

KNCV  
TUBERCULOSIS  
FOUNDATION

# ANNUAL PLAN 2020



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Cover photo: Exceedingly joyous, back to singing again “How happy I was when I could return to my favorite hobby of singing.” Photographer: Emem Idiong, participant of KNCV’s TB Photovoices in Uyo, Nigeria

**'Scientific findings are bringing hope to the world that prevention of TB may come within reach'**

Dr. Kitty van Weezenbeek

# 1. INTRODUCTION

**W**e look back at a year full of change, in the wider TB world as well as internally at KNCV Tuberculosis Foundation (KNCV).

In addition to the political commitment generated the year before, in 2019 scientific findings are bringing hope to the world that prevention of TB may come within reach. Steps are made in vaccine development and access to new preventive treatment for Latent tuberculosis infection (LTBI). Over 2019 KNCV has started the introduction of this LTBI treatment in four countries. We build on experience from the Netherlands and other countries. A new, much shorter treatment regimen has been approved by the US Food and Drug Administration. This is an important step in the fight against severe forms of drug resistant TB. In 2019 KNCV has worked with eight countries to prepare and develop resources for early implementation of this regimen and to understand and mitigate possible barriers for introduction, in partnership with the TB Alliance.

With WHO and other partners, KNCV worked on the evaluation of novel diagnostics and is continuing work on the development of the stool test for diagnosis of TB in children. We expect to be able to fully operationalize the test in 2020. In Indonesia, Yayasan KNCV Indonesia has successfully brought the SITRUST laboratory sample transportation system to scale and collaborated with KNCV to start its implementation in Ethiopia and other countries.

After the development of the stigma measurement tools in 2018, this year KNCV is contributing to the development of a global toolset, which gives TB stigma work a broader implementation base: a great step forward. The DGIS supported stigma project in Kazakhstan resulted in great interest with NGOs and the NTP alike in and is now taken up for further development through main stream funding. In the Philippines the local partner of the DGIS funded Building Models for the Future project succeeded to dramatically increase the screening and diagnosis of TB among vulnerable young men in Manila, a model with potential for further dissemination.

Building on the KNCV work with TB REACH and Bill and Melinda Gates Foundation grants on digital adherence tools, the growing global momentum to implement digital treatment adherence support tools led to the launch in 2019 of the Unitaid-funded ASCENT project,

a partnership led by KNCV; this project is designed to implement and evaluate novel digital adherence technologies for all types of TB, to inform effective scale-up of their use in countries globally.

A systematic approach to data-driven planning of country level TB Elimination efforts was developed through a global collaboration, importantly with buy-in from WHO and the Global Fund, which agreed to allow a special, simplified application process “Tailored to prioritized NSP”. The Bill and Melinda Gates Foundation, who are driving this initiative, have partnered with KNCV to lead the implementation of this People-Centered Framework for National Strategic Plans development approach, currently in eight countries. This is a great opportunity to build on KNCV’s earlier and ongoing work in prevalence- and drug resistance surveys and in systems building. It ensures country strategic plans to incorporate the most effective mix of (existing and new) approaches. Modeling is used to support prioritization of interventions and investment.

System building continued throughout the period of the Challenge TB project; it is noteworthy that in Indonesia, Yayasan KNCV Indonesia successfully continued implementation of district PPM under Global Fund Catalytic funding and is carrying the KNCV legacy forward, while developing new innovations and funding sources.

With the WHO grant on the development of comprehensive digital training packages, KNCV is using its vast experience in capacity building and digital solutions to assist WHO in development of a comprehensive, global digital learning platform for the provision of certified training courses on the End TB Strategy components.

In the Netherlands KNCV continues its role as center of expertise, in policy development, quality promotion, capacity building and patient support and advocacy for investment in TB Elimination. With ZonMW support, KNCV is leading the development of a new LTBI treatment guideline. In 2019 the global AMR conference was hosted in the Netherlands and KNCV actively engaged in the dialogue. Based on our experience with designing and supporting countries in their fight against drug-resistant TB, KNCV emphasizes the need for awareness raising and stewardship, in addition to research and development. ▶

## 1. INTRODUCTION

Importantly, 2019 was the last year of the Challenge TB Project. Its successful completion was celebrated at the Challenge TB Symposium during the Union Word Conference on Lung Health in Hyderabad in November. During this last year, gains were made in consolidation and scale-up of successful interventions, especially in finding the missing TB patients, the use of new drugs and shorter MDR-TB regimens, laboratory connectivity and childhood TB. KNCV is grateful for the opportunity to implement four consecutive USAID flagship projects and is proud on the lasting legacy of this great project. Namely: the sustainable platforms built to absorb new tools and interventions, such as new drugs and regimens, capacity built with 164 local partners, many of which are now applying for the new USAID funding mechanism, geared towards funding of local organizations (LON). And with the increased demand generation through mobilization of patients, local partners and civil society; countries and donors are getting confident with 'retooling'; local CTB expert staff are easily absorbed by donors and technical partners ensuring continuity; and there is a growing global interest in undervalued themes like stigma. Last but not least the capacity building and knowledge exchange among all coalition partners has contributed to better capacity for the next phase of the TB elimination effort.

Of course the end of the implementation of the Challenge TB project and the refocus of KNCV towards its core tasks, meant that KNCV needed to adjust its organization. This meant having to say goodbye to many of the staff who were involved in managing the Challenge TB grant, in country offices as well as in The Hague. Most of these staff has worked together for years like KNCV 'families'. It was not easy to bring an end to this era. The process was carefully planned and managed in close collaboration with the Works Council and the Board of Trustees and completed by the end of September 2019. It is good to know that by the end of 2019 many people already found other assignments, in TB Elimination or related fields. Others used the opportunity for a career switch. Some even started local NGO's to continue their work in TB control. KNCV is looking forward to fruitful collaboration in the future.

### What 2020 will bring

Building on the achievements from the KNCV 'initiatives'

over the past five year period, in 2020 KNCV will refocus on its role as innovator and advocate of innovation, with ongoing projects and new grants from Unitaid, the Gates Foundation, The TB Alliance, EDCTP, ZonMW and other foundations. In addition, KNCV continues collaboration with bilateral and multilateral partners, like WHO, the Dutch government, USAID, the Global Fund and others. This direction fits the capacity of KNCV as a center of excellence in the Netherlands and abroad, that provides specialized technical assistance, in collaboration with local KNCV offices and affiliates.

KNCV will continue to provide short- and long-term technical assistance to countries, based on their priorities and the technical and funding opportunities and will continue to fulfill an important role as technical, advocacy and research partner in TB control in the Netherlands.

Building on successes over the past year, in 2020 KNCV will continue to strengthen coordination and collaboration between its divisions of Communications and Private Fundraising, Institutional Fundraising, Advocacy and the Technical Division in order to ensure optimal planning of focus, timelines and messaging. And to 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.

With its highly skilled staff in the new organization, KNCV is more resilient and flexible than ever to respond to opportunities



**Dr. Kitty van Weezenbeek**  
Executive Director of  
KNCV Tuberculosis Foundation

## 2. TECHNICAL APPROACH

**A**long the innovation pathway, in 2020 KNCV will promote and assist implementation of new interventions for TB elimination in combination with evidence generation for policy making and scale-up. KNCV will therefore continue to invest in quality data generation, through smart surveillance and operational research. At the same time KNCV will support data use for policy generation and strategic planning as well as systems strengthening to bring innovation to scale. This includes advocacy and technical assistance towards effective TB elimination policies, legislation and finance in countries.

Through its network of consultants in The Hague, the KNCV country offices and KNCV affiliated NGOs, KNCV will continue to provide short and long term technical assistance, as required by countries and partner organizations and in line with the available funding. KNCV will also continue to participate in international forums for policy development and global support to TB Elimination.

The technical division is organized in five task forces stretching across the KNCV network. They form the internal structure to ensure sharing of knowledge and experiences and generation of ideas across the organization and the KNCV affiliated local NGOs. The task forces ensure the quality of the work implemented through the KNCV network, in The Hague and abroad, stimulating professional growth and institutional learning.

The taskforces are also key to the generation of ideas for research and development and institutional development, as well as proposal writing for fundraising, in collaboration with the divisions on 'Communication and Private Fundraising' and the division on "Institutional Fundraising".

The task forces will work in accordance with their strategic roadmaps, which will guide decisions on proposal development and prioritization of projects and assignments. These are also the basis for the development of KNCV 'signature' tools and interventions.

The task force 'Diagnostics and Laboratory Networks' will focus on the evaluation and development of novel diagnostics for LTBI, TB, DR-TB - importantly this year the KNCV Simple-One-Step Stool test - and will assist

countries in strengthening their laboratory networks in support of improved and earlier case finding and the introduction of novel drugs and regimens. This includes, in collaboration with the task force 'Digital health, Data and Health systems', the implementation of 'smart' sample transportation systems like SITRUST and laboratory connectivity. The future use of next generation sequencing is an important area of development for this task force.

The task force 'Treatment and Care' will assist countries to implement innovations in treatment and care, with an emphasis on the introduction of new, more effective and patient-friendly treatment regimens and improvement of treatment outcomes for active TB. An important focus will be on the organization international exchange of experience between in-country implementors and global support partners and capacity building.

The task force 'Prevention, Access and Multisectoral Approaches' will focus on the introduction of new regimens for LTBI, logically organized in joint approaches with development of comprehensive active case finding policies, geared to country's situations, in multisectoral approaches. An important focus of this task force will be to develop country-specific ACF and LTBI testing and treatment strategies and guidelines. In collaboration with the task force 'Evidence, Surveillance and M&E', the task force will assist countries to develop national surveillance on ACF results and LTBI prevalence in the groups systematically tested for LTBI, to guide further policy development on ACF and LTBI testing and treatment- and for the future, vaccination policies.

The task force 'Digital health, Data and Health Systems' will focus on ensuring national NSPs and global funding priorities will be, and will continue to be data-driven throughout the lifetime of the NSPs and in line with health systems strengthening principles, as well as supported by digital solutions which strengthening the health systems along the patient pathway.

The task force 'Evidence, Surveillance and M&E' will support all other task forces in the generation of data and evidence (like prevalence, drug resistance, burden estimates, costing and stigma surveys etc.) to support

## 2. TECHNICAL APPROACH

the development and justification of interventions; the task force will support other task forces in the development of evidence on innovations to contribute to the global body of evidence for implementation and scale-up. In addition the taskforce will contribute to the innovation of methodologies for prevalence surveys, drug resistance surveillance, national and subnational burden estimates, for better tailored approaches and efficient use of resources.

A detailed listing of the projects that will be implemented in 2020 in the framework of these strategies are listed in the projects section.

Apart from their contribution to the task forces, all team members have responsibilities for project implementation, most of which are linked to activities in countries. Regular country-focused meetings, project team meetings and agreements of communications and workflows will ensure effective collaboration between the Technical Division and the country teams and between the Technical Division and the Division of Finance and Operations.

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## 2.1 PROJECT SECTION

### > DONOR LIST

- **Unitaid**
- **USAID**
- **WHO**
- **European Union**
- **EDCTP**
- **CiB**
- **Bill and Melinda Gates Foundation**
- **ZonMW**
- **TB Alliance**
- **Dr. C. de Langen Stichting voor Mondiale Tuberculosebestrijding**
- **Mr. Willem Bakhuys Roozenboom Stichting**
- **Sonnevanck**
- **'s-Gravenhaagse stichting tot Steun aan de bestrijding van Tuberculose**
- **Nationale Postcode Loterij**
- **VriendenLoterij**
- **Nederlandse Loterij**
- **and others**

## People-Centered Framework for National Strategic Plan (NSP) development

<b>PROJECT PERIOD</b> <b>PROJECT NUMBER</b> <b>COUNTRIES</b>	<b>June 2019 - May 2021</b> <b>1.00.249.1</b> Cambodia, Ethiopia, Ghana, Indonesia, Kenya, Tanzania, Uganda, Vietnam, (under consideration: Namibia, Lesotho, Zimbabwe)
<b>PROJECT AIM AND OBJECTIVES</b>	<p>The proposed project is planning to engage and assist nine National TB Control Programs to develop people-centered, optimized, responsive, resilient and evidence-based National Strategic Plans (NSPs).</p> <p>The project will document and use the experiences gathered throughout the processes to refine the approach and develop relevant toolkits, guidelines and training materials. It is envisaged that the project will result in an established and WHO endorsed model approach for future strategic TB programming worldwide.</p>
<b>DESCRIPTION OF THE OVERALL PROJECT</b>	<p>The project will build on the principles of the people-centered framework for TB programming and the experiences from the use of data consolidation and policy translation across the care continuum.</p> <p>The project will support and enable nine countries to consolidate their respective TB data and evidence, map and analyze quantitative and qualitative information along the patient care continuum and develop people-centered, optimized, responsive, resilient and evidence based NSPs.</p> <p>These plans will form the basis of national and subnational operational plans, resource allocation at all administrative levels and additional funding requests, such as applications to the Global Fund. The latter has already established systems for a tailored application stream from countries with robust NSPs following the above described principles.</p> <p>The approach will furthermore allow countries to set ambitious but realistic and achievable targets based on their currently available resources, and projections of what could be achieved with additional levels of funding. This will be documented in different scenarios, reflecting current confirmed funding levels, fully funded ambitions and one or two scenarios in between.</p>
<b>ACTIVITIES AND DELIVERABLES 2020</b>	<p>The results will be achieved through a mixture of remote support and country visits comprising a number of national and subnational consultation meetings and workshops, preceded by some training, mentoring and orientation of key stakeholders and a data consolidation phase.</p> <p>KNCV will develop tools and guidelines for data consolidation and the planning process (e.g. consultative workshops), provide webinars and trainings and facilitate all steps of the country process through STTA.</p> <p>A project website will be set up to share project progress and updates. Project design, SOPs, guidelines, tools, etc. will be shared via this website so that any interested stakeholder or researcher can access and review the details of intervention. The website will also share any relevant tools and experiences.</p>
<b>APPLICABLE STRATEGIC PATHWAYS</b>	<ul style="list-style-type: none"> <li>- Innovation and evidence generation</li> <li>- Strategic planning</li> <li>- Policy development</li> <li>- Capacity building</li> <li>- Strategic alliances</li> </ul>

# Advocacy for Dutch engagement in Official Development Assistance for health

PROJECT PERIOD PROJECT NUMBER COUNTRIES	1 January 2018 – 31 December 2020 1.00.230.1 Netherlands
PROJECT AIM AND OBJECTIVES	This project will enable advocacy towards strengthening and sustaining Dutch support and Official Development Assistance for health (including R&D, HIV and TB) and Dutch engagement in HIV and TB.
DESCRIPTION OF THE OVERALL PROJECT	<ul style="list-style-type: none"> <li>- To prepare and execute advocacy through policy analysis and ask development, coalition building and relationship management</li> <li>- Financing out-of-pocket expenditures related to the convening of roundtables public events, two exhibitions and supporting services for political monitoring and advisory services.</li> </ul>
ACTIVITIES AND DELIVERABLES 2020	<p>Activities:</p> <ul style="list-style-type: none"> <li>- Keeping innovation for global health on the Dutch policy agenda</li> <li>- Sustaining policy space and parliamentary support for Global Fund</li> <li>- Specific engagement on the PDP funding line</li> <li>- Any opportunities to showcase and build administrative (DGIS or VWS) and parliamentary support for TB and TB/HIV engagement, KNCV's work</li> </ul> <p>Key Deliverables:</p> <ul style="list-style-type: none"> <li>- Roundtable and policy paper related to PDPs and or Antimicrobial resistance (AMR) engagement</li> <li>- Continuation of Global Health Café and Clingendael Global Health Initiative</li> <li>- Engagement TB ambassador Dutch parliament and link to TB Caucus</li> <li>- Parliamentary engagement across the isles</li> </ul>
APPLICABLE STRATEGIC PATHWAYS	<ul style="list-style-type: none"> <li>&gt; Strategic alliances</li> <li>&gt; (funding for) Innovation</li> </ul>

## 2.1 PROJECT SECTION

# Support of TB control in the Netherlands

<b>PROJECT PERIOD</b> <b>PROJECT NUMBER</b> <b>COUNTRIES</b>	<b>1 January 2020 to 31 December 2020</b> <b>3.NL.004-007</b> Netherlands
<b>PROJECT AIM AND OBJECTIVES</b>	Support and coordination of national TB control policy development in the Netherlands geared towards elimination of tuberculosis in the Netherlands
<b>DESCRIPTION OF THE OVERALL PROJECT</b>	KNCV supports and coordinates national TB control policy development in close collaboration with national partners such as RIVM, GGDs and GGD GHOR Nederland.
<b>ACTIVITIES AND DELIVERABLES 2020</b>	<ol style="list-style-type: none"><li>1) Policy and guideline development and access to guidelines</li><li>2) Quality policy</li><li>3) Coordination &amp; Technical Advice</li><li>4) Capacity building</li><li>5) Develop and provide appropriate health education material</li><li>6) Patient-centered care and support activities</li></ol>
<b>APPLICABLE STRATEGIC PATHWAYS</b>	<ul style="list-style-type: none"><li>- Innovation and evidence generation</li><li>- Strategic planning</li><li>- Policy development</li><li>- Introduction and scale-up of evidence-based tools and interventions</li><li>- Capacity building</li></ul>

# Pharmaco Vigilance Africa (PAVIA)

<b>PROJECT PERIOD</b> <b>PROJECT NUMBER</b> <b>COUNTRIES</b>	<b>March 2018 – February 2022</b> <b>1.00.226.1</b> Eswatini, Ethiopia, Nigeria, Tanzania
<b>PROJECT AIM AND OBJECTIVES</b>	PAVIA aims to improve the readiness of sub-Saharan Africa (SSA) health systems to effectively deliver new medical products and to monitor their post-market safety, by strengthening national Pharmacovigilance (PV) systems in a collaborative effort with Public Health Programmes, building up medicines safety surveillance (aDSM) activities in the context of the introduction of new drugs for multidrug-resistant tuberculosis (MDR-TB).
<b>DESCRIPTION OF THE OVERALL PROJECT</b>	<p>PAVIA is involving the NTPs and national PV authorities in four SSA countries; providing training for PV staff on aspects of PV for MDR-TB. To assess its impact, PAVIA (under supervision of KNCV) has done a baseline assessment in project Y1 to obtain good understanding of the PV situation in-country at baseline, and will conduct an end-line assessment in project Y4. This end-line assessment will result in a blueprint that can guide other countries and other public health programmes in strengthening their PV systems.</p> <p><b>PAVIA' objectives are to:</b></p> <ul style="list-style-type: none"> <li>- Strengthen governance of PV systems, by strengthening regulatory and organizational structures and defining clear roles and responsibilities for all stakeholders;</li> <li>- Improve efficiency and effectiveness of national surveillance systems, by strengthening surveillance of adverse drug reactions and implementation of tools and technologies for their detection, reporting, analysis and dissemination;</li> <li>- Build capacity and skills to sufficiently conduct safety-monitoring activities throughout the country;</li> <li>- Improve readiness of health systems within SSA, by improving performance assessment of PV systems allowing identification of enablers and barriers for implementation.</li> </ul>
<b>ACTIVITIES AND DELIVERABLES 2020</b>	<ul style="list-style-type: none"> <li>- Annual impact evaluation of the PV outputs (through PV coordinators hired by KNCV) – to be delivered at the end of the project</li> <li>- First Evaluation describing results and consequences of national and supranational PV data compilation and data analysis finalized</li> </ul>
<b>APPLICABLE STRATEGIC PATHWAYS</b>	<p><b>Furthermore, KNCV will contribute to:</b></p> <ul style="list-style-type: none"> <li>- Writing of scientific publications with findings from the baseline assessment;</li> <li>- Steering the overall project via its position in PAVIA's executive board;</li> <li>- Supervising the KNCV-hired PV coordinators (until March/June 2020).</li> <li>- Policy development</li> <li>- Capacity building</li> </ul>

# Tuberculosis Reduction through Expanded Anti-retroviral Treatment and Screening (TREATS) project

<b>PROJECT PERIOD</b> <b>PROJECT NUMBER</b> <b>COUNTRIES</b>	<b>1 November 2017 – 31 October 2021</b> <b>1.00.225.1</b> Zambia, South Africa
<b>PROJECT AIM AND OBJECTIVES</b>	To measure the impact of a combined TB/HIV intervention of population level screening for TB, combined with universal testing and treatment for HIV, delivered over four years, on notified TB incidence, prevalence of TB disease and incidence of TB infection.
<b>DESCRIPTION OF THE OVERALL PROJECT</b>	KNCV is the lead for Work Package (WP) 3 which is conduct of a TB prevalence survey (TBPS) to measure one of the primary outcomes of the overall project. The TBPS is conducted by multiple teams covering 21 communities in the two countries with an overall sample size of 56,000 people. A digital system has been developed under guidance of KNCV by Imarketing. KNCV is co-leading WP4 looking at new diagnostics in the light of TBPS which resulted in an initial intense diagnostic phase of the project to define the optimal algorithm as well as other innovative methods to contribute to the global discussion on the best way to conduct such surveys.
<b>ACTIVITIES AND DELIVERABLES 2020</b>	<p>Activities:</p> <ul style="list-style-type: none"> <li>- Monitoring visits</li> <li>- Meetings/calls</li> <li>- Data analysis</li> <li>- Lab work</li> </ul> <p>Deliverables:</p> <ul style="list-style-type: none"> <li>- 'Midterm recruitment report' for Prevalence surveys. Deliverable to be scheduled for the time point when 50% of the prevalence survey population is expected to have been recruited. The report shall include an overview of recruited subjects by study site, potential recruiting problems and, if applicable, a detailed description of implemented and planned measures to compensate delays in the study subject recruitment</li> <li>- Presentation of final results on prevalence methodology at an international conference (probably The Union)</li> </ul> <p>Milestones:</p> <ul style="list-style-type: none"> <li>- TBPS surveys field operations completed</li> <li>- Prevalence survey laboratory work complete and database lock</li> </ul>
<b>APPLICABLE STRATEGIC PATHWAYS</b>	<ul style="list-style-type: none"> <li>- Innovation and evidence generation</li> <li>- Introduction and scale-up of evidence-based tools and interventions</li> </ul>

## E-Detect TB in Europe

<b>PROJECT PERIOD</b>	<b>1 June 2017- 1 October 2019</b>
<b>PROJECT NUMBER</b>	No cost extension for WP 6: March 2020
<b>COUNTRIES</b>	<b>2.00.011.1</b> Netherlands
<b>PROJECT AIM AND OBJECTIVES</b>	Collating, analyzing and evaluating multi-country data on TB in migrants to low incidence countries to inform effective strategies for early diagnosis of active and latent TB in low incidence EU countries (WP 6).
<b>DESCRIPTION OF THE OVERALL PROJECT</b>	<ol style="list-style-type: none"> <li>1. Creating a safe haven for a multi-country database</li> <li>2. Agreement on a standardized format to pool data</li> <li>3. Protocol for data transfer</li> <li>4. Database created, populated and cleaned</li> <li>5. Analysis of the cascade of screening and care of pooled data</li> </ol>
<b>ACTIVITIES AND DELIVERABLES 2020</b>	In 2020 the analysis of the cascade of screening and care of pooled data should result in a peer reviewed paper focused on a comparison of the outcome of the screening in view of the different approaches to reach and serve the target groups.
<b>APPLICABLE STRATEGIC PATHWAYS</b>	<ul style="list-style-type: none"> <li>- Innovation and evidence generation</li> <li>- Strategic planning</li> <li>- Policy development</li> <li>- Introduction and scale-up of evidence-based tools and interventions</li> </ul>

## Painless Optimized Diagnosis of Tuberculosis in Ethiopian Children (Podtec)

<b>PROJECT PERIOD</b> <b>PROJECT NUMBER</b> <b>COUNTRIES</b>	<b>September 2019 – August 2021</b> <b>3.ET.015.1</b> Ethiopia
<b>PROJECT AIM AND OBJECTIVES</b>	Provide children in Ethiopia with access to non-invasive diagnostic methods for a bacteriologically confirmed TB diagnosis that does not require visits to higher-level health care facilities
<b>DESCRIPTION OF THE OVERALL PROJECT</b>	This project aims to address two critical barriers to accessing TB services along the care pathway for children in Ethiopia - lack of appropriate diagnostic tools and delay in transportation and results communication. To address the first critical barrier, we will make the KNCV simple-one-step stool method ready for routine implementation and explore usability of alternative child-friendly samples. A sample transport system with digital sample tracking and integrated result dissemination will be used to address the delay in sample transportation and results communication.
<b>ACTIVITIES AND DELIVERABLES 2020</b>	<p>Complete an optimization study. This will entail developing optimization study protocols and standard operating procedures, deploying study coordinator and laboratory experts, procurement of laboratory supplies. About 30 stool Xpert positive children will be included in this study. The study is expected to be completed within eight months of its launching, and it will be implemented along with a related project—ASTTIE—which will serve as a source of children with stool positive results.</p> <p>Configuration of electronic system to support sample transportation. The SITRUST application, which has been effectively used to facilitate sample transportation in Indonesia, will be adapted to the Ethiopian. The activities will include system configuration, feature development and testing interoperability with other electronic systems.</p> <p>Preparation for small-scale implementation. Starting from month-5 of the project, we will deploy project teams at district level to prepare sites for small-scale implementation of the newly developed systems. This will include baseline assessment and training of health care workers on the improved diagnostic tools and sample transport systems.</p>
<b>APPLICABLE STRATEGIC PATHWAYS</b>	<ul style="list-style-type: none"> <li>- Innovation and evidence generation</li> <li>- Introduction and scale-up of evidence-based tools and interventions</li> <li>- Capacity building</li> </ul>

# Improving TB Preventive Treatment among under-five Children through Engagement of Women's Indigenous Associations in Ethiopia

<b>PROJECT PERIOD</b> <b>PROJECT NUMBER</b> <b>COUNTRIES</b>	31 October 2019 - 31 March 2021 3.ET.020.1 Ethiopia
<b>PROJECT AIM AND OBJECTIVES</b>	<p>The overall goal of this project is to strengthen Tuberculosis Preventive Treatment (TPT) among under-five children through a women-centered approach. Our objectives are: (1) To increase TPT initiation rates from 53% to 98% among under-five children in the project zones; (2) To increase TPT completion rates by 50% from baseline. Our target is to screen nearly a 1000 [this will be updated] under-five children from Arada sub-city of Addis Ababa and Kaffa zone from SNNPR.</p>
<b>DESCRIPTION OF THE OVERALL PROJECT</b>	<p>We plan an innovative, women-led approach to improve TPT in under-five children in Ethiopia. We will work through local women-only associations to reach nearly a 1000 under-five children eligible for TPT to increase TPT initiation rate from the current 53% to 98%, and TPT completion rate by 50% in two zones of Ethiopia.</p>
<b>ACTIVITIES AND DELIVERABLES 2020</b>	<p><b>Preparatory activities:</b></p> <ul style="list-style-type: none"> <li>- Complete baseline validation in consultation with the M&amp;E reviewer</li> <li>- Agree on process indicators and project targets based on actual baseline data collected during the validation process</li> <li>- Sign sub-agreement with the local partner</li> </ul> <p><b>Detailed interventions and activities:</b></p> <p><b>Intervention 1:</b> Engage women-only Iddirs in identification and referral of under-five child contacts eligible for TPT; Including mapping and selecting existing Iddirs on TB and TPT, training Iddir focal persons on identification and follow-up of under-five child contacts for TPT.</p> <p><b>Intervention 2.</b> Organize outreach-based contact investigation and link under-five children to primary health care units (PHCUs); Including sensitization and awareness creation sessions for district TB coordinators, refresher training sessions on contact investigation for health facility TB focal persons.</p> <p><b>Intervention 3.</b> Support monitoring and treatment observation; Including ensuring TPT initiation and follow-up by the PHCUs, adherence to TPT</p> <p><b>Intervention 4.</b> Strengthen monitoring, evaluation and learning; Including evaluating the impact of the interventions outlined above and disseminate results.</p> <p><b>Intervention 5.</b> Promote empowerment of girls and women throughout the project implementation cycle; Including establishing gender taskforces at zonal levels that meet on a quarterly basis, conducting gender assessment at baseline and design interventions accordingly</p>
<b>APPLICABLE STRATEGIC PATHWAYS</b>	<ul style="list-style-type: none"> <li>- Innovation and evidence generation</li> <li>- Introduction and scale-up of evidence-based tools and interventions</li> <li>- Capacity building</li> <li>- Strategic alliances</li> </ul>

# ASCENT (Adherence Support Coalition to End TB)

<b>PROJECT PERIOD</b> <b>PROJECT NUMBER</b> <b>COUNTRIES</b> <b>PARTNERS</b>	<b>July 2019 – December 2022</b> <b>1.00.246.1</b> Ethiopia, Tanzania, South Africa, Ukraine, The Philippines PATH, The Aurum Institute & LSHTM
<b>PROJECT AIM AND OBJECTIVES</b>	<p>The ASCENT project will build on existing evidence, innovations and growing global momentum to implement and evaluate three types of digital adherence technologies in five key countries for all types of TB, reaching a total of 70.000 patients.</p> <p><b>The ASCENT project focuses on:</b></p> <ul style="list-style-type: none"> <li>A. Facilitating country adoption and uptake of digital adherence technologies</li> <li>B. Generating crucial evidence for optimal use and scale-up</li> <li>C. Creating a global market and implementation plan for digital adherence technologies</li> </ul>
<b>DESCRIPTION OF THE OVERALL PROJECT</b>	<p>The ASCENT project helps patients successfully complete their course of treatment through the use of digital adherence technologies and data-driven support interventions, utilizing tools such as smart pill boxes and other innovations. These digital adherence technologies empower patients to take their daily medication at a time and place that suits them best. Additionally they provide real-time information to the TB doctor or nurse, helping to determine the most appropriate treatment approach for each individual patient and by enabling focused efforts on those patients that require extra support.</p> <p>At this moment, these technologies are only used on a small scale in the international fight against TB. The ASCENT project aims to make them accessible to all TB patients worldwide.</p>
<b>ACTIVITIES AND DELIVERABLES 2020</b>	<p>The ASCENT project will start implementation and research activities in project countries. The research activities will look at effectiveness, acceptability, feasibilities and costing of the technologies and will generate crucial evidence for optimal use and scale.</p> <p>Digital adherence technologies will be made available in the participating health care facilities at no additional costs to the patient. Health care staff will have access to real-time adherence information per patient.</p> <p>In addition, ASCENT will look at different procurement strategies for integrating the digital adherence technologies into existing ordering systems. ASCENT will also assist Ministries of Healths in developing and executing DAT ordering and procurement plans</p> <p>ASCENT will keep all relevant global stakeholders updated in order to create support for scale-up of the digital adherence intervention</p>
<b>APPLICABLE STRATEGIC PATHWAYS</b>	<ul style="list-style-type: none"> <li>- Innovation and evidence generation</li> <li>- Strategic planning</li> <li>- Policy development</li> <li>- Introduction and scale-up of evidence-based tools and interventions</li> <li>- Capacity building</li> <li>- Strategic alliances</li> </ul>

# IMPAACT4TB: Increasing Market and Public health outcomes through scaling-up Affordable Access models of short Course preventive therapy for TB

<b>PROJECT PERIOD</b> <b>PROJECT NUMBER</b> <b>COUNTRIES</b>	<p>July 2017 – August 2021</p> <p>1.00.222.3</p> <p>KNCV: Ethiopia, Indonesia, Malawi, and Tanzania, consortium partners: South Africa, Mozambique, Ghana, Cambodia, India, Kenya, Zimbabwe, Brazil</p>
<b>PROJECT AIM AND OBJECTIVES</b>	<p>Reduce TB incidence and deaths among PLHIV (15-49) and child contacts through sustainable implementation of affordable, quality-assured 3HP (preventive treatment).</p>
<b>DESCRIPTION OF THE OVERALL PROJECT</b>	<p>Through this project up to 400,000 people representing 1.5% of the target population (child contacts &lt;5 and PLHIV newly entering care) will be initiated on 3HP (in all project countries) with the aim of making an economic benefit case for treating PLHIV and child contacts with 3HP.</p> <p>The project will increase the number of PLHIV and child contacts &lt;5 years starting treatment with affordable, quality-assured 3HP; and contribute to revising WHO preventive therapy management guidelines based on evidence generated.</p>
<b>ACTIVITIES AND DELIVERABLES 2020</b>	<p>In each of the four countries we support, 2020 will focus on implementation and rapid scale-up of 3HP, embedded within existing national strategic plans to address LTBI. Building on the successful achievement of an affordable unit cost for rifapentine, and with 3HP soon to be included in national guidelines in each of the project countries, we will work with national governments to deliver 3HP to eligible populations. For delivery, activities relating to supply chain and procurement, ongoing training and quality assurance, monitoring and evaluation of the LTBI care cascade, and support for associated contact investigation and HIV treatment initiation.</p> <p>In addition, we will begin recruitment for operational research studies in Ethiopia (community-based management of TPT) and Malawi (opt-out prescribing of 3HP). Looking beyond activities related to delivery and research, we will continue to focus on the overall deliverable of market access and national scale-up in each country, including collaborations with national, multilateral and implementation partners in each country. We expect new products, new models of care and new commitments for procurement, and will be supporting the introduction of each.</p>
<b>APPLICABLE STRATEGIC PATHWAYS</b>	<ul style="list-style-type: none"> <li>- Innovation and evidence generation</li> <li>- Introduction and scale-up of evidence-based tools and interventions</li> <li>- Capacity building</li> <li>- Strategic alliances</li> </ul>

## Challenge TB

<p><b>PROJECT PERIOD</b> <b>PROJECT NUMBER</b> <b>COUNTRIES</b></p>	<p><b>October 2014 – March 2020</b> <b>1.00.501.6, 1.00.703.6, 1.00.601.6</b> Current countries in No-Cost Extension period: Afghanistan, (Botswana), Nigeria, Ukraine, and Zimbabwe. The WHIP3TB study (Core prevention project) is also extended.</p>
<p><b>PROJECT AIM AND OBJECTIVES</b></p>	<p>Challenge TB assists countries to achieve USAID's purpose and the three objectives of this project: expanded access to prevention services; improved patient-centered, quality care services for TB, MDR-TB, and TB/HIV; and sustained and enhanced systems. CTB's vision aligns with WHO's post-2015 strategy, USAID's vision of a world free of TB, and the principles of USAID Forward, the Global Health Initiative, and USAID's gender, youth, and evaluation policies.</p>
<p><b>DESCRIPTION OF THE OVERALL PROJECT</b></p>	<p>The CTB Project is the USAID Flagship project for strengthening TB control. The project has been implemented in 23 countries and two regions for the past five years. Currently the NCE covers five countries. The final close out of the project is by the end of March 2020.</p>
<p><b>ACTIVITIES AND DELIVERABLES 2020</b></p>	<p>For 2020 the above mentioned CTB country projects (in only five countries) will have to be closed technically and operationally. The five countries (except Botswana) will have to develop their End of Project Report.</p> <p>Zimbabwe was granted a NCE in order to be able to deliver a modular laboratory for the National TB Reference Laboratory in Bulawayo. The procurement of the modular lab is in the workplan of WHO. Close monitoring is needed to review the tight timelines.</p> <p>The Prevention Study (WHIP3TB ) as implemented under leadership of the Aurum Institute in South Africa. In 2020 the focus is on data analysis, manuscript - and final report writing. Patient enrollment has finished in September 2019. Challenge TB has to finalize the Global End of Project Report. A writer has been hired who will help with the editing of the report.</p> <p>After the closure of the project the final audit will be done in March 2020.</p>
<p><b>APPLICABLE STRATEGIC PATHWAYS</b></p>	<ul style="list-style-type: none"> <li>- Innovation and evidence generation</li> <li>- Strategic planning</li> <li>- Policy development</li> <li>- Introduction and scale-up of evidence-based tools and interventions</li> <li>- Capacity building</li> <li>- Strategic alliances</li> </ul>

## Challenge TB prevention:

<b>PROJECT PERIOD</b> <b>PROJECT NUMBER</b> <b>COUNTRIES</b>	<b>April 2016 – February 2020</b> <b>1.00.703.6</b> Ethiopia, Mozambique and South Africa
<b>PROJECT AIM AND OBJECTIVES</b>	A randomized, pragmatic, open-label trial to evaluate the effect of three months of high dose rifapentine plus isoniazid (3HP) administered as a single round or given annually in HIV-positive individuals.
<b>DESCRIPTION OF THE OVERALL PROJECT</b>	<b>This trial aims to:</b> Compare treatment completion in HIV-positive participants taking a three-month round of weekly rifapentine plus isoniazid to those taking six months of daily isoniazid, and to compare the effectiveness of a single round of 3HP to two periodic (annual) rounds of 3HP (p3HP) in preventing TB disease among HIV-positive persons
<b>ACTIVITIES AND DELIVERABLES 2020</b>	During 2020 analysis of the results of the trial will be concluded and several manuscripts will be completed and published. These include: <ul style="list-style-type: none"> <li>- Methods</li> <li>- Comparison treatment completion 6H vs 3HP</li> <li>- Safety of 3HP during pregnancy</li> <li>- Validity of CAD-assisted CXRs for TB detection</li> <li>- Health Economics</li> <li>- IGRA CD8 signal detection in HIV-positive participants taking preventive treatment</li> <li>- Comparison effectiveness of single round versus two rounds of 3HP to prevent TB disease</li> </ul>
<b>APPLICABLE STRATEGIC PATHWAYS</b>	<ul style="list-style-type: none"> <li>- Innovation and evidence generation</li> <li>- Policy development</li> <li>- Introduction and scale-up of evidence-based tools and interventions</li> <li>- Capacity building</li> </ul>

## Alternatives to Sputum for TB Testing in Indonesia and Ethiopia (ASTTIE) FujiLAM and Stool studies

<b>PROJECT PERIOD</b> <b>PROJECT NUMBER</b> <b>COUNTRIES</b>	<b>September 2019 – September 2020</b> <b>1.00.250.1</b> Ethiopia and Indonesia
<b>PROJECT AIM AND OBJECTIVES</b>	This project aims to assess how stool testing for children and urine testing for PLHIV can be incorporated into diagnostic algorithms for TB diagnosis.
<b>DESCRIPTION OF THE OVERALL PROJECT</b>	Diagnosis of TB in children is made difficult by children not being able to expectorate sputum on command. People living with HIV (PLHIV) often also find expectoration of sputum challenging. This project assesses how non-evasive testing (stool testing for children and urine testing for PLHIV) could confirm TB infection and would lead to more accurate diagnosis and timely treatment, and provides recommendations on how this testing can be incorporated into diagnostic algorithms.
<b>ACTIVITIES AND DELIVERABLES 2020</b>	<p>Existing (continuation of Challenge TB activities) and new study sites in Addis Ababa and Jakarta are selected for stool test implementation in children &lt;10, with parallel stool testing of presumptive TB against nasogastric aspirate (Ethiopia) and induced sputum (Indonesia) on Xpert MTB/RIF.</p> <p>HIV hospitals are selected in Addis Ababa and Jakarta for FujiLAM (urine) and Visitect Advanced Disease CD4 test implementation, where FujiLAM will be compared against Xpert MTB/RIF on sputum, and Visitect against reference standard CD4 counting.</p> <p>Deliverables are completed data sets for four study arms (two per country), data analysis, country and overall study reports, and presentation to WHO and national partners.</p>
<b>APPLICABLE STRATEGIC PATHWAYS</b>	<ul style="list-style-type: none"> <li>- Innovation and evidence generation</li> </ul>

## Development of a comprehensive digital training package

<b>PROJECT PERIOD</b> <b>PROJECT NUMBER</b> <b>COUNTRIES</b>	<b>September 2019 – December 2020</b> <b>1.00.251.1</b> To be determined - Nigeria, Ethiopia, Vietnam, the Philippines, Kyrgyzstan
<b>PROJECT AIM AND OBJECTIVES</b>	Overall objective of this project is to facilitate the development of a comprehensive, global digital learning platform for the provision of certified TB related training courses on the End TB Strategy for strategically targeted audiences (e.g. TB policy makers, consultants of technical agencies, TB programme managers and district TB officers, among others).
<b>DESCRIPTION OF THE OVERALL PROJECT</b>	Design for (i) a digital, global training platform, as well as a (ii) a certified, comprehensive, innovative and flexible training curricula and pedagogic methods for the education on clinical and programmatic management of tuberculosis, targeting selected audience, and (iii) follow-on mentoring programme developed. Based on the deliverables of 2019, in 2020 the digital platform will be available and ready for piloting. Mapping of all partners will have been done and a critical assessment of existing TB-related curricula and choices will have been made based on the priorities for development.
<b>ACTIVITIES AND DELIVERABLES 2020</b>	2020 will be used for the actual development of the learning modules for the End TB strategy components as prioritized by WHO/GTB. The idea will be to have e-learning training modules for the different cadres of staff at all levels and also separate e-learning tools for the introduction of new guidelines and policies.
<b>APPLICABLE STRATEGIC PATHWAYS</b>	<ul style="list-style-type: none"> <li>- Introduction and scale-up of evidence-based tools and interventions</li> <li>- Capacity building</li> <li>- Strategic alliances</li> </ul>

## Guideline development for nursing care for TB patients and people treated for LTBI in the Netherlands

<b>PROJECT PERIOD</b> <b>PROJECT NUMBER</b> <b>COUNTRIES</b>	<b>1 December 2019 until 1 December 2021</b> <b>3.NL.026.1</b> Netherlands
<b>PROJECT AIM AND OBJECTIVES</b>	To develop an evidence-based guideline with additive documents (quality standard). The guideline will be developed using the AQUA methodology.
<b>DESCRIPTION OF THE OVERALL PROJECT</b>	Around 800 people are diagnosed with TB in the Netherlands yearly. Also, around 1.400 people with a LTBI receive treatment to prevent them from developing TB later. Public health nurses at the GGDs support these patients during their treatment to achieve compliance and a successful treatment result. In addition, these nurses are responsible for public health tasks such as ensuring adequate infection prevention during treatment in the home situation and contact investigation. These tasks have been done by nurses for decades, but there is no sound scientific basis for the methodology and no guideline.
<b>ACTIVITIES AND DELIVERABLES 2020</b>	<p>In this project a quality standard (guideline and additive documents) will be developed. The project is led by KNCV. A consultant from Pallas Health research and consultancy is added to the project group to support in the AQUA methodology. V&amp;VN, VvAwt, (former) patients, NVALT and other stakeholders will be added to the working group, reading group or stakeholders meeting.</p> <ol style="list-style-type: none"> <li>1. Organization of stakeholders meeting to collect barriers</li> <li>2. Organization of two working group meetings</li> <li>3. Inventory of already existing guidelines, SOP's, etc</li> <li>4. A report with proposal for modules, basic research questions has been made and submitted to ZonMw/V&amp;VN</li> </ol>
<b>APPLICABLE STRATEGIC PATHWAYS</b>	- Innovation and evidence generation

# TB Endpoint

<b>PROJECT PERIOD</b> <b>PROJECT NUMBER</b> <b>COUNTRIES</b>	<b>1 December 2015 - 1 June 2020</b> <b>3.NL.023.1</b> Netherlands
<b>PROJECT AIM AND OBJECTIVES</b>	To study the feasibility and cost-effectiveness of TB elimination in the Netherlands through optimized TB disease prevention among immigrants with the highest risk of developing TB disease in three pilots offering LTBI screening and preventive treatment to three distinct immigrant groups: new immigrants; asylum seekers with the highest risk of developing TB (those from countries with TB incidence >200/100,000); and refugees with the highest risk of developing TB (Eritreans).
<b>DESCRIPTION OF THE OVERALL PROJECT</b>	<p>Three mixed methods pilots with an approach to LTBI screening tailored to the different circumstances in the different target groups were performed during the first phase of the project (2016-2018) .</p> <p>Qualitative results and lessons learned from the different pilots were used in phase 2 (2019-2020) to improve the interventions within the specific target population, and to guide the other pilots and long term approach of the interventions.</p> <p>Quantitative results from the pilots on uptake of LTBI screening and PT are used as input to study the cost-effectiveness and the long term impact in terms of costs and cases averted with different LTBI strategies.</p>
<b>APPLICABLE STRATEGIC PATHWAYS</b>	<ul style="list-style-type: none"> <li>- Innovation and evidence generation</li> <li>- Strategic planning</li> <li>- Policy development</li> <li>- Introduction and scale-up of evidence-based tools and interventions</li> <li>- Capacity building</li> <li>- Strategic alliances</li> </ul>

## Early access to the BPaL regimen

<p><b>PROJECT PERIOD</b> <b>PROJECT NUMBER</b> <b>COUNTRIES</b></p>	<p><b>2020 - 2023</b> <b>To be determined</b> Funding for three countries have been secured: Ukraine (TB REACH, in coalition with OATH), Tajikistan (TB REACH), Nigeria (SMT). Other countries with projects for the introduction of BPaL under development are: Kyrgyzstan, Uzbekistan, Vietnam, the Philippines, Myanmar, Indonesia, in collaboration with the TB Alliance, the International Tuberculosis Research Centre in South Korea (ITRC), Yayasan KNCV Indonesia and other partners. Other countries may be added to this list. As this project is still in under development, the deliverables may still change.</p>
<p><b>PROJECT AIM AND OBJECTIVES</b></p>	<p>Introduction of the new BPaL regimen in countries to provide early access to life saving treatment for eligible patients, adjusting and developing the systems necessary to responsibly use this regimen and conduct operational research to inform national and global scale-up of application of the BPaL regimen.</p>
<p><b>DESCRIPTION OF THE OVERALL PROJECT</b></p>	<p>The BPaL regimen is a six month treatment for patients with advanced forms of drug-resistant tuberculosis. The treatment contains the drugs bedaquiline, and linezolid and a new drug, pretomanid.</p> <p>In August 2019 the regimen was approved by the US FDA and WHO regulatory guidance followed in November 2019. For eligible patients this new treatment is expected to replace the currently available 20 month treatment regimen.</p> <p>KNCV will collaborate with global partners like TB REACH, the TB Alliance, ITRC and local partners in the countries to provide access to this new regimen, building on the innovation platforms. developed in the period 2015- 2019, with the introduction of new drugs and shorter treatment regimens under the KNCV-led, USAID-funded Challenge TB project.</p> <p>Having the supportive systems in place, and having the experience of the introduction of bedaquiline, delamanid and the 9 month STR, in 2019 these countries are now in a good position for rapid adoption of new drugs and regimens. KNCV will use its experience and the tools developed under the TB Alliance BPaL roadmaps project to support TB Alliance and ITRC in the introduction of BPaL in the project countries as well as providing global support and coordination to facilitate exchange of experience and optimal data collection to inform national and global scale-up of the BPaL regimen.</p>
<p><b>ACTIVITIES AND DELIVERABLES 2020</b></p>	<p>In close collaboration with WHO, ITRC and other technical partners, KNCV will support NTP's on introduction of the BPaL regimen by providing technical assistance to:</p> <ul style="list-style-type: none"> <li>- Preparation of all conditions for safe and effective early implementation of BPaL at initial implementation sites including possibilities for decentralized access to care during treatment</li> <li>- Enrolment and patient management in accordance with (inter)national guidance, under active drug safety monitoring and management (aDSM) and documentation of treatment results, during treatment, at end of treatment and during one year of post-treatment follow-up.</li> </ul>

**ACTIVITIES AND  
DELIVERABLES 2020**

- Laboratory network capacity development to support introduction and long term management of the BPaL regimen and related surveillance, including drug resistance surveillance
- Regular, at least quarterly cohort evaluation and reporting on treatment results and serious adverse events with BPaL treatment and documentation of experiences and lessons learnt regarding optimal implementation of the BPaL regimen

**Furthermore KNCV will**

- Continue global dissemination of information on the BPaL assessments and Nix/ZeNix) study results and other relevant publications and scientific information
- Facilitate global capacity building on the implementation of the BPaL regimen
- Develop of specific information and training packages, job aids etc. for professional groups (paediatricians, nurses, etc.)
- Ensure availability of operational study and M&E, protocols, training curricula and materials for those involved in BPaL implementation globally
- Coordinate exchange of information and experience between all countries where KNCV is engaged in BPaL introduction (and others willing to join)
- Coordinate with GDF, liaise with GF and partners on procurement, reprogramming, etc.
- Support M&E, surveillance of PV and treatment results, with periodic analysis, publication and dissemination of BPaL cohort results; adjustment of methodologies as needed
- Engagement of patient organizations and nurse associations for development of effective new adherence strategies for six months decentralized management of DR-TB

**APPLICABLE STRATEGIC  
PATHWAYS**

- Innovation and evidence generation
- Strategic planning
- Policy development
- Introduction and scale-up of evidence-based tools and interventions
- Capacity building
- Strategic alliances

# 3. ORGANIZATIONAL DEVELOPMENTS

## 3.1 OPERATIONS DIVISION

In 2020, the priority areas of the Finance & Operations Division (F&O) will be:

- A. Financial management and accountability
- B. Project management in all phases of the project cycle
- C. Supporting country offices and contributing to the strengthening of KNCV as network organization
- D. Organizational operational management

### A. Financial management and accountability

2020 will be the year that KNCV will have to adapt to a lower level of total project funding with a relatively higher level of diversity in financial monitoring and reporting requirements on project level.

Managing indirect cost and ensuring indirect cost coverage will be an important topic for 2020. 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. Another point of attention will be cash flow planning.

Within F&O we will adjust to the new set-up with a Director F&O and Head of Finance.

On the organizational level the quarterly planning and control cycle will be maintained. For the KNCV narrative quarterly reporting the focus and format of this report related to KNCV Operations will shift from countries to projects. Quarterly management reports per division and unit will be maintained focusing on project overarching issues.

The annual risk assessment will focus on the outcomes of the earlier implemented Monte Carlo analysis as well as on the risks related to the consequences of the transition of KNCV to the post CTB context and how these can be mitigated.

Internal audit missions (both country offices and 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 the compliance check on local law and regulation for all country offices.

### B. Project management in all the different phases of the project cycle

#### Proposal development phase:

As funding diversification remains essential for KNCV, F&O will continue to support the development of new proposals by ensuring operational feasibility as well as smart and realistic budgeting. Optimization of the coordination and collaboration between the different units remains key for a smooth proposal development process. We will also continue to work on expanding knowledge on rules and regulations of different funders, and further development of standard KNCV proposal development tools, including costing tools and formats according to the needs, and ensure that existing tools and formats are well known within the organization.

During the proposal development, we will ensure timely involvement of relevant country offices making optimal use of their capacity and costing knowledge and increasing shared ownership of projects under development.

#### Project implementation and close-out phase

##### 1. Successful management of all projects in the KNCV portfolio;

The KNCV project portfolio is diverse, consisting of many different projects with different timelines, different volumes and different donors. Main donors for KNCV are USAID, Unitaid, the Gates Foundation, WHO, EDCTP, TBA, EU, TB REACH, CIB. We will continue to extend our knowledge on the different donor rules and regulations.

The main focus of F&O in 2020 will be balancing a uniform way of working for all projects, and aligning to specific project requirements by taking into account possible efficiency.

We will ensure adequate internal monitoring of progress, risk management, and problem-solving during implementation and follow-up and timely quality reporting in line with internal and external requirements. In the current set-up of KNCV, we will work in Project

teams with dual leadership by the Grant managers and the Technical Project lead. We will ensure to work in line with the new division of responsibilities, and F&O will work closely together with the Technical Division in joined monitoring, aligned with regular planning and control cycle and the quarterly reporting process. For monitoring purposes we continue to use a project tracking system and reporting tracking tools for ongoing monitoring.

#### **2. Ensuring the successful close-out of Challenge TB projects included in the No Cost extension;**

We will monitor and support the CTB close-out in the extension period, specifically Nigeria and Core prevention project to ensure successful implementation of approved plans and to ensure timely and quality technical and financial reporting.

For non-KNCV-led countries there are no more CTB TA activities planned for 2020. We will continue to optimize collaboration with the Challenge TB PMU, to ensure the successful close-out of CTB overall.

In 2020 we aim to focus more on the possible further development of PME systems.

#### **C. Supporting Country offices and contribute to the strengthening of KNCV as a network organization**

KNCVs in-country presence has been transitioned to the post-CTB context ensuring continued operational capacity for continuing projects. Grant managers and Grant administrators will continue to support in-country staff to ensure successful project implementation.

For project overarching support to country offices the Head of HRM and Coordinator country offices will play a coordinating role.

In the new set-up we also aim for optimal set of responsibilities at country office level to make optimal use of, and build upon available capacity in the different countries aligned with support from HQ. We will continue to stimulate local leadership/ownership at country level. As we aim to strengthen our network further and where possible expand on collaboration with local partners we will continue to work on Country specific follow-up on optimal registration and collaboration.

In the past year, KNCV has invested in the (local)

resource mobilization capacity of Ethiopia, Indonesia and Nigeria. We will continue along the same lines in 2020. In Indonesia the YKI has been proven successful in attracting significant funds and KNCV and YKI aim to continue in 2020 to look for synergetic collaboration in resource mobilization and project development as well as project implementation. In Nigeria a local entity is starting up and KNCV is maintaining an international presence. Depending on the context and the funding opportunities the longer term strategy in Nigeria will be decided upon in 2020.

In Ethiopia we will continue to work with existing local partners and at the same time further explore local registration opportunities and requirements. ►

**'We will continue to extend our knowledge on the different donor rules and regulations'**

### 3. ORGANIZATIONAL DEVELOPMENTS

#### IN 2020 WE FORESEE TO WORK WITH:

KNCV Project country offices	Objective project implementation. Project manager (s) on Country level final responsible. Fully project funded	Malawi, the Philippines Tanzania, Vietnam (Kyrgyzstan, Tajikistan, Kazakhstan)
KNCV Core country offices	Objective project implementation, resource mobilization and evidence generation. Core capacity guaranteed to fulfill KNCV mission in-country	Nigeria, Ethiopia
Work with local partners	Collaborate with local partners for in-country implementation	Indonesia, Kyrgyzstan, Kenya

KNCV Country Office manual: In 2018 the updated Country Office manual including existing KNCV policies and guidelines has been rolled out. The content of the Country Office manual is still very relevant but needs to be adjusted to the new organizational set-up of KNCV. All relevant guidelines will continue to be available via Sharepoint/My KNCV.

#### D. Organizational Operational management

Modus Operandi: In 2019 we started with the roll-out of the updated Modus Operandi. This will continue in 2020. Essential Standard procedures and SOPs are developed over the past years. These will be maintained and where relevant further developed keeping the KNCV toolkit up-to-date.

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

Resource planning system and related management information: For resource planning we will continue to work with Sumatra where indirect days as well as budgeted direct project days will be registered resulting

in individual work plans as well as project and unit overviews.

F&O will collaborate closely with the Technical Division in managing related resource planning information flows to ensure timely follow-up necessary to maintain accuracy of the available standardized reports to meet information needs from different levels (project/unit/organization).

Safety and security management: In collaboration with the Head of HRM and support/Coordinator country offices, KNCV's security framework will be updated in line with the current KNCV structure to ensure safe implementation of our projects and to meet with the 'Duty of Care' standards of KNCV. Security management responsibilities are included in the line management responsibilities of Country Representatives and the Director Finance & Operations supported by Head of HRM and support/Coordinator country offices and KNCV Security Officer. In 2020 we will continue to monitor and support actual implementation of agreed country security plans and related SOPs and update the security plans in line with the needs.

General Data Protection Regulation: F&O 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 RESOURCE MOBILIZATION

In line with KNCV's organization strategy, the Resource Mobilization strategy is geared towards strategic fundraising with institutional donors and philanthropic foundations in 2020. KNCV aims to 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.

2019 was a year of transition for KNCV, in which new, innovative initiatives emerged and KNCV developed partnerships with known and unknown partners. For 2020 our focus will be on the continuation of partnerships with existing donors that can support KNCV with multiyear contracts. The year 2020 will accelerate the intensified resource mobilization efforts in diversifying our funding sources and at the same time maintain our strategic relationship with long term partners.

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 differed per country, based on local circumstances, skills and capacity available in country offices, the local funding landscapes and network potential. In the strategic plan 2020-2025 our engagement at country level will be taken forward.

### 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 multiyear programs.

In the period 2018-2019 KNCV explored options for increasing the core funding base and engagement

with major donors, corporate foundations and private foundations. In 2019 we continued the focus on philanthropy fundraising with a selected group of (corporate) foundations 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 philanthropic sector.

### Retain, Revive and Develop

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

- **Retain:** Achieve the goals in existing multiyear contracts provide the basis to retain the donors concerned and to apply for a renewal of their support. Timely identification of the potential for renewal and a joint approach with the F&O and technical divisions is crucial.
- **Revive:** Research the potential to revive former donor relations. These are donors that supported KNCV in the past. 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.

## 3.3 COMMUNICATION AND PRIVATE FUNDRAISING

### Strengthen our brand

With an integrated approach through all relevant (media)channels combined with stronger branding, we have raised awareness among our international stakeholders and Dutch target audience which has led to a better brand value. A good example is when 'bought' and 'earned' media attention come together; for instance when we organize a press trip and combine the 'earned' media attention with a campaign ('bought'). In 2020 we will focus even more on making sure that our KNCV news will reach the media even faster. Our media plan is divided in two separate plans. One focuses on our content for the professional international market and the other is more specifically aimed at our Dutch target audience.

### Lean and mean: More income from fundraising and legacies

Since the reorganization of KNCV and the fact that funding streams are at the moment in a state of flux, the core funding from private donations has become even more relevant.

Two important factors determine KNCV's fundraising strategy for 2020: the rapidly changing (private) fundraising market and secondly the more lean and agile business organization that KNCV has become. This means we need a flexible fundraising strategy, with all sorts of cost-efficient testing and optimization, in order to find new ways to reach new donors and gain (new) sources of funding. We must be realistic in our expectations, especially in finding a new audience of donors, since the private funding market has fundamentally changed. We can and will however increase the activities towards our current (loyal) database. We will for example start a loyalty program among our 16.000 remaining donors in order to stimulate legacies on behalf of KNCV. We will also increase our general awareness campaign which aims on having KNCV's appointed as beneficiary.

The Dutch Lotteries are a very important part of our core funding. Two proposals have been submitted so far for funding but have unfortunately been rejected. Hopefully a strong new project will be granted in 2020.

### Storytelling as basic ingredient

When we test a new diagnostics method, we ask parents and their children, and health care workers to share their story about their experiences and what they expect that the new method will bring. Or when we work as a leading partner on a project with digital adherence technology, we ask patients involved what using these type of technologies could mean for their daily lives. Stories have impact, hence we are constantly collecting international stories and will continue to do so for every country we work in this coming year.

### A website that reads like a magazine

The website will be renewed, in order to better showcase our most important highlights. The homepage will resemble more the cover of a news magazine. We will also improve the search engine of our website to offer better usability. Key features on the website are our (technical) focus areas, technical tools and results combined with appealing patient stories.

### Sell KNCV

At the Union World Conference last October in India KNCV presented itself and all we have to offer. It was the first time since the USAID-funded flagship projects ended, that we showcased purely KNCV with our unique competences and the diverse projects we implement or will introduce the coming years. Our story was clear and unified towards all our stakeholders, partners and press, with good results. The presentations, meetings and requests for contact we received at the booth showed how much KNCV is on the right track. For communications this means:

- Improvement and more usability on the website
- Keep up the branding together with our country offices
- Regularly send newsletters
- Emphasize news and plan media possibilities by strengthening our Dutch and international media-relations
- Interact and integrate the country offices in our plans

## 3.4 HUMAN RESOURCES MANAGEMENT

The Human Resources Management (HRM) unit indicated the following priorities that will be dealt with:

### 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. Up till now the Works Council has not given their consent. Discussions will be continued with the aim to implement a new salary house in 2020. Simultaneously, the Employment Condition Scheme will be reviewed for possible adjustments of secondary benefits.

### HR process standardization

HRM will continue to standardize and automatize their processes in 2020 to move to a more efficient running HRM unit. For this, policies and procedures will be reviewed for consistency, efficiency and user-friendliness. The personnel administration and payroll system, both Profit and Insite, will play an essential part in the automatizing of processes.

### RI&E

An RI&E will be carried out in close consultation with the Works Council in 2020 with a possible move to a new location. 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.

### 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.

### Performance Appraisal

In 2019, HRM introduced a new performance appraisal system with a specific focus on feedback and development. Unfortunately, due to the reorganization, many managers and employees did not have the progress interview halfway throughout the year. This means that the performance appraisal cycle for 2019 is not completed. In 2020 a new start will be made to reintroduce the new performance system. This will be closely monitored by HRM for a successful implementation.

### Security

The Security officer will continue to (pro)actively support and advise KNCV colleagues with their security issues or on relevant security developments. Also, a crisis management training will be conducted in 2020.

# 4. THE BUDGET FOR 2020

The year 2020 marks the end of the successful USAID-funded Challenge TB project, resulting in an overall decrease in budget and activities for KNCV. Anticipating this change a reorganization was carried out in 2019, making the organization fit for a future with a lower funding level, but a more diversified funding base, focusing on KNCV's areas of technical expertise.

The period 2019-2021 is a transition period, in which some additional measures will be taken to adjust the organizations cost level to its new income level. An example is the move to a new office. Financial plans show a surplus in the budget for 2021 onwards, with an income level ranging between 17 and 21 million.

## 4.1 BUDGET ACCORDING TO THE CBF REPORTING FORMAT

In table 2 the budget for 2020 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 2020 in compliance with CBF regulations

BUDGET 2020 GUIDELINE 650				
	Actual 2018	Budget 2019	Prognosis 2019	Budget 2020
<b>Income:</b>				
- Income from individuals	1.135.517	1.175.000	727.000	1.040.000
- Income from companies	562.199	0	312.578	0
- Income from lotteries	1.435.757	1.300.000	1.370.000	1.356.100
- Income from government grants	88.178.130	77.953.300	65.046.880	3.282.400
- Income from allied non-profit organizations	526.463	305.400	305.200	577.200
- Income from other non-profit organizations	935.958	6.774.000	4.301.742	10.545.600
<b>Total fundraising income</b>	92.774.024	87.507.700	72.063.400	16.801.300
- Income for supply of services	135.567	47.000	47.000	37.000
- Other income	8.387	12.400	-16.200	7.000
<b>Total income</b>	92.917.977	87.567.100	72.094.200	16.845.300
<b>Expenses:</b>				
<b>Expenses to KNCV Tuberculosis foundation's mission</b>				
- TB control in low prevalence countries	1.232.053	931.400	805.400	846.400
- TB control in high prevalence countries	82.780.743	81.791.700	63.471.600	13.017.600
- Research	5.595.680	1.433.900	5.088.000	1.564.100
- Communication and advocacy	1.523.122	1.274.100	1.095.300	897.500
<b>Expenses to acquisition of funds</b>				
- Costs for own fundraising activities	415.067	535.300	260.400	335.800
- Costs for joint fundraising activities	-	-	300	-
- Costs for activities by third parties	44.515	313.400	313.100	371.600
- Costs to acquire subsidies	501.509	706.800	638.700	322.300
<b>Management and control</b>				
- Costs for management and control	1.164.083	1.195.100	1.856.200	886.527
<b>Total expenses</b>	93.256.773	88.181.700	73.529.000	18.241.827
Nett investment income	215.843	63.200	197.000	61.227
<b>Result</b>	<b>554.639-</b>	<b>551.400-</b>	<b>1.237.800-</b>	<b>1.335.300-</b>

#### 4. BUDGET FOR 2020

The deficit of € 1.335.300 million is partly covered by the use of earmarked reserves (€ 520.000 million). The total income is budgeted on a consolidated level of € 16.9 million. Total income budgeted for 2020 is € 70.7 million lower than budgeted for 2019.

This decrease is fully explained by the end of the Challenge TB project on March 31, 2020, with most implementation activities ended in 2019. Income from government subsidies is planned for a total of € 3.3 million, while income from other non-profit organizations is € 10.5 million. The latter mainly consists of grants from Unitaid, the Gates Foundation and other donors. The amount of € 3.3 million from government subsidies

is dominated by the income from the Dutch government (CiB) and WHO.

The total level of consolidated expenditures amounts to € 18.2 million, which is € 70.0 million lower than budgeted for 2019. This is also explained by the end of the Challenge TB project on March 31, 2020.

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.

With the volume of project activities decreasing the percentage distribution to Acquisition of funds and Management and Control is increasing.

**Table 4: Division of expenditures 2018-2020**

Relative division of expenditures	Actual 2018	Budget 2019	Prognosis 2019	Budget 2020
Expenses to KNCV Tuberculosisfoundation's mission				
- TB control in low prevalence countries	1%	1%	1%	5%
- TB control in high prevalence countries	89%	93%	86%	71%
- Research	6%	2%	7%	9%
- Communication and advocacy	2%	1%	1%	5%
Subtotal	98%	97%	96%	89%
Expenses to acquisition of funds	1%	2%	2%	6%
Managment and control	1%	1%	3%	5%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

#### 4. BUDGET FOR 2020

## 4.2 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.

Table 5: Budget 2020 per category

Cost and income category	Actual 2018	Budget 2019	Prognosis 2019	Budget 2020	Difference with budget 2019	Difference with prognosis 2019	% of prognosis 2019
<b>Profit &amp; Loss account</b>							
1.1 Salaries, allowances and social security	11.148.349	11.949.200	10.276.800	6.023.200	-5.926.000	-4.253.600	59%
1.2 Additional personnel costs	596.144	947.000	1.567.200	408.300	-538.700	-1.158.900	26%
1.3 Office costs	263.211	313.500	301.000	202.900	-110.600	-98.100	67%
1.4 Housing expenses	282.249	311.700	304.800	204.900	-106.800	-99.900	67%
1.5 Depreciation	209.144	233.300	168.500	113.800	-119.500	-54.700	68%
1.6 Other costs	441.716	541.000	493.000	311.700	-229.300	-181.300	63%
1.7 Communication	417.682	410.300	282.500	334.000	-76.300	51.500	118%
<b>Organizational costs</b>	<b>13.358.495</b>	<b>14.706.000</b>	<b>13.393.800</b>	<b>7.598.800</b>	<b>-7.107.200</b>	<b>-5.795.000</b>	<b>57%</b>
1.9 Charged to projects	-12.730.729	-14.253.700	-13.421.300	-7.022.100	7.231.600	6.399.200	52%
<b>Organizational costs after charging to projects</b>	<b>627.765</b>	<b>452.300</b>	<b>-27.500</b>	<b>576.700</b>	<b>124.400</b>	<b>604.200</b>	<b>-2097%</b>
2.1 Investment income	-205.990	63.000	198.000	63.000	-	-135.000	32%
2.2 Interest	8.224	7.500	7.500	7.500	-	-	100%
2.3 Other income	4.959	7.000	6.200	7.000	-	800	113%
<b>General income</b>	<b>-192.807</b>	<b>77.500</b>	<b>211.700</b>	<b>77.500</b>	<b>-</b>	<b>-134.200</b>	<b>37%</b>
3.2 Direct costs fundraising	255.438	395.000	206.500	315.000	-80.000	108.500	153%
3.3 Fundraising activities third parties	39.845	39.700	39.800	40.000	300	200	101%
3.4 Public affairs/ advocacy	9.118	20.500	10.500	12.000	-8.500	1.500	114%
3.7 Other activities	71.100	80.200	49.100	60.700	-19.500	11.600	124%
<b>Activity costs</b>	<b>375.501</b>	<b>535.400</b>	<b>305.900</b>	<b>427.700</b>	<b>-107.700</b>	<b>121.800</b>	<b>140%</b>
4.1 Contributions	300	400	200	200	-200	-	100%
4.2 Gifts and donations	118.967	75.000	17.000	60.000	-15.000	43.000	353%
4.3 Fundraising private and corporate market	589.479	700.000	560.000	580.000	-120.000	20.000	104%
4.4 Legacies and endowments	565.505	400.000	150.000	400.000	-	250.000	267%
4.5 Lotteries	1.435.757	1.300.000	1.370.000	1.356.100	56.100	-13.900	99%
<b>Activity income</b>	<b>2.710.008</b>	<b>2.475.400</b>	<b>2.097.200</b>	<b>2.396.300</b>	<b>-79.100</b>	<b>299.100</b>	<b>114%</b>
5.1 Charges organizational costs	12.736.209	14.253.700	13.421.300	7.022.100	-7.231.600	-6.399.200	52%
5.2 Travel and accommodation	9.390.601	9.652.600	9.652.600	1.849.600	-7.803.000	-7.803.000	19%
5.3 Material costs	24.663.799	20.802.100	21.191.000	8.375.000	-12.427.100	-12.816.000	40%
70599 - Expenses Coalition Partners Challenge TB	45.833.095	42.500.000	29.000.000	-	-42.500.000	-29.000.000	0%
<b>Projectcosts</b>	<b>92.623.704</b>	<b>87.208.400</b>	<b>73.264.900</b>	<b>17.246.700</b>	<b>-69.961.700</b>	<b>-56.018.200</b>	<b>24%</b>
Funding donors - fee	11.695.659	18.839.000	17.073.600	4.810.900	-14.028.100	-12.262.700	28%
Funding donors - travel and accommodation	9.105.532	9.558.000	9.558.000	1.699.600	-7.858.400	-7.858.400	18%
Funding donors - material costs	23.386.294	13.877.300	14.076.600	7.354.500	-6.522.800	-6.722.100	52%
Income coalition partners Challenge TB	45.833.095	42.500.000	29.000.000	-	-42.500.000	-29.000.000	0%
<b>Income third parties</b>	<b>90.020.580</b>	<b>84.774.300</b>	<b>69.708.200</b>	<b>13.865.000</b>	<b>-70.909.300</b>	<b>-55.843.200</b>	<b>20%</b>
6.7 Endowment funds	526.163	305.000	305.000	577.000	272.000	272.000	189%
<b>Projectincome</b>	<b>90.546.743</b>	<b>85.079.300</b>	<b>70.013.200</b>	<b>14.442.000</b>	<b>-70.637.300</b>	<b>-55.571.200</b>	<b>21%</b>
7.1 Other income	8.387	12.400	-16.200	-	-12.400	16.200	0%
<b>Other (project)income</b>	<b>8.387</b>	<b>12.400</b>	<b>-16.200</b>	<b>-</b>	<b>-12.400</b>	<b>16.200</b>	<b>0%</b>
<b>Result (deficit)</b>	<b>-554.639</b>	<b>-551.500</b>	<b>-1.237.400</b>	<b>-1.335.300</b>	<b>-783.800</b>	<b>-97.900</b>	<b>108%</b>

For organizational costs we budget € 7.6 million in 2020, which is € 7.1 million lower than the budget for 2019, as a result of the reorganization that was carried through in the summer of 2019, anticipating the end of the Challenge TB project.

Through time registration € 7.0 million of the organizational expenses is charged to project expenses, which is € 7.2 million lower than 2019, due to less direct days at HQ and in countries. An amount of € 0.6 million of organizational expenses remains after charging to projects (2019 € 0,5 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 are € 0.1 million lower than the budget for 2019. Income for (fundraising) activities decrease with € 0.08 million, mainly private fundraising income related to campaigns. Lottery income is expected to increase slightly compared to 2019. From 2018 to 2020 90% of the income from the Lotto is allocated to "Gezonde generatie" a project implemented by Samenwerkende Gezondheidsfondsen (SGF). Project expenses, with € 17.2 million including charges from organizational costs, take up the largest part of the total expenses. Of the total project expenses, € 1.9 million is compensated by (semi) earmarked income, including € 0.6 million from endowment funds.

## 4. BUDGET FOR 2020

The contribution from the endowment funds is budgeted to increase compared to 2019, due to income for two evidence generation projects in Ethiopia and Nigeria. Proposals for contributions from the endowment

funds will be discussed with the Boards of the funds in November. The budget for 2020 shows project days and income allocated to 'project days to be defined' for an amount of € 0.8 million (2019 1,3 million).

## 4.3 THE NET RESULT

The net result presented for 2020 is a deficit of 815.300. This amount is budgeted to be covered by the continuity reserve. The continuity reserve after this budgeted reduction covers 90% of annual Organizational costs. The required size of the continuity reserve will be analyzed again on its risk level before the end of year closing of 2019.

Table 6: Coverage of the deficit 2020

Use of reserves	Movements			
	Actual 2018	Budget 2019	Prognosis 2019	Budget 2020
<i>Continuity reserve</i>	267.417	8.400	-708.300	-815.300
<i>Decentralization reserve</i>	-124.922	-150.000	-150.000	-200.000
<i>Reserve investment revaluation</i>	-291.031	-	-	-
<i>Fixed asset reserve</i>	-133.450	-107.800	-117.600	-54.300
<i>Earmarked project reserves</i>				
Fund innovation	-	-	-	-
Fund new developments Netherlands	-28.317	-57.100	-56.200	-
Fund new developments Africa, Asia, Europe, Latin America	-76.191	-57.000	-66.400	-
Fund new developments policy development and research	-5.457	-73.000	-66.100	-50.000
Fund capacity building decentralization strategy (Incl Basic Package)	-44.793	-55.000	-	-9.900
Fund special needs (allocation decided by the boards)	-	-	-	-
Fund monitoring tools	-6.072	-25.000	-10.000	-10.000
Fund advocacy	-5.536	-	-	-30.100
Fund Union 2018	-	-	-	-
Fund Childhood TB	-	-	-	-
Fund Education	-50.000	-35.000	-34.700	-150.000
<i>Earmarked project funds</i>				
Fund TSRU	-31.068	-	-28.100	-12.400
Young Talent Scholarship Fund	-18.654	-	-	-
Fund special needs (allocation decided by third parties)	-	-	-	-
Jacob and Carolina fund	-6.565	-	-	-
Wessel	-	-	-	-3.300
<b>Total reserves</b>	<b>-554.639</b>	<b>-551.500</b>	<b>-1.237.400</b>	<b>-1.335.300</b>

The expected allocation of the result 2019 is dependent on the outcome of a request to USAID to cover reorganization costs under indirect costs. The prognosis includes the prudent estimate. If the request is approved the deduction from the continuity reserve will be close to zero for 2019.

## 4.4 INVESTMENTS AND DEPRECIATION

Fixed assets do not take a large part of KNCV's balance sheet. However, in 2020 we plan to (re)invest an amount of € 50.000 in mainly IT equipment and some renovation costs associated to moving to a new and cheaper office location. This amount is lower than the annual depreciation of € 113.800.

The movements in fixed assets are listed in table 7.

Table 7. Fixed assets per category in 2020

Fixed assets category	Investments in 2020	Depreciation in 2020	Expected book value 31-12-2020
Office construction	25.000	30.800	12.585
Office inventory	5.000	13.000	71.485
IT Equipment	20.000	70.000	46.666
<b>Total</b>	<b>50.000</b>	<b>113.800</b>	<b>130.737</b>

#### 4. BUDGET FOR 2020

## 4.5 PROJECTED BALANCE OF (EAR-MARKED) RESERVES ULTIMO 2020

The planned coverage of activities and projects from earmarked reserves means the balance of the reserves will be lower at the end of 2020. In table 8, the projected balance is depicted, taking into account the actual result for 2018 and the planned use of reserves in 2019 (prognosis) and 2020. 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 2018-2020**

Use of reserves	Projected balance		
	Ultimo 2018	Ultimo 2019 (prognosis)	Ultimo 2020 (budget)
<i>Continuity reserve</i>	8.648.513	7.940.213	7.124.913
<i>Decentralization reserve</i>	872.472	722.472	522.472
<i>Reserve investment revaluation</i>	235.008	235.008	235.008
<i>Fixed asset reserve</i>	328.167	210.567	210.567
<i>Earmarked project reserves</i>			
Fund innovation	-	-	-
Fund new developments Netherlands	88.972	32.772	32.772
Fund new developments Africa, Asia, Europe, Latin America	91.124	24.724	24.724
Fund new developments policy development and research	139.844	73.744	23.744
Fund capacity building decentralization strategy (incl Basic Package)	64.902	64.902	55.034
Fund special needs (allocation decided by the boards)	131.077	131.077	131.077
Fund monitoring tools	158.856	148.856	138.856
Fund advocacy	49.140	49.140	19.008
Fund Union 2018	-	-	-
Fund Childhood TB	-	-	-
Fund Education	490.428	455.728	305.728
<i>Earmarked project funds</i>			
Fund TSRU	105.705	77.605	65.205
Young Talent Scholarship Fund	-	-	-
Fund special needs (allocation decided by third parties)	255.610	255.610	255.610
Jacob and Carolina fund	6.373	6.373	6.373
Wessel	26.892	26.892	23.592
<b>Total reserves</b>	<b>11.693.083</b>	<b>10.455.683</b>	<b>9.174.683</b>

A total deduction of € 520.000 is planned from earmarked reserves 1) decentralization reserve, 2) education reserve, for evidence generating projects in Ethiopia and Nigeria and an investment in developing KNCV training materials

## 4.6 THE BUDGET FOR 2020 COMPARED TO THE LONG TERM FINANCIAL PLAN UP TO 2022

Based on the expected progress on fund diversification plans and general developments like inflation and cost savings, 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.

Table 9: Long Term Financial Plan up to 2023

<b>Profit &amp; Loss account</b>	<b>Budget</b>	<b>Long-term</b>	<b>Long-term</b>	<b>Long-term</b>
	<b>2020</b>	<b>forecast</b>	<b>forecast</b>	<b>forecast</b>
	<i>In € 1 mln</i>			
<b>Organizational costs</b>				
Personnel related costs	6,43	6,18	6,33	6,49
Other indirect costs	1,17	1,07	1,07	1,07
Subtotal organizational costs	7,60	7,25	7,40	7,56
Charged to projects	-7,02	-7,37	-7,74	-8,13
Total organizational costs not charged to projects	0,58	-0,12	-0,34	-0,57
<b>Investment and general income</b>	0,08	0,08	0,08	0,08
<b>Net result organizational costs</b>	-0,50	0,20	0,42	0,65
<b>Activity costs</b>				
Costs for fundraising	0,36	0,36	0,37	0,38
Other activity costs	0,07	0,07	0,07	0,07
Total Activity costs	0,43	0,43	0,44	0,45
<b>Activity income</b>				
Own fundraising	1,04	1,07	1,10	1,14
Lotteries	1,36	1,36	1,36	1,36
Total Activity income	2,40	2,43	2,46	2,49
<b>Net result Activities</b>	1,97	2,00	2,02	2,04
<b>Project costs</b>				
Charges organizational costs	7,02	7,37	7,74	8,13
Travel and accommodation	1,85	2,00	2,00	2,00
Other direct project costs	8,38	9,68	9,68	9,68
<b>Total Project costs</b>	17,25	19,05	19,42	19,81
<b>Project income</b>				
Funding donors - fee	4,81	5,05	5,56	5,83
Funding donors - travel and accommodation	1,70	1,85	1,85	1,85
Funding donors - other direct project costs	7,35	8,97	9,07	9,07
Endowment funds contribution	0,58	0,58	0,35	0,35
Other income for projects	-	-	-	-
<b>Total Project income</b>	14,44	16,45	16,83	17,11
<b>Net result Projects</b>	-2,80	-2,60	-2,59	-2,70
<b>General Result (minus is a deficit)</b>	<b>-1,34</b>	<b>-0,40</b>	<b>-0,15</b>	<b>-0,01</b>
<b>Covered by earmarked reserves / donated to earmarked reser</b>	<b>-0,52</b>	<b>-0,40</b>	<b>-0,30</b>	<b>-0,30</b>
<b>Influence on/movements other reserves</b>	<b>-0,82</b>	<b>0,00</b>	<b>0,15</b>	<b>0,29</b>

#### 4. BUDGET FOR 2020

## 4.7 STAFFING PLAN 2020

Compared to the staffing plan for 2019 the total number of fte's decreases from 126 fte to 56,9 fte, including 5,2 fte staff that will leave at the end of the Challenge TB project. In the table, the numbers of direct and indirect days are also indicated.

Table 10: Staffing plan 2020

Salary costs - Break down per unit prognosis	Budget 2020		
	FTE Total	# of indirect days	# direct days
Directors office	3,84	577	31
Management support			
- Team HRM	2,05	437	-
- Team facility management & IT	0,88	191	-
- Team communication	2,84	464	146
Subtotal	5,77	1.091	146
Technical Division			
TD Access Care	2,00	256	174
TD Access Diagnostics	4,63	111	880
TD Evidence	3,84	115	707
TD Netherlands/Elimination	8,64	259	1.590
TD Systems Support	2,50	75	460
	7,00	210	1.288
Technical Division	28,62	1.026	5.098
Project Management Unit (PMU)	3,75	303	500
Finance & Operations Division	12,61	1.803	895
Private fundraising	1,26	269	-
Institutional fundraising	1,00	214	-
Total	56,85	5.283	6.670

Salary costs - Break down per unit budget	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	44,21	2.452	6.920
Project Management Unit (PMU)	14,72	-	3.121
Finance & Operations Division	44,62	2.121	7.340
Private fundraising	3,21	680	-
Institutional fundraising	2,84	602	-
Total	124,02	8.421	17.659

Salary costs - Break down per unit difference	Difference Budget 2019 - Budget 2019		
	FTE Total	# of indirect days	# direct days
Directors	-0,7	-124	-233
Management support			
- Team HRM	-1,7	-340	-15
- Team facility management & IT	-1,6	-328	-
- Team communication	-0,8	-106	146
Subtotal	-4,1	-774	131
Technical division	-15,6	-1.427	-1.821
Project Management Unit (PMU)	-11,0	303	-2.620
Finance & Operations Division	-32,0	-317	-6.445
Private fundraising	-1,9	-411	-
Institutional fundraising	-1,8	-388	-
Total	-67,2	-3.138	-10.989

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 Q3 2019	Expected headcount Q1 2020
Central Office The Hague	81	63
Nigeria	67	20
Ethiopia	16	23
Malawi	8	8
Tanzania	10	15
Kyrgyzstan	1	1
Philippines	3	4
Kazakhstan	5	3
Tajikistan	1	2
Uzbekistan	1	1
Vietnam	3	2
<b>TOTAL</b>	<b>204</b>	<b>142</b>

## 4.8 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 decrease in in country and coalition partner expenses the percentage budgeted for 2020 is increasing to 4.9%. The decrease in project activities also results in an ratio of expenses on mission versus total expenses below 90%.

**Table 12: Ratios required by Goede Doelen Nederland and CBF**

	Actual 2018	Budget 2019	Prognosis 2019	Budget 2020
Change in expenses to KNCV's mission compared to previous year	100%	89%	83%	21%
Ratio total expenses versus total income	100,4%	100,7%	102,0%	108,3%
Ratio expenses for acquisition versus total income	1,0%	1,8%	1,7%	6,1%
Ratio expenses for fundraising versus fundraising income	24,4%	45,6%	25,0%	32,3%
Ratio continuity reserve versus organizational expenses	0,25	0,58	0,65	0,90
Ratio expenses on mission versus total expenses	97,7%	96,9%	95,8%	89,5%
Ratio expenses to the mission versus total income	98,1%	97,6%	97,7%	96,9%
Ratio expenses management and control versus total expenses	1,2%	1,4%	2,5%	4,9%

Apart from the CBF ratios KNCV also monitors the calculated percentage for indirect costs. Since 2019 this percentage is calculated based on total expenses, instead of salary costs only. 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 2020**

<b>Key ratios</b>	Actual 2018	Budget 2019	Prognosis 2019	Budget 2020
Total days direct	15.986	17.659	14.417	6.669
Total days indirect	8.195	8.421	7.722	5.283
Total days	24.554	26.080	22.139	11.952
% Direct	65%	68%	65%	56%
Number of fte	116,00	124,02	104	56,85
Average costprice excluding indirect costs per project day in €	€ 448	450	€ 497,31	526
% indirect costs	13,7%	17%	16%	31%

The number of direct days decreases from 17,659 in 2019 to 6,669 in 2020. The average cost price per direct day increases compared to the level of 2019 (excluding indirect costs), due to more staff in higher wage groups charging direct days.

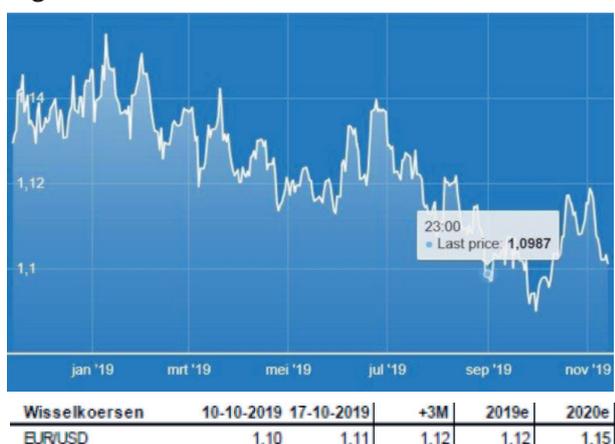
#### 4. BUDGET FOR 2020

## 4.9 THE BUDGETARY, MANAGEMENT AND CONTROL RISKS FOR 2020

### A number of budgetary and control risks can be identified.

- 1) A large part of KNCV's income for personnel fees is in US dollars. We have included an exchange rate in the budget of US\$ 1.1 against € 1. The current rate (early November 2019) is at 1,1015, indexes from ABN AMRO bank give an average rate of 1.15 for 2020.
- 2) Country expenses are charged against a budget that is fixed in dollars. The result of this is that available budget in local currency increases or decreases based on exchange rate fluctuations. This is 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.
- 3) A large part of the budget is for material costs in countries. There is a risk that costs are identified as unallowable by auditors in countries or by the auditor who executes the overall audit. 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 in donor regulations 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.
- 4) The income from legacies is budgeted at € 400,000. This is an average amount reached in the past years, but it can be lower or higher.

Figure 3



- 5) The annual plan for Dutch TB control has been submitted to the Clb. Approval is still pending and is influenced by discussions on state aid (staatssteun).
- 6) The endowment funds' applications for financial contribution has been 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 € 540.000). The other two are expected to react in December or January (representing an income amount of € 37.000).
- 7) Income has been included for project days to be defined in the amount of €0.8 million. This amount will need to come from new donors. The amount has been calculated at 75% of full income on these days (budget 2019 60%).
- 8) A contingency budget of € 40,000 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  
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## ABBREVIATIONS

3HP	3 Month Rifapentine +Isoniazid course	IMPAACT4TB	Increasing Market and Public health outcomes through scaling up Affordable Access models of short Course preventive therapy for TB
6H	Six months of daily Isoniazid	IT	Information Technology
ACF	Active Case Finding	ITRC	Korean International Tuberculosis Research Center
aDSM	Active Drug Safety Monitoring and Management	KNCV	Koninklijke Nederlandse Centrale Vereniging tot bestrijding der Tuberculose
AMR	Antimicrobial Resistance	LON	USAID funding mechanism for Local Organizations
AQUA	Quality Standard Methodology for developing evidence based guidelines	LSTHM	London School of Hygiene and Tropical Medicine
ASCENT	Adherence Support Coalition to end TB	LTBI	Latent Tuberculosis Infection
ASTTIE	Alternatives for Sputum for TB Testing in Indonesia and Ethiopia	M&E	Monitoring and Evaluation
BPaL	6 month treatment for patients with advanced forms of drug-resistant TB	MDR-TB	Multi-drug Resistant Tuberculosis
CAD	Software designed to help (non-expert) readers detect tuberculosis more accurately and cost-effectively	NCE	No Cost Extension
CBF	Centraal Bureau Fondsenwerving (Central Bureau for Fundraising in the Netherlands)	NGO	Non-Governmental Organization
Cib	Centrum Infectieziektebestrijding (Center for Infectious Disease Control)	NSP	National Strategic Plan
CTB	Challenge TB	NTP	National Tuberculosis Program
CTB	Challenge TB, the global mechanism for implementing USAID's TB strategy and TB/HIV activities under PEPFAR (U.S. President's Emergency Plan for AIDS Relief)	NVALT	Nederlandse Vereniging van Artsen voor Longziekten en Tuberculose
CXR	Chest X-ray	OATH	Organisation for Access to Technology in Health
DGIS	Directoraat-Generaal Internationale Samenwerking (Dutch Ministry of Foreign Affairs)	PATH	Program for Appropriate Technology in Health
DR-TB	Drug-Resistant Tuberculosis	PAVIA	PhArmacoVigilance Africa
EDCTP	European and Developing Countries Clinical Trials Partnerships	PCC	Provincial Coordinating Committee
EU	European Union	PDP	Product Development Partnership
F&O	Finance and Operations Division	PHCU	Primary Health Care Unit
GDF	Global Drug Facility	PLHIV	People Living with Human Immunodeficiency Virus
GF	Global Fund	PME	Project Monitoring and Evaluation
GGD	Municipal Public Health Services	PMU	Project Management Unit
GGD GHOR	Gemeentelijke Gezondheidsdienst-Geneeskundige Hulpverleningsorganisatie in de Regio	Podtec	Painless Optimized Diagnosis of Tuberculosis in Ethiopian Children
GTB	Global TB Program	PPM	Public Private Mix
HIV	Human Immunodeficiency Virus	PT	Pulmonary Tuberculosis
HQ	Head Quarters (KNCV office The Hague)	PV	Pharmacovigilance
HR	Human Resources	R&D	Research and Development
HRM	Human Resources Management	RI&E	Risk Invertarisation and Evaluation / Risk Assesment and Evaluation
ICT	Information and Communication Technology	RIVM	Rijksinstituut voor Volksgezondheid en Milieu (National Institute for Public Health and Environment)
IGRA CD8	Interferron Gamma Release Assay	SGF	Samenwerkende Gezondheidsfondsen
		SITRUST	Application used to Facilitate Sample Transportation
		SMT	Dr. C. de Langen Stichting voor Mondiale Tuberculosebestrijding

SNNPR	Southern Nations, Nationalities and Peoples' Region	PWID	People Who Inject Drugs
SOP	Standard Operation Procedure	PWUD	People Who Use Drugs
SSA	Sub-Saharan Africa	QMS	Quality Management System
STR	Short Treatment Regimen	RD/RT	Right Diagnosis, Right Treatment
STTA	Short-term Technical Assistance	RI&E	Risk Invertarisation and Evaluation / Risk Assesment and Evaluation
TA	Technical Assistance	RIVM	Rijksinstituut voor Volksgezondheid en Milieu (National Institute for Public Health and Environment)
TB	Tuberculosis	RPT	Rifapentine
TBPS	TB Prevalence Surveys	RR-TB	Resistant to Rifampicin
TB REACH	A Multilateral Funding Mechanism	SL-LPA	Second Line - Line Probe Assay
TD	Technical Division	SMS	Short Message Service
TF	Task Force	SOC	Standard of Care
TPT	Tuberculosis Preventive Treatment	SoP	Standard Operation Procedure
TREATS	Tuberculosis Reduction through Expanded Anti-retroviral Treatment and Screening	SSI	Statens Serum Institute
TSRU	Tuberculosis Surveillance Research Unit	STAG-TB	Stategic and Technical Advisory Group on TB control
Union	International Union against Tuberculosis and Lung Diseases	STP	Stop TB Partnership
Unitaid	International organization that invests in innovations to prevent, diagnose and treat HIV/AIDS, tuberculosis and malaria more quickly, affordably and effectively.	STR	Short Treatment Regimen
US	United States	STTA	Short-term Technical Assistance
USAID	United States Agency for International Development	TA	Technical Assistance
V&VN	Beroepsvereniging voor Verpleegkundigen en Verzorgenden (Professional Association of Nurses)	TB	Tuberculosis
VvAWT	Vereniging van Artsen Werkzaam in de Tuberculosebestrijding	TBCTA	Tuberculosis Coalition for Technical Assistance
VWS	Ministerie van Volksgezondheid, Welzijn en Sport (Ministry of Health, Welfare and Sport)	TBPS	TB Prevalence Surveys
WHIP3TB	Core prevention Project	TD	Technical Division
WHO	World Health Organization	TF	Task Force
WP	Work Package	TIME	TB Impact Model and Estimates
Xpert MTB/RIF	An automatic diagnostic assay/test that can identify TB and resistance to Rifampicine	TREATS project	Tuberculosis Reduction through Expanded Anti-retroviral Treatment and Screening
YKI	Yayasan KNCV Indonesia	TST	Tuberculin Skin Test
ZONMW	Zorgonderzoek Medische Wetenschappen (The Netherlands Organization for Health Research and Development)	UN	United Nations
YKI	Yayasan KNCV Indonesia	UN HLM	United Nations High Level Meeting
ZONMW	Zorgonderzoek Medische Wetenschappen (The Netherlands Organization for Health Research and Development)	USAID	United States Agency for International Development
PMU	Project Management Unit	USP	Unique Selling Point
PPD	Purified Protein Derivate	VOT	Video Observed Therapy
PV	Pharmacovigilance	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 Rifampicine
		ZAMBART	Zambian Research Organization

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