



CALL FOR PROPOSALS

“Improvement in tuberculosis screening, treatment and prevention”

Reference: AP-5PC–2018–03-RO

THIS CALL FOR PROPOSALS WILL CLOSE ON 26/10/2018 AT 12:00 (UTC+1)

1. INTRODUCTION

The 5% Initiative is the second mechanism for France’s contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF). The operational implementation of this Initiative has been entrusted to Expertise France (the French Agency for International Technical Expertise) under the supervision of the Ministry for Europe and Foreign Affairs (MEAE). Its aim is to respond to requests for high-level technical expertise from countries, especially French-speaking countries, and beneficiaries of GF grants to assist them and build their capacities for the design, implementation, monitoring-evaluation and measurement of the impact of the grants allocated by the GF. The 5% Initiative is implemented in complementarity with GF programmes and aims to enhance their efficiency and health impact *via* two means of intervention: sending technical expertise at the request of countries, financing long-term projects which aim to strengthen the impact of the Global Fund’s actions.

In 2018, the 5% Initiative is launching a Call for Projects which aims to finance specific operational research projects to support Global Fund programmes. It will be implemented every year starting in 2018.

2. CONTEXT¹

Following the global interministerial conference “Ending Tuberculosis in the context of the Sustainable Development Goal Era – A Multisectoral Response”,² which was successfully held in Moscow in November 2017, on 26 September 2018, the United Nations General Assembly will hold the 1st high-level meeting with the aim of speeding up efforts to end tuberculosis. During this meeting, entitled “United to end tuberculosis: An urgent global response to a global epidemic”, Heads of States and Government are expected to make an ambitious declaration which will strengthen actions and investments to end tuberculosis at world level.³

WHO estimates that 10.4 million people developed tuberculosis worldwide in 2016. Among them, 1 million cases (10%) concerned people living with HIV and 1 million children. The global total for 2016 also comprised 490,000 cases of multi-drug resistant tuberculosis and 100,000 cases of rifampicin-resistant tuberculosis. In the same year, tuberculosis caused 1.8 million deaths, hitting in particular 390,000 HIV-positive people and some 250,000 patients with multi-drug resistant tuberculosis or rifampicin-resistant tuberculosis, and 253,000 children. These figures make tuberculosis the most fatal infectious disease in the world, causing a higher number of deaths than HIV/AIDS or malaria, and one of the ten main causes of death in 2015.

¹ For further information on the contextual elements related to the strategy of the Global Fund for 2017-2022, please refer to <https://www.theglobalfund.org/en/strategy/> and Appendix 8.

² <http://www.who.int/conferences/tb-global-ministerial-conference/en/>

³ <http://www.who.int/news-room/events/un-general-assembly-high-level-meeting-on-ending-tb>

Despite the unquestionable progress in control programmes, with a decline in incidence and mortality which allowed the achievement of the Millennium Development Goals in 2015, global efforts to fight against the disease remain insufficient to achieve the goals of the “*End Tuberculosis*” strategy adopted by the World Health Assembly in 2014. The objective for 2030 is to reduce mortality by 90%, reduce the incidence of the disease by 80% and achieve a zero rate of families affected by tuberculosis facing catastrophic costs. Ending the tuberculosis epidemic is one of the targets of the Sustainable Development Goals, which requires conducting a set of biomedical, socioeconomic, public health and community interventions, which often extend beyond the health sector, as well as decisive progress in the field of research and innovation to speed up the decline in global tuberculosis incidence rates.

Major difficulties remain in the fight against the epidemic, which include the number of “omitted” cases (non-screened or not notified/reported to national or supranational surveillance systems), estimated at over 4 million in 2016, the multi-drug resistant tuberculosis crisis, the inadequacy of the response to the co-epidemic of tuberculosis and HIV infection, the catastrophic costs for TB patients, the slowness in adopting the new tools, and the major shortcomings concerning service provision and the scaling up of the technological innovations of the past ten years, as well as the low number of community actors. In terms of operational research, the priority is to help countries implement innovative strategies to improve access to and the provision of TB diagnosis, treatment and prevention services, and promote the scaling up and use of new tools, in relation to the global policy for universal health coverage.

In this context, in order to make the best possible contribution to strengthening the activities conducted by the Global Fund for poverty-related diseases, and in line with the objectives of *France’s Global Health Strategy: 2017-2021*,⁴ this Call for Projects by the 5% Initiative will finance *operational research projects which aim to enhance the effectiveness of the fight against tuberculosis*, in the fields of screening, treatment and prevention.

As with all its other activities, this Call for Proposals launched by the 5% Initiative is intended to be complementary to the investments made by the Global Fund and will finance projects concerning priority thematic areas in the context of the fight against pulmonary tuberculosis.

The total cumulative amount of the Call for Proposals AP-5PC-2018-03-RO stands at approximately EUR 4 million.

⁴ https://www.diplomatie.gouv.fr/IMG/pdf/fiche_reperes_sante_mondiale_cle89ea7b.pdf



3. PURPOSE OF THIS CALL FOR PROPOSALS

This Call for Proposals is being launched with the objective of selecting *operational research* projects that aim to strengthen the fight against tuberculosis in the context of Global Fund grants in the following fields:

- ∞ **Improvement in tuberculosis screening and treatment (all forms) in the general population and risk groups, including the optimal use of new tools for the diagnosis and setting up of a course of treatment;**
- ∞ **Optimisation of the setting up and use of short-term multi-drug resistant tuberculosis regimens;**
- ∞ **Definition of the best strategies for screening latent tuberculosis infection in the families of TB patients and risk groups (children, people living with HIV) by linking them to a complete and effective course of prophylaxis;**
- ∞ **In the general context of health services, the development of innovative strategies aiming at improving the integration of early screening, tuberculosis treatment and prevention in HIV/AIDS programmes and maternal, child and adolescent health programmes.**

It should be noted that the choice of this thematic area in 2018 is not an indicator of the future and that the Steering Committee encourages operational research projects designed to identify and test innovative strategies to improve the quality of integrated services for early screening, and HIV/AIDS and tuberculosis care and prevention in mother and child care.

DEFINITIONS FOR THIS CALL FOR PROPOSALS:

Definition of operational research:

According to the guide prepared by WHO, 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”.⁵

Generally speaking, operational research (OR) is conducted with the aim of:

- 1) Improving the quality and performance of programmes by using scientifically valid methods;
- 2) Assessing the feasibility, efficiency and impact of new strategies or operations in the population; and
- 3) Producing, collecting and analysing the data required for the development of public health recommendations on the use of a given operation.

In all cases, the capacity required to conduct OR projects will need to take into account the broader context of countries which may lack resources, as well as technical structures able to conduct a concerted research strategy, or to prepare requests for OR assistance in the context of the Global Fund grant (including the consultation and coordination mechanisms of the scientific community on the identification of research priorities).

TYPES OF ELIGIBLE PROJECTS:

Various types of projects may be submitted:

⁵ Framework for Operations and Implementation Research in Health and Disease Control Programs.
http://www.who.int/hiv/pub/operational/or_framework.pdf

1. Improvement in tuberculosis screening and treatment (all forms) in the general population and risk groups, including the optimal use of new tools for the diagnosis and setting up of a course of treatment.

In this context, it is proposed to support operational research projects that aim to test innovative, decentralised and practical strategies which are appropriate for scaling up and cost-efficient, in order to screen and identify patients suffering from all forms of tuberculosis (including children and PLWHIV), at all levels of the health system, and place them under appropriate treatment. Priority will be given to projects that integrate and optimise the link between diagnosis and treatment.

Projects to improve tuberculosis screening and treatment may, for example, target:

- The identification and validation of the best algorithms integrating existing tests and innovative tests to improve the diagnosis of the various forms of tuberculosis depending on the tests available at the various levels of the health system (microscopy, sputum culture, Xpert MTB/RIF test, rapid molecular tests, radiography, including computer-aided diagnosis).
- The development of strategies facilitating access to diagnosis tests for any person with signs or symptoms of tuberculosis or at risk of developing tuberculosis (children, PLWHIV, contacts of TB patients, prisoners, migrants), taking national contexts into account and encouraging community participation and the commitment of the private sector and associations.
- The investigation of the effectiveness of the various forms of operations aiming at improving compliance with the treatment, particularly the most effective operations to support the patient and supervise the treatment and best suited to populations in low or middle-income countries, including the new “digital health” methods.

2. Optimisation of the setting up and use of short-term multi-drug resistant tuberculosis regimens.

Since 2016, WHO has recommended for patients with multi-drug resistant tuberculosis or rifampicin-resistant tuberculosis the possibility of using a treatment regimen of 9 to 12 months (the “short” treatment regimen) provided they do not have a resistance to other second-line anti-tuberculosis agents (fluoroquinolones and/or injectables agents) or do not meet other exclusion criteria. In these cases, a long treatment regimen (individualised) of at least 20 months, comprising at least five effective anti-tuberculosis agents during the intensive phase and four anti-tuberculosis agents during the maintenance phase, is recommended. At least 35 countries have introduced short treatment regimens for the treatment of multi-drug resistant tuberculosis. With regard to operational research, it is important to improve strategies for the integration and scaling up of the programmatic management of multi-drug resistant TB, including these short treatments.

Projects may, for example, target:

- The development of strategies to set up and monitor short-term multi-drug resistant tuberculosis regimens and their integration into programmes to treat multi-drug resistant tuberculosis alongside other treatment regimes, including the use of new drug resistance tests;
- A study on the cost-effectiveness ratio and impact of these regimens on the expansion of multi-drug resistant TB treatment, the number of patients treated and the quality of life of treated patients;
- An assessment of the efficiency and security of the short-term multi-drug resistant tuberculosis treatment in groups of specific patients – for example, children, PLWHIV and patients with extrapulmonary TB – and in places where there is a high level of profound resistance to drugs other than fluoroquinolones and injectable agents (for example, pyrazinamide, ethionamide or high-level resistance to isoniazid);
- An investigation of the possibilities of modifying the short-term treatment of multi-drug resistant TB in order to improve its effectiveness and security, for example, by replacing injectable drugs with

other less toxic and more effective drugs.

3. Definition of the best strategies for screening latent tuberculosis infection in the families of TB patients and risk groups (children, people living with HIV) by linking them to a complete and effective course of prophylaxis.

Ensuring universal access to the prevention of the disease for vulnerable people, or those exposed to the infection or the disease, is a key component of the strategies proposed at world level to end HIV/AIDS and tuberculosis. In addition to the people conventionally designated at risk and in need of a chemoprophylaxis of tuberculosis,⁶ the new WHO guidelines (2018) recommend extending the screening and treatment of latent tuberculosis infection (LTBI) to *all* persons over the age of 5 in domestic contact with a person with pulmonary tuberculosis, who have not been found to have active tuberculosis, as well as to the contacts of patients with multi-drug resistant tuberculosis under certain conditions.⁷ The standard treatment is 6 months of isoniazid monotherapy. The new WHO guidelines also recommend the weekly combination of rifapentine + isoniazid for 3 months as a preventive treatment for adults and children in countries where there is a high incidence of tuberculosis. In programmatic terms, it is important to manage adverse events, provide assistance to ensure there is better compliance with treatment, and set up monitoring and evaluation systems based on standardised indicators. Tools to support the monitoring and evaluation are encouraged (WHO has developed a mobile phone application to support the programmatic management of LTBI).

The projects may, for example, target:

- The definition of the best algorithms to rule out the diagnosis of active TB before giving a preventive treatment. The performance and feasibility of the algorithms proposed in the WHO guidelines need to be assessed, particularly in children and pregnant women;
- An improvement in the performance of LTBI diagnosis tests in populations at risk, with a focus on the best way of using the available tools – for example, a combined or sequential use of the tuberculin test and tests to detect gamma interferon production (IGRA);
- The determination of the best strategies focused on the patient and their family to identify people who are exposed to tuberculosis and need to have preventive chemotherapy, in order to promote the setting up of and adherence to treatments and their comprehensive monitoring;
- The production of reliable data on the efficiency of operations to improve compliance with treatment, which are specific and adapted to the epidemiological and programmatic context, including risk groups and taking into account the health system infrastructure;
- The definition of the best service provision models to ensure that people in need of chemoprophylaxis are appropriately and fully managed in households (contacts) and in the community (PLWHIV), through appropriate targeted operations (including monitoring and evaluation) under programme conditions.

⁶ People living with HIV and children under the age of five who are domestic contacts or contacts close to people with tuberculosis and for which it is determined, following an appropriate clinical examination, that they do not have active tuberculosis but a latent tuberculosis infection (LTBI).

⁷ Latent tuberculosis infection: updated and consolidated guidelines for programmatic management. Geneva: World Health Organization; 2018 (WHO/CDS/TB/2018.4) (<http://apps.who.int/iris/bitstream/handle/10665/260233/9789241550239-eng.pdf;jsessionid=9A5133F378D172D22981BCC52A9E7EB1?sequence=1>)

4. In the general context of health services, the development of innovative strategies aiming at improving the integration of early screening, tuberculosis treatment and prevention in HIV/AIDS programmes and maternal, child and adolescent health programmes.

Integrated service delivery has the potential of improving the availability, quality and effectiveness of the health system and can be a key enabler for improving the health of populations affected by HIV and tuberculosis. Pregnant women, the newborn and children under the age of 5 are a risk group for these diseases. The effective delivery of integrated services to populations at risk may be difficult and complex to evaluate in order to establish standards and use exploitable data to improve the quality and results of integrated services. Support for integrated service delivery has so far been limited and the relationship between the integration and quality of these services is perhaps even more limited. Innovative strategic guidelines are required to improve the quality of prevention programmes and integrated health services focused on the mother and child in the context of the fight against HIV and tuberculosis.

The projects may, for example, target:

- The determination and evaluation of the best family-centred strategies to identify the children who have been exposed to tuberculosis, diagnose confirmed cases, and provide a prophylactic treatment to disease-free children who are in contact with subjects who have tuberculosis or are HIV-positive, including actors in the fight against HIV and Maternal and Child Health Programmes, particularly community actors.
- The identification of the specific needs and difficulties of adolescents; test, assess and deploy the optimal modalities to fight against tuberculosis and TB/HIV coinfection in adolescents, as well as strategies to provide a response to their specific needs and the social and cultural determinants of this vulnerable group.

Recommendations to bidders:

- For all these activities, the use of new technologies and innovations will be highly appreciated. Projects may use all the tools that allow a sound management of programmes to screen and treat people with tuberculosis and prevent it in people with latent tuberculosis infection. This also includes the various modalities of digital health and the computerisation of patient files and the tools that allow health workers to take informed decisions. Gender inequalities will need to be analysed and taken into account in the operation and the activities will need to be gender-sensitive.
- The complementarity of projects with Global Fund programmes in beneficiary countries is a key aspect of this Call for Proposals.
- Partnerships with research structures in the South, governmental actors, civil society organisations and communities in the preparation, implementation and monitoring of OR projects is strongly encouraged.
- Finally, projects combining varied and multidisciplinary approaches are strongly encouraged.

4. ELIGIBILITY CRITERIA

Projects that do not meet all the eligibility criteria will be deemed ineligible and will be rejected.

Expertise France will verify that each project submitted meets all the following eligibility criteria:

4.1 Duration

The duration of projects shall not exceed 36 months.

4.2 Amount requested and geographical coverage

The total amount of the grant financed by the 5% Initiative will cover between 50% and 100% of the total project budget and may not exceed EUR 1,000,000.

It is compulsory to include cofinancing⁸ in the project budget for structures whose annual budget exceeds EUR 5 million.⁹ The inclusion of cofinancing will be considered favourably for the other structures.

The projects will be implemented in one or several countries. However, the projects may not exceed 5 countries of implementation, except if they are backed to an existing sub-regional network or organisation. The regional rationale will need to be clearly justified and will be the subject of particular attention by the evaluators if the project is eligible.

4.3 Status and partnerships

To be eligible for a grant, the bidder must:

- Be a legal person whose headquarters is in an eligible country or in France (*i.e. have statutes registered in an eligible country or in France*) and
- Implement the project in partnership (several structures involved) and
- Include at least one partner from each beneficiary country and
- Not have statutory provisions that would not authorise Expertise France or any external auditor appointed by Expertise France to conduct on-the-spot controls and verifications and have an appropriate right of access to the sites and premises where the project will be conducted, including their computer systems, as well as to all the computerised documents and data concerning the technical and financial management of the project.

Local organisations in eligible countries (see the list in **paragraph 4.4**) may submit a project as principal bidders.

International Organisations¹⁰ may participate as providers of expertise, but may not be the project leader or receive funds. This provision does not apply to Regional Organisations.

For this Call for Proposals, each organisation may only apply once as principal bidder (lead organisation). However, an organisation can participate in several projects as a partner.

The implementation of a project in partnership requires the partners of the principal bidder to be involved in the project design and given responsibility for the implementation of activities and for this role to be accompanied by a budgetary delegation.

4.4 Countries

The countries eligible for this Call for Proposals are as follows:¹¹

⁸ From own funds or external (other donor).

⁹ The annual budget will be established on the basis of the last validated financial year (2016 or 2017). It is the annual budget realised set out in the bidder's financial statement which will be taken into account.

¹⁰ The term International Organisation refers here to a legal person governed by public law established by an international treaty between States or between international organisations (United Nations agencies, etc.).

¹¹ Member or observer countries of the International Organisation of La Francophonie and eligible for Global Fund grants, priority countries for Official Development Assistance.



- Afghanistan
- Albania
- Armenia
- Benin
- Bulgaria
- Burma
- Burkina Faso
- Burundi
- Cambodia
- Cameroon
- Cape Verde
- Central African Republic
- Chad
- Comoros
- Costa-Rica
- Côte d'Ivoire
- Democratic Republic of Congo
- Djibouti
- Dominica
- Dominican Republic
- Egypt
- Equatorial Guinea
- Ethiopia
- Gabon
- Gambia
- Georgia
- Ghana
- Guinea
- Guinea-Bissau
- Haiti
- Kosovo
- Laos
- Lebanon
- Liberia
- Madagascar
- Mali
- Mauritania
- Moldavia
- Montenegro
- Morocco
- Mozambique
- Niger
- Palestinian Territories
- Republic of the Congo
- Republic of Mauritius
- Romania
- Rwanda
- São Tomé and Príncipe
- Saint Lucia
- Senegal
- Serbia
- Thailand
- Togo
- Tunisia
- Ukraine
- Vanuatu
- Vietnam

4.5 Management capacities

The principal submitting organisation has sufficient management capacities to manage the budget requested.

This management capacity will in particular be established on the basis of the submission by the organisation of its last validated financial year, the last validated audit report, its provisional budget for 2018, and the description of the team currently responsible for the administrative and financial management of the organisation.

The average annual cost of the project shall not exceed 70% of the annual budget¹² of the principal submitting organisation. For example, for an organisation whose annual budget is equal to EUR 400,000

¹² The annual budget will be established on the basis of the last validated financial year (2016 or 2017) submitted in Appendix 6. It is the annual budget realised set out in the bidder's financial statement which will be taken into account.

euros, the total project amount shall not exceed an annual average of EUR 280,000, *i.e.* a total of EUR 840,000 if the duration is 36 months.

4.6 Completeness

The bids submitted shall comprise all the documents and information requested in **Section 8**. Any incomplete bid will be automatically rejected. The missing documents will not be requested from bidders *a posteriori*.

Only projects meeting all these eligibility criteria will be considered eligible and proceed to the next stage.

5. ELIGIBILITY OF COSTS

The following direct costs of the principal bidder and its partners are **eligible**. The costs are financed **on the basis of the actual costs** incurred by the project partners (no flat-rate fee will be accepted in the budget):

- The costs of staff assigned to the project, corresponding to the actual salaries (gross) plus employers' charges and other costs included in the remuneration. They shall not exceed the salaries and costs usually borne by the Beneficiary or, where applicable, its partners, unless there is an *a priori* justification indicating that the surpluses are essential for carrying out the project.
- The travel and subsistence expenses of staff and other people participating in the project, provided that the selected option is financially sound and economically advantageous. For the per diems: the amount of the per diem per night shall be no higher than the rate set by the French Ministry of Economy and Finance, with the exception of the per diems of the national staff and participants, which are set in agreement with Expertise France. The current rates set by the French Ministry of Economy and Finance can be accessed on the Internet at the following link:
http://www.economie.gouv.fr/dgfip/mission_taux_chancellerie/frais
- For transport: travel shall be in economy class, unless there is specific prior authorisation in writing from Expertise France.
- The costs of purchasing or hiring equipment and supplies (new or second-hand) specifically for the needs of the Project, provided that these costs correspond to those of the contract and comply with the competitive bidding procedures.
- The costs of providing services, provided that they correspond to those of the contract and that they are justified in relation to the needs of the Project.
- The costs of consumable goods.
- The costs directly resulting from the requirements for the proper implementation of the project (for example, dissemination of information, translations, reproductions, insurance...), including the charges for financial services (notably the cost of transfers and financial guarantees) provided for in the budget.
- A budget for a mid-term external scientific review (only for projects exceeding EUR 500,000 and 24 months). *The cost of the final evaluation will be borne by Expertise France/5% Initiative.*
- The budget may provide for a line for contingencies up to a maximum of 5% and may provide for a line for management fees of up to 7%.
- Only the medical inputs required for the operational research activities.

The following are not eligible:

- The salaries of civil servants;

- The salaries of people already financed by other programmes, including those of the Global Fund;
- The operating costs of the CCM;
- Expenditure for the construction of buildings, excluding reasonable costs for works for refurbishment or upgrading to standards required for the implementation of specific activities;
- The purchase of vehicles, excluding reasonable costs for vehicles indispensable for the implementation of activities that are essential to the proper functioning of the project;
- The structure fees (other than the 7% maximum management fees as indicated in the previous section). Projects which will primarily involve financing the operating costs of the submitting structures will be considered ineligible and will not be assessed.

All the submitting organisations should take note of the “3.1 Budgetary Notice” tab in Appendix 3.

6. EVALUATION CRITERIA

Only eligible projects will be assessed.

The following points will be decisive in the choice of the projects selected for financing (**details of these points will be given to the preselected bidders following phase 1 and are provided here on an indicative basis**):

- The objectives of the project comply with the purpose of the Call for Proposals;
- The projects must imperatively attach a letter of support from the CCM to their bid. An approval letter from the ethics committee shall be submitted prior to the signing of the agreement (in the event of the approval of the bid). The formulation of the project shall respect a protocol as set out in Appendix 6.
- The projects are based on a rationale of strengthening and complementarity with Global Fund grants. They shall be based on a clear and reasoned analysis of the context and needs for the relevant Global Fund grants.
- All the projects shall demonstrate a strong association and involvement of partners and beneficiaries of the project based in the beneficiary country/countries. Each submitting organisation shall ensure and demonstrate that there is an active participation of the target populations in the definition of needs and the programming and implementation of the project. All the capacity building projects shall demonstrate that they meet the needs of the beneficiary. Furthermore, special attention will be paid to the authenticity and long-term nature of the partnerships.
- All projects shall integrate, describe and budget a capitalisation process and shall ensure that this process is systematised from the outset of and throughout the project.
- All projects shall demonstrate to what extent they will have an impact on the management of the problem identified and on the public health policy in the relevant country/countries.
- Projects integrating a gender-sensitive approach will be judged favourably. This includes the taking into account of the specific needs of women and men, the reduction of gender inequalities, and the transformation of the gender roles assigned by society which increase vulnerability to pandemics and access to care.
- The inclusion of technical expertise, with the aim of building the organisational and/or technical capacities of the principal submitting organisation and/or the partner organisations, will be judged favourably, when the needs identified are described and justified in the project proposal. Project initiators are encouraged to use existing methodologies for the identification of capacity building needs.

- All the projects shall include an analysis of the potential impact of the project on the environment. The integration of environmental approaches and sustainable solutions in operations, such as supply and inventory management, the management of materials and waste management, will be judged favourably.
- A mid-term external scientific review shall be budgeted for projects that exceed EUR 500,000 and 24 months.

7. SELECTION OF PROJECTS

The timetable for this Call for Proposals is set out below:

- 6 August: publication of the Call for Proposals
- 26 October: deadline for the reception of proposals
- 17 December: selection and validation of projects
- 31 December: confirmation of the lifting of the conditions of projects and sending of the final notifications to the initiators

The Selection Committee¹³ is composed of members representing the following organisations:

- Ministry for Europe and Foreign Affairs (MEAE)
- Ministry of Solidarity and Health (MASS)
- Agence Française de Développement (AFD)
- Life Sciences and Healthcare Alliance (AVIESAN)
- French Red Cross
- Representatives of the Health Committee of Coordination Sud (French civil society)

The Global Fund to Fight AIDS, Tuberculosis and Malaria is also invited to participate in the Selection Committee as an observer member.

The grant agreement for each project selected by the 5% Initiative Selection Committee shall be signed and the implementation of the project shall start within 12 months from the notification date of the selection. The financing of projects that do not meet these conditions shall be decommitted.

8. PROPOSALS: DOCUMENTS TO BE PROVIDED

The models referred to below are available in French and English on the 5% Initiative website: <http://www.initiative5pour100.fr/partenariats-et-expertise/les-appels-a-projets/>.

The proposals shall be drafted in French or English and shall include the documents below:

1. The response form (Appendix 1)
2. The simplified budget (Appendix 3)
3. A copy of the statutes of the principal submitting organisation
4. The last financial year validated (2016 or 2017)
5. The provisional budget of the principal submitting organisation for 2018

¹³ The composition of this committee may be subject to change.



6. The last annual activity report
7. The last validated audit report
8. The commitment letters of each of the partner organisations involved in the implementation of the project

9. MODALITIES FOR THE SUBMISSION OF PROPOSALS

Submitting organisations will need to send their proposal documents before 26/10/2018 at 12:00 (Paris time – UTC +1) to the following address: i7pc.ap2018@gmail.com .

The documents **must imperatively** respect the following nomenclature:

- The response form *_initial of the submitting organisation*
- Budget_ call number_ *initials of the submitting organisation*
- Statutes_ call number_ *initials of the submitting organisation*
- Financial year (*insert 2016 or 2017*)_ call number_ *initials of the submitting organisation*
- 2018 budget_ call number_ *initials of the submitting organisation*
- Activity report (*insert year*)_ call number_ *initials of the submitting organisation*
- Audit report (*insert year*)_ call number_ *initials of the submitting organisation*
- Partner letter (*insert name of partner*)_ call number_ *initials of the submitting organisation (If several documents, number 9a. 9b. 9c. etc.)*

10. QUESTIONS

All questions related to this call for projects should be sent to the address: i7pc.ap2018@gmail.com, by e-mail only, **by 15/10/2018 at 12:00 (UTC+1) at the latest.**

Answers to the questions received within the time limit will be posted online on the 5% Initiative website <http://www.initiative5pour100.fr/partenariats-et-expertise/les-appels-a-projets/> as soon as they have been prepared.

It will be up to the organisations to keep informed of the answers when they are posted on the 5% Initiative website.