** Unitaid Proposal Cover Page**

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| **Title of proposal:** |  |
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| **Lead Organization legal name:** |  |
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| **Consortium organization(s) legal name(s), if any:***If more than one partner, list on separate lines* |  |
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| **Primary contact person for the proposal:** |  |
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| **Primary contact postal address:** |  |
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| **Primary contact e-mail address:** |  |
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| **Primary contact telephone number:**  |  |
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| **Total budget including co-funding (in USD):***As per section 2.3* *Round to the nearest 100 USD* |  |
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| **Budget to be funded by Unitaid (in USD):***As per section 2.3**Round to the nearest 100 USD* |  |
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| **Target countries:***Please note: Unitaid does not normally consider single country proposals…….* |  |
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| **Proposal timeframe:***Total number of months* |  |

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| Signature of duly authorized party to validate submission of proposal | *Enter full name, date and signature*  |

**Glossary of Key Terms Used**

***Unitaid’s Mission as defined in the*** [***Unitaid Strategy 2017-2021***](http://www.unitaid.org/assets/Unitaid-Strategy-2017-2021-1.pdf)***: 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.*

***Instructions for completing this form:***

***The available text input space under each section is limited to the physical size of each text box*** ***and cannot be expanded. To create a new line in the text box, please press CTRL+ENTER. Please ensure that your input is fully visible in the designated space.***

***Please note that the Sections 2.2 a) and d); 2.3 c) and the Section 4 allow you to adjust and expand the tables (The font type in those sections should be Arial and minimum font is size 10).***

***No additional sheets or annexes should be submitted beyond the application form and the annexes listed in the application package. The only exception is the list of* *abbreviations (especially those used for your organization internally).***

**Executive Summary**

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| **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.*  |
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| * 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 for the following interventions aimed at accelerating the availability, adoption and scale-up of improved tools to diagnose and treat P. vivax malaria, including:******• Establishing a supply of quality-assured paediatric primaquine, and supporting the early introduction of paediatric tafenoquine******• Pilot implementation of P. vivax radical cure tools in a selection of countries*** |
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| * 1. **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 measureable outputs, outcomes and goal, and how they address the problem(s) identified in Question 1.1.  |
| **Problem statement** |  |
| **Outputs** | *.* **Outcomes** |  **Goal** |
| *The outputs are the direct project related deliverables that are directly attributed to the budgeted activities in the project.**The outputs answer the question, “What are the immediate results that our activities have delivered?* *Example: beneficiaries reached with goods or services in the project.* | *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.* *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)* *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?”**Example: countries adapting policies following evidence generated from project.* | *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.* *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).**The goal answers the question "What impact do you expect this project to have?”*  |

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| * 1. **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.  |

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| * 1. **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.* |
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| * 1. **Innovation**

Please describe what makes your project innovative relative to past, existing and planned efforts from other partners (including Unitaid projects) |
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| * 1. **Articulation with others in the global health response**
1. Please describe how your project complements existing and planned efforts of other stakeholders (including Unitaid projects)
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| 1. Using the table below, describe the existing and planned efforts by other partners (including Unitaid projects), which your project seeks to complement.
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| **Organization Name** | **Programme Name** | **Brief description of the programme.** |
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| 1. 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
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| **Key strength(s)***(1-5 strengths)* | **Supportive evidence** |
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| **2.1 Project Design**1. Please describe the proposal design, outlining the activities, assumptions and dependencies to achieve the outputs sated in section 1.2.
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| 1. 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.
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| 1. Please explain the selection of project implementation countries.
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| 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 |

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| * 1. **Organization, roles and responsibilities**
1. 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).
 |
| **Co-Funder****Lead**BudgetRoleActivitiesBudget**Consortium Member****Consortium Member**RoleActivitiesBudgetRoleActivitiesBudget |

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| 1. Provide a brief description of the lead organization (and other consortium members as appropriate).
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| **Lead Organization** |  |
| Mission | *Please describe the mission of the organization in a maximum of two sentences.* |
| Structure | *Please describe organizational & governance structure e.g. HQ in Country X, Regional offices in A, B & C and country offices (total = Y)*  |
| Current Operations | *Please describe the overall number and size of existing grants. Indicate the portfolio budget managed per year during the last three years.* |
| In-Country Presence | *Please describe in which countries the organization intervenes, and relative size between countries, Indicate field presence if applicable.*  |
| Staffing Levels | *Please indicate number of staff in lead organization and proportion that would be allocated to the proposed project*   |
| Funding Levels | *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.* |
| Legal status of the organization  |  |
| **Consortium Members** | *Please provide a brief description of the consortium member(s) in case applicable.* |
| 1. 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.
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| 1. 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).
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| Name | Title | Role | % full time equivalent |
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| **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) Budget by output and consortium members |
| *Please provide below a brief narrative supporting the budget breakdown by consortium member/output as captured in the Annex 3- Proposal Budget and Co-funding table and articulating key budget considerations in terms of the respective output contributions and roles of the different consortium partners.*  |
| b) Budget by output and expense group |
| *Please provide below a succinct narrative supporting the budget breakdown by output and expense group as captured in the Annex 3- Proposal Budget and Co-funding, covering key budget lines. More specifically, describe what the key budget assumptions and cost drivers are as well as what the main sources of budgetary information are.**This can include :* * *For commodity: avg. unit price per year and total quantities to be purchased, etc.*
* *For travel: estimated number of travel, average cost per type of travel, etc.*
* *For external professional services: type of services, brief description of the top 5 elements, budgeting source, etc.*
* *For equipment: type of equipment, estimated value by type of equipment*
* *For project staff: total FTE per consortium member, fully loaded vs take home pay information, etc.*
* *For financial audit: avg. audit cost per year, etc.*
* *For general administrative expenses: recovery method (itemised or based on fixed %), recovery % if applicable*

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

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| 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.*

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| --- | --- | --- | --- | --- |
|  | **US$ amount** | **% funded** | **Confirmed\*** | **Anticipated\*** |
| **Unitaid** |  | % |[ ] [ ]
| **Co-funding** |  | % |[ ] [ ]
| Organization name 1 |  |  |[ ] [ ]
| Organization name 2 |  |  |[ ] [ ]
| Organization name 3 |  |  |[ ] [ ]
| Organization name 4 |  |  |[ ] [ ]
| … |  |  |[ ] [ ]
| **Total** |  | **100%** |  |  |

*\*Add “X” where relevant* |

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| **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. |

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| 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). |

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| **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 *(What key assumptions could change and put at stake the relevance of the proposed project to Unitaid?)* | *e.g. Changing market assumption affecting relevance of identified market problem or solution* |  |
| *e.g. Duplication of intervention with other stakeholder* |  |
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| Implementation risks*(What key assumptions related to the project delivery and/or external environment could change and put at stake the successful implementation of the project?)* | *e.g. Delays or shortage of supply for procurement* |  |
| *e.g. Delays due to technical failure* |  |
| *e.g. Political instability* |  |
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| Sustainability risks*(What key assumptions related to the sustainability of the proposed approach could change and put at stake the transition & scale-up?)* | *e.g. Non-identification of transition partner* |  |
| *e.g. Lack of funding for scale up* |  |
| *e.g. weak evidence (e.g., clinical, operational, cost effectiveness) to justify the wider roll-out and use of a health product or approach.*  |  |
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