

Dear GiveWell team,

We are sending you an application for your current Global Health and Development call for proposals from Viet Nam. Below is a link to download 26 supporting documents and our answers to the four application questions. Please let us know if you have any questions. We look forward to hearing from you and thank you for this opportunity.

Best,  
Andrew

## Supporting Documents

### Application Questions

#### 1. What does the charity do?

Friends for International TB Relief (FIT) is a registered, not-for-profit organization working on tuberculosis (TB) prevention and care service delivery and research projects across four cities in Viet Nam with funding from the European Union's Horizon 2020 program ([link](#)), the Stop TB Partnership's TB REACH initiative, the US Centers for Disease Control and Prevention (CDC), UNITAID and Johnson & Johnson. Over the past year, our service delivery programs have been focused on community-based TB case finding targeting high-risk populations, such as household contacts, the elderly and islanders, using mobile X-ray and novel molecular diagnostics and on the engagement of private healthcare providers to improve TB diagnosis, case holding and reporting in cities. We have also supported the introduction and scale up of two new medicines to treat drug-resistant TB (bedaquiline and delamanid) and are now starting an evaluation of a social protection program which provides cash transfers and health insurance to poor TB patients ([link](#)). Most of our grants are currently mid-implementation and thus, we have only published one manuscript about our project results. However, we have attached five abstracts and presentations/posters which were presented at the 2018 Union World Conference on Lung Health, a Social Return on Investment (SROI) analysis of our Johnson & Johnson grant, and several 2018-Q4 reports which describe the activities, yields and impact of our different grants. Please see the above link.

In January 2019, FIT organized a TB elimination campaign on the small island of Cu Lao Cham, eight miles off the coast of Hoi An, in central region of Viet Nam. The island has a population of about 2,000 individuals, but in 2018, its TB rate was over 3.5 times the country's average. Over the course of five days, FIT tested over 90% of the island's population for TB infection (to identify people who are at risk of developing infectious TB disease) and for TB disease using chest X-rays and a novel molecular assay which can rapidly detect TB and whether or not the bacteria are drug-resistant. The Provincial Ministry of Health also offered nine other disease screening services, on the back of the TB elimination campaign, to offer better health services to this hard to reach island. The campaign identified and treated 10 people with TB disease (eight with drug-sensitive TB and two with drug-resistant TB), causing quarterly TB notifications to increase 4-fold. We also identified 591 people with TB infection, and to date over 400 individuals have been started on a short-course preventative treatment regimen. Very few adults are ever treated for TB infection in Viet Nam, and this campaign was also the first in the country to use the short-course preventative treatment regimen at any scale. We are hopeful that in the coming months and years, we can document a significant decline in people with TB disease on the island. FIT made and released a short YouTube video describing the TB elimination campaign and its initial results ([link](#)) for World TB Day 2019. In April 2019, we will organize a second TB elimination campaign in one ward of Cat Ba island, off the coast of Hai Phong, in the northern region of Viet Nam.

#### 2. What is the evidence that the program works?

In 2015, The Lancet published a special series on TB elimination ([link](#)). It called for a comprehensive approach to ending the TB epidemic which includes 1) stopping TB transmission through active TB case finding and prompt, effective treatment; 2) diagnosis and treatment of TB infection to prevent those who are already infected from developing TB disease; and 3) the provision of social support to reduce TB-induced poverty and ensure treatment adherence. These principles have now been wholly incorporated into the World Health Organization's End TB Strategy ([link](#)), which aims for a 90% reduction in the world's TB cases by 2035.

The evidence showing that a comprehensive approach to TB care could eliminate this disease is actually rather old. In the 1950s, the TB burden among the indigenous people of Alaska was higher than it is today in Viet Nam. However, the simultaneous application of active TB case finding, provision of preventative treatment and improvements in social and economic conditions achieved a 95.5% reduction in their TB burden ([link](#)). Large-scale declines in TB incidence were recorded in Europe, North America and Australia using similar strategies over the next decades. However, these policies were not adopted in low- and middle-income countries due to their high up-front costs and complex implementation. In the End TB Strategy era, countries are finally adopting the necessary policies to eliminate TB and to build the evidence base for how these strategies can be best optimized for low- and middle-income countries. The Marshall Islands is currently implementing an ambitious, nation-wide program to eliminate TB using these same key principles ([link](#)) with support from the CDC, while USAID is supporting similar strategies in Chennai, India ([link](#)) and the Global Fund in Karachi, Pakistan ([link](#)). In Viet Nam, the demonstration projects for TB elimination are being conducted in collaboration with the National TB Control Program on islands with high TB burdens.

#### 3. What is the program's budget?

The TB elimination campaign on Cu Lao Cham island cost \$20,000 of external funding to implement, roughly \$10 per person screened/tested for TB. The cost of additional disease screening services was borne by the Provincial Ministry of Health, and was exclusively focused on diagnostic test procurement and personnel time. A detailed breakdown of the campaign's costs is available upon request. The campaign treated 10 people for TB disease (eight with drug-sensitive TB and two with drug-resistant TB), and over 400 people for TB infection. Mathematical modelling of TB infection progression ([link](#)) suggests that between 20-40 people who we treated for TB infection would have developed TB disease if they had not taken the preventative treatment. These figures indicate that our campaign's cost per TB case detected and/or averted is between \$400-\$666.

In this setting, TB is not only a health issue; it is also a driver of economic uncertainty, and for many households, of outright poverty. The average cost borne by people with drug-sensitive TB in Viet Nam is \$1,054, while for drug-resistant TB it is \$4,302 ([link](#)); health system spending is on top of these figures. An estimated 63% of households affected by TB experience catastrophic costs, or spending and income loss greater than 20% of annual household income.

Since TB is a driver of poverty in many settings, the Copenhagen Consensus Center identified TB as one of 19 Sustainable Development Goal (SDG) targets which represents the best value-for-money between 2016-2030 ([link](#)). For each dollar invested in TB, they estimated a return of \$43 in social, economic and/or environmental benefits ([link](#)).

#### 4. How would the charity use an additional \$250,000?

FIT would use GiveWell's funding to organize additional island TB elimination campaigns. If \$250,000 were awarded, we would have flexibility to choose where the campaign(s) could be implemented – either on one island with a larger population, or multiple islands with smaller populations. If our organization received the \$25,000 finalist award, we would still be able to conduct an island TB elimination campaign of similar scope and scale to the campaign which was already conducted on Cu Lao Cham island and the one which will be conducted in one ward of Cat Ba island in April 2019. We have already had preliminary discussions with the National TB control Program to host a third campaign on the small island of Tam Hai, off the coast of Tam Ky, in Central Viet Nam.

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