**Announcement of the Regional Coordinating Mechanism**

**for the multicountry proposal on tuberculosis among migrants**

**in the Greater Mekong Sub-region**

**No. 1 / 2018, dated 26 March 2018**

**“A Call for Expressions of Interest to Serve as a Principal Recipient for the multi-country proposal on tuberculosis among migrants in the Greater Mekong Sub-region”**

According to the Global Fund to Fight AIDS, TB and Malaria’s Request for Proposals (RFP) for the multicountry grant number GF-MC-2018-04 on TB: interventions among migrants and mobile population in Mekong region, the Regional Coordinating Mechanism (RCM) has been coordinating with stakeholders from the five countries, including Cambodia, Lao PDR, Myanmar, Thailand and Vietnam for development of the multicountry proposal on TB among migrants in the Greater Mekong Sub-region (GMS). The allocation funding request for 3 years (2019-2021) is US$ 10,000,000. The prioritized above allocation request is around US$ 5,000,000 - 10,000,000.

One principal recipient (PR) is required to be nominated with the roles and responsibilities to cover the said five countries and also work in cross-border areas.

In order to find the appropriate PR for this grant, the RCM for the multi-country proposal on tuberculosis among migrants in the Greater Mekong Sub-region (GMS) calls for Expressions of Interest (EOI) to serve as a PR for the multi-country proposal on TB among migrants in the GMS to be submitted to the Global Fund to Fight AIDS, TB and Malaria.

The applicants must submit the narrative description according to the EOI Form and necessary supporting documents to the CCM Secretariat Office, Thailand (the Secretary of the RCM) via email address, ccmthailand@gmail.com, not later than 23 April 2018, 12.00 hr (Bangkok time).

The RCM members will receive the submission documents of all applicants 2 days before the meeting to select a nominated PR. The result of the selection of a nominated PR will be announced in the [www.thailandccm.org](http://www.thailandccm.org) on 26 April 2018.

Criteria for consideration on selection of the PR

The criteria are defined based on the RFP and the Guidelines on Implementers of Global Fund Grants. They include the following:

A. An applicant shall be a legally registered entity and needs to demonstrate the following (see details in the Standard Concept Note Instructions for HIV, TB and Malaria):

1. Technical expertise in the multicountry strategic priority at multicountry and country levels;
2. Effective management structures and planning at multicountry and country levels;
3. Capacity and systems for effective programmatic management and oversight of Sub-recipients (and relevant Sub-sub-recipients) at multicountry and country levels;
4. Effective internal control system and risk management system to prevent and detect misuse or fraud;
5. Effective and accurate financial management system;
6. Data-collection capacity and tools are in place to monitor programmatic and financial performance; and
7. A functional routine reporting system with reasonable coverage is in place to report multicountry financial and programmatic performance timely and accurately.

B. An applicant should demonstrate ability of complying with the Global Fund Grant Regulations (2014)

C. History/experience working on TB and/or migrants, a track record in GMS, and history of working with at least one National TB Program in the GMS region

D. Program management cost at the PR level

E. Experience of working with Global Fund grants including as a PR would be an advantage

F. Current physical presence in more than one GMS country would be an advantage

For more information, see details in the RFP number GF-MC-2018-04 and the attachments:

1. Overview of the multi-country funding proposal on TB among migrants in the GMS
2. Roles and responsibilities, management structure and implementation arrangement

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**Attachment 1:**

**Overview of the multi-country funding proposal on TB among migrants in the GMS**

(as of 19 Mar 2018)

This proposal has as its objective to: “reduce the burden of TB among the migrant populations of the Greater Mekong Sub-region – particularly aiming at the missing cases - and thereby reduce TB transmission, incidence and mortality among each of the participating countries.”

Stakeholders at the 2nd consultative meeting agreed that the **target groups** for the proposal should be:

* Documented cross-border migrants
* Undocumented cross-border migrants (including those in prison, detention centres etc.)
* Migrant workers
* Urban refugees
* Accompanying dependents of the above – children, spouses and elderly relatives
* Refugees in camps
* Stateless persons

***Objective 1. Increase migrant sensitivity of health service provision of TB services***

* 1. Increase access to diagnosis and treatment of documented and undocumented migrants by
1. Increasing access to information and care
2. Provision of health literacy material in multiple languages including information on entitlements and services available for supporting patients with TB
3. Making available translation services for migrants accessing care
4. Development of a digital platform with information and education and engaging Facebook group of migrants with 300 000 followers
5. Fund to support patient needs, including those for nutrition, transportation, education, health literacy,
	1. Provision of case-holding mechanisms within migrant networks
6. Employment of migrant health workers and volunteers and peer educators receiving adequate remuneration
7. Set up additional TB villages as currently there are two 2 TB villages in Thailand at SMRU and one private hospital (but not in Laos, Cambodia or Vietnam)
8. Employ mobile technologies for DOT and treatment support as well as referral
9. Work with institutions to promote the concept: treat rather than sending back, the government is implementing “One Stop services” in Thailand including the development of a policy to ensure that TB is found and treated
10. Capacity building for migrant friendly routine case finding/diagnosis in the hospitals
	1. Active case finding in deportees at borders (set up a pilot and then expand if prevalence warrants) as well as in targeted high-prevalence (at least 1% prevalence of TB) migrant communities
	2. Improve contact tracing including IPT provision for children under 5 years and people living with HIV/AIDS
	3. Ensure good access to care and treatment at workplaces employing migrants
11. Work with employers to issue “good employer certificate” for employers who do not fire their employees when found TB positive

f. Training and capacity building of national staff (health and non-health staff in contact with migrants (e.g. immigration police, prison staff etc.) on TB symptoms and services available to address TB in migrant

1. Improve access to financial and social protection for families of migrants with TBLower-cost health insurance for undocumented migrants and people who are temporarily in a country to provide an option for people who stay less than 2 years (opportunity to buy a health insurance when entering the country).  Collaborate with Migrant health fund (M-Fund) low cost insurance for migrants being developed by Dreamlopments (interventions and activities to be defined)

***Objective 2 – Improve monitoring and evaluation of TB in migrants***

2.1. Develop guidelines for each country to develop M&E to notify and disaggregate cases by nationals: non-nationals, and implement such a system in the 4 remaining GMS countries

2.2. Establish a regional, inter-country, case-based, electronic database for TB in known migrants, linked to (electronic) referral systems and better capture of outcomes, which might include:

* Standard procedures for identifying cases and for transfer-out to original country
* Focal points for migrant TB at national level and key border areas
* Improve knowledge and understanding of migrant flows in the sub-region, and their TB disease burden – through links with organisations, institutions, networks etc working on migrants’ issues

2.3. Conduct operational research/studies to better understand the problem of TB in migrants, and which can address the different challenges and issues in access to TB care for migrants, and the specificity of different group of key populations. e.g.:

* + Studies of care-seeking behaviour, barriers to care in different groups and better definition of migrants’ needs
	+ Assess acceptability of insurance and reasons for current rate of attrition
	+ Assess the quality of care and service provision available to insured migrants as well as uninsured migrants
	+ Cost-effectiveness of different interventions for migrants
	+ Evaluate all interventions and strategies as they are implemented
	+ (Pilot) pre-departure screening for documented migrants

***Objective 3 – Develop policies and legal frameworks aimed at improved TB control in migrants***

* + Standardisation of screening, diagnostic, treatment policies between countries, including for MDR-TB shorter regimen and new drugs.
	+ Draft, and advocate for, migrant-friendly policies, including:
	+ Access to health care without fear of deportation
	+ Better infection control in migrant detention centres for deportees
	+ Mandatory notification
	+ Support on-going regional/bi-lateral initiatives addressing migrant health eg twin cities
	+ Make the economic and business case for addressing TB in migrants

***Objective 4 – Develop, set up, and maintain partnerships, networks and multi-country frameworks***

4.1 Ensure networking among providers of care for migrants in each and between the 5 countries:  NTPs, government health providers and insurers, government non-health providers (e.g. Ministries of Immigration, Labour etc.), policy makers, NGOs and CSOs providing care, etc.

* + Sharing existing experiences of these networks already established, e.g. from the Philippines´ TB law CUP comprehensive unified policy on TB for collaboration
	+ Set up mechanism for international patient referral (might be covered partially under objective 2), however, detailed SOPs are required on how to refer and follow up patients that move between countries

4.2 Establish a light system for regional collaboration

* + Nominate focal point in each of the countries to coordinate regional activities
	+ Set up digital platform for networking

4.3 Expand collaboration at Regional Reference Laboratory

* + Ensuring standardization and quality control from the SNRL to allow for recognition of results in all the countries

**Attachment 2:**

**Roles and responsibilities, management structure and implementation arrangement**

(as of 19 Mar 2018)

According to the Guidelines on Implementers of Global Fund Grants (as of 24 July 2015), the Principal Recipient (PR), who in respect of a specific program, means an entity nominated by the relevant Country Coordinating Mechanism (CCM), Non-Country Coordinating Mechanism (Non-CCM), Regional Coordinating Mechanism (RCM) or Regional Organization (RO) to implement the program and has signed a Grant Agreement with the Global Fund.

For this multicountry proposal, there will be onePR(called as regional PR) responsible for the overall grant, covering the five countries in the grant and work in cross-border areas. This PR is nominated by the RCM and is fully accountable to the RCM and has formal legal obligations towards the Global Fund with regards to grant funds and the implementation of the program.

In order to enhance the integration and harmonization of all activities within the grant and also the national program, there will be 5 SRs (called as national PRs)responsible for coordination of the implementation of SRs/SSRs in each country. The national PRs will be nominated by CCM of each country. This implies that CCM of each country should be responsible for the oversight of the implementation by the national PR.

The Regional PR in consultation with the national PR identify SRs to implement the certain program activities in each country, meanwhile for the operational researches the Regional PR is responsible for nomination of the implementers and to be approved by the RCM.