



UNIVERSITY OF THE PHILIPPINES MANILA

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TO : Deans/Directors/Department Chairs/Faculty/REPS

FROM :  MAY 31 2017
Eva Maria Cutiongco – Dela Paz, MD, FPPS
Vice Chancellor for Research, UPM and
Executive Director, NIH

SUBJECT : **UNITAID – Call for Proposals: Better, Shorter Treatment for Multidrug-Resistant TB (MDR TB)**

We are pleased to announce that UNITAID is now accepting proposals for better, shorter treatment for multidrug-resistant TB (MDR TB). 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.

Kindly visit <https://www.unitaid.eu/assets/Proposal-process-January-2017.pdf> for further guidance.

Attached is the Call for Proposal for your reference.

The **deadline** for submission of **intention to submit (ISP) form** is on **19 June 2017**. For inquiries, kindly coordinate with the Research Grants Administration Office (rgao@post.upm.edu.ph, 567-2054)

Thank you for your continued interest in health research and development.



CALL FOR PROPOSALS: BETTER, SHORTER TREATMENT FOR MULTIDRUG-RESISTANT TB (MDR TB)

Unitaid is pleased to announce its new Call for Proposals for the area for intervention: Better, shorter treatment for multidrug-resistant TB (MDR TB).

Context

Drug-resistant tuberculosis (DR-TB) is a global health crisis threatening TB control. In 2015, of the estimated 580,000 people with new cases of DR TB, only one-fifth of the cases (125,000) were detected and enrolled onto treatment. Only 52 percent of these patients were cured.

Treatment regimens for MDR-TB and extensively drug resistant TB (XDR-TB) are complex, expensive, long, toxic, and ineffective. Recently, the World Health Organization (WHO) recommended a shorter regimen for MDR-TB treatment, lasting 9 to 12 months, with 4 to 6 months of injectable drugs. Patients not eligible for the shorter regimen continue to require at least 18 months of treatment, including up to 8 months of injectable drugs; severe side effects include deafness and psychosis. Currently, the range of treatment options fragments the DR-TB market, reducing the commercial incentive for innovation and development.

Despite this, there are more than 20 registered clinical trials involving DR-TB, most of them using new and/or re-purposed drugs. Better and shorter treatments, especially those that meet WHO's Target Regimens Profile could focus the market and improve outcomes. Now, more than ever, support is needed to accelerate access to new drugs, regimens and diagnostics.

Considering this momentum, Unitaid aims to accelerate access to innovative treatment regimens and corresponding diagnostic algorithms, with the overall goal of substantially increasing DR-TB diagnosis, treatment and cure rates.

Current call for proposals and examples of specific opportunities

Accelerate access to better, faster and more robust DR-TB treatment with corresponding diagnostic needs.

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.

This will involve working with relevant local and international partners, civil society groups and communities living with the disease to ensure the evidence generated for the new tools under programmatic conditions inform WHO guidelines.

Proposals submitted should clearly demonstrate the fit with the objectives set out above, the expected impact and value for money. Unitaid recognizes the efforts of partners in this area, as well as the need for further support to address MDR-TB. Proposals should demonstrate how work, to accelerate access to better, faster and more robust DR-TB treatment regimens with corresponding diagnostic needs, would be coordinated with (and complementary to) ongoing efforts of Unitaid and other partners.

Process for proposal submission

What proposals should address

Unitaid works through market-based interventions to achieve global market and public health impact. As noted above, Unitaid welcomes approaches that outline a coherent, integrated method (e.g., tools that target multiple vectors or vector-borne diseases). Applicants should be clear about the underlying assumptions made in their proposed approach, and should highlight any major risks or other factors that may affect the delivery of results. Finally, proposals are expected to outline a lean, concrete and clear pathway to results and impact.

Proposals for small-scale demonstration projects or projects in a single country are unlikely to be supported by Unitaid funding in this call. In the exceptional case that intervening in a single country would have global impact; the proposal should include clear evidence to demonstrate this.

The proposed implementing agency needs to demonstrate capacity/prior experience implementing relevant projects, and engaging with civil society groups as lead organization.

Important dates

If you intend to submit a proposal, please complete and send the **intention to submit (ISP) form** (<https://www.unitaid.eu/call-proposals-better-shorter-treatment-multidrug-resistant-tb-mdr-tb/>) to proposalsunitaid@who.int **by 19 June 2017**.

The closing date for receipt of full proposals is **24 August 2017, at 12 noon Geneva (Switzerland) time**. Unitaid grant application review process is based on rigorous timelines, therefore applications received past the indicated deadline will not be considered.

Please note: A proposal is considered submitted only once you receive an e-mail message of confirmation of receipt from Unitaid.

Submission and format of proposals

Proposals, including all annexes, should be submitted electronically to proposalsunitaid@who.int. A full proposal consists of the following documents:

- Proposal form [[template](#) DOC, 130 KB]
- [Guidance on impact assessment](#) document
- Annex 1: Log frame [[template](#) XLS, 50 KB]

- Annex 2: Timeline GANTT chart [[template](#) XLS, 35 KB]
- Annex 3: Budget details [[template](#) XLS, 20 KB]
- Annex 4: Organizational details and CVs of key team members [no template]
- Annex 5: Support Letters (not mandatory) [no template]
- Annex 6: Declaration of relevant interest [no template]
- Annex 7: Applicable ethics, anti-discrimination and environmental policies [no template]
- Annex 8: Declaration regarding tobacco entities [no template]

You can download the forms in this link:

(<https://www.unitaid.eu/call-proposals-better-shorter-treatment-multidrug-resistant-tb-mdr-tb/>)

You will find further guidance in this link:

<https://www.unitaid.eu/assets/Proposal-process-January-2017.pdf>