**KEY OBJECTIVES**

To optimally, rapidly, and sustainably roll-out localized, integrated, and people-centered TB innovations by:

- Making the "last mile first" by understanding people’s needs and priorities
- Identifying, prioritizing, and selecting opportunity areas and TB services and products based on people’s needs and priorities
- Ensuring key country stakeholders and partners, including civil society and communities, collectively discuss and decide which TB services and products to introduce and scale-up
- Integrating a continuous feedback loop with the applicable end-user groups as TB services and products are introduced and scaled-up

**KEY ASSUMPTIONS**

- TB services and innovations that are localized, integrated, and people-centered will lead to more impactful TB care and services
- PCD process will help to better understand the people’s needs and priorities and roll-out TB services and innovations in ways that current approaches do not
- TB-affected people and communities are willing to share their experiences with project stakeholders
- Organisations and stakeholders are willing and able to engage meaningfully around challenges and solutions for improving care delivery
- Ministries of Health and National TB Programmes will be more willing and able to introduce and scale-up TB services and innovations based on the PCD process

---

<table>
<thead>
<tr>
<th>IMPACT</th>
<th>CATEGORY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
</table>
| **OUTCOMES** | Increased acceptability and strengthened capacity | - Increased acceptability of RTC’s approach, including the PCD process, innovation introduction and scale-up, HMIS integration, etc. amongst country and global stakeholders and partners  
- Strengthened capacity on of RTC’s approach amongst country stakeholders and partners |
| Inclusive discussions and decision-making processes | - Inclusion of a broad spectrum of country stakeholders and partners, including TB civil society and communities, in discussions and decision-making processes related to TB innovations |
| Optimal, rapid, and sustainable roll-out | - Inclusion of RTC’s approach in a country policies (i.e., National Strategic Plans, funding applications, etc.)  
- Introduction of country-selected TB innovations based on RTC’s approach more quickly moves TB services and products from pilot to routine use |
| Committed interest and flexible funding | - Increased interest from country stakeholders and partners to implement RTC’s approach in TB programming more broadly  
- Increased funding from current and futures donors/funders to support the implementation of RTC’s approach to in TB and global health programming more broadly |
| **OUTPUTS** | Communications | - Change story around the impact of RTC’s approach |
| Awareness and knowledge | - Documentation of the PCD process, including case studies from countries  
- Documentation of people’s needs and priorities  
- Documentation of country prioritized opportunity areas based on people’s needs and priorities  
- Documentation of critical pathways to introduce and scale-up country selected TB services and products based on prioritized opportunity areas |
| Workshops (in-person & virtual) | - Planning Groups that included a broad range of key country stakeholders and partners, including civil society and communities  
- Workshops that included a broad range of key country stakeholders and partners, including civil society and communities |
| Country selected TB innovations | - Introduction of country selected services and products |
| Resources | - RTC pitch deck, Theory of Change, and M&E framework  
- PCD toolkit and case studies  
- Product Innovation Scan database  
- Concept notes of country prioritized opportunity areas  
- Introduction readiness frameworks and critical pathways and scale-up plans for country selected services and products  
- Future TB care journeys based on people’s needs and priorities, country prioritized opportunity areas, and country selected services and products |
| **INPUTS** | Collective commitment | - Collective commitment from country stakeholders and partners on RTC’s approach |
| Flexible financing | - Donor/funder acceptance of RTC’s approach |
| Specialized and localized expertise | - Knowledge of country context, TB programme and health systems, PCD process, services and product introduction and delivery, HMIS, digital-based solutions and emerging technologies, and financing |
| Inclusive collaboration | - Willingness from the Ministries of Health, National TB Programmes, local implementers, civil society and communities, and other key country partners (i.e., TB community health workers, healthcare providers, etc.) to collectively discuss and decide |