





# Ugandan Academy for Health Innovation and Impact – Request for concepts for a Clinical management project in HIV or TB - RFA 002/2017- further information

### Summary

This guidance is for applicants wishing to apply to the Ugandan Academy in response to the RFA 002/2017 call for concepts in the area of Clinical Management.

This call for concepts is supported by the Ugandan Academy for Health Innovation and Impact. The budget for sub-granting activities is up to 200,000USD for a period of two years.

This Ugandan Academy RFA 002/2017 call will accept concepts from Ugandan organisations as primary recipients of the sub-grants within the territory of Uganda including National Non-Governmental Organisations (NNGOs), Community Based Organizations and Academia. The Principal Investigators applying for this call must be hosted by a Ugandan institution or an institution based in Uganda.

Open date 24<sup>th</sup> April 2017 Close date 24<sup>th</sup> May 2017

## i) Background

The Ugandan Academy for Health Innovation and Impact (The Ugandan Academy) is the flagship implementation of Connect for Life<sup>TM</sup> – a collaborative new program to empower healthcare workers, academics, and patients to address critical health challenges, including HIV, TB, and maternal and child health in innovative, collaborative, and context-appropriate ways. The Academy will be initially funded by Janssen, the Pharmaceutical Companies of Johnson & Johnson as part of its commitment to global public health through collaboration with the Johnson and Johnson Corporate Citizenship Trust.

Connect for Life<sup>™</sup> is a collaborative programme aimed at sustainably empowering health systems in underserved regions and improving the health of vulnerable populations. Using a patient-centric model that combines partnerships, local expertise, and technology, it engages local healthcare actors to enable and catalyse research, capacity development, and clinical management in order to achieve lasting impact on public health in resource-limited settings. The Ugandan Academy was formed after the







signing of a Memorandum of Understanding (MoU) in November 2015 and is thus a collaborative effort between the Ugandan Ministry of Health, Infectious Diseases Institute, Janssen, the pharmaceutical companies of Johnson & Johnson and The Johnson & Johnson Corporate Citizenship Trust.

The vision of the Academy is "Sustainable health care accessible to all in Uganda" and the mission is "To improve health outcomes through innovations in clinical care, capacity building, systems strengthening and research, which inform policy and practice, with a strong emphasis on HIV and TB"

#### Aims of the sub-granting programme

The Ugandan Academy was formed to urgently and demonstrably improve health outcomes for people living with or being affected by Human Immunodeficiency Virus (HIV) infection and tuberculosis (TB) through a range of carefully focused interventions combining applied relevant research resulting in improved national policy/guidelines, and associated training and systematic on-going support; and is focused on taking an inclusive approach to make a sustainable impact on the lives of patients in Uganda, in particular those who are most vulnerable. This call will support applications for 1 project in the area of clinical management

#### a) Request for concepts for a Clinical Management Project

Eligible applications will seek to:

- Scale up a known effective intervention in HIV or TB care in order to improve lives of people in Uganda
- A project with an innovative approach is essential
- Inclusion of work with new technologies / health / mHealth will be welcomed

#### Scope

This call for concepts for a clinical management project seeks concepts aiming at the implementation of one or more activities that will lead to real and practical changes in order to improve health of people living with HIV and/or TB. The







concepts should identify clearly the health issues and/or risk factors to be addressed and describe the pathway for how the proposed approach will be incorporated into systems to reach scale and lead to improved health outcomes. Any strategies must be in line with National priorities, as outlined in particular in the Uganda Health Sector Development Plan II for 2015/16 – 2019/20, Uganda's National Development Plan II and Uganda Vision 2040, as well as the Ugandan National HIV and AIDS Strategic Plan 2015/2016 - 2019/2020. HIV related projects should contribute to the overall WHO and Uganda MOH goal of Zero new infections, Zero discrimination and Zero HIV and AIDSrelated deaths

Interventional strategies can be broad, interdisciplinary and multi-faceted, addressing, for instance:

- HIV testing and linkage to care (must be able to measure and demonstrate on improvement of the HIV clinical cascade)
- Increase in number of patients accessing HIV care and treatment
- Increase in number of women accessing PMTCT services
- Improved adherence to HIV treatment and reduction in HIV drug resistance
- assessment of resistance in second line treatment failures, or assessment of resistance in children and adolescents leading to better informed guidelines
- Increased diagnosis of people with TB
- Improved contact tracing of people with TB
- Nutritional approaches in HIV or TB to improve outcomes
- Improved adherence to TB treatment and reduction in lost to follow up
- Other improvements in access or success of HIV and / or TB treatment
- Projects contributing or concentrating on social support and stigma are also encouraged
- Novel strategies and mechanisms for monitoring and evaluation of HIV and or TB projects







#### **Target Population**

A focus on vulnerable groups (e.g. adolescents and young people, pregnant women, children, discordant couples and/or patients on second line treatment) and/or people in hard to reach geographical areas will be favorably considered.

Concepts should consider the impact of gender on the health of people living with HIV and/ or TB. Although some individual concepts may have a reason to focus on one gender our intention is to have a mixed portfolio of projects across the programme. If concepts focus on one gender, the reason for this should be justified in the concept.

The concept should aim to deliver an intervention that has an impact on a large number of direct (those living with HIV and / or TB) and indirect beneficiaries (those at risk of HIV and or TB, families and carers of those living with HIV and / or TB; the project should aim for a **minimum** of 2,000 beneficiaries in year 1 and 5,000 in year 2. Please justify clearly in your concept why you have chosen the selected populations.

#### Alignment with national response

Projects that support and are synergistic to existing Health systems strengthening and/ or HIV and / or TB projects with other funders will be welcomed, with documented support from the funder.

#### Timeline

Call opens for concepts	24 <sup>th</sup> April 2017
Deadline for concepts	24 <sup>th</sup> May 2017 - 16:00 EAT
Notification of request for applications	Mid June 2017
Deadline for proposal submission	17 <sup>th</sup> July 2017 - 16:00 EAT







Award decisions made	End of Sept 2017
Project proposed start	1 <sup>st</sup> November 2017