Submitted questions on Unitaid's Call for Proposals: "Enhancing and sustaining access to medical oxygen innovations"

Questions	Key points of answer
1. What is the maximum grant fund size? 2. Will there be more than one award to prime recipients?	• Unitaid does not generally specify minimum or maximum grant sizes. • 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 and public health effects, while demonstrating value for money • That said, for this Call, there is an estimated total envelope of approximately USD 20 million. • It is possible that Unitaid will make more than 1 award to prime recipients. Applicants are welcome to submit proposals for one or both of the Areas listed in the call scope. • The budget will be split across Area 1 and Area 2 of this call, however it may not necessarily be a 50/50 split.
3. What is the expected grant/project duration?	• Unitaid makes catalytic investments. The timeframe is typically 3 to 5 years, including transition and sustainability plan.
4. What are the eligible organizations for this Call?	• All organizations are eligible and can submit proposals. There are no restrictions on the type of entities that can submit proposals or participate in proposals. • Organizations who have previously received funding from Unitaid for oxygen or other areas are eligible to apply • Unitaid encourages applicants to engage local Community Based Organizations and Civil Society Organizations. These activities should be clearly funded and budgeted in proposal submissions. There is no expectation for a certain percentage of the budget to be dedicated to these organizations. • Unitaid considers working with communities a critical part of generating demand.
5. Can local business companies such as pharmaceutical wholesalers	• Yes, these organizations can become partners. • A Consortium is a group of partners who have agreed to implement the project together on the basis of

and private hospitals become partners with INGOs submitting proposals?	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 • 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. 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.
6. Are there any partnership prerequisites (e.g., minimum number of international/local partners) or specific partnerships with multilateral organizations that UNITAID encourages for this grant?	• There are no specific partnership prerequisites with international, local, or multilateral organizations as part of this grant.
7. Will preference be given to lead implementers based in the Global South, or are organizations from the Global North eligible, provided the consortium includes strong implementing partners based in the global South?	• Unitaid will prioritize proposals from South-based lead implementers, however, it is important to note that Unitaid's aim to progressively engage more lead implementing partners from the global South does not exclude proposals led by or including partners from the global North.

8. What is the percentage of operations costs allowed in this project?
9. What is the HR capacity?
	• Unitaid agrees to fund a fair share of general administrative expenses linked to the general running of the head office administration of the project. 13% are applicable to the lead and sub-grantees with no overlapping layers (no matter how it is split up amongst the lead and subs).
	    - 13% on general administrative expenses
	    - In case of health commodities and equipment and other significant pass-through costs up to 13% rate can be claimed only on the first US$500,000, and then a reduced 2% rate applies to the remaining amount, with a maximum limit of US$200,000 for both categories for the full grant duration

10. Can pre-approved funding be considered as co-funding if it was secured before the Unitaid proposal submission?	• The proposal form asks the proponents to put the project in the context with other players in the particular area, and there is a specific space to indicate co-funding in the budget template, however co-funding is not a mandatory requirement. It is possible to indicate whether the co-funding is already secured or planned.
11. Are there any matching fund requirements or expectations for co-funding from national governments or private sector entities?	• There are no matching fund requirements from national governments or the private sector.
12. 1.1 Background (5500 + 6500 characters), is that 5500 for Area 1 and 6500 for Area 2?	This is not the character distribution between the two Areas. It is the distribution between the two input spaces provided under this section.
13. Should key personnel include non-lead organizations?	• Reference is made to the key personnel that will be engaged in the project team. Usually, the majority of the key personnel work for the lead organization but adding key personnel from the consortium members is also possible.

14. Does UNITAID have a specific focus or guidelines for projects that address environmental sustainability and climate resilience? Are these elements considered during the grant review process?
15. Are carbon emission reductions or other environmental benefits (e.g., renewable energy use) valued as part of the scoring criteria for the grant?
	• The degree to which a project address environmental and climate considerations, as relevant, is considered in the review process.
	   ◦ Proponents can access further guidance on climate and health here: Climate and Health Strategy 2023-2027
	   ◦ Issue Brief: Climate and Health

16. How does UNITAID define and assess the sustainability of a project beyond the initial funding period? Are there particular models or frameworks they recommend for ensuring the project's long-term viability?
 	
17. Does UNITAID require a detailed exit strategy or long-term plan for local ownership, or continued
	• In this context, sustainability refers primarily to proof of concept and evaluating the scalability of these products and models to ensure they can be effectively implemented on a larger scale.
	• Proponents should work closely with governments, civil society organizations and/or local private sector entities to ensure that the benefits of the project are sustained.
	• For further detail please refer to the following guidance documents:
	   ◦ Guidance on Impact Assessment [PDF: 160 KB]
	   ◦ Unitaid Results Framework [PDF: 1.3 MB]
	   ◦ Unitaid Scalability Framework [PDF: 466 KB]

funding, once the grant period ends?	
18. Which countries are eligible to be included in the project?	• 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 to enable scale-up potential in non-project countries. • There are no countries that are exempt considering those above criteria • There are no specific funding allocations set for geographic regions or countries. • 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 intervention country inclusion will be confirmed with Unitaid during the Grant Agreement Development stage
19. Is there a recommended or minimum/maximum number of countries that should be included in a multi-country proposal?	• 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
20. 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.
21. How important is it to demonstrate alignment with national health strategies or existing government plans for oxygen access? 22. Does UNITAID expect full governmental endorsement or co-signature of the grant application?	• National health strategies on oxygen access differ broadly by country. Proponents should try to align project outcomes with these strategies, where possible. • While support letter from the government can be attached to the proposal as Annex 4, there is mandatory requirement to have government endorsement or co-signature.
23. Please provide guidance around procurement	• For Area 1 of the Call for Proposals, it is expected that there will be a budget for procuring products. • For Area 2, the focus is on existing products. Procurement should be minimal, if at all.

24. Is the grant open to supporting products that are still in the R&D phase? For example, can products currently undergoing regulatory approval that would enhance oxygen service offerings be included in the response plan?	• Yes, products that are still undergoing regulatory approvals are acceptable to be included in proposals.
25. Is there a clear definition of "large-capacity oxygen production solutions"? What scale qualifies as 'large capacity'?	• Please refer to the recently released Unitaid Oxygen Landscape, which can be useful in articulating products that fall into the category of large-capacity. • The Call for Proposals also articulates other characteristics of production modalities that should be considered when choosing products. Please read this description carefully.
26. What are UNITAID's expectations around monitoring, evaluation, and reporting? Are there specific indicators or metrics they require for tracking project progress, especially in oxygen access and health outcomes? 27. Are there any particular health outcomes or targets that UNITAID expects the grant to address, such as improving respiratory care or enhancing treatment outcomes in low-resource settings?	• Unitaid expects proposed projects to focus primarily on product-related outcomes, addressing issues around feasibility, acceptability, and cost-effectiveness for Area 1, and the capacity for new business models to support COVID-19 investments for Area 2.

28. Is there a particular evaluation framework UNITAID uses to assess the success of funded projects (e.g., impact on health systems, scale-up potential, or innovation adoption)?	• Please refer to the following guidance provided on the call webpage:
	   o Guidance on Impact Assessment [PDF: 160 KB]
	   o Unitaid Results Framework [PDF: 1.3 MB]

29. How critical is evidence gathering and data collection throughout the program?	• One of the primary objectives of this scope of work is to generate evidence for emerging technologies and business models to better understand their applicability.
30. Will Unitaid provide funding for research protocols as part of the program?	• Unitaid will support the development of protocols for evidence generation that may be required under the proposed project.

31. For multi-country applications what degree of connection and alignment is of interest? 32. Would it be appropriate to pilot vastly different models in different settings?	• For Area 1, there should be consistency with respect to the production and distribution technologies being utilized across countries. • For Area 2, proponents are welcome to propose multiple business models focused on supporting existing investments across countries.
33. Please highlight the scope and expected deliverables in as much depth as possible 34. I would like to have examples of projects that could fit within the call for proposals. 35. Could you please clarify whether the funding strategy prioritizes placing a few smaller bets or making larger investments focused on 1-2 selected projects? 36. Will Unitaid look for a complementary portfolio approach amongst funded partners under this round	• As a policy, Unitaid does not provide further detail on the way proposals should be formulated. It is up to proponents to propose the path that could lead to the desired outcomes of this call as described in the call scope. • The review process looks at potential complementarities, if necessary, to achieve the maximum desired impact and outcome of the call.
37. Are there specific expectations regarding the annual turnover of the lead implementing organization?	• There are no expectations regarding annual turnover. Unitaid looks at the audited financial statements over the past three years to make sure the organization has sound financial basis and well-established operations.
38. Is the MGPS is for all medical gases or only for oxygen?	• This project is focused on medical oxygen. Piping solutions may be appropriate for other gases, but should be applicable to medical oxygen specifically.
39. Are energy related activities in or out of scope for oxygen provision specifically? (Area 2) 40. Are Oxygen as a Service approaches in scope? (Area 2) 41. Are business models for small ASUs in scope? (Area 2)	• Area 2's focus is on sustaining investments made during the COVID-19 pandemic that are at risk of falling into disuse or disrepair. • If proponents can make a link between energy related interventions and these products, they are welcome to do so, however high-volume procurement is not in scope for Area 2. • OaaS could be in scope for Area 2, but this should focus on previously procured equipment that already exists in country. • Small ASUs also could be in scope for Area 2, but proponents would need to make the case that these installations may not be sustainable without additional intervention and that the evidence to be generated is broadly applicable.

42. Are digital innovations related to oxygen management and patient care within the scope of the grant?	• Digital innovations could apply to Area 2 of the Call for Proposals if they are specifically focused on improving the sustainability profile of COVID-19 era investments based on historical operational challenges, such as frequent equipment breakdowns.
43. Does the grant support hardware development and software integration, or is it focused primarily on service delivery and implementation?	• Area 1 of the Call for Proposals is focused on production and distribution innovations. Area 2 of the Call is focused on business models to sustain investments made over the last four years. If the proponent can make the case that hardware development and software integration fits within Area 2 of the Call, then some portion of the budget could be allocated to these activities.
44. Are the following technologies within the scope of this proposal: Bubble CPAP, Oxygen Splitter, Oxygen Concentrators, Pulse Oximeters, Suction Machines, Ventilators?	• Area 2 of the Call for Proposals targets products that have demonstrated operational challenges historically. The Call for Proposals notes that some products, such as PSA systems, suffer from frequent breakdowns due to design challenges and maintenance/electrical requirements. If proponents can make the case that a particular product 1) Was procured in high volumes during the pandemic; and 2) May not be sustained without innovative business models due to product characteristics, then it can be considered in scope for this project.
45. We understand that UNITAID does not expect to fund equipment purchases within this program. However, we are curious if there might be scope for UNITAID to fund the product component that is within a service offering.	• Large scale procurement is not in scope, but small non-durable products procurement such as nasal cannulas would be acceptable.