EXPERTISE FRANCE
GROUPE AFD

2023 Call for Proposals L'Initiative

Call for Proposals Guidelines

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Reference: AP-Init-2023-03 [OR]

"PREVENTING MALARIA"

Deadline for submission: January 24th, 2023 at 12 noon (UTC+1)

Request access to the Cloud link to upload your proposal: **From now until January 20th, 2023 (no later than this)**

L'INITIATIVE
sida, tuberculose, paludisme

Mise en oeuvre par EXPERTISE FRANCE GROUPE AFD

Financée et placée sous la tutelle du MINISTÈRE DE L'EUROPE ET DES AFFAIRES ÉTRANGÈRES
Liberté Égalité Fraternité

Dans le cadre de la contribution française au LE FONDS MONDIAL

1. L'INITIATIVE

L'Initiative is a funding mechanism implemented by Expertise France launched at the end of 2011, which complements the work of the Global Fund to Fight AIDS, Tuberculosis and Malaria. It provides technical assistance and catalytic funding to Global Fund recipient countries to improve the effectiveness of their grants and strengthen the health impact of funded programs. In this way, L'Initiative contributes to ensuring the effectiveness of pandemic responses and health systems.

Countries eligible for support from L'Initiative include the 19 priority countries for French official development assistance and member countries of La Francophonie. Decisions taken at the 7th Global Fund replenishment conference confirm L'Initiative's growing strength and will increase its catalytic potential by strengthening the capacity of health actors, improving institutional, political and social frameworks, and supporting innovative approaches to respond to pandemics.

L'Initiative is now a key Global Fund impact partner. The mechanism places France and stakeholders it works with - research actors, civil society, public agencies, etc. - in an unprecedented position in the response to AIDS, tuberculosis and malaria and health systems. L'Initiative's funding comes from a percentage of France's contribution to the Global Fund. L'Initiative is managed by a steering committee, which includes three members from the Ministry for Europe and Foreign Affairs (MEAE), one of whom is the chair. L'Initiative operates under the supervision of the French Ministry of Europe and Foreign Affairs (MEAE).

For 2023, L'Initiative is launching three complementary but distinct calls for proposals this call for proposals, AP-Init-2023-03, on operational research for malaria prevention, call AP-Init-2023-01 on strengthening systems for health at all levels (from community to national level), and finally call AP-Init-2023-02 on strengthening the role of key and vulnerable populations to improve their health and wellbeing.

2. BACKROUND

PROGRESS IN STAGNATION

After seven decades of commitments and particularly significant achievements since the beginning of the 21st century, the fight against malaria is in a worrying situation. Despite substantial strengthening of malaria control services between 2000 and 2015, contributing to a 27% reduction in the global malaria incidence and an almost 51% reduction in malaria-related mortality[1], in recent years progress has stalled. The COVID-19 epidemic, in addition to other challenges such as the emergence of insecticide and antimalarial resistance, low coverage of malaria control interventions, humanitarian emergencies and declining funding, have boosted epidemiological indicators. For example, according to the latest World Malaria Report (2021), there were an estimated 14 million more malaria cases in 2020 than in 2019 (241 million compared to 227 million). The number of deaths is also increasing: an estimated 69,000 more people died of malaria in 2020 than in 2019 (627,000 compared to 558,000). Almost two-thirds (47,000)

[1]World Malaria Report 2021, p.8

of the additional malaria deaths resulted from disruptions of malaria prevention, diagnosis and treatment services during the pandemic[2].

The WHO African Region continues to bear a disproportionate brunt of the global malaria burden: in 2020, Africa accounted for 95% of all malaria cases and 96% of malaria deaths. Children under five accounted for around 80% of all malaria deaths in the region. Just over half of all malaria deaths worldwide were recorded in four African countries: Nigeria (31.9%), the Democratic Republic of the Congo (13.2%), the United Republic of Tanzania (4.1%) and Mozambique (3.8%). More generally, it has been noted that the HBHI (high burden to high impact) countries (those where there are concerted efforts to increase impact)[3], are the countries that are losing the most ground[4].

SIGNIFICANT GAPS IN PREVENTION AND TREATMENT

In addition, the gaps in prevention and preventive treatment remain too great. In fact, although simple malaria cases are relatively easy to prevent and treat, the approaches being implemented are failing to achieve good coverage rates, due in part to a lack of closely targeted activities. The private health sector is not sufficiently included in the malaria control strategy, although it does provide a significant share of malaria screening and treatment.

Between 2000 and 2020, the percentage of children under five and pregnant women sleeping under treated mosquito nets increased from 3% to 49%; extraordinary progress yet half of the population at risk for malaria in Africa is still not protected by this preventive tool. In addition, access to preventive treatment for pregnant women and children under five remains too low, which partly explains the increase in malaria-related mortality. In this regard, coverage of three doses of IPTp in pregnant women in the 38 African countries that have adopted this preventive regimen increased from 11% in 2010 to 16% in 2015 and 32% in 2020 but remains well below the 80% target set by the international community. In terms of seasonal malaria chemoprevention (SMC), the number of children who received at least one dose in the 13 countries in the Sahel highly affected by seasonal malaria has increased very rapidly, from less than 0.2 million in 2012 to 33.5 million in 2020, but more than one third of children living in the region still do not have access to it.

With regard to treatment for children, various surveys conducted in sub-Saharan Africa show that between 10% and 25% of children who have requested artemisinin-based combination therapy (ACT) malaria treatment do not receive it.

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[2]The other third (22,000 deaths) reflects the recent change in the methodology used by WHO to calculate malaria mortality, regardless of these disruptions. The new methodology to identify cause of death has been applied to 32 countries in sub-Saharan Africa, accounting for about 93% of all malaria deaths worldwide. Application of this methodology has revealed that, every year since 2000, the disease has taken the lives of far more African children than previously thought.

[3]The 10 African countries are Burkina Faso, Cameroon, Democratic Republic of Congo, Ghana, Mali, Mozambique, Niger, Nigeria, Uganda and Tanzania, to which India is added (these countries are also commonly called the 10+1).

[4]For example, malaria cases in HBHI countries decreased from 155 million to 150 million from 2000 to 2015 but increased to 163 million in 2020. In the same countries, malaria deaths decreased from 641,000 to 390,000 between 2000 and 2015, rose to 444,600 in 2020.

Finally, it should be noted that the worrying changes in the climatic, political and security context in many malaria-endemic countries are factors that hamper the effectiveness of interventions and in some regions bring them to a standstill.

3. AIM OF THIS CALL FOR PROPOSALS

Over the past 20 years, increasing access to malaria prevention tools and strategies recommended by WHO has had a major impact on reducing the global burden of malaria morbidity. It involves a "combination prevention" approach combining different tools in line with the epidemiological and socio-economic contexts, the capacity of the health system, and target groups and areas.
These tools include:

- **Chemoprevention**, which involves the use of drugs, or a combination of drugs, to prevent malaria infection and the consequence this has. This includes intermittent preventive treatment (IPT) for infants and pregnant women, seasonal malaria chemoprevention (SMC) and the mass administration of drugs.
- **Vector control,** which is highly effective in preventing infection and reducing transmission, is based on two main interventions, namely the use of insecticide-treated nets and indoor residual spraying. Use of these tools is currently threatened by the emergence of insecticide resistance among anopheles. According to the latest World Malaria Report **,** 78 countries reported mosquito resistance to at least one of the four commonly used classes of insecticide during the period 2010-2019. Resistance to all major classes of insecticides was reported in 29 countries.
- **Vaccination:** Since October 2021, WHO has also recommended widespread use of the malaria vaccine RTS, S/AS01 in children in areas with moderate to high transmission of *P. falciparum* malaria. This is the first vaccine recommended by international regulatory bodies against malaria, which nevertheless raises questions about its limited effectiveness and restrictions around its implementation on the ground (see L'Initiative's Policy Brief on this subject). A second R21/Matrix-M vaccine candidate showed 77% efficacy (above the WHO target of 75% over a one-year period), according to an initial phase II study conducted in Burkina Faso, in children aged 5 -17 months. The data is preliminary, and therefore has not yet produced recommendations, but this vaccine candidate opens the door for new prophylactic options.

Combined malaria prevention is one of the cornerstones of the fight against malaria. Coverage of this needs to be strengthened and its potential for impact broadened in order to achieve the goal of reducing malaria-related mortality by 90% by 2030[5]. It is in this context that this call for proposals sets out to support operational research projects to test and/or validate innovative approaches to improve the access, quality and efficiency of malaria prevention services.

4. RESEARCH PROPOSAL

In particular, projects could aim to:

- **Strengthen the impact of SMC, through the following interventions: increase the target age to children aged 5-10 years, improve the coverage rate through community distribution strategies, adapt the number of doses to the full length of the rainy season, coordinate with vaccination**

[5]Global Technical Strategy for Malaria, adopted by the World Health Assembly in 2015

implementation policies.

- **Improve the coverage of IPTp among pregnant women, including through community-based distribution strategies with increased monitoring of potential IPT resistance.**
- **Improve vector control strategies to improve the effective and efficient use of mosquito nets for vulnerable populations, based in particular on social science research aimed at better understanding the behavior of populations and taking into account changes in the behavior of known species, as identified by entomologists.**
- **In pre-elimination contexts, explore pharmacological approaches to preventing transmission, for example through the addition to the standard ACT of either a single low concentration dose of primaquine or a dose of tafenoquine to block parasite transmission where G6PD deficiency is detected.**
- **Promote integrated approaches that link malaria prevention with the detection and management of other diseases, especially among women and children.**
- **At a general level, develop programs that target populations very closely according to their epidemiological and demographic profile and the local capacity of the health system, based on quality data. Particular attention will be given to research that combines a fine-tuning monitoring approach and adapting the response to the data it produces.**

Implementing this type of research requires close collaboration between all partners - researchers, managers and staff of health programs and services, civil society and local communities. It is crucial to link with Global Fund programs. In addition, complementarity or avoiding duplication with other operational research programs, such as Unitaid programs, and breaking down silos of research projects from other actors and projects is highly desirable. The goal is to ensure that the most effective strategies are identified to improve access to prevention, diagnosis and care for patients and their families, and that they are put into practice in health policies and systems based on reliable data that respects the values, preferences and rights of patients.

Definition of operational research

According to the guide developed by WHO, the Special Program for Research and Training in Tropical Diseases (TDR) and the Global Fund, "Any research producing practically-usable knowledge (evidence, findings, information, etc) which can improve program implementation (e.g. effectiveness, efficiency, quality, access, scale-up, sustainability) regardless of the type of research (design, methodology, approach) falls within the boundaries of operations research[6]."

Generally speaking, operational research (OR) has the following objectives:

1. To improve the quality and performance of programs using scientifically valid methods.

[6] Framework for Operations and Implementation Research in Health and Disease Control Programs https://www.who.int/hiv/pub/operational/or_framework.pdf

2. To assess the feasibility, efficiency and impact of new approaches or interventions with the population.
3. To generate, gather and analyze the data necessary to develop public health recommendations on the use of a given intervention.

In all cases, the capacity to carry out OR projects must take into account the broader context of countries that may lack resources as well as the technical structures to carry out a concerted research approach, or develop requests for OR support in the context of a Global Fund grant (including mechanisms to consult and coordinate with the scientific community to identify research priorities).

5. ELIGIBILITY CRITERIA

Projects that do not meet all of the eligibility criteria will be deemed ineligible and will be rejected without being assessed. A criteria checklist is attached to this guideline.

There are three potential types of project involvement under this call for projects:

- The "lead applicant" is the organization that submits the letter of intent and completes the full proposal if they are pre-selected. Lead applicants are the sole recipients of L'Initiative grants.
- "Implementing partners" are involved in the design and implementation of the project and the lead applicant delegates a part of the budget to them. The project must be carried out with at least one implementing partner.
- "Associated stakeholders" are other organizations linked to the project but are not sub-granted to (other donors, beneficiaries, national institutions, etc.).

Expertise France will check in the first instance that projects submitted meet all of the eligibility criteria below:

5.1 MAXIMUM NUMBER OF APPLICATIONS

For this call for proposals, organizations can be the lead applicant for a maximum of two projects.

In addition, organizations can only submit three projects across all the 2023 L'Initiative calls for proposals as lead applicant. There is no limit with regard to being an implementing partner or associated stakeholder.

5.2. DURATION

Project duration must be between 36 and 48 months.

5.3. LEVEL OF REQUEST, CO-FINANCING AND MANAGEMENT CAPACITY

5.3.1. LEVEL OF REQUEST AND CO-FINANCING

The total grant amount from L'Initiative must cover at least 50% of the project budget and be between €650,000 and €5,000,000.

The inclusion of co-financing[7] of at least 10% of the total project budget is mandatory for organizations with total annual costs (expenditure) of more than 5 million Euros. **For the purpose of this call for proposals, total costs (expenditure) are calculated based on the 2021 financial report (income statement and balance sheet), validated at a General assembly or any other governance body.** However, if co-financing has not yet been confirmed at the time of project submission you should mention this in the relevant forms (letter of intent and administrative form). It should be noted that co-financing will be required if your project is pre-selected.

Including co-financing will be viewed favorably for other organizations.

In the event that the submitted project receives AFD or Expertise France co-financing, which is either confirmed or anticipated, or any other French bilateral financial or human support, the lead applicant must:
- Provide a full transparent overview of the project and its financing from the point of the statement of intent (achievements, request, period, type of contract, reference, etc.) and,
- If there is co-financing from another French stakeholder, anticipate that consultation between the French co-financers will take place prior to funding being approved to ensure that accountability requirements are met with regard to our supervisory body and to prevent the risk of financing duplication.

5.3.2. MANAGEMENT CAPACITY

The lead applicant must have sufficient management capacity to manage the requested budget.

The average annual cost of the project **must not exceed 70%** [8] of the total annual costs (expenses) of the lead applicant. **For the purpose of this call for projects, total costs (expenditure) are calculated based on the 2021 financial report (income statement and balance sheet), validated at a General Assembly or any other governance body.**

For example, an organization with total outgoings (expenditure) in their full 2021 financial report (income statement and balance sheet) of €1 million, the total project amount should not exceed €700,000 on average per year, i.e. a total of €2.1 million over 36 months, €2.8 million over 48 months.

5.4. ELIGIBLE IMPLEMENTATION COUNTRIES

For 2023, it was decided to limit eligibility to countries in sub-Saharan Africa, South-East Asia in the context of pre-elimination and Madagascar in the "Three Oceans" region:

- Benin
- Burma / Myanmar
- Burkina Faso
- Burundi
- Cambodia
- Cameroon
- Guinea-Bissau
- Ivory Coast
- Kenya
- Laos
- Liberia
- Madagascar

[7] From internal or external (other donor) funds. Costs based on human, transferrable or fixed resources are accepted.
[8] Calculated based on the total project budget, not the proportion requested from L'Initiative.

- Cap-Verde
- Central African Republic
- Chad
- Congo
- Democratic Republic of Congo
- Djibouti
- Ethiopia
- Gabon
- Gambia
- Ghana
- Guinea
- Guinée équatoriale
- Indonesia
- Mauritania
- Mozambique
- Niger
- Philippines
- Rwanda
- Senegal
- Sierra Leone
- Tanzania
- Thailand
- Togo
- Vietnam
- Zambia

5.5. GEOGRAPHICAL COVERAGE

Projects may be implemented in one or more countries. Projects must not exceed three implementation countries unless they are backed by a network or a pre-existing regional non-governmental organization[9]. In these cases, projects must not exceed five implementation countries. Multi-country projects must be part of a clearly justified regional dynamic.

5.6. STATUS AND PARTNERSHIPS FOR GRANT ELIGIBILITY

L'Initiative encourages the implementation of projects in multidisciplinary partnerships ***and with a diverse range of actors, including policy makers, research actors, civil society and the private sector.***

Grant eligibility conditions:

- The project lead applicant must be legally registered and have a board of directors / management committee and a registered headquarter in an eligible country or in France. International organizations[10], with the exception of regional non-state organizations, may not be the lead applicant or an implementing partner of projects. However, they can be associated stakeholders that do not receive any delegated budget.
- The lead applicant must have been legally registered for at least 3 years at the time of project submission.
- The 'implementing partners' must receive a delegated budget from the lead applicant.
- Single-country projects must be carried out with at least one implementing partner registered in the project country.
- Multi-country projects must be carried out with at least one implementing partner in each country. If the lead applicant is registered in one of the implementing countries, they are not required to have implementing partners in that country.
- Organizations may be implementing partners, even if their board /steering committee and head office are registered in a non-eligible country. This is on the condition that there is proven and

[9] These are the regional networks and platforms.

[10] United Nations and associated agencies, regional state organizations.

robust collaboration with the lead applicant and that the budget delegated to them does not exceed in total 15% of the grant from Expertise France, regardless of the number of implementing partners registered in a non-eligible country.

- Lead applicants and implementing partners must not have any statutory provisions that prevent Expertise France, or any external auditor appointed by Expertise France, to carry out on-the-spot checks and inspections and have relevant rights to access the project sites and premises where the project will be carried out, including access to all documents and electronic data relating to the technical and financial management of the project.

5.7. PRINCIPAL INVESTIGATOR

Projects led by French organizations must have two principal investigators, one from France and one from the recipient country.

5.8. COMPLETUDE

All the documents and information requested in **section 9** must be submitted. Incomplete applications will be rejected outright. Missing documents will not be requested retrospectively from lead applicants.

5.9. RENEWAL OF PROJECTS

If a proposed project is a continuation or extension of a project previously funded by L'Initiative, the application file must include a document outlining the results and anticipated developments in relation to results from the previous phase (**see annex 3**). If the project is preselected, full documents, in particular the final evaluation, will be requested.

6. ELIGIBILITY OF COSTS

Eligible direct costs:

- Project staff costs should correspond to the actual (gross) salaries plus employer contributions and other costs included in the remuneration package. They must not exceed the salaries and costs normally incurred by the beneficiary organization or, where applicable, their partners, unless there is a prior justification indicating that the additional cost is essential for the implementation of the project.
- Travel and subsistence costs for staff and other persons involved in the project, provided that what has been selected is financially sound and represents value for money. Per diems: the per diem rate per night must be at most equal to the rate set by the French Ministry of the Economy and Finance (available here: http://www.economie.gouv.fr/dgfip/mission_taux_chancellerie/frais), with the exception of the per diem for national staff and participants, which is set in agreement with Expertise France. Transports: travel must be in economy class, unless prior authorization is given by Expertise France in writing.

- The cost of purchasing or leasing equipment and supplies (new or used) specifically for the purposes of the project, provided they are consistent with market costs and include maintenance costs.
- Service provision costs, as long as they correspond to market averages, are justified in relation to project needs.
- The cost of consumable goods.
- Direct costs required for successful project implementation (e.g. dissemination of information, translations, printing, insurance, etc.), including the cost of financial services (in particular the cost of transfers and financial guarantees) set out in the budget.
- Expenditure on building construction, renovation or upgrade necessary for the implementation of specific activities, including in relation to reducing dependence on fossil fuels.
- Procurement of vehicles essential to the implementation of activities and for the project to operate effectively.
- Costs for medical supplies required for operational research activities, provided that they are not already fully covered by the Global Fund, other partners or national authorities.
- Costs relating to prevention, diagnosis and patient care activities at community level provided that they are not already fully covered by the Global Fund or by the government.
- Health products, only in the context of pilot or innovative activities aimed at scale-up or that sit under operational research.
- Monitoring, evaluation and learning costs (human resources and activities), which must represent between 5% and 10% of the overall project budget, including at a minimum the cost of a mid-term evaluation for projects that are requesting a budget from L'Initiative greater than or equal to 1 million Euros.
- Budget for a mid-term evaluation of the research, which fully involves all partners (national programs, Ministry of Health, WHO, other technical partners). The final evaluation will be covered by Expertise France / L'Initiative.
- The budget can include a contingency allowance of up to 5% and operating costs of up to 7%.

<u>Ineligible</u> costs:

- The cost of civil servants' salaries or any other salaries already funded by other programs, including by the Global Fund.
- Operating costs of *Country Coordinating Mechanisms (CCMs*).
- Organizational costs, other than administrative costs (7% maximum).
- Debts and provisions for losses or debts.
- Interest on debts.
- Costs already funded under a different framework.
- Purchasing land or buildings.
- Exchange rate losses.
- Loans to third parties.
- Transport costs and subsistence allowances for Expertise France staff.
- Unauthorized cascade funding (regranting or subgrants). However, project implementation in partnership with other organizations involving financial transfers is possible subject to:
    - The partnerships are set out in the various call for projects documents (in particular the action plan, budget and risk management table).
    - The projected costs relating to the interventions they are involved in are detailed in the same way as the other projected project costs.

We draw your attention to the following two areas in particular:

- For projects requesting a budget from L'Initiative that is greater than or equal to 1 million Euros, a mid-term evaluation must be planned and budgeted (human resource and activity costs) under the costs for monitoring, evaluation and learning. It is recommended that the budget for the mid-term evaluation should be between 2% and 3% of the project budget, but not more than €50,000.
- An external final evaluation may be conducted by L'Initiative on certain projects. Therefore, no final evaluation costs need to be included in the project budget.

7. ASSESSMENT CRITERIA

The project selection process is in two phases.

During phase 1, projects will be pre-selected based on letters of intent. During phase 2, only preselected projects will receive the standard submission documents for full projects. These full project proposals will be assessed and then presented to the Preselection Committee in October 2023.

7.1. Phase 1 :

Phase 1 assessment criteria:

- **Project objectives align with the focus of the call for proposals.**
- **The research questions are relevant to meet the identified needs.**
- **Methodology in line with the objectives of the research.**
- **The project relates to strengthening and complementing Global Fund grants.** *Proposals submitted must clearly outline the link to Global Fund grants in terms of implementation, coordination, synergies and added value.*
- **The interventions to be implemented are clearly set out.**
- **The experience of the research team and associated experts appears adequate.**
- **Relevance of the partnership**: selection of local organizations working in the implementation country or countries and involvement of implementing partners in the design of the project and in implementing activities.
- **A cross-cutting approach to gender.**
- **Budget requested and management capacity**: consistency of the budget requested and the project's planned activities; assessment of the team within the organization assigned to administrative and financial management and finally the organization's capacity to manage similar funding.

An assessment criteria grid for letters of intent that shows the weighting of each criterion is available on the L'Initiative website: Call for proposals | L'Initiative (initiative5pour100.fr)

7.2. Phase 2 :

During phase 2, the following areas will determine whether projects are selected for funding **(more detail on these areas will be given to pre-selected applicants at the end of phase 1 - they are provided here for information only):**

- **Quality of the project and the research teams**

Innovation and scientific interest with regard to the theme of the call, suitability of the methodology and resources, feasibility, coherence. Experience of research teams on the thematic areas of focus. Involvement of doctoral students, postdocs and researchers from the South in the project.

- **Identification of needs at local and national level.**

Integration of the project into the national context (with the inclusion of national groups: national health policy stakeholders, researchers, civil society organizations) and relevance to national research priorities (analysis of the national context, the added value of the research program, national priorities around the focus of the call for proposals).

- **Link with Global Fund programs.**

Proven complementarity with Global Fund grants, based on a clear and reasoned analysis of the context and needs for the relevant Global Fund grants. Letters of support from the CCM(s) of the relevant countries will be judged favorably.

- **Partnerships and capacity building**

Strengthening the research capacity of national actors in the countries where the research is carried out (research structures and / or teams). In this respect, it is expected that young local researchers will be included, integrated and trained in the context of the research projects.

- **Multisectoral and multidisciplinary approach**

Connection with actors from different sectors (national health policy stakeholders, researchers, CSOs, community actors) and giving a central role to patients around research topics that affect them. Research with a quantitative and qualitative focus (combining social sciences and humanities with biomedical sciences, etc.).

- **Inclusion of a gender mainstreaming approach**

Inclusion of a cross-cutting approach to gender, which takes into account specific needs linked to sex and gender in the mechanisms, diseases or treatments being researched. Proposed methods that enable variables linked to sex and gender to be integrated into the research project. In relation to this, L'Initiative strongly encourages lead applicants to include a specific or general objective explicitly devoted to the promotion of women's rights and gender equality in their projects.

- **Dissemination of results and impact**

A detailed dissemination plan (beyond the scientific community) is included, which targets all health authorities (and in particular national programs), communities targeted by research, CCMs

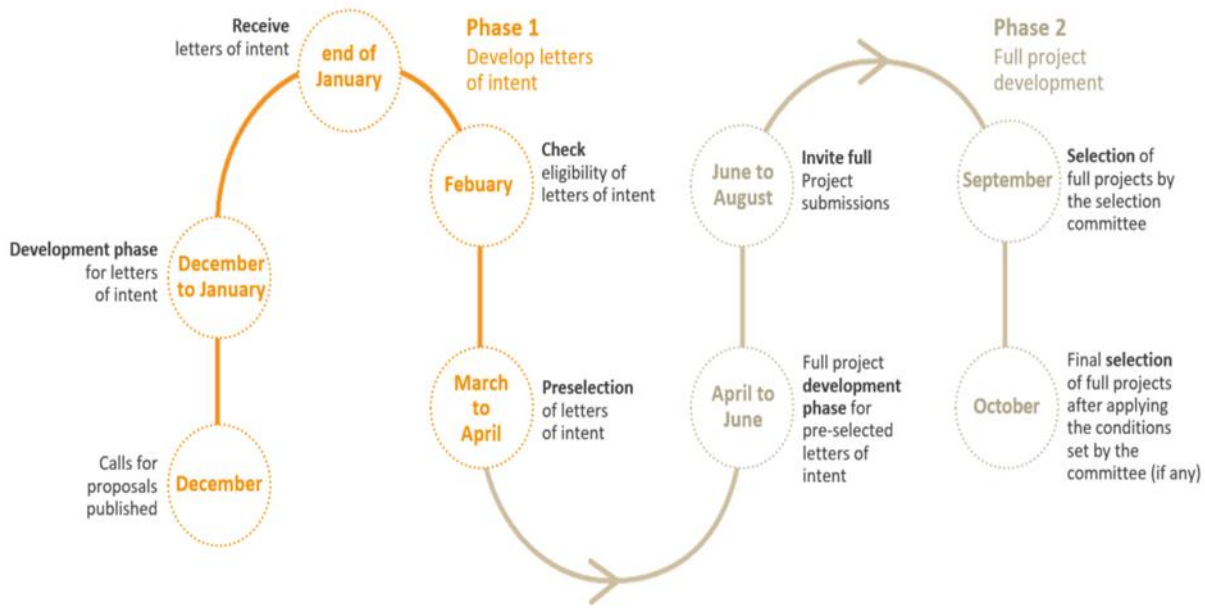
in relevant countries, donors, technical partners. This plan should make it possible to put the results of research into perspective and propose a strategy for their scale up and the sustainable integration of good practices validated by scientific evidence into national and regional public health policies. Furthermore, to prepare the dissemination phase of the results, a mid-term review of the research is strongly encouraged, involving all partners (national programs, Ministries of Health, WHO, other technical partners). The final evaluation will be organized by Expertise France / L'Initiative.

- **Project governance**

The project is led by several bodies within which all stakeholders are represented and invited to participate (patient representatives, families, healthcare staff from health centers, doctors, etc.).

8. PROJECT SELECTION

8.1. CALENDER



8.2. Selection committee

The preselection committee[11] is composed of members of L'Initiative's Steering Committee.

The Global Fund to Fight AIDS, Tuberculosis and Malaria is also invited to participate in the preselection committee.

Committee decisions are discretionary and cannot be appealed.

[11] The composition of this committee may be subject to change.

The grant agreement for each project selected by the L'Initiative Preselection Committee must be signed and project implementation must start within 12 months of the selection notification date. Funding for projects that do not meet these conditions will be withdrawn.

Expertise France reserves the right to exclude any project from this call for proposals if the content demonstrates any of the following:

- Strong similarities with a third-party source (study, another project, etc.), without referencing the third-party source.
- Or is similar in all respects to a third-party source (study, other project, etc.), without referencing the third-party source.

9. DOSSIERS DE PROPOSITION : DOCUMENTS A FOURNIR

The templates listed below are available in French and English on the L'Initiative website: Call for proposals| L'Initiative (initiative5pour100.fr)

Proposals must be written in French or English and include the following documents:

- 1. **Letter of intent** (using the new template provided in annex 1)
- 2. **Admin form** (in line with the template provided in annex 2)
- 3. **Project results form** (in line with the template provided in annex 3)
- 4. A **copy of the lead applicant's statutes** (in French or English)
- 5. Proof of registration of the organization in the country showing the lead applicant's address.
- 6. **Final 2021 financial report (income statement and balance sheet), validated at a General assembly or by another governance body**
- 7. **Estimated annual 2023 budget** for the lead application organization
- 8. **Latest annual activity report**
- 9. **Latest approved audit report.** Please note that this report will be required if your project is pre-selected.
- 10. **Letters of commitment** for each partner organization involved in implementing the project. Please note that these will be required if your project is pre-selected.

10. HOW TO SUBMIT PROPOSALS

All proposal documents must be uploaded to the Expertise France Cloud by **12 noon on 24 January 2023 (Paris time - UTC + 1)** (date and time of upload as proof).

Lead applicants must **request a link to access the Cloud until the 20th of January 2023 included** via the link request form (available here : Link request form - CFP 2023). If you encounter problems, you can send an email to the following address: aap.linitiative@expertisefrance.fr. An email containing the link and the access codes will be sent in response, as quickly as possible. The link will give applicants access to their individual space on the Cloud, which can only be accessed by the lead applicant and L'Initiative administrators. Proposal files should be uploaded here. **Access link requests sent after 20 January will not be accepted.**

Only one access link will be created and sent to the applicant per project, and it will only be sent upon request.

The Cloud will be open for uploading proposal files **until 24 January 2023 at 12 noon (UTC + 1)**.

We highly recommended that you upload your proposal documents to the Cloud as early as possible before the deadline of noon on 24 January 2023 to allow sufficient time for upload, which may vary depending on the size of the documents and the quality of your Internet connection.

Uploaded files **must be** named as follows:

- 1. Letter of intent_*call number_initials of the lead* applicant
- 2. Admin_form_*call number_initials of the lead applicant*
- 3. Project results form_*call number_initials of the lead applicant*
- 4. Statutes_call number_*initials of the lead applicant*
- 5. Organizational registration_*call number_initials of the lead applicant*
- 6. Financial report 2021 _call number_*initials of the lead applicant*
- 7. 2023 budget_call number_*initials of the lead applicant*
- 8. Activity report (*insert year*) _call number_*initials of the lead applicant*
- 9. Audit report *(insert year*) _call number_*initials of the lead applicant*
- 10. Partner letter (*insert partner's name*) _call number_*initials of the lead applicant* (*If several documents, number 10a. 10b, 10c, etc.*)

11. QUESTIONS

All questions relating to this call for projects must be sent to the address aap.linitiative@expertisefrance.fr, by email only, **no later than 16 January 2023 at 12 noon (UTC+1)**.

Answers to the questions received within the allotted time will be gradually posted on L'Initiative's website (https://www.initiative5pour100.fr/en/actualites). It is each organization's responsibility to check for responses posted on the L'Initiative website.