

Title of proposal:

Lead Organization legal name:

Consortium organization(s) legal name(s), if any:

If more than one partner, list on separate lines

Primary contact person for the proposal:

Primary contact postal address:

Primary contact e-mail address:

Primary contact telephone number:

Total budget including co-funding (in USD):

As per section 2.3

Round to the nearest 100 USD

Budget to be funded by Unitaid (in USD) :

As per section 2.3

Round to the nearest 100 USD

Target countries:

Please note: Unitaid does not normally consider single country proposals.....

Proposal timeframe:

Total number of months

Signature of duly authorized party to validate submission of proposal

Enter full name, date and signature

Instructions:

Please note the space limitations provided for each section. Font type should be Arial and minimum font is size 10.

Please provide the list of abbreviations (especially those used for your organization internally).

Glossary of Key Terms Used

Unitaid's Mission as defined in the Unitaid [Strategy 2017-2021](#): *Unitaid's mission for 2017-2021 is to maximize the effectiveness of the global health response by catalyzing equitable access to better health products.*

Value for Money: *Unitaid defines Value for Money as maximizing the impact of every dollar spent by Unitaid. At a strategic level, Value for Money is evaluated by comparing the expected impact (both direct and indirect, with consideration for equity) of a Unitaid project, relative to the expected costs of delivering this impact (i.e. both by Unitaid and other funders over the long-term). At the operational level, Value for Money is linked to the efficiency and effectiveness of a project design and implementation.*

Impact: *Unitaid defines impact as both public health and economic impact, and both direct impact from any intervention, as well as indirect, longer term impact (typically 5 years after the end of a project). Because of the catalytic nature of Unitaid's investments, indirect impact tends to be much larger than direct impact. Public health impact may include: the additional lives saved, infections averted, Disability Adjusted Life Years (DALYs) averted. The economic impact may include health budget savings or health systems efficiencies resulting from the introduction of new products or approaches.*

Access barriers: *Unitaid investments are designed to overcome access barriers, so that markets become effective, i.e. there is:*

- **Innovation and availability:** *There is a robust pipeline of new products, regimens or formulations intended to improve clinical efficacy, reduce cost, or better meet the needs of end users, providers or supply chain managers. It means that new and/or superior, evidence supported, adapted products are commercially available and ready for rapid introduction in low income countries and lower-middle income countries.*
- **Quality:** *The medicine or technology is quality-assured, and there is reliable information on the quality of the product.*
- **Affordability:** *The medicine or technology is offered at the lowest sustainable price and does not impose an unreasonable financial burden on governments, donors, individuals, or other payers, with a view to increasing access for the underserved.*
- **Demand and adoption:** *Countries, programs, providers (e.g., healthcare providers, retailers), and end users rapidly introduce and adopt the most cost-effective products within their local context.*
- **Supply and delivery:** *Supply chain systems, including quantification, procurement, storage, and distribution, function effectively to ensure that products reach end users in a reliable and timely way. Adequate and sustainable supply exists to meet global needs.*

Equity: *Unitaid aims, through its interventions, to reduce inequities in access to health products; specifically, Unitaid's interventions are designed to benefit (i) people living in developing countries, with particular attention to Low income, and Lower middle income countries; (ii) underserved groups, which are to be defined based on the specific disease context.*

Scale up: *Unitaid considers a project successful if the health product/ approach supported (if proven relevant) is afterwards used at scale within the countries of the Unitaid project as well as in other countries. Scale up is typically funded by other organizations (other donor agencies, countries) after Unitaid projects end. The preparation of scale up is an integral part of Unitaid projects, from day one.*

Transition: *transition means sustaining the achievements of the Unitaid funded project after the Unitaid financial support for the project ends (this includes, but is not limited to, ensuring the ethical responsibility is upheld to keep the patients on essential treatment and/or continue essential services, including equipment maintenance contracts, consumables, contracts of qualified staff etc.). Proponents have to plausibly demonstrate that agreement has been reached with governments and/or other international funding agencies to fund the continuation of essential treatment and/or services under the proposed project.*

Consortium Member: Consortium members are 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. The lead implementer is ultimately responsible for all project outputs implemented under the project by the consortium.

Entities or individuals providing services to the project on a commercial basis are service providers and not Consortium Members.

Should the establishment of a consortium for the project implementation purposes be necessary and substantiated, the selection of the lead agency/ organization in a consortium application is at the discretion of the consortium members. It should be noted that the lead of a consortium has overall responsibility for project implementation, including coordination of consortium members and communications with/reporting to Unitaid. They are also often the main route of funding. In determining the most suitable lead, consideration should be given to each of these factors to identify which organization is best suited to deliver on each and assume overall responsibility for project activities. The capacity of the lead organization to manage the consortium and to report will be key at all stages of the project implementation.

Executive Summary

Please provide a summary of the proposal.

Include the following – Background and problem statement, proposed approach, expected impact, how inequities in access are proposed to be addressed, innovation, articulation with the broader response, implementation arrangements, transition and scale up.

1. Strategic Approach

1.1 Background

Clearly articulate the challenge (both in terms of broad public health challenges, as well as specific issues) your project aims to address, including the scope, history of previous efforts to address the problem and your analysis of the root cause(s) with reference to supporting evidence. Your project should address one or more elements of the problem stated in the call for proposal.

Below is a summary of the call for proposal for your reference.

Under this call, Unitaid is soliciting proposals to:

1. Speed development and adoption of innovative treatment regimens;
2. Address the needs for simple, fast drug-susceptibility testing to guide appropriate use of new DR-TB regimens; and
3. Address market specific challenges including quality, supply and affordability of DR-TB drugs and diagnostics.

1. Strategic Approach

1. Strategic Approach

1.2 Project Approach (Theory of Change)

Using the template below, describe how your project will address the problem(s) outlined in Question 1.1. Describe the measurable outputs, outcomes and goal, and how they address the problem(s) identified in Question 1.1. Your response should not exceed the space provided on this page.

| | | |
|---|---|---|
| <p>Problem statement</p> | | |
| <p>Outputs</p> | <p>Outcomes</p> | <p>Goal</p> |
| <p><i>The outputs are the direct project related deliverables that are directly attributed to the budgeted activities in the project.</i></p> <p><i>The outputs answer the question, "What are the immediate results that our activities have delivered?"</i></p> <p><i>Example: beneficiaries reached with goods or services in the project.</i></p> | <p><i>The outcome is a short-term or intermediate result achieved by the project at the population level: it should be directly but not wholly attributable to project outputs as it relies on other external factors.</i></p> <p><i>In the context of Unitaid projects, the outcome should typically reflect a change in access to health products at a population level, along the five dimensions of access defined in the Glossary (innovation and availability, quality, affordability, demand and adoption, supply and delivery)</i></p> <p><i>The outcomes answer the question, "What difference does this intervention make, i.e. what change do you expect to see as a result of the outputs?"</i></p> <p><i>Example: countries adapting policies following evidence generated from project.</i></p> | <p><i>This reflects the overarching public health aim of the intervention and captures the long-term effect or end result of the project: it reflects the changes in health status in target populations as well as changes in health systems. It should be directly (but not wholly) attributable to the expected outcome from the implementation of the project.</i></p> <p><i>In the context of Unitaid, goals can be achieved during the project's life time but more often will be realized after project closure following further scale up of an intervention by other stakeholders. It should typically reflect impact on public health (in project countries and beyond, if relevant), and/or economic impact (savings and efficiencies achieved by health systems).</i></p> <p><i>The goal answers the question "What impact do you expect this project to have?"</i></p> |

1. Strategic Approach

1.3 Expected Impact

Based on the goal defined in the previous section, please detail the expected impact (qualitative and quantitative) of your proposal on no more than one page.

NB – please refer to the Unitaid Guidance on Impact Assessment for Proposal Development and Grant Agreement Development.

1. Strategic Approach

1.4 Equity

Please summarize how your project will help address inequities in access, with particular emphasis on *(i) people living in developing countries, with particular attention to Low income, and Lower middle income countries; (ii) underserved groups, which are to be defined based on the specific disease context.*

1. Strategic Approach

1.5 Innovation

Please describe what makes your project innovative relative to past, existing and planned efforts from other partners (including Unitaid projects)

1. Strategic Approach

1.6 Articulation with others in the global health response

- a) Please describe how your project complements existing and planned efforts of other stakeholders (including Unitaid projects)

1. Strategic Approach

b) Using the table below, describe the existing and planned efforts by other partners (including Unitaid projects), which your project seeks to complement.

| Organization Name | Programme Name | Brief description of the programme. |
|--------------------------|-----------------------|--|
| | | |
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| | | |

1. Strategic Approach

c) List the key strength(s) that make the lead organization (and consortium if relevant) uniquely positioned to successfully implement the approach outlined in section 1.2

| Key strength(s) <i>(1-5 strengths)</i> | Supportive evidence |
|--|----------------------------|
| | |

2. Implementation Plan

2.1 Project Design

- a) Please describe the proposal design, outlining the activities, assumptions and dependencies to achieve the outputs stated in section 1.2.

2. Implementation Plan

b) Using the GANTT chart (Annex 2), indicate a clear timeline for project implementation, activities, who is responsible for which activity, and the key milestones to measure progress.

c) Please explain the selection of project implementation countries.

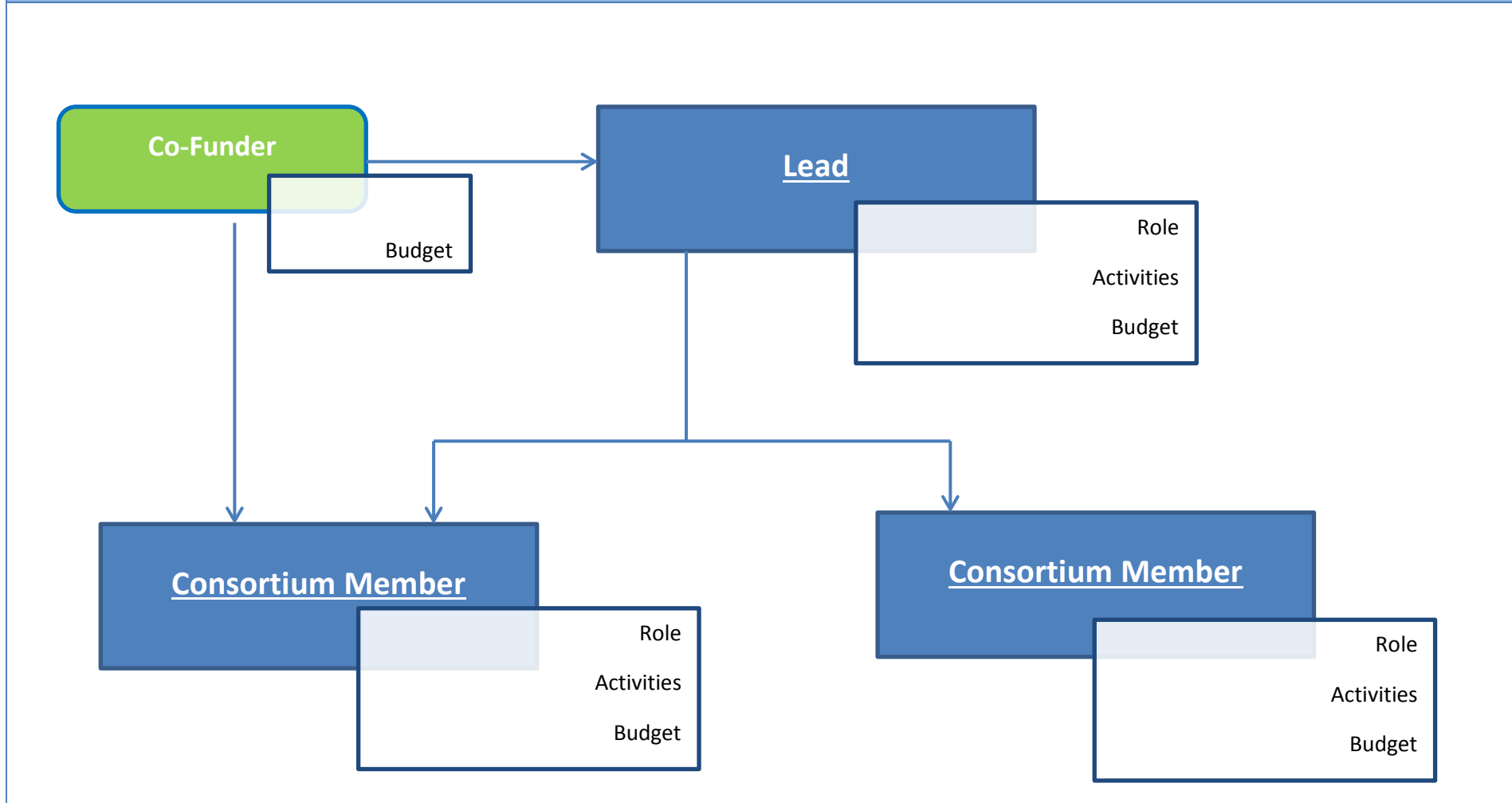
Please explain which criteria have been used as a basis for country selection, and why

Please provide the list of selected countries and rationale for selection based on criteria described above; for each country, please describe any discussions conducted so far with national level stakeholders including civil society

2. Implementation Plan

2.2 Organization, roles and responsibilities

a) Using an organogram (example below), describe the implementation arrangements for the project, indicating the organizational relationships between the lead organization, consortium members and others involved, including their role, activities and budget. (Please refer to glossary for definition of consortium members).



2. Implementation Plan

| b) Provide a brief description of the lead organization (and other consortium members as appropriate). | |
|--|---|
| Lead Organization | |
| Mission | <i>Please describe the mission of the organization in a maximum of two sentences.</i> |
| Structure | <i>Please describe organizational & governance structure e.g. HQ in Country X, Regional offices in A, B & C and country offices (total = Y)</i> |
| Current Operations | <i>Please describe the overall number and size of existing grants. Indicate the portfolio budget managed per year during the last three years.</i> |
| In-Country Presence | <i>Please describe in which countries the organization intervenes, and relative size between countries, Indicate field presence if applicable.</i> |
| Staffing Levels | <i>Please indicate number of staff in lead organization and proportion that would be allocated to the proposed project</i> |
| Funding Levels | <i>Please attach the latest audited financial statements for the last three years including audit reports (please give a reason, if not provided). Please list the historical funding sources for the past 3 years (donor, public, private, other), including breakdown by key source and whether funding was restricted or unrestricted. Please indicate the forecast of known funding sources (donor, public, private, other) for the current year and the duration of the proposed project, whenever available, including breakdown by key funding source and whether the forecasted funding is restricted or unrestricted and secured vs anticipated.</i> |
| Legal status of the organization | |
| Consortium Members | <i>Please provide a brief description of the consortium member(s) in case applicable.</i> |

2. Implementation Plan

c) Describe the previous experience of the lead organization in developing, implementing and managing projects in the geographical and technical areas proposed including measures of success and lessons learned.

d) Indicate, for the lead organization only, the key team members proposed for implementing the project. (Please add rows as appropriate; CVs of key team members should be included as Annex 4).

| Name | Title | Role | % full time equivalent |
|------|-------|------|------------------------|
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2. Implementation Plan

2.3 Budget and co-funding *(Please use this section and the Annex 3 – Proposal Budget and Co-funding, to provide information on the proposal budget)*

a) Please provide financial information on the proposed project

Please provide below a budget breakdown per consortium member (add additional outputs/consortium members as appropriate).

| in US\$ | Total | Lead Organization | Consortium member 1 | Consortium member 2 | Consortium member 3 |
|----------------|-------|-------------------|---------------------|---------------------|---------------------|
| Output 1 | | | | | |
| Output 2 | | | | | |
| Output 3 | | | | | |
| Output 4 | | | | | |
| Indirect costs | | | | | |
| Total | | | | | |

b) Please describe key cost assumptions

Please describe all key budgetary assumptions and main budget cost drivers that will help the Secretariat understand the budget. These should include: major cost elements of outputs and basis of determination; staffing needs and basis of cost determination; indirect costs assumptions; audit cost assumptions; high level assumptions for distribution of funding across the consortium members; information on, and the status, of co-funding.

Please also refer to the Annex 3- Proposal Budget and Co-funding for additional instructions. Whenever possible, please ensure the information provided in this section and in the Annex 3 is consistent with the information outlined in the Log frame.

2. Implementation Plan

c) Please indicate if other organizations (including your own) will/are co-funding the proposed project

Please provide an overview of the project funding including co-funding (this should include your own funding contribution) using the below table (add row as appropriate). Please also refer to the Annex 3- Proposal Budget and Co-funding for additional instructions.

| | US\$ amount | % funded | Confirmed* | Anticipated* |
|---------------------|-------------|-------------|--------------------------|--------------------------|
| Unitaid | | % | <input type="checkbox"/> | <input type="checkbox"/> |
| Co-funding | | % | <input type="checkbox"/> | <input type="checkbox"/> |
| Organization name 1 | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Organization name 2 | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Organization name 3 | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Organization name 4 | | | <input type="checkbox"/> | <input type="checkbox"/> |
| ... | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Total | | 100% | | |

**Add "X" where relevant*

3. Transition / Scale Up Plan

3. Transition/Scale-up

Unitaid considers a project successful if the health product/ approach supported (if proven relevant) is afterwards used at scale within the countries of the Unitaid project as well as in other countries. This includes (but does not limit to) managing transition of project activities, i.e. ensuring the ethical responsibility is upheld to keep the patients on essential treatment and/or continue essential services (including equipment maintenance contracts, consumables, contracts of qualified staff etc.) to sustain the achievements of the Unitaid funded project after the Unitaid financial support for the project ends.

How do you foresee the transition and scale-up of this project?

Describe the potential funders and key stakeholders (governments, civil society, etc.) you have identified to scale-up the project, indicating what their role would be.

3. Transition / Scale Up Plan

Describe the type of coordination that will be needed and when, as well as the discussions already initiated.

(Please attach any letters of support/commitment, where relevant).

4. Risk Management

4. Please articulate the risks that could inhibit success of the proposed project and the strategies your organization will use to mitigate the risks.

(Please describe up to five key risks)

| Type of risk | Risk description | Mitigation strategy |
|--|--|---------------------|
| Strategic risks <i>(What key assumptions could change and put at stake the relevance of the proposed project to Unitaid?)</i> | <i>e.g. Changing market assumption affecting relevance of identified market problem or solution</i> | |
| | <i>e.g. Duplication of intervention with other stakeholder</i> | |
| | | |
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| | | |
| Implementation risks <i>(What key assumptions related to the project delivery and/or external environment could change and put at stake the successful implementation of the project?)</i> | <i>e.g. Delays or shortage of supply for procurement</i> | |
| | <i>e.g. Delays due to technical failure</i> | |
| | <i>e.g. Political instability</i> | |
| | | |
| | | |
| Sustainability risks <i>(What key assumptions related to the sustainability of the proposed approach could change and put at stake the transition & scale-up?)</i> | <i>e.g. Non-identification of transition partner</i> | |
| | <i>e.g. Lack of funding for scale up</i> | |
| | <i>e.g. weak evidence (e.g., clinical, operational, cost effectiveness) to justify the wider roll-out and use of a health product or approach.</i> | |
| | | |
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Annex 6: Declaration of relevant interests [no template]

Please confirm that the applicable policies and practices within your organization would enable the identification and management of relevant interests which may have an impact on the integrity of any decision by Unitaid to provide funding for the proposal, the development of a grant agreement for the proposal, or the implementation of the project once the grant agreement has been signed.

Please declare and provide full details of any relevant interest identified in accordance with the policies and practices referred to above.

A relevant interest means any direct or indirect financial, personal or professional interest that may affect or be reasonably perceived to affect the independence of a covered person or may or may be perceived as benefitting the interests of immediate family members of the covered person.

For these purposes please consider relevant interests with respect to all directors, officers and members of the governance organs of the Lead Organization and any Consortium Members, together with any employees involved in the submission of the proposal or who will be involved with the development of a grant agreement or implementation of the project.

The Lead Organization will be expected to update this information in the event that any relevant interest arises during the development of the grant agreement with Unitaid (should Unitaid approve development of a Grant Agreement for the proposal) or later during the implementation of the project.

Annex 7: Applicable ethics, anti-discrimination and environmental policies [no template]

Please confirm that your institution/entity will not discriminate and will take "affirmative action" measures to ensure against discrimination in employment, recruitment, and advertisements for employment, compensation, termination, upgrading, promotions, and other conditions of employment against any employee or job applicant on the bases of race, creed, color, national origin, or sex.

Please indicate whether your institution/entity has ethics and environmental policies.

Annex 8: Declaration regarding tobacco entities [no template]

In compliance with the World Health Assembly resolution WHA54.18 on transparency in tobacco control process, please confirm that your institution/entity has not entered and is not planning to enter in a partnership or cooperation with tobacco industry and does not have any commercial or vested interests in the tobacco industry.