1.3 million deaths (range, 1.2–1.4 million)2 among HIV-negative people and there were an additional 300 000 deaths from TB (range, 266 000–335 000) among HIV-positive people. Globally, the best estimate is that 10.0 million people (range, 9.0–11.1 million) developed TB disease in 2017: 5.8 million men, 3.2 million women and 1.0 million children.

There were cases in all countries and age groups, but overall 90% were adults (aged ≥15 years), 9% were people living with HIV (72% in Africa) and two thirds were in eight countries: India (27%), China (9%), Indonesia (8%), the Philippines (6%), Pakistan (5%), Nigeria (4%), Bangladesh (4%) and South Africa (3%). These and 22 other countries in WHO's list of 30 high TB burden countries accounted for 87% of the world's cases. Only 6% of global cases were in the WHO European Region (3%) and WHO Region of the Americas (3%).

The severity of national epidemics varies widely among countries. In 2017, there were fewer than 10 new cases per 100 000 population in most high-income countries, 150–400 in most of the 30 high TB burden countries, and above 500 in a few countries including Mozambique, the Philippines and South Africa. Drug-resistant TB continues to be a public health crisis. The best estimate is that, worldwide in 2017, 558 000 people (range, 483 000–639 000) developed TB that was resistant to rifampicin (RR-TB), the most effective first line drug, and of these, 82% had multidrug-resistant TB (MDR-TB). Three countries accounted for almost half of the world's cases of MDR/RR-TB: India (24%), China (13%) and the Russian Federation (10%).

Globally, 3.5% of new TB cases and 18% of previously treated cases had MDR/RR-TB. The highest proportions (>50% in previously treated cases) are in countries of the former Soviet Union. Among cases of MDR-TB in 2017, 8.5% (95% confidence interval, 6.2–11%) were estimated to have extensively drug-resistant TB (XDR-TB). About 1.7 billion people, 23% of the world's population, are estimated to have a latent TB infection, and are thus at risk of developing active TB disease during their lifetime.

Below are the key performance indicators from the strategic plan 2015/2020:

1. Increase bacteriologically confirmed notifications to 60% among all forms TB notifications by 2020.
2. Reduce TB mortality among notified cases by 35% by 2020.
3. Complete treatment for 90% of all detected drug-sensitive TB cases by 2020.
4. Initiate treatment for all identified drug-resistant patients by 2020.
5. Test all TB patients for HIV by 2020.
6. Start all TB/HIV co-infected patients on anti-retroviral therapy by 2020.
7. Introduce measurement by NTPs of catastrophic health care expenditures for people with TB and their families in all target countries by 2020.
8. Prevent more people from developing active TB disease by 2020.

The above strategic indicators link to the Mission of KNCV. KNCV projects contribute to one or more of these strategic areas. Data related to these indicators are coming from data gathering done by WHO.

M&E plans for 2019

KNCV M&E model for next strategic period

Before the start of the next strategic period (2021-2025) we want to develop a new Monitoring & Evaluation model that includes institutional indicators and project indicators and is aligned with the strategic targets. **The aim for 2019 for KNCV is to link all project M&E to KNCV strategic approach from the start of all projects. This will require a refresher of both organizational Theory of Chance, unit/team strategies and systematic linking of all KNCV projects to of a set of result areas and possible result indicators.** For that purpose an M&E taskforce will be set up and a number of strategic sessions will be organized in the first half of 2019 (partly) facilitated by an external M&E expert. In the taskforce technical experts, the communications unit as well as the operations unit will be represented.

Implementation of the new M&E model will most likely result in an additional project monitoring system to be set up and rolled out in the organization.

KNCV will continue to participate in the Goede Doelen Nederland Impact Challenge where different (Dutch) organizations share knowledge and experience and stimulate each other to work impact oriented and to increase visibility of impact. We also plan to participate in the Impact Event 2019.

IATI

This is the International Aid Transparency Initiative (IATI) related to reporting, transparency and public accountability. At the center of IATI is the IATI Standard, a format and framework for publishing data on development cooperation activities, intended to be used by all organizations in development, including government donors, private sector organizations, and national and international NGOs. More information can be found at www.aidtransparency.net.

For future funding from the Dutch Government it is highly likely that meeting the IATI standard will be a requirement. Late 2018 we started to increase understanding of IATI guidelines, assess KNCV current level of compliance towards this standard and to make an inventory of required actions and investments in order to make KNCV IATA proof to facilitate a discussion at management level to make an informed decision on possible follow up. Once KNCV has developed and rolled out the updated M&E model as described above a management decision moment on KNCV's next steps on possible use of IATI as a tool to report to the outside world is expected in 2019.

'The aim for 2019 for KNCV is to link all project M&E to KNCV strategic approach from the start of all projects'

5. THE BUDGET FOR 2019

5.1 BUDGET ACCORDING TO THE CBF REPORTING FORMAT

In table 2 the budget for 2019 is depicted in compliance with the regulations set by the Central Bureau for Fundraising (CBF). The following paragraphs highlight the specifics of the budget.

Table 2: Budget 2019 in compliance with CBF regulations

BUDGET 2019 GUIDELINE 650				
	Actual 2017	Budget 2018	Prognosis 2018	Budget 2019
Income:				
- Income from individuals	966.763	1.270.000	1.165.000	1.175.000
- Income from companies	794.124	437.000	335.335	0
- Income from lotteries	1.273.916	1.300.000	1.420.500	1.300.000
- Income from government grants	88.389.254	94.518.100	90.749.265	77.953.300
- Income from allied non-profit organizations	488.625	502.400	502.300	305.400
- Income from other non-profit organizations	837.842	230.000	1.537.500	6.774.000
Total fundraising income	92.750.525	98.257.500	95.709.900	87.507.700
- Income for supply of services	18.803	11.000	11.000	47.000
- Other income	9.901	12.400	12.400	12.400
Total income	92.779.229	98.280.900	95.733.300	87.567.100
Expenses:				
Expenses to KNCV Tuberculosisfoundation's mission				
- TB control in low prevalence countries	1.065.021	830.000	831.300	931.400
- TB control in high prevalence countries	82.933.547	92.047.500	90.462.400	81.791.700
- Research	5.644.999	1.451.400	1.185.300	1.433.900
- Communication and advocacy	1.154.097	1.709.200	1.230.700	1.274.100
Expenses to acquisition of funds				
- Costs for own fundraising activities	359.067	592.600	478.800	535.300
- Costs for joint fundraising activities	-	-	-	-
- Costs for activities by third parties	51.111	321.700	314.600	313.400
- Costs to acquire subsidies	667.228	697.700	654.100	706.800
Management and control				
- Costs for management and control	1.533.118	1.352.500	1.196.500	1.195.100
Total expenses	93.408.188	99.002.600	96.353.700	88.181.700
Nett investment income	219.110	86.000	58.100	63.200
Result	**409.849-**	**635.700-**	**562.300-**	**551.400-**

The deficit of € 551.400 million is covered by the use of earmarked reserves (€ 559.900 million). The total income is budgeted on a consolidated level of € 87.6 million. Of that, € 42.5 million is compensation for activities implemented by the coalition partners of Challenge TB. Total income budgeted for 2019 is € 10.7 million lower than budgeted for 2018. This decrease is fully justified by a lower amount for activities in countries for the Challenge TB project. Income from (government subsidies) is planned for a total of € 78.0 million, while income from other sources is € 9.8 million. The latter mainly consists of grants from Unitaid, EDCTP and TB REACH and private fundraising and lottery income. The amount of € 78.0 million from government subsidies is dominated by the income from USAID. A breakdown of the total amount is shown in table 3.

Table 3: Breakdown of Subsidies 2019

Category	Budget 2018		Budget 2019	
	In € 1 mln	*In %*	*In € 1 mln*	*In %*
CIb for activities Netherlands	0,46	0%	0,50	1%
DGIS	2,32	2%	0,80	1%
USAID:				
- Project management Challenge TB	3,29	3%	2,20	3%
- KNCV activities fees related to technical assistance	5,43	6%	3,00	4%
- KNCV material costs and country expenses	33,95	36%	24,90	32%
- Activities implemented by coalition partners	46,70	49%	42,50	54%
Subtotal USAID	89,37	95%	72,60	93%
Other (government) subsidies	2,37	3%	4,10	5%
Total	**94,52**	**100%**	**78,00**	**100%**

The total level of consolidated expenditures amounts to € 88.2 million, which is € 10.8 million lower than budgeted for 2018. This is also explained by lower budgeted costs in countries for Challenge TB projects. These costs are based on submitted year 5 workplans. TBCTA Partner expenses amount to € 42.5 million in 2019 compared to € 47.5 million in the budget for 2018.

Table 4 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.

Table 4: Division of expenditures 2017-2019

Relative division of expenditures	Actual 2017	Budget 2018	Prognosis 2018	Budget 2019
Expenses to KNCV Tuberculosisfoundation's mission				
- TB control in low prevalence countries	1%	1%	1%	1%
- TB control in high prevalence countries	89%	93%	94%	93%
- Research	6%	1%	1%	2%
- Communication and advocacy	1%	2%	1%	1%
Subtotal	97%	97%	97%	97%
Expenses to acquisition of funds	1%	2%	2%	2%
Managament and control	2%	1%	1%	1%
Total	**100%**	**100%**	**100%**	**100%**

5.2 BUDGET ACCORDING TO THE INTERNAL REPORTING FORMAT

In table 5, 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.

is expected to remain at the same level as 2018. From 2018 to 2020 90% of the income from the Lotto is no longer un-earmarked funding and is allocated to "Gezonde generatie" a project implemented by Samenwerkende Gezondheidsfonden (SGF).

Table 5: Budget 2019 per category

Cost and income category	Actual 2017	Budget 2018	Prognosis 2018 Q3	Budget 2019	Difference with budget 2018	Difference with prognosis 2018	% of Prognosis 2018
Profit & Loss account							
1.1 Salaries, allowances and social security	11.511.781	11.965.000	11.448.500	11.949.200	-15.800	500.700	104%
1.2 Additional personnel costs	680.668	804.900	924.400	947.000	142.100	22.600	102%
1.3 Office costs	324.682	307.300	302.000	313.500	6.200	11.500	104%
1.4 Housing expenses	284.675	302.600	306.100	311.700	9.100	5.600	102%
1.5 Depreciation	207.220	295.800	220.200	233.300	-62.500	13.100	106%
1.6 Other costs	358.265	600.400	470.900	541.000	-59.400	70.100	115%
1.7 Communication	455.825	443.500	465.800	410.300	-33.200	-55.500	88%
Organizational costs	13.823.115	14.719.500	14.137.900	14.706.000	-13.500	568.100	104%
1.9 Charged to projects	-13.221.749	-14.366.100	-13.522.900	-14.253.700	112.400	-730.800	105%
Organizational costs after charging to projects	**601.366**	**353.400**	**615.000**	**452.300**	**98.900**	**-162.700**	74%
2.1 Investment income	216.234	73.000	58.000	63.000	-10.000	5.000	109%
2.2 Interest	20.426	25.000	7.500	7.500	-17.500	-	100%
2.3 Other income	4.132	7.000	7.000	7.000	-	-	100%
General income	**240.792**	**105.000**	**72.500**	**77.500**	**-27.500**	**5.000**	107%
3.2 Direct costs fundraising	402.118	395.000	290.000	395.000	-	105.000	136%
3.3 Fundraising activities third parties	38.760	40.600	39.700	39.700	-900	-	100%
3.4 Public affairs/ advocacy	18.495	20.500	20.500	20.500	-	-	100%
3.5 M&E system implementation	-	-	-	-	-	-	
3.7 Other activities	67.799	80.200	67.700	80.200	-	12.500	118%
Activity costs	**527.172**	**536.300**	**417.900**	**535.400**	**-900**	**117.500**	128%
4.1 Contributions	364	400	300	400	-	100	133%
4.2 Gifts and donations	416.599	587.000	50.000	75.000	-512.000	25.000	150%
4.3 Fundraising private and corporate market	657.781	720.000	615.000	700.000	-20.000	85.000	114%
4.4 Legacies and endowments	328.117	400.000	500.000	400.000	-	-100.000	80%
4.5 Lotteries	1.273.916	1.300.000	1.420.500	1.300.000	-	-120.500	92%
Activity income	**2.676.778**	**3.007.400**	**2.585.800**	**2.475.400**	**-532.000**	**-110.400**	96%
5.1 Charges organizational costs	13.224.820	14.366.100	13.522.900	14.253.700	-112.400	730.800	105%
5.2 Travel and accomodation	7.574.719	8.725.200	10.559.300	9.652.600	927.400	-906.700	91%
5.3 Material costs	27.012.534	28.340.500	24.568.500	20.802.100	-7.538.400	-3.766.400	85%
70599 - Expenses Coalition Partners Challenge TB	44.984.755	46.700.000	46.700.000	42.500.000	-4.200.000	-4.200.000	91%
Projectcosts	**92.796.828**	**98.131.800**	**95.350.700**	**87.208.400**	**-10.923.400**	**-8.142.300**	91%
Funding donors - fee	12.435.352	20.793.900	21.678.300	12.416.400	-8.377.500	-9.261.900	57%
Funding donors - travel and accomodation	7.340.169	8.645.600	10.503.400	9.558.000	912.400	-945.400	91%
Funding donors - material costs	25.339.509	18.619.500	13.766.000	20.299.900	1.680.400	6.533.900	147%
Income coalition partners Challenge TB	44.984.755	46.700.000	46.700.000	42.500.000	-4.200.000	-4.200.000	91%
Income third parties	**90.099.785**	**94.759.000**	**92.647.700**	**84.774.300**	**-9.984.700**	**-7.873.400**	92%
6.7 Endowment funds	488.261	502.000	502.000	305.000	-197.000	-197.000	61%
Projectincome	**90.588.046**	**95.261.000**	**93.149.700**	**85.079.300**	**-10.181.700**	**-8.070.400**	91%
7.1 Other income	9.901	12.400	12.400	12.400	-	-	100%
Other (project)income	**9.901**	**12.400**	**12.400**	**12.400**	**-**	**-**	100%
Result (deficit)	**-409.849**	**-635.700**	**-563.200**	**-551.500**	**84.200**	**11.700**	98%

For organizational costs we budget € 14.7 million in 2019, which is equal to 2018. Through time registration € 14.3 million of the organizational expenses is charged to project expenses, which is € 0.1 million lower than 2018, due to less direct days. An amount of € 0.4 million of organizational expenses remains after charging to projects (2018 € 0,4 million).

Income on investments is expected to be relatively low due to the relatively low interest rates on the bonds market. Costs for (fundraising) activities equal the budget for 2018. Income for (fundraising) activities decreases with € 0.5 million, as sponsoring shows a planned decrease related to sponsoring for the Union 2018 conference in the 2018 budget. Lottery income

Project expenses, with € 87.2 million including charges from organizational costs, take up the largest part of the total expenses.
Of the total project expenses, € 2.2 million is compensated by (semi) earmarked income, including € 0.3 million from endowment funds. The contribution from the endowment funds is budgeted to decrease compared to 2018, due to income for the Union 2018 conference in 2018. Proposals for contributions from the endowment funds will be discussed with the Boards of the funds in November.

The budget for 2019 shows project days and income allocated to 'project days to be defined' for an amount of € 1,3 million (2018 1,6 million).

5.3 THE NET RESULT

The net result presented for 2019 is a surplus of € 8.400. 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 2018, also taking into account the outcomes of the Monte Carlo analysis done in 2018.

Table 6: Coverage of the deficit 2019

Use of reserves	Movements			
	Actual 2017	Budget 2018	Prognosis 2018 Q3	Budget 2019
Continuity reserve	113.183	1.300	-54.551	8.400
Decentralization reserve	-54.765	-150.000	-150.000	-150.000
Reserve investment revaluation	-20.563	-		-
Fixed asset reserve	-41.207	-152.618	-92.100	-107.800
Earmarked project reserves				
Fund innovation	-87.972	-17.000	-	-
Fund new developments Netherlands	-40.284	-11.853	-27.900	-57.100
Fund new developments Africa, Asia, Europe, Latin America	-65.651	-50.000	-86.900	-57.000
Fund new developments policy development and research	-18.265	-62.798	-57.300	-73.000
Fund capacity building decentralization strategy (incl Basic Package)	-146.115	-61.999	-54.695	-55.000
Fund special needs (allocation decided by the boards)	-			-
Fund monitoring tools	-5.072	-10.000	-10.000	-25.000
Fund advocacy	-28.808	-70.732	-5.500	-
Fund Union 2018				
Fund Childhood TB	-3.129	-	-	-
Fund Education	-9.572	-50.000	-5.600	-35.000
Earmarked project funds				
Fund TSRU	-8.897	-	-	-
Young Talent Scolarship Fund	-	-	-18.654	-
Fund special needs (allocation decided by third parties)	-	-	-	-
Jacob and Carolina fund	7.268	-	-	-
Unspent Funds for objectives	-	-	-	-
Total reserves	**-409.849**	**-635.700**	**-563.200**	**-551.500**

5.4 INVESTMENTS AND DEPRECIATION

Fixed assets do not take a large part of KNCV's balance sheet. However, in 2019 we plan to (re)invest an amount of € 125.000 in mainly IT equipment. This amount is lower than the annual depreciation of € 233.000.

The movements in fixed assets are listed in table 7.

Table 7. Fixed assets per category in 2019

Fixed assets category	Investments in 2019	Depreciation in 2019	Expected book value 31-12-2019
Office construction	-	60.779	17.984
Office inventory	-	14.107	82.011
IT Equipment	125.500	158.011	207.017
Total	**125.500**	**232.897**	**307.012**

5.5 PROJECTED BALANCE OF (EARMARKED) RESERVES ULTIMO 2019

The planned coverage of activities and projects from earmarked reserves means the balance of the reserves will be lower at the end of 2019. In table 8, the projected balance is depicted, taking into account the actual result for 2017 and the planned use of reserves in 2018 (prognosis) and 2019. 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.

Table 8: Balance of (earmarked) reserves 2017-2019

Use of reserves	Projected balance		
	Ultimo 2017	Ultimo 2018 (forecast)	Ultimo 2019 (budget)
Continuity reserve	8.381.096	8.326.545	8.334.945
Decentralization reserve	997.394	847.394	697.394
Reserve investment revaluation	526.039	526.039	526.039
Fixed asset reserve	461.617	369.517	261.717
Earmarked project reserves			
Fund innovation	-	-	-
Fund new developments Netherlands	117.289	89.389	32.289
Fund new developments Africa, Asia, Europe, Latin America	167.315	80.415	23.415
Fund new developments policy development and research	145.301	88.001	15.001
Fund capacity building decentralization strategy (incl Basic Package)	109.695	55.000	-
Fund special needs (allocation decided by the boards)	131.077	131.077	131.077
Fund monitoring tools	164.928	154.928	129.928
Fund advocacy	104.676	99.176	99.144
Fund Union 2018	-	-	-
Fund Childhood TB	-	-	-
Fund Education	490.428	484.828	449.828
Earmarked project funds			
Fund TSRU	136.773	136.773	136.773
Young Talent Scolarship Fund	18.654	-	-
Fund special needs (allocation decided by third parties)	255.610	255.610	255.610
Jacob and Carolina fund	12.938	12.938	12.938
Unspent Funds for objectives	-	-	-
Total reserves	**12.220.830**	**11.657.630**	**11.106.098**

A total deduction of € 205.000 is planned from earmarked reserves 1) decentralization reserve, 2) capacity building reserve. This is because expenditures in 2014-2018 were lower than budgeted, leaving funds available for 2019.

5.6 THE BUDGET FOR 2019 COMPARED TO THE LONG TERM FINANCIAL PLAN UP TO 2022

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 9. 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.

The long term financial plan is drafted anticipating an approval of the no cost extension request submitted for Challenge TB. If this no cost extension request is not approved the projected decrease in funding will take place in 2020 instead of 2021.

next page:
Table 9: Long Term Financial Plan up to 2022

Profit & Loss account	Budget 2019 In € 1 mln	Long-term forecast 2020 In € 1 mln	Long-term forecast 2021 In € 1 mln	Long-term forecast 2022 In € 1 mln
Organizational costs				
Personnel related costs	12,90	15,22	7,00	7,50
Other indirect costs	1,81	1,86	1,00	1,10
Subtotal organizational costs	14,71	17,07	8,00	8,60
Charged to projects	-14,25	-14,61	-7,50	-8,10
Total organizational costs not charged to projects	0,45	2,46	0,50	0,50
Investment and general income	0,08	0,10	0,11	0,11
Net result organizational costs	-0,36	-2,35	-0,39	-0,39
Activity costs				
Costs for fundraising	0,43	0,44	0,44	0,45
Other activity costs	0,10	0,10	0,10	0,10
Total Activity costs	0,55	0,54	0,54	0,55
Activity income				
Own fundraising	1,18	1,20	1,25	1,30
Lotteries	1,30	1,30	1,30	1,30
Total Activity income	2,48	2,50	2,55	2,60
Net result Activities	1,93	1,96	2,01	2,05
Project costs				
Charges organizational costs	14,25	14,61	7,50	8,10
Travel and accommodation	9,65	9,89	4,00	4,00
Material costs	20,80	20,00	10,50	11,50
Expenses coalition partners Challenge TB	42,50	40,00	-	-
Total Project costs	87,21	84,50	22,00	23,60
Project income				
Funding donors - fee	12,43	12,74	6,38	6,89
Funding donors - travel and accommodation	9,56	9,80	3,60	3,60
Funding donors - other direct project costs	20,30	19,50	9,50	10,50
Endowment funds contribution	0,31	0,31	0,31	0,31
Other income for projects	0,01	0,01	0,01	0,01
Income coalition partners Challenge TB	42,50	40,00	-	-
Total Project income	85,09	82,34	19,80	21,31
Net result Projects	-2,12	-2,16	-2,21	-2,30
General Result (minus is a deficit)	**-0,56**	**-2,57**	**-0,59**	**-0,63**
Covered by earmarked reserves / donated to earmarked reser	**-0,56**	**-0,55**	**-0,09**	**-0,13**
Influence on/movements other reserves	**-0,00**	**-2,02**	**-0,50**	**-0,50**

Staffing plan including direct reports regional and country level	Budget 2019 FTE	Long term forecast 2020 FTE	Long-term forecast 2021 FTE	Long-term forecast 2022 FTE
Positions at central level, including region Netherlands/Europe	102,3	102,3	50,0	50,0
Positions at regional and country level, direct reporting to central leve	21,7	16,3	5,0	5,0
Total	**124,0**	**118,6**	**55,0**	**55,0**

5.7 STAFFING PLAN

The personnel plan, grouped according to the organizational structure is shown in table 10.
Compared to the staffing plan for 2018 the total number of fte's decreases from 126 fte to 124 fte. Of that total 21,7 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 22,5 fte.
In the table, the numbers of direct and indirect days are also indicated.

Table 10: Personnel plan 2019

Salary costs - Break down per unit prognosis	Budget 2019		
	FTE Total	# of indirect days	# direct days
Directors office	4,55	701	264
Management support			
- Team HRM	3,74	777	15
- Team facility management & IT	2,45	518	-
- Team communication	3,68	570	-
Subtotal	9,87	1.865	15
Technical Division	4,79	391	625
TD Access Care	9,79	332	1.739
TD Access Diagnostics	3,84	153	661
TD Evidence	11,66	578	1.895
TD Netherlands/Elimination	5,34	188	945
TD Systems Support	8,80	811	1.054
Subtotal Technical Division	44,21	2.452	6.920
Project Management Unit (PMU)	14,72	-	3.121
Operations Division	31,40	992	5.667
Private fundraising	3,21	680	-
Institutional fundraising	2,84	602	-
Finance Division	13,22	1.129	1.673
Total	124,02	8.421	17.659

Salary costs - Break down per unit budget	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	11,15	366	1.923
TD Access Diagnostics	0,00	-	-
TD Evidence	9,60	361	1.684
TD Netherlands/Elimination	5,94	247	1.107
TD Systems Support	9,55	450	1.584
Subtotal	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 Planning & Control	13,22	1.256	1.557
Total	126,42	8.768	18.160

Salary costs - Break down per unit difference	Difference Budget 2018 - Budget 2019		
Directors	0,5	-55	155
Management support			
- Team HRM	-0,5	-124	7
- Team facility management & IT	0,2	42	-
- Team communication	-0,6	-352	-
Subtotal	-1,0	-434	7
Technical Division	-2,8	-355	-255
TD Access Care	-1,4	-34	-184
TD Digital Health (Diagnostics)	3,8	153	661
TD Evidence	2,1	217	211
TD Netherlands/Elimination	-0,6	-59	-162
TD Systems Support	-0,8	361	-530
Subtotal	0,3	283	-259
Project Management Unit (PMU)	-0,8	-	-185
Operations Division	-2,1	-137	-336
Private fundraising	-0,2	-53	-
Institutional fundraising	0,8	176	-
Finance Planning & Control	-	-127	117
Total	-2,4	-347	-501

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 10, but can be found below in Table 11.

Table 11: local country office staff

	Total headcount as per end of quarter 3 2018	Expected headcount quarter 1 2019
Nigeria	108	106
Ethiopa	81	88
Malawi	35	34
Tanzania	29	28
Namibia	16	9
Botswana	4	4
Kyrgyzstan	14	14
Tajikistan	22	17
Kazakhstan	9	8
Vietnam	6	9
Indonesia	135	133
Kenya	2	2
TOTAL	**461**	**452**

5.8 RATIOS

Goede Doelen Nederland has proposed a set of ratio's to be published by fundraising organizations. These ratios are shown in table 12.

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 2019 is 1.3%.

Table 12: Ratios required by Goede Doelen Nederland and CBF

	Actual 2017	Budget 2018	Prognosis 2018	Budget 2019
Change in expenses to KNCV's mission compared to previous year	128%	103%	97%	89%
Ratio total expenses versus total income	100,7%	100,7%	100,6%	100,7%
Ratio expenses for fundraising versus fundraising income	1,2%	1,6%	1,5%	1,8%
Ratio continuity reserve versus organizational expenses	0,61	0,57	0,59	0,58
Ratio expenses on mission versus total expenses	97,2%	97,0%	97,3%	96,9%
Ratio expenses to the mission versus total income	97,9%	97,7%	97,9%	97,6%
Ratio expenses management and control versus total expenses	1,6%	1,4%	1,2%	1,4%

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 13, together with the number of (in)direct days and the average cost price per direct (project) day.

Table 13: Key ratios 2019

Key ratios	Actual 2017	Budget 2018	Prognosis 2018 Q3	Budget 2019
Total days direct	16.467	18.160	16.542	17.659
Total days indirect	8.087	8.768	8.697	8.421
Total days	24.554	26.928	25.238	26.080
% Direct	67%	67%	66%	68%
Number of fte	105	126	118	124
Average costprice excluding indirect costs per project day in €	€ 448	€ 448	€ 446	€ 450
% indirect costs	78,68%	72,00%	78,70%	79,17%
% ICR USAID	66,31%	55,56%	62,75%	62,95%

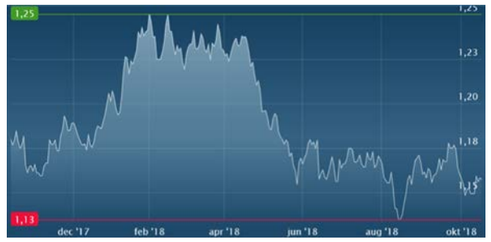
The number of direct days decreases from 18,160 in 2018 to 17,659 in 2019. The average cost price per direct day remains at the level of 2018 (excluding indirect costs), salary raises (inflation and merit increases) are compensated by more direct days for staff in lower salary ranges.

5.9 THE BUDGETARY, MANAGEMENT AND CONTROL RISKS FOR 2019

A number of budgetary and control risks can be identified:

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. The current rate (early October 2017) is at 1,1615, indexes from ABN AMRO bank give an average rate of 1.20 for 2019.

Figure 3



Wisselkoersen	05/10/2018	12/10/2018	+3M	2018e	+12M	2019e
EUR/USD	1.15	1.16	1.15	1.15	1.23	1.25

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.

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.

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.

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

The same counts for some Challenge TB program: 8 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.

The annual plan for DGIS has been submitted and approved.

The endowment funds' applications for financial contribution will be submitted in the first half of November. Two of the funds have their semi-annual meeting in the latter half of November during which they will decide on their contribution (representing an income amount of € 270.000). The other two are expected to react in December or January (representing an income amount of € 35.000).

Income has been included for project days to be defined in the amount of €1.3 million. This amount will need to come from new donors. The amount has been calculated at 60% of full income on these days (budget 2018 75%).

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.

ABBREVIATIONS ANNUAL PLAN 2019

99DOTS	A mobile phone technology for monitoring and improving TB medication
3HP	3 Month Rifapentine +Isoniazid course
3HR	3 months of daily Isoniazid + Rifampicin course
6H	Six months of Daily Isoniazid
ACF	Active Case Finding
aDSM	Active Drug Safety Monitoring and Management
AFC	Audit and Finance Committtee of the Global Fund Board
BMF	Building Models for the Future
BMGF	Bill & Melinda Gates Foundation
BMI	Body Mass Index
CAD4TB	Software designed to help (non-expert) readers detect tuberculosis more accurately and cost-effectively
CAR	Central Asia Region
CBF	Centraal Bureau Fondsenwerving (Central Bureau for Fundraising in the Netherlands)
CBO	Community Based Organization
CHW	Community Health Care Workers
CI	Contact Investigations
CIb	Centrum Infectieziektebestrijding (Center for Infectious Disease Control)
CM	Content manager
CME	Continued Medical Education
CO	KNCV central Office in The Hague
CPT	Commissie voor Praktische Tuberculosebestrijding (Center for Infectious Disease Control)
CTB	Challenge TB, the global mechanism for implementing USAID's TB strategy and TB/HIV activities under PEPFAR (U.S. President's Emerency Plan for AIDS Relief)
DST	Drug susceptibility testing
DGIS	Directoraat-Generaal Internationale Samenwerking (Dutch Ministry of Foreign Affairs)
DHS	Digital health Solutions
DOT	Direct Observed Treatment
DRS	Drug Resistance Survey
DR-STAT	DR-TB Scale up Treatment Action Team
DR-TB	Drug-Resistant Tuberculosis
DSO	Dienst Sociale Ontwikkeling
DS-TB	Drug-Sensitive Tuberculosis
DTKC	Dutch TB Knowledge Center
DxNS	Diagnostic Network & Solutions
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
EDCTP	European and Developing Countries Clinical Trials Partnerships
ESS	Employee Self Service
FAST	Finding TB Cases Actively, Separating safely and Treating effectively
FBN	Fonds Bijzondere Noden
FTE	Full-time Equivalent
FTMC	Find and Treat the Missing Cases
FTMP	Finding The Missing Persons with TB
GDI	Global Drugresistant Initiative
GF	Global Fund
GFS	Global Fund Secretariat
GGD	Municipal Public Health Services
GLC	Green Light Committee
GLI	Global Laboratory Initiative
HIV	Human Immunodeficiency Virus
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
HPTNO71/ POPART Trial	HIV Prevention Trials Network/ Population Effects of Antiretroviral Therapy to Reduce HIV Transmission
HR	Human Resources
HRH	Human Resource for Health
HRM	Human Resources Management
HSS	Health System Solutions
HST	Health Systems Trust
IATI	International Aid Transparency Initiative
ICT	Information and Communication Technology
IGRA	Interferron Gamma Release Assay
IMPAACT4TB	Increasing Market and Public health outcomes through scaling up Affordable Access models of short Course preventive therapy for TB
iPSI	Improving Patient Support Interventions
IT	Information Technology
KAP	Knowledge Attitudes and Practices

KNCV	Koninklijke Nederlandse Centrale Vereniging tot bestrijding der Tuberculose
LPA	Line Probe Assay
LSTHM	London School of Hygiene and Tropical Medicine
LTBI	Latent Tuberculosis Infection
M&E	Monitoring and Evaluation
M&E	Monitoring and Evaluation
MAM	Mobile Application Management
MDM	Mobile Device Management
MDR/RR-TB	see MDR TB and RR-TB
MDR-TB	Multi-drug Resistant Tuberculosis
MEMS	Medication Event Monitoring Systems
MERM	Medication Event Reminder Monitors
MoFa	Ministery of Foreign Affairs
NDR	New Drugs and Regimens
NGO	Non-Governmental Organization
NGS	New Generation Sequencing
NICRA	Negotiated Indirect Cost Rate Agreement
NSP	National Strategic Plan
NTCP	National TB Control Plan
NTP	National Tuberculosis Program
ODA	Official development assistance (ODA) is defined as government aid designed to promote the economic development and welfare of developing countries.
OGD	Company providing IT services
OIG	Independent Inspection
ORIO Project	The Facility for Infrastructure Development (ORIO) encourages public-infrastructure development in upcoming markets and developing countries.
PA	Public Affairs
Pavia Project	PhArmacoVIgilance Africa (PAVIA). The PAVIA project aims to strengthen pharmacovigilance (PV) in four African countries: Ethiopia, Nigeria, Swaziland and Tanzania
PCC	Provincial Coordinating Committee
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PESO	The PESO model takes the four media types—paid, earned, shared and owned—and merges them together.
PLHIV	People Living with Human Immunodeficiency Virus
PMDT	Programmatic Management of Drug-Resistant TB
PME	Post mortem examination
PMU	Project Management Unit
PPD	Purified Protein Derivate
PV	Pharmacovigilance
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
QMS	Quality Management System
RD/RT	Right Diagnosis, Right Treatment
RI&E	Risk Invertarisation and Evaluation / Risk Assesment and Evaluation
RIVM	Rijksinstituut voor Volksgezondheid en Milieu (National Institute for Public Health and Environment)
RPT	Rifapentine
RR-TB	Resistant to Rifampicin
SL-LPA	Second Line - Line Probe Assay
SMS	Short Message Service
SOC	Standard of Care
SoP	Standard Operation Procedure
SSI	Statens Serum Institute
STAG-TB	Stategic and Technical Advisory Group on TB control
STP	Stop TB Partnership
STR	Short Treatment Regimen
STTA	Short-term Technical Assistance
TA	Technical Assistance
TB	Tuberculosis
TBCTA	Tuberculosis Coalition for Technical Assistance
TBPS	TB Prevalence Surveys
TD	Technical Division
TF	Task Force
TIME	TB Impact Model and Estimates
TREATS project	Tuberculosis Reduction through Expanded Anti-retroviral Treatment and Screening
TST	Tuberculin Skin Test
UN	United Nations
UN HLM	United Nations High Level Meeting
USAID	United States Agency for International Development
USP	Unique Selling Point
VOT	Video Observed Therapy
VWS	Ministerie van Volksgezondheid, Welzijn en Sport (Ministry of Health, Welfare and Sport)
WHO	World Health Organization
WHO EURO	World health organization European Regional Office
XDR-TB	Extensively Drug-resistant TB
Xpert Stool Test	An automated diagnostic assay/test that can identify TB on stool samples of young children
Xpet MTB/RIF	An automatic diagnostic assay/test that can identify TB and resistance to Rifampicne
ZAMBART	Zambian Research Organization

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