

**Submitted questions on Unitaid’s Call for Proposals: “Multi-country implementation of PDMC with robust evidence generation that responds to key knowledge gaps to inform future guidance and accelerate uptake”**

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| **Questions** | **Key points of answer** |
| 1. What is the budget? 2. And how many awards does Unitaid expect to make? 3. What proportion of the budget should be allocated to research? | Unitaid does not generally specify minimum or maximum grant sizes. Similarly, Unitaid does not pre-determine the allocation within proposal budgets that should be allocated to each activity in the project.  The Unitaid Board considers funding size in light of Unitaid’s strategy and existing portfolio of projects, which are described on our website. Proponents are advised to consult these documents to have a sense of how their ideas for an intervention may fit with Unitaid’s funding model and strategy. As a general principle, Unitaid aims to fund projects that are ‘lean’ – that is, scoped at the minimum size required to achieve the desired market impact, respond to key outstanding knowledge gaps, and delivery public health effects, while demonstrating value for money.  Our calls for proposals involve competitive selection process with the budget being one of the assessment criteria. Therefore, submitting large budgets may work to the disadvantage of your proposal.  Depending on the submissions and the scope, we anticipate funding one project. |
| 1. What is the expected grant/project duration? | Unitaid makes catalytic investments. The timeframe is typically 3 to 5 years, including transition and sustainability plan. |
| 1. Is it possible to have a French translation of the Call scope? | Yes, the French version is available on our website: <https://unitaid.org/call-for-proposal/post-discharge-malaria-chemoprevention/#fr> |
| 1. What are eligible organizations for this Call?  * A government, government agency/organization? * UN agency? * Research institutions? * Community based organization? | All these organizations are eligible and can submit proposals. There are no restrictions on the type of entities that can submit proposals or participate in proposals. UN agencies can submit proposals, except for WHO in most cases, including regional and country offices. We have special enabler grants with WHO that are channeled through the corresponding departments in HQ. Please reach out to us with specific queries on eligibility at [proposalsunitaid@who.int](mailto:proposalsunitaid@who.int). |
| 1. Will the project fund community-based or civil society organizational? | Yes, Unitaid encourages applicants to engage local CBOs and CSOs. These activities should be clearly funded and budgeted in proposal submissions. Unitaid considers working with communities a critical part of generating demand and strongly encourages adopting inclusive approaches, and the early and continued meaningful engagement of communities towards improving the lives and health of the most vulnerable people. The role of affected communities and planned collaborations with other relevant groups including grassroots community organizations and Civil Society Organizations at all stages of a project/programme including ideation is essential, with this engagement a key determinant for success. |
| 1. It is mandatory/suggested to include the MoH of the countries? | Unitaid believes that by actively involving government stakeholders in all phases of planning and implementation, projects will gain valuable insights into local contexts, policy frameworks, and stakeholder priorities. This collaboration will lead to more informed and effective project design, increased buy-in from government partners, and greater sustainability of project outcomes beyond the grant funding period. Proponents should clarify the key stakeholders with whom they will engage, and how this will be achieved. In addition, it is important to include a country engagement model that outlines coordination and cooperation with countries in decision making around tailoring the design of elimination programs, monitoring introduction, and assessing impact. |
| 1. Will Unitaid accept proposals from consortia? 2. What qualifications or previous experience are required for sub-implementers to be eligible? | Yes, a consortium approach may be considered for the project implementation purposes. However, projects should be as lean as possible. Any consortium approach should have a strong lead organization with overall responsibility for project implementation |
| 1. What constitutes a consortium? | A Consortium is a group of partners who have agreed to implement the project together on the basis of clearly defined agreements, which set out the basis on which all but the lead implementer is a sub-grantee with no direct legal relationship to Unitaid. Entities or individuals providing services to the project on a commercial basis are service providers and not Consortium Members. Partners collaborating on the implementation of the project but that are not active part of the project design and execution are not to be considered members of the consortium but will be identified as collaborating partners. Unitaid does not define a minimum level of experience required for a lead. |
| 1. Are multi-country consortium (e.g. South-South partnerships) eligible? | Yes, multi-country consortia are eligible and desired, and South-South partnerships are encouraged. Unitaid sees value in proposals from South-based lead implementors with experience in leading the implementation of large-scale multi-country projects that support access to health products. We also support the meaningful inclusion of South-based sub-implementers, where feasible and relevant, in proposed project implementation consortia. |
| 1. Can a consortium member, a service provider or a collaborating partner participate in several proposals under the same call for proposals? | Yes, consortium members, service providers and collaborating partners can participate in several proposals under the same call for proposals. |
| 1. Is there a limit of collaborating institutions? | There are no limits. You can include as many collaborating institutions as desired, but the lead institution must demonstrate capacity to manage all included. Standard policies, such as limits on overhead, should also be adhered to for consortia members.  We encourage well-defined consortia, with clear roles and responsibilities for each consortium member. Consortium structure should be well-tailored to the Call scope and expertise required. |
| 1. Will Unitaid accept proposals from organizations based in low- and middle-income countries for this Call for Proposals? | Proposals from organizations based in developed countries can be accepted but beneficiaries have to be those most in need (e.g., those in low-income countries, vulnerable populations). For this call we see value in proposals from proponents that are based in low- and middle-income countries, in line with the Strategic Objective in Unitaid’s new Strategy to foster inclusive and demand-driven partnerships. Proposals from high-income countries and outside of malaria endemic settings will also be accepted and considered for this Call for Proposals. |
| 1. Which intervention countries are eligible? 2. Is there a set of prioritized countries? | Work funded by Unitaid can target / benefit LIC, LMIC, UMICs as defined by World Bank   * + Applicants are encouraged to consider implementation in countries in a range of geographies, but prioritizing settings with high disease burdens. Delivery models should focus on how to reach the most vulnerable, including those accessing care at lower levels of the health system and the community level. Projects should generate scalable and sustainable implementation models that are transferable to other settings and enable scale-up potential in non-project countries.   + There are no countries that are exempt considering those above criteria   + Proposed intervention countries should be stated in the proposal. We encourage proponents to engage early with proposed intervention countries – and demonstrate country willingness as a part of the proposal. However, the final list of intervention countries will be confirmed with Unitaid during the Grant Agreement Development stage |
| 1. Can we submit a proposal to work in a single country? | For this particular call scope, proposals that include work in only one country are out of scope. We are looking for proposals that have regional and global impact. If your organization works in one country only, you may want to consider joining forces with others, and applying as a consortium. Note that we have outlined what we are looking for and what we hope to achieve – it is now for proponents/you to convince us that what you propose to do would have such impact. |
| 1. Is there an ideal number of countries? | Proposals in this Call should be multi-country in scope. Although Unitaid does not specify the ideal number of countries, the number of countries should be sufficient to demonstrate a diversity of settings that will be able to generate evidence to help inform broader scale in high-burden settings. The number of countries should be able to balance this requirement, with a scale that can demonstrate large scale, proof-of-concept delivery of interventions |
| 1. Does Unitaid take intellectual property ownership rights or exclusive licensing rights for anything developed within the scope of a funded project? | Unitaid has standard terms and conditions which are included in grant agreements that support access. Normally Unitaid/WHO would not hold the intellectual property rights related to a product. However, in some circumstances Unitaid may seek licensing provisions to help ensure access to products. |
| 1. Is it mandatory to display co-funding? | Co-funding is not a mandatory requirement; however, proponents are encouraged to include this information in the proposal.  Please note that Unitaid defines co-funding as funding secured from other funding sources in addition to the Unitaid project funding to accomplish the Unitaid project outputs. Other funding sources that will be used to finance activities which will support but not directly contribute to the achievement of the outputs should not be treated, and therefore not included, as co-funding.  Please note that the budget form asks you to indicate the co-funding source (Section 2 of the form), if applicable, and if the co-funding is confirmed or anticipated. |
| 1. Is 13% for the general administrative expenses applicable to each sub-implementer? | Unitaid only accepts general administrative expenses of either the lead grantee or the sub-grantee and does not support overlapping layers of general administrative expenses. |
| 1. Do we have word limits for the proposal or for each section of application? | The maximum character input is clearly indicated for each section of the proposal form. Depending on the width of your computer screen, the maximum allowed character input may appear to be less or exceeding the size of the text box. If your proposal is submitted in Word or PDF file format, it will allow us to see the entire text. |
| 1. Up to which year, may the last audited financial accounts be required for grant applying organizations? | Unitaid requests audits for the last 3 years available. |
| 1. Does the grant permit commodity procurement? | Yes, these grants will include commodity procurement. Conditions on procurement within Unitaid grants may vary according to the commodity purchased, and detailed procurement conditions are typically finalized during grant development. Regarding quality assurance, as a general rule, Unitaid has harmonized its policy with those of other major partners, such as the Global Fund or PEPFAR. As a result, Unitaid typically requires that products be WHO Prequalified, authorized for use by a Stringent Regulatory Authority (SRA), or reviewed and permitted for use by the Expert Review Panel (ERP) as described in the Unitaid Quality Assurance guidelines: [UNITAID\_QA-of-health-products\_August2014.pdf](https://unitaid.org/assets/UNITAID_QA-of-health-products_August2014.pdf) |
| 1. Could Unitaid please clarify its stance on funding service delivery of commodities? | Commodity procurement as part of implementation research and work to develop effective and scalable implementation models is within scope of this Call for Proposals. Unitaid does not fund normal programmatic service delivery like the Global Fund, for example. Investments from Unitaid are tailored to be catalytic and aimed at increasing access to targeted health commodities and services. Where it is possible to leverage commodity procurement from other sources of funding, this is encouraged. |
| 1. Does Unitaid fund capacity building | The objective of Unitaid investments, including this Call for Proposals is to provide catalytic support to unlock access to new or underused commodities and interventions. Unitaid does not fund scale-up or specific health system capacity building projects. That said, in order to introduce an impactful intervention, Unitaid recognizes the importance of supportive health systems. As such, Unitaid can fund health system interventions that are in service of commodity introduction in facilities that the project is being implemented in – such as training healthcare workers on delivering new tools, updating monitoring and evaluation, and strengthening supply chains, where appropriate. |
| 1. Should each proposal address a different research question? | It is not necessary to submit a different proposal for each research question. Unitaid expects that multiple key research gaps on PDMC feasibility and optimization could be answered within a single project in numerous high-burden settings. |
| 1. Would broader child health anaemia strategies be considered? | The primary goal of this proposal is to catalyse uptake of the WHO recommended PDMC strategies by demonstrate delivery on a large scale, and generating evidence that responds to some of the key knowledge gaps for scaled uptake. Beyond that, there is scope within this Call to explore opportunities that can enhance PDMC – such as integrating other child health interventions, particularly anaemia-focussed strategies. These strategies efficacious, scalable, and be relevant to the context of the target geographies. |
| 1. How does Unitaid assess cost-effectiveness? | Unitaid does not have a specific approach to assessing cost-effectiveness per se, but sees value in understanding the potential cost-effectiveness of interventions, e.g., within a specific disease context, or more broadly, such as assessing against something like GDP per capita as a proxy measure |
| 1. How does Unitaid view complementarity with existing programs? | Unitaid expects that proponents will consider other investments in the malaria place (both those being funded by Unitaid and by other funders). Unitaid expects that proposals demonstrate a strong knowledge of the ecosystem – and demonstrate how the proposed investment will build on existing and past work, and how it will avoid duplication. In terms of existing Unitaid investments, fit with the existing portfolio will be considered in the proposal assessment. |
| 1. How does Unitaid define scalability? What criteria will be used to evaluate whether a project can be scaled up effectively? | Scalability is one of Unitaid’s strategic objectives. More information on how Unitaid defines scalability can be found in the following document - [Unitaid-Scalability-Framework.pdf](https://unitaid.org/assets/Unitaid-Scalability-Framework.pdf) |
| 1. Is there a specific target group size you expect? | Unitaid does not define the expected size of target group in funded projects. As a general principle, Unitaid aims to fund projects that are ‘lean’ – that is, scoped at the minimum size required to achieve the desired impact – in this case accelerating uptake of PDMC in diverse, transferrable settings, and responding to key outstanding knowledge gaps - whilst demonstrating value for money. |
| 1. Clearly defined set of research questions to be answered as part of this grant? 2. Would an embedded study aimed at determining whether there are fundamental differences between ACTs for PDMC be within scope for this call? | Given discussions with different partners – we see the greatest value in responding to the key operational and feasibility questions. One of the primary objectives of this work should be to generate experience and evidence for PDMC implementation. As such – we are more interested in seeing evidence that can respond to the operational and feasibility gaps that would help countries implement integrated and low-cost approach to PDMC – rather than efficacy-based assessments such as drug comparisons |
| 1. Are there specific medications advocated for use in the proposed projects? | Proposals should demonstrate a context specific approach to designing PDMC strategies based on setting and aligns with country guidelines – including delivery mechanism, integration with other malaria services, and indeed choice of drug used for PDMC intervention. |
| 1. Should partners be considering regimens with monoclonal antibodies as part of the PDMC approach? | Access to mAbs is an area of focus for Unitaid. Product-specific work may be possible in the future, pending demonstration of feasibility of business models for LMICs and the evolution of the clinical pipeline. However, given the stage of development, proposals should not focus on mAbs for the immediate term but could consider how the approaches tested may be applicable to mAbs in the future. |