

REQUEST FOR PROPOSAL:**Assessing Patient Experiences with Shorter All-Oral DR-TB Regimens Across Countries****Background:**

The introduction of shorter, all-oral regimens for drug-resistant tuberculosis (DR-TB) has significantly improved treatment outcomes and reduced patient burden. These regimens represent a major advance in DR-TB care and are being scaled up across multiple high-burden settings.

Despite programmatic progress, there remains limited systematic, multi-country evidence on patient experiences with these regimens in routine settings, particularly with respect to treatment pathways, adherence, adverse events, psychosocial well-being, and economic impact. A structured understanding of patient experiences is critical to strengthening patient-centered approaches to DR-TB care. In particular, there is a need to better understand patient pathways to treatment initiation, treatment tolerability and adherence, psychosocial well-being, and the economic burden associated with treatment. Such evidence is essential for identifying barriers to treatment completion, improving service delivery models, and ensuring that the scale-up of newer DR-TB regimens translates into improved patient outcomes.

To address this evidence gap, TB Alliance is undertaking a multi-country, cross-sectional, mixed-methods study across eight partner countries: Brazil, Peru, Indonesia, India, Pakistan, Bangladesh, Philippines, Nigeria. Note, TB Alliance has partnered with these countries for the Fast Track the Cure (FTTC) initiative¹ and these partners have been identified for gathering the required country data. The study will systematically document patient-reported experiences with newer DR-TB treatment regimens and generate robust, comparable evidence across regimens and settings.

Objective

The objective of this study is to (a) evaluate patients' experiences with newer all-oral DR-TB treatment regimens in routine programmatic settings across different countries, (b) identify factors influencing treatment adherence, tolerability, psychosocial well-being, and financial burden during treatment, (c) identify key barriers and enabling factors affecting treatment adherence, tolerability, psychosocial well-being, and financial burden during treatment and (d) develop a standardized analytical framework to synthesize and compare patient-reported experiences across treatment regimens and country contexts ensuring reproducibility and long-term usability of the tool.

The findings are expected to support national TB programmes and partners in strengthening patient-centered service delivery models, improving treatment support mechanisms, and informing the effective implementation and scale-up of DR-TB treatment regimens.

¹ Fast Track the Cure (FTTC), a global community-led initiative by TB Alliance, is implementing projects in collaboration with community partners across high TB-burden countries to accelerate responsible uptake of modern TB tools and regimens. Through its partner network, FTTC supports treatment literacy, community engagement, and patient-centered advocacy.

Analytical Domains of the Study

The multi-country study and the development of the patient experience assessment tool will generate systematic and comparable evidence on key dimensions of patient experience with DR-TB treatment regimens.

These include: patient pathways to diagnosis and treatment initiation; treatment implementation and health system support, including treatment literacy and regimen administration; treatment tolerability, adverse events, and adherence patterns; the psychosocial impact of treatment, including stigma and quality of life; the economic and financial burden associated with treatment; and patient perceptions of treatment outcomes, satisfaction with care, and gaps in service delivery.

Together, these domains will enable a comprehensive assessment of patient experiences and help identify key barriers and enabling factors influencing treatment adherence, patient well-being, and treatment completion across different country contexts.

Study Framework and Approach

The proposed framework should integrate quantitative patient survey data with qualitative insights to enable a comprehensive understanding of patient experiences across the analytical domains described above. The agency will be expected to ensure methodological rigor, standardization across countries, and strong data quality assurance.

At a minimum, the proposed approach should include:

- **A clear study design and sampling strategy** appropriate for multi-country, real-world settings, including justification of sample size, site selection, and detailed study methodology.
- **Standardized and validated data collection tools and operating procedures**, with a clearly articulated approach to tool selection, adaptation, and development. Proposals should specify whether established validated instruments (for example, WHOQOL-BREF, WHO-ART Preferred Terms, WHO TB Patient Cost Survey, etc.) will be used in full, selectively adapted, or integrated into a customized tool. Where customization is proposed, applicants should outline the methodological approach for development, contextual adaptation, piloting, and validation to ensure stakeholder acceptability and suitability for peer-reviewed publication
- **A data quality assurance framework** covering training, supervision, piloting, routine checks, and corrective actions, suitable for implementation through country partners supporting data collection, under agency oversight.
- **A detailed data analysis plan and methodology** outlining quantitative and qualitative methods, how cross-country comparisons will be conducted, how confounding factors will be handled, and how findings will be synthesized across settings and analytical domains.

- **Ethical and publication considerations**, including consent processes, safeguarding, confidentiality, and ensuring documentation standards.

Responsibilities

1. The selected agency will retain end-to-end responsibility for study design, tool development, training, supervision, data collection and quality, analysis and delivery of all outputs.
2. Local country partners will be leveraged to support field-level data collection.
3. The agency will coordinate regularly with TB Alliance to review study progress, discuss implementation challenges, and provide updates on key milestones and deliverables.

Deliverables

- Finalized study protocol and standardized data collection tools
- Ethics submissions and technical documentation
- Monthly data quality and progress reports
- Country-level analytical summaries
- Consolidated cross-country synthesis report
- PowerPoint presentation of key findings
- Manuscript submitted to a peer-reviewed journal (upon agreement)
- A standardized patient experience assessment and analytical tool (Excel-based or equivalent) for comparing patient experiences across regimens and countries
 - Clearly defined indicators, scoring methods, and calculation logic
 - Documentation of methodology, assumptions and data processing steps
- Handover of all final tools, datasets, and analytical files including Excel-based tools, where applicable to TB Alliance to enable future analysis and use of the outputs.

Project Plan

The selected agency will work closely with TB Alliance to finalize the overall study design, methodological approach, and implementation framework. The proposed study objectives, methodology, and data collection approach will also be discussed and aligned with the relevant National TB Programmes (NTPs) in participating countries before the study design is finalized.

Applicants are expected to propose a detailed workplan and timeline as part of their proposal, including key milestones, deliverables, and coordination points with TB Alliance.

Project Period

- The total project period is expected to be up to 12 months.
- The final project timeline and milestone schedule will be agreed upon with the selected agency during the contracting phase.

Proposal Format and Requirements

Proposals must be submitted electronically by the stated deadline.

Proposals (maximum 10 pages, excluding annexes) should include:

- Description of the services to be provided, including the scope of activities, approach, milestones and timelines
- Description of the end product/s to be delivered
- Detailed budget
- Description of the plan for ensuring adequate coordination with TB Alliance
- Overview of roles, responsibilities, and relevant experience of project personnel
 - Summary of staff expertise
- Examples of comparable work (not included in page limit- **to be shared separately as appendices**)

Proposal Evaluation Criteria

Proposals will be assessed based on:

- Overall quality of the proposal and responsiveness to RFP
- Strength, clarity and feasibility of the proposed methodology
- Proposed addition of any countries where the agency may have appropriate contacts to obtain such patient information
- Proposed budget
- Demonstrated experience conducting multi-country public health research, including contextual understanding of and operational presence in the proposed study countries.
- Availability and qualifications of the proposed project team
- Knowledge of TB landscape in target countries and understanding of issues related to TB diagnosis and treatment
- Publication and dissemination track record

Deadline for submission of proposal:

Full proposals must be submitted to TB Alliance by email by close of business on **April 10th, 2026**.

Submission of proposals

Proposals should be submitted by e-mail to: akshaya.patil-consultant@tballiance.org