



Makhmatlatif Karimov, diagnostics and laboratory advisor for the USAID End TB Tajikistan Activity, and Lola Sharipova, laboratory technicians for the Kulob Regional TB Center Laboratory, check mycobacteria growth indicator tubes while conducting a rapid tuberculosis testing network assessment in Kulob, Tajikistan. Photo credit: Masum Vohidov for FHI 360. 2023.

Global Resilience Against Drug-Resistant Tuberculosis (GRAD-TB)

PROJECT FACTSHEET

Global Resilience Against Drug-Resistant Tuberculosis (GRAD-TB), a five-year global project (2024–2029) funded by the U.S. Agency for International Development (USAID), is dedicated to ensuring equitable access to diagnostic, treatment, and prevention services for all individuals with drug resistant tuberculosis (DR-TB). The project will advance global efforts to reduce the burden of DR-TB in high-burden countries through on-demand technical assistance (TA), strengthening local networks, and enhancing government capacity to adapt and scale evidence-based strategies for DR-TB detection, treatment, and prevention.

DR-TB is a major public health threat. In 2023, 400,000 people developed DR-TB, yet many were unable to access the quality care they need.¹ Those who could access care faced a series of challenges such as

¹Global tuberculosis report 2024. Geneva: World Health Organization; 2024. Licence: CC BY-NC-SA 3.0 IGO.

FIGURE I**TA Modalities**

longer treatment regimens and poorer outcomes. Leveraging GRAD-TB's world-renowned expertise and extensive presence in USAID priority countries and Global Fund Technical Assistance countries,² the project will rapidly expand access to high-quality DR-TB care through people-centered models that accelerate the adoption and scale-up of new treatment regimens. Central to the GRAD-TB approach is supporting national tuberculosis programs (NTPs) to lead the DR-TB response and deliver results through approaches that foster innovation, local ownership, and sustainability. Evidence generation, deployment of innovative tools, knowledge sharing, South-to-South learning, and strategic capacity strengthening will amplify the project's global impact.

GRAD-TB provides USAID Missions with a flexible and responsive platform to bring innovations that address the unique challenges of DR-TB to country programs. Missions can leverage cutting-edge global expertise and a deep understanding of local contexts to access on-demand TA across the entire DR-TB cascade: from TB case-finding to laboratory diagnosis, treatment initiation for DR-TB, quality of care and TB preventive services. Customizable, jointly designed TA packages will drive innovation, expand access to inclusive services, and promote sustainability across the DR-TB cascade using a range of modalities (Figure I) to meet country needs. Building on the consortium's extensive experience in capacity strengthening, GRAD-TB will work with NTPs and local partners to bring new approaches to people at risk of and living with DR-TB, while cultivating local leadership and ownership.

DR-TB disproportionately affects marginalized and vulnerable populations (such as children, people living with HIV and people with comorbid conditions) who face the greatest barriers to accessing services. Through capacity strengthening and partnerships with governments, the private sector, civil society organizations, faith-based organizations, affected communities, and other local actors, GRAD-TB aims to ensure that all individuals have equitable access to effective, people-centered DR-TB services free of stigma and discrimination. GRAD-TB's approach includes using data to identify and close equity gaps through population-specific interventions and gender-transformative approaches.

²GRAD-TB is designed to provide technical assistance in **USAID's 24 TB priority countries** (Afghanistan, Bangladesh, Burma, Cambodia, Democratic Republic of Congo, Ethiopia, India, Indonesia, Kenya, Kyrgyz Republic, Malawi, Mozambique, Nigeria, Pakistan, Philippines, South Africa, Tajikistan, Tanzania, Uganda, Ukraine, Uzbekistan, Vietnam, Zambia, Zimbabwe). GRAD-TB may also support TA in the **Global Fund's 32 technical assistance countries** (Angola, Armenia, Azerbaijan, Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Eswatini, Georgia, Ghana, Guinea, Haiti, Kazakhstan, Lesotho, Liberia, Madagascar, Mali, Moldova, Mongolia, Morocco, Namibia, Nepal, Niger, Papua New Guinea, Republic of Congo (Brazzaville), Rwanda, Senegal, Sierra Leone, Somalia, South Sudan).

GRAD-TB PARTNERS AND THEIR EXPERTISE

FHI 360: Technical leadership in DR-TB; diagnostics; quality improvement; gender and inclusion; systems strengthening; and monitoring, evaluation, research, and learning

Partners In Health: Policies and guidelines; treatment regimens (including new short regimens); pediatric DR-TB; community DR-TB services; active drugs safety monitoring

Interactive Research and Development: Management of new drugs and shorter treatment regimens; private sector DR-TB models

Foundation for Professional Development: Training and capacity strengthening for community, public sector, private sector, and national-level stakeholders; regional and global knowledge management

Treatment Action Group: Advocacy and tool development to support adoption of new guidelines and increased funding for DR-TB

Viamo: Innovative mobile data collection to understand barriers to care; remote training using mobile technology; digital, voice, and artificial intelligence technology for targeted messaging

GRAD-TB is led by FHI 360 with core partner Partners In Health (PIH). The project also draws upon global resource partners who bring unique capabilities and expertise: Interactive Research and Development (IRD), Foundation for Professional Development (FPD), Treatment Action Group (TAG), and Viamo.

APPROACHES



STRENGTHEN CAPACITY OF LOCAL ORGANIZATIONS TO LEAD THE DR-TB RESPONSE AT NATIONAL AND SUBNATIONAL LEVELS THROUGH ENHANCED PARTNERSHIPS WITH NTPs AND OTHER KEY STAKEHOLDERS

GRAD-TB provides tailored TA and capacity strengthening for local organizations, positioning them to lead the DR-TB response at the national and subnational level. Working in partnership with NTPs and subnational actors, the project will support local organizations, faith-based organizations, community groups, and the private sector to reach all people, including marginalized and vulnerable populations, with innovative solutions and high-quality DR-TB services. Key activities include building the technical, programmatic, and organizational capabilities of local organizations to adapt and scale up innovative tools, best practices, and global guidance; enhancing community-based approaches for delivering DR-TB services down to the community level; and strengthening private sector capacity to deliver DR-TB detection, treatment, and prevention. Additionally, GRAD-TB works to strengthen coordination among local, national, and subnational actors to harmonize the DR-TB response across all levels of care.



IMPROVE THE QUALITY OF HOST COUNTRY GOVERNMENTS' DR-TB PROGRAM AT THE NATIONAL AND SUBNATIONAL LEVELS

GRAD-TB will enhance the organizational and technical capacity of NTPs and health authorities to deliver effective activities and address key gaps and challenges in DR-TB. This includes innovative diagnostic and screening tools, scaling up novel treatment regimens, strengthening medical advisory committees to support complex case management, and improving programmatic management using evidence-based approaches such as Total Quality Leadership and Accountability, as well as delivering TB preventive therapy to contacts of DR-TB patients. Toward this objective, the project will also optimize health information systems to improve reporting, analysis, and decision-making while promoting

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the integration of DR-TB services and primary healthcare services to maximize reach for vulnerable groups. Through these efforts, GRAD-TB aims to accelerate progress towards global DR-TB targets and foster sustainable, high-quality care delivery.



ENHANCE KNOWLEDGE MANAGEMENT THROUGH ON-DEMAND SPECIALIZED TOOL DEVELOPMENT, EVIDENCE-BASED APPROACHES, AND TAILORED TRAINING AT THE GLOBAL AND REGIONAL LEVELS

Over the life of GRAD-TB, the DR-TB ecosystem will rapidly evolve with new diagnostics, treatment regimens, and a potential vaccine. The project will leverage USAID and Global Fund investments to introduce, field-test, and scale up these innovations to reach vulnerable populations and sustain gains beyond project close. In addition to generating evidence, GRAD-TB will employ proven strategies to ensure that new evidence and best practices are rapidly integrated into DR-TB programs. In collaboration with local actors, the project will develop and deploy innovative tools, guidance, and training materials tailored to unique country needs and contexts. Working through existing local structures, the project will also strengthen the capacity of key actors to adopt and roll out the latest global guidance, while fostering South-to-South collaboration and knowledge-sharing through regional learning communities. GRAD-TB will package knowledge and data for community-level partners, promote data-driven decision-making, and facilitate cross-country learning and exchange. With the goal of lasting impact, GRAD-TB will also work with NTPs, private health networks, and community-level actors to create sustainability roadmaps that include planning for the transition from donor- to government-funded DR-TB activities. In addition, GRAD-TB will establish a short-term technical assistance mechanism, which will allow rapid deployment of qualified experts across the TB cascade of care to support NTPs and local partners.

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