

CALL FOR PROPOSAL

“Mothers, children and adolescents: developing strategies to improve integration of HIV, TB and malaria prevention, screening and management into health systems”

REFERENCE : AP-5PC-2019-03-RO

THIS CALL WILL CLOSE ON JULY 1st 2019 AT 12 NOON (UTC + 1)





1. INTRODUCTION

The 5% Initiative is France's second contribution mechanism to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF). Operational implementation of the 5% Initiative is entrusted to the operator Expertise France (French Agency for international technical expertise) under dual supervision of the Ministry of Europe and Foreign Affairs (MEAE) and the Ministry of Economy and Finance. The Initiative's aim is to respond to requests from countries, French-speaking countries in particular, and recipients of high-level technical expertise from the GF to support them and build their capacity in the design, implementation, monitoring, evaluation and impact measurement of GF grants. The 5% Initiative complements Global Fund programs and aims to increase their efficiency and health impact through two areas of intervention: sending short-term technical expertise at the request of countries, funding long-term projects to enhance the impact of Global Fund activities.

In 2019, the 5% Initiative is launching a call for proposals (CFP) to fund specific operational research projects to support Global Fund programs.

2. CONTEXT¹

According to international data, nearly 80% of pregnant women attend health facilities at least once per pregnancy for pre- and /or post-natal consultations and nearly 6 in 10 pregnant women attend four or more times². Pre- and post-natal consultations are therefore major opportunities to improve the prevention, integrated screening and treatment of HIV, TB and malaria. Many of the key maternal, newborn and child health interventions happen during these consultations. Seizing these opportunities for integration of care for the three pandemics is a gateway with great potential to improve the quality of care for these highly vulnerable populations, as part of the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)³.

The concept of integrated care is generally opposed to fragmented, irregular or episodic care and covers a coherent set of methods and models for funding, administrative structure, and provision of care at all levels of the health system, with the aim of fostering collaboration and connectivity between the various structures in charge of care. According to the WHO, this approach aims to strengthen patient-centered care through promoting the provision of quality care that takes into account the needs of the population, the community and the individual, delivered by multidisciplinary teams covering the various structures and levels of care.

¹ The WHO recommends that every pregnant woman receives at least 8 prenatal consultations during pregnancy. For more information on contextual elements related to the 2017-2022 Global Fund Strategy, please refer to Appendix 1 of this call.

² Measure Evaluation: https://www.measureevaluation.org/prh/rh_indicators/womens-health/sm/percent-women-attended-at-least-four-times-times-for

³ <https://www.who.int/life-course/partners/global-strategy/globalstrategyreport2016-2030-lowres.pdf>

Integrated care must allow for rational utilization of resources, be evidence-based and follow a multisectoral approach.⁴

Effective provision of integrated services to populations with high vulnerability is difficult and complex to assess. WHO and UNICEF have developed the Integrated Management of Childhood Illness (IMCI) strategy, which aims to reduce mortality, morbidity and disability and improve growth and development of children under five⁵. This strategy includes both preventive and curative elements to be implemented by families and communities as well as by health facilities. In 2017, an evaluation showed that countries that had implemented IMCI were more likely to have met Millennium Development Goal 4 target to reduce by two thirds, between 1990 and 2015, the under-five mortality rate⁶.

Integration of programs working to combat the three pandemic into health services for mothers, children and adolescents is a major challenge that requires innovative and sustainable solutions. In this way, this CFP aims to support innovative operational research projects that can provide concrete guidance for improving the quality of control programs by strengthening the quality of maternal, child and adolescent health services in the fight against HIV, tuberculosis and malaria. This CFP supports highly innovative integrated projects that test sustainable solutions to barriers to access to health care such as discrimination, stigma, poor reception and all forms of violence in health services.

3. PURPOSE OF THIS CALL FOR PROPOSALS

Ensuring universal access to the prevention and treatment of the three pandemics (HIV, TB and malaria) for people in vulnerable situations, or those at risk of infection or disease, is an essential element of the Global Fund's strategy to end HIV/AIDS, tuberculosis and malaria. Pregnant women, newborns, children and adolescents are particularly vulnerable groups for these diseases. In this context, this CFP aims to support operational research projects aimed at testing innovative strategies to improve the access, quality and efficiency of integrated services for prevention, early detection, care and support for HIV, tuberculosis and malaria for women, children and adolescents.

RESEARCH PROPOSALS

These are broken down into four (4) complementary and non-exclusive themes, focusing first on each of these populations and then on the integrative aspect in the health system, with emphasis on the community health component.

1.1. Pregnant women and newborn infants

- Develop and test HIV, TB and malaria screening strategies for pregnant women and newborns in maternal and child health services for appropriate (preventive, therapeutic or curative) management, by facilitating their integration at decentralized level, particularly in very remote areas.

1.2. Children

- Develop and test strategies to improve screening and access to care for children (care, support and treatment) for the three diseases - especially through community-based

⁴ Integrated care models: an overview - Working document. WHO Europe. World Health Organization 2016
http://www.euro.who.int/_data/assets/pdf_file/0005/322475/Integrated-care-models-overview.pdf

⁵ https://www.who.int/maternal_child_adolescent/topics/child/imci/en/

⁶ https://www.who.int/maternal_child_adolescent/documents/imci-global-survey-report/en/

approaches - and identify factors that promote or impede the link with starting and continuing treatment.

- Develop and test service delivery models to improve the health status of children along the HIV/TB/malaria care continuum (screening and access to care), in particular through the integration of all care within the platform dedicated to maternal and child health.

1.3. Adolescents

- Develop and test effective follow-up strategies to improve adolescent adherence and retention, and identify factors affecting their success by minimizing disruptions in access to education and care.

1.4. Health Systems

- Identify family-centered community strategies for detection of HIV, TB and malaria to facilitate early entry and retention in the care continuum.
- Develop and test strategies to strengthen collaboration between health centers and the community providing primary health care services to mothers, children and adolescents to combat HIV, tuberculosis and malaria.

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. The aim is to ensure that the best 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.

NB: In this document we refer to tuberculosis to mean both active and latent TB.

Definition of operational research:

According to the guide developed by WHO, the Special Programme 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.”⁷

In general, Operational Research (OR) is conducted with the following objectives:

- 1) To improve the quality and performance of programs using scientifically valid methods.
- 2) To evaluate the feasibility, efficiency and impact of new strategies or interventions in the population.

⁷ Framework for operations and implementation research in health and disease control programmes https://www.who.int/hiv/pub/operational/or_framework.pdf?ua=1

- 3) To produce, collect and analyze the data necessary for the development of 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 technical structures capable of carrying out a concerted research strategy, or developing requests for OR support in the context of a Global Fund grant (including mechanisms for consultation and coordination of the scientific community on the identification of research priorities).

4. **CONDITIONS FOR ELEGIBILITY**

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

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

4.1. **Duration**

Project duration must be between 24 and 36 months.

4.2. **Grants amount and eligible countries**

The 5% Initiative will cover 50% to 100% of the total project budget and grants will range from €250,000 to €1 million (€1,000,000).

It is mandatory for organizations with an annual budget of over €5 million⁸ to present co-funding⁹ in the project budget. Including co-funding will be judged favorably for other organizations.

Projects may be implemented in one or more countries. Projects may not exceed 5 implementing countries, unless they are supported by a pre-existing subregional network or organization. Regional proposals must be clearly justified and will receive special attention from the evaluators if the project is eligible.

4.3. **Status and partnerships**

To qualify for a grant, applicants must:

- Be a legal entity that has its head office in an eligible country or in France (i.e. be legally registered in an eligible country or in France) and
- Include at least one partner from each beneficiary country and
- Not have any statutory provisions that would not permit Expertise France or any external auditor appointed by Expertise France to carry out on-the-spot checks and inspections and to have relevant rights to access the sites and premises where the project will be carried out, including access to computer systems, and all documents

⁸ The annual budget will be based on the previous year's budget (2017 or 2018) submitted in Appendix 5. It will be the annual budget given in the applicant's balance sheet that will be considered.

⁹ From internal or external (another donor) funds

and computerized data concerning the technical and financial management of the project.

Local organizations in eligible countries (see list in section 4.4) may submit a project as lead applicant.

International organizations¹⁰ may be expertise providers, but cannot be project leads or receive funding. This provision does not apply to regional organizations.

For this call for proposals, each organization can only apply once as lead applicant. An organization can nevertheless participate in several projects as a partner.

Implementing projects in partnership implies that the lead applicant's partners are involved in the project design and are responsible for the implementation of activities and they are responsible for a proportion of the budget.

4.4. Countries

The countries eligible for this call are¹¹:

- Albania
- Armenia
- Benin
- Bulgaria
- Burkina Faso
- Burundi
- Cambodia
- Cameroon
- Cape Verde
- Comores
- Costa Rica
- Ivory Coast
- Djibouti
- Dominica
- Egypt
- Ethiopia
- Gambia
- Gabon
- Georgia
- Ghana
- Guinea-Bissau
- Guinea
- Equatorial Guinea
- Haiti
- Kosovo
- Laos
- Lebanon
- Liberia
- Madagascar
- Mali
- Morocco
- Mauritania
- Moldova
- Montenegro
- Mozambique
- Niger
- Central African Republic
- Republic of Congo
- Democratic Republic of Congo
- Dominican Republic
- Republic of Mauritius
- Romania
- Rwanda
- Sao Tome and Principe
- St Lucia
- Senegal
- Serbia
- Chad
- Thailand
- Togo
- Tunisia
- Ukraine
- Vanuatu
- Vietnam

The projects presented can be carried out for beneficiaries exclusively in one or more of these countries, and only on eligible Global Fund focus areas (HIV, malaria, and tuberculosis).

4.5. Management capacity

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

The capacity to manage the budget will be determined based on, among other things, a presentation of the organization, its most recent validated annual budget and audit report, its

¹⁰ The term international organization here means a legal person under public law established by an international treaty between states or between international organizations (United Nations agencies, etc.)

¹¹ Member countries or observers of the International Organization of La Francophonie, countries eligible for grants from the Global Fund, priority countries for government development aid

2019 projected budget, and a description of the team currently in charge of administrative and financial management within the organization.

The average annual cost of the project must not exceed 70% of the lead applicant's annual budget¹². For example, for an organization with an annual budget of 400,000 Euros, the total amount for the project should not exceed 280,000 Euros on average per year, for a total of 840,000 Euros over 36 months.

4.6. Principal researcher

Projects led by organizations in the North must have two principal researchers, one from the North and one from the recipient country.

4.7. Completeness

All the documents and information requested in section 8 must be submitted. Incomplete applications will be rejected outright. Missing documents will not be requested retrospectively from applicants.

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

5. ELIGIBILITY OF COSTS

The following direct costs of the lead applicant and its partners are permissible. The costs are funded based on actual costs incurred by the project partners (no fixed rates will be allowed in the budget):

- The cost of project staff should correspond to actual (gross) salaries plus employer contributions and other costs included in the remuneration package. They must not exceed the salaries and costs normally received 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 selected options are financially sound and offer value for money. For per diems: the amount per night must be a maximum of the rate set by the French Ministry of Economy and Finance, with the exception of per diems for national staff and participants that are set in agreement with Expertise France. The current rates set by the French Ministry of the Economy and Finance are available on the internet at the following link: http://www.economie.gouv.fr/dgfip/mission_taux_chancellerie/frais
- For transport: transport 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 that these costs are consistent with the market average and comply with competitive bidding procedures.
- The cost of providing services, as long as they correspond to market averages, are justified in relation to the needs of the project.

¹² The annual budget will be based on the previous year's budget (2017 or 2018) submitted in Appendix 5. It will be the annual budget (expenses) given in the applicant's balance sheet that will be considered.

- The cost of consumable goods.
- The cost of medical inputs required for operational research activities.
- Direct costs required for the successful completion of the project (e.g. dissemination of information, translations, printing, insurance, etc.), including the cost of financial services (including the cost of transfers and financial guarantees) in the budget.
- Budget for an external intermediate scientific review (only for projects above 500,000 Euros and over 24 months in length). The final evaluation will be the responsibility of Expertise France / Initiative 5%.
- The budget can include a contingency allowance of up to 5% and running costs (overheads) of up to 7%.

The following are not eligible:

- Civil servant salaries.
- Salaries of people already funded by other programs, including by the Global Fund.
- The operating costs of the Country Coordinating Mechanisms (CCMs).
- Building and construction costs, excluding reasonable costs for refurbishment or upgrading work necessary for the implementation of specific activities.
- Vehicle purchases, excluding reasonable essential costs for vehicles to implement essential activities to run the project.
- Overheads costs other than running costs fees (7% maximum). Project budgets that mainly consist of operating costs for applicant organizations will be considered ineligible and will not be reviewed.

All applicants should read the '3.1 Budget notes' tab in Appendix 3.

6. ASSESSMENT CRITERIA

Only eligible projects will be assessed.

The following areas will be essential whether projects are selected for funding:

Project quality :

Innovation and scientific interest in terms of the CFP theme, methodology and resources (scientific approach and design of the study, feasibility, work plan and schedule, coherence).

Global Fund :

The project clearly demonstrates how it will strengthen and complement Global Fund grants. It is based on a clear and reasoned analysis of the context and the needs of the relevant Global Fund grants.

Partnerships and capacity building :

The project (if it is led by an organization in the North) must present plans to strengthen the research capacity of actors in the South (the organizations and / or research teams). Things to pay particular attention to: training, involving students in research teams (PhD students, Post-docs etc.).

Priorities and national recommendations:

Inclusion of the project in the national context (with the inclusion of national groups: national health policy actors, researchers, civil society organizations) and relevance to national research priorities (analysis of the national situation, added value of the research program, national priorities relating to the CFP).

Multisectoral and multidisciplinary approach:

Connecting actors from different sectors (national health policy actors, researchers, CSOs, community actors) and central role of patients for the research subjects that relate to them. Research with quantitative and qualitative aspects (combining human and social sciences and biomedical sciences, etc.). Research teams: experience of research teams on the subjects presented. Including doctoral students, post-docs and researchers from the South in the project.

Dissemination of results and impact:

Proposal of a detailed dissemination plan (beyond the scientific community), contextualization of the results and proposal of a strategy for scale up (potential donors and stakeholders to bring together).

Gender and operational research:

Propose consideration of gender and gender-specific needs within mechanisms, diseases or treatments being studied, propose methods for integrating gender and gender-related variables into the research project.

Project governance:

A project led by several governing bodies in which all stakeholders are represented and invited to participate (patient representatives, families, health center staff, doctors, etc.).

7. SELECTION OF PROJECTS

The timeframe for this call for projects is:

End of April / beginning of May	Call for proposals launched
1st July	Deadline for proposals
July – August	Reviewing eligibility of proposals

September – October	Proposal assessments
Beginning of December	Pre-selection committee meets

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

- Ministries of Europe and Foreign Affairs
- Ministry of Solidarity and Health
- French Development Agency (AFD)
- Aviesan (The French National Alliance for Life Sciences and Health)
- French Red Cross
- Representatives from Coordination Sud's health commission (French civil society)

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

The grant agreement for each project selected by the 5% Initiative Screening Committee must be signed and project implementation must start within 12 months from the selection notification date. Funding for projects that do not meet these conditions will be withdrawn.

¹³ Composition of this committee may be subject to change.

8. PROPOSALS: DOCUMENTS TO PROVIDE

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

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

- **Application form** (Appendix 1)
- **Gantt Chart** (Appendix 2)
- **Budget** (Appendix 3)
 - **Detailed budget** in Euros (tab 3.2)
 - **Narrative budget** (tab 3.3)
- **Risk management table** (Appendix 4)
- **Partner summary table** (Appendix 5)
- **Copy of the original statutes or articles of association** of the lead applicant
- **Last approved annual budget** for 2017 or 2018
- The lead applicant organization's **projected budget** for 2019
- The **last annual activity report**
- The **last validated audit report**
- **Letters of commitment** for each of the partner organizations involved in implementing the project
- **CVs** of the members of the proposed project implementation team.
- **Written commitment from the scientific coordinators** for the project.
- **Support letter(s) from the CCM(s)** in the countries concerned

9. HOW TO SUBMIT PROPOSALS

All proposal files must be uploaded to the Expertise France Cloud by **12 noon on July 1st 2019 (Paris time - UTC + 1)** (date and time of upload as proof).

Applicants will be required to **apply for a Cloud access link between May 15th and June 21st by sending an email with the** subject line "Link request + calls for proposals number" to the following address: i5pc-ap-ro@expertisefrance.fr. An email containing the link and the access codes will be sent in response, as soon as possible. The link will give applicants access to an individual space on the Cloud, which is only accessible by the applicant and the 5% Initiative administrators. **Requests for links sent after June 21st will be refused.**

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

The Cloud will be open to download proposal files from **June 1st to 12 noon on July 1st 2019 (UTC + 1)**.

It is strongly recommended that you download the proposal documents from the Cloud as soon as possible before the deadline of noon on July 1st 2019 to allow the time required for the download, which may vary depending on the size of the documents and the quality of your internet connection.

Documents uploaded **must be** named as follows:

1. Form *_call for proposals number_initials of the applicant organization*
2. Gantt chart *_call for proposals number_initials of the applicant organization*
3. Budget *_call for proposals number_initials of the applicant organization*
4. Risk management table *_call for proposals number_initials of the applicant organization*
5. Statutes *_call for proposals number_initials of the applicant organization*
6. Annual budget (specify *whether 2017 or 2018*) *_call for proposals number_initials of the applicant organization*
7. 2019 budget *_call for proposals number_initials of the applicant organization*
8. Activity report (*insert year*) *_call for proposals number_initials of the applicant organization*
9. Audit report (*insert year*) *_call for proposals number_initials of the applicant organization*
10. Partner letter (*insert name of the partner*) *_call for proposals number_initials of the applicant organization (if several documents, number them 10a, 10b, 10c, etc.)*
11. CV (*insert name of person*) *_call for proposals number_initials of the applicant organization (If several documents, number them 11a, 11b, 11c, etc.)*
12. Researcher commitment letter (*insert name of person*) *_call for proposals number_initials of the applicant organization*
13. CCM letter of support (*insert CCM country*) *_call for proposals number_initials of the applicant organization (if several documents, number them 13a, 13b, 13c, etc.)*

10. FREQUENTLY ASKED QUESTIONS

All questions relating to this call for projects must be sent to the address i5pc-ap-ro@expertisefrance.fr , by email only, no later than 12 noon on June 21st 2019 (UTC + 1).

Answers to questions received within the given deadline will be posted progressively on the Initiative 5% website: <http://www.initiative5pour100.fr/partnerships-and-expertise/projects-application/>

It will be the responsibility of organizations to keep informed of the responses as soon as they are published on the 5% Initiative website.

PLUS D'INFORMATIONS:

Initiative 5% / Expertise France
73 rue de Vaugirard
75006 Paris
01 70 82 74 21
www.initiative5pour100.fr

