



Partnerships for Enhanced Engagement in Research (PEER) Health

UPDATE:

- The **deadline for the Child Survival solicitation has been extended** and now aligns with the solicitation for proposals from Indonesia. Pre-proposals for both solicitation tracks are now due **October 26, 2012 at 11:59 PM** (U.S. Eastern Daylight Time). See Application and Submission Information in below RFA for more details.
- Eligibility:
 - Employees of locally-based nongovernmental organizations (NGOs) may not be PIs but are encouraged to partner with researchers based at eligible institutions and may receive limited PEER Health grant funds through their partner PIs. See full [Eligibility Criteria](#) for more details.
 - Applicants from eligible [lower-middle income countries](#) must demonstrate monetary matching funds. See [Eligibility Criteria](#) for more details.

PROGRAM BACKGROUND

The United States Agency for International Development (USAID) is committed to transforming development through the increased use of science and technology (S&T). In keeping with President Obama's Global Health Initiative (GHI), which leverages the whole of the United States Government (USG) to collaboratively advance global health, USAID would like to enhance its long-time collaboration with the National Institutes of Health (NIH) to achieve USG global health objectives, including ending preventable child death through accelerated reduction in under-five mortality.

The NIH is a world-class research institution that has supported research, training, and capacity building in the developing world for several decades. However, linkages between NIH projects and NIH supported researchers in less developed countries and the local USAID Missions need to be strengthened in order to fully leverage USG research investments, development platforms, and expertise and translate advances in science to health benefits. To accelerate progress in USG global health priority areas, such as ending child preventable deaths, USAID and NIH are collaborating on a new program called Partnerships for Enhanced Engagement in Research (PEER) Health to support collaborative research projects on implementation science.

Worldwide, under-five mortality has declined from more than 12 million deaths in 1990 to 7.6 million in 2010 – yet thousands of children still die every day from preventable diseases. On June 14-15, 2012, the Governments of Ethiopia, India, and the United States, together with UNICEF, convened the [Child Survival Call to Action](#) conference, mobilizing the world toward one ambitious but simple goal – ending preventable child deaths. Eighty percent of under-five deaths occur in 24 countries. More than 50 countries have signed [A Promise Renewed](#), a pledge to work toward greater child survival.

Accelerating reduction of under-five mortality rates will require implementing innovative country-owned, evidence-based global health and child survival programs that deliver lifesaving interventions and services. In many countries there is an unmet need for implementation science research to inform approaches and investments for public health programming and policymaking. To maximize public health impact, significant progress is needed to deliver interventions more efficiently and effectively, transfer interventions from one setting or population to another, scale interventions to population level impact, and to make better-informed choices between competing interventions. This gap between research and implementation is impeding success in prevention, care, and treatment programs—both in the number of people reached and effects on health outcomes. Implementation science is intended to facilitate evidence-based decision-making that can inform policy and subsequent practices and improve health outcomes through the delivery of cost-effective programs. High impact implementation science research may require partnerships with and leveraging of in-country implementers and USAID Missions, government agencies, the private sector, and UN partners.

PROGRAM OBJECTIVES AND DESCRIPTION

PEER Health is a competitive grants program that supports scientists from USAID-focus countries who are collaborating with NIH supported researchers on [implementation science](#) projects reflecting the health priorities of focus country researchers and governments. The program intends to catalyze high quality, collaborative research projects that will address research-to-practice barriers and constraints while simultaneously building professional capacity and cross-sectoral linkages, particularly between local public health and research institutions and USAID missions. Drawing upon the capacity and investments in global health research at NIH, PEER Health will achieve the following:

- Leverage research capacity developed by the scientific community, including NIH, to accelerate reductions of under-five mortality and to advance countries' strategic health goals as articulated in GHI country strategies and child survival plans through collaborative research partnerships
- Encourage research to improve the uptake of efficacious health interventions, and to inform and enhance the effectiveness and efficiency of interventions in order to maximize health impact and accelerate reduction in under five mortality
- Strengthen collaborations among USAID Missions, local researchers, and NIH-affiliated investigators to enhance the impact of research and innovation on public health outcomes and contribute to the evidence-base needed for policy decisions and accelerated progress towards country health objectives
- Strengthen in-country research capacity

The PEER Health program provides grants to support scientists in [33 eligible countries](#) on implementation science projects in support of country-specific health priorities.

The 2012 program cycle focuses on [Child Survival](#) (with applications accepted from all eligible countries), and special funds are also available to support projects in [Indonesia on priority health topics](#).

FOCUS AREA: CHILD SURVIVAL

A range of global initiatives have been directed at improving access to effective interventions for major childhood diseases; supporting the development and availability of vaccines; and broadening access to health information. Major deficiencies in financing of health systems and in the availability of appropriately trained health personnel are obstacles to progress, but there are also substantial gaps in knowledge about how to manage, organize, and deliver health care in resource-poor settings. To a significant degree, this is due to the lack of knowledge on how to tackle the barriers and constraints in health systems and how to fill the gaps between the knowledge from biomedical research, clinical trials, and its implementation in the field to deliver cost-effective interventions. Moreover, even when there is sufficient knowledge, the lack of translation of research findings into evidence for health policy is a major obstacle to scaling up such interventions.

In response to the Child Survival Call to Action to end preventable child deaths, PEER Health invites researchers to submit proposals that focus on child survival. These proposals should emphasize integrated biomedical, behavioral, social, and public health interventions to accelerate reduction in morbidity and mortality among children under five with an emphasis on the most vulnerable populations, especially those in the poorest quartile, children outside family care, and HIV+ children. Applications focused on reducing neonatal mortality, which accounts for an estimated 40 percent of under-five mortality and lags behind overall reductions in under-five mortality, are also encouraged. Applicants are encouraged to collaborate with partners and propose research projects with a strong potential for large-scale results and broad impact. Optimal partners are those with the greatest potential to influence scale up and impact.

Child survival may be addressed within country specific health strategies based on the [GHI strategic plan](#). GHI target areas include: HIV/AIDS, malaria, tuberculosis, maternal health, child health (and neonatal health), nutrition, family planning, and neglected tropical diseases. Applicants from countries without GHI strategies may instead refer to the global [Summary Roadmap](#).

More specifically, applications for PEER Health funding should propose implementation research around child survival such as:

1. Innovative health delivery solutions or interventions to reduce child morbidity and mortality that are context-sensitive, and/or cost-effective.
2. Improved methodologies that address specific barriers or constraints for optimizing for time-to-effect, sustained coverage, and long-term impact to accelerate reduction in under-five child mortality.
3. Innovative approaches, guidelines, or scenarios for integrating and scaling up effective child health interventions.

The proposed research projects may include utilizing clinical and observational research methods, medical and social epidemiology, health economics, informatics, operational research, marketing and decision analysis, and other related disciplines. Research around neonatal survival is particularly encouraged.

FOCUS COUNTRY: INDONESIA

The USG strategy in Indonesia is focused on catalyzing action to accelerate Indonesia's progress toward achievement of [Millennium Development Goals \(MDGs\)](#) 4, 5 and 6; enhancing the use of quality research and evidence in policy and programming; and partnering to address regional and global infectious disease threats. Priority areas for health research should relate to the broad areas of this strategy as described below:

1. **Newborn survival:** While under-five mortality is declining in Indonesia, and is on track to meet the MDG 4 goal, newborn mortality has stagnated. The newborn mortality rate is an ever greater percentage of the under five mortality rate. Proposed research to improve newborn health must respond to national priorities and address key obstacles to reducing newborn mortality due to primary causes – asphyxia, sepsis and pneumonia, low birth weight, and prematurity.

Research should address an aspect of [implementation science](#) and can be in any of the following areas: facility-based care, community-based knowledge, behavior and care, scale-up of existing interventions, innovation including innovative technologies, to improve referral from community to health center or between health facilities, or to improve clinical care, including improving the quality of care, and application or adaptation of innovation and/or technologies from other countries to address priority causes in Indonesia. Applications in priority areas of post-neonatal infant survival will also be considered.

2. **Tuberculosis (TB):** Indonesia, a country of more than 245 million people as of 2011, is a high burden TB country. Indonesia ranked fourth globally and eighth for multi-drug resistant (MDR) TB. TB is responsible for 6.3 percent of the total disease burden in Indonesia, compared with 3.2 percent in the Southeast Asian region. There is a need for epidemiological research to better understand drivers of TB transmission in Indonesia (poor nutrition, smoking, diabetes, social drivers, health care setting, HIV) and to develop cost effective methods and tools for effective contact tracing at the community level.

Drug Resistance (MDR, XDR) is a growing challenge for Indonesia. The [National TB Program](#) (NTP) began a Programmatic Management of Drug-Resistant TB Treatment (PMDT) pilot project in 2009 and this year launched a GenExpert pilot project to increase MDR diagnosis and rapid treatment. There is a need to better understand the transmission of MDR TB in Indonesia, examine the patterns and types of resistance, and improve treatment outcomes. Priority research topics include:

- i. Molecular epidemiology to identify the major points of drug sensitivity transmission
- ii. Examination of the proportions and types of previously treated people who develop MDR and XDR
- iii. Measurement of reproductive fitness of various drug resistant conferring mutations in Indonesia
- iv. Evidence based research to determine which high risk populations should be screened for MDR and XDR TB and the optimal method for screening
- v. Clinical research to investigate treatment regimens and side-effects
- vi. Examination of risk factors for health workers

3. **Other areas of interest include:** Maternal and child health; HIV/AIDS; neglected tropical diseases; emerging pandemic threats, pandemic influenza and zoonotic diseases; epidemiology; monitoring, evaluation and survey methodologies; and environmental health. Illustrative examples include:
- i. Research to examine oseltamivir resistance in influenza and transmissibility of H5N1
 - ii. Identification of biomarkers for human response to environmental agents
 - iii. Chronic disease epidemiological trends and modeling of disease burden
 - iv. Evaluation of new infectious diseases diagnostic technologies

APPLICATION AND SUBMISSION INFORMATION

Competition under the Child Survival and Indonesia solicitations will consist of a two-stage process:

1. Applicants will submit the [pre-proposal form](#). The pre-proposal submission period opens June 29, 2012, and **closes October 26, 2012**, at 11:59 PM (U.S. Eastern Daylight Time).
2. Applicants whose pre-proposals are deemed to be most responsive to this solicitation will be notified by November 19, 2012, and invited to submit full proposals that will be due January 18, 2013, at 11:59 PM (U.S. Eastern Standard Time).

ELIGIBILITY INFORMATION

Applicants

Applicants submitting proposals to PEER Health must be citizens of an eligible country affiliated with and permanently based at an academic or government-managed research or healthcare institution in a developing country included on the PEER Health eligible country list (see below). Employees of locally-based nongovernmental organizations (NGOs) may not be PIs but are encouraged to partner with researchers based at eligible institutions and may receive limited PEER Health grant funds through their partner PIs. Researchers from non-eligible countries and/or for-profit firms in PEER Health-eligible countries may participate as co-investigators in projects using their own resources but may not be PIs or receive PEER Health grant funds.

Eligibility for PEER Health Applicants	
Eligible Categories (any of the following)	Ineligible Categories (any of the following)
No previous NIH funding	Current NIH Principal Investigators (PI)
Previous or current NIH Trainee	Current NIH Co-PIs
Current financial support from NIH grant or contract (but not a PI or Co- PI)	Employees of for-profit firms

Developing country researchers who apply must either be actively engaged or plan to be engaged with an intramural or extramural NIH researcher on their PEER Health project. Applicants should demonstrate how they are leveraging their NIH partner's research capacity that has resulted from previous or current NIH investments. The following public database of awards may be helpful to identify potential collaborators: <http://projectreporter.nih.gov/reporter.cfm>. Although this data base does not reflect non-domestic foreign grant sub-awards at this time and should not be viewed as fully

representing current NIH activity within a given country. Therefore, applicants are also encouraged to use their research networks to find an NIH partner.

NIH-Supported Partner

The requirement of having PEER Health applicants partner with an intramural or extramural NIH researcher on PEER Health projects is intended to reflect the rationale of the PEER Health program to leverage USG scientific investments to enhance USG health development goals. NIH extramural collaborators must have an active NIH grant ([all NIH grants except for K and T qualify](#)) at the time of application to PEER Health and demonstrate a successful track record of NIH funding by indicating receipt of at least two NIH grants or NIH funding for the majority of the past 5 years. Ideal collaborators are mid- to senior-level investigators from the intramural or extramural NIH communities. The NIH collaborator is expected to enhance the scientific merit and impact of PEER Health projects through leveraged and applied expertise, skills, methodologies, laboratory access, and synergies with ongoing projects. Although previous collaboration between the applicant and NIH-funded collaborator is acceptable, NIH collaborators are encouraged to enter into new collaborative relationships especially in those countries which could benefit from their topical scientific expertise.

PEER Health applicants are strongly encouraged to demonstrate leveraging existing research platforms. This may include existing NIH networks, centers, or research capacity such as the [Medical Education Partnerships Initiative](#), local health implementing partners, the private sector, and other research networks, including, but not limited to the [Global Health Policy and Health Systems Research Program](#).

Please review the [Frequently Asked Questions \(FAQs\)](#) section of the program Web site for additional details.

Country Eligibility

Investigators based in countries from one of the following three categories are eligible to apply to PEER Health:

1. Low-income countries with approved GHI strategic plans
2. Low and lower middle income countries contributing to 80 percent of under-five mortality in 2011-12; and
3. Countries with specific Mission contributions to the PEER Health program as listed below.

The complete list of eligible countries is as follows:

Afghanistan	Ethiopia	Nepal
Bangladesh	Guinea	Niger
Benin	Indonesia	Rwanda
Burkina Faso	Kenya	Sierra Leone
Burundi	Liberia	Somalia
Cambodia	Malawi	Tanzania
Chad	Mali	Uganda
Democratic Republic of Congo	Mozambique	Zimbabwe

Researchers from the following [lower middle income countries](#) (as defined by the World Bank), many of which have excellent scientific capacity, are eligible only if they can demonstrate monetary matching

funds from within the country. These funds can come from the applicant’s research institution or from government agencies, the private sector, or any other source.

Cameroon	Nigeria	Sudan
Côte d'Ivoire	Pakistan	Yemen
India	Philippines	Zambia

Award Information

Budget requests should be developed commensurate with the support needed to achieve the project goals and shall not exceed \$150,000 per year for up to three years. If project budgets exceed this amount, they must demonstrate support from other sources to cover this additional amount above what PEER Health could provide. The number of awards is subject to the availability of funds. The release of each annual funding increment is contingent on the project meeting annual financial, collaborative and technical reporting requirements.

Project budgets may involve multiple institutions or countries, with one serving as the lead, provided that all institutions are located in PEER Health-eligible countries. Budgets should also include estimates of the leveraged resources from current or pre-existing NIH research capacity and investments such as applied expertise, use of labs or equipment, training, or other resources. Applicants whose funding requests do not fit within these parameters are encouraged to contact PEER Health staff at the National Academies (peerhealth@nas.edu) before preparing their proposals.

PRE-PROPOSAL PROCESS

The request for a pre-proposal is to ensure that full applications will be relevant to country health priorities as articulated in the thematic areas ([Focus Area: Child Survival](#) and [Focus Country: Indonesia](#)). All pre-proposals must be submitted by email to peerhealth@nas.edu. Paper submissions are not accepted. Please carefully review the full text of this solicitation and the program [FAQs](#) for further guidance on each required pre-proposal element.

When writing the pre-proposal, developing country applicants should consider how their research will contribute to strategic health objectives identified by the U.S. missions in their countries. Applicants are encouraged to explore various development resources including USAID Mission, region, and GHI country strategies and the overall goals of the [Global Health Initiative](#).

Research topics proposed under PEER Health must be collaborative in nature. The NIH-supported partner’s research must complement the PEER Health proposal. Only proposals involving a partnership with the PI or Co-PI on an NIH extramural award that will be active on the start date of the PEER Health project or with an NIH intramural investigator will be considered. Collaborative projects involving a regional health issue in multiple PEER Health-eligible developing countries are encouraged.

Successful pre-proposals will address the program’s objectives and selection criteria listed below and will include clear statements of the project goals and explanations of how these goals will be achieved.

Applicants are required to submit a [pre-proposal form](#), completed in English, that includes the following sections:

1. Cover page
2. Project Description (no more than 3 pages) in which the following must be addressed:
 - Project aims and objectives.
 - Significance of the research to the country's accelerated reduction in child survival and/or strategic health priorities and potential implications of the project on future health outcomes.
 - Potential partners with whom the applicant will collaborate on the project (for example, government agencies, USAID Missions, research networks, laboratories, and other implementing partners) and the nature of the planned collaborations.
 - For MICs identify matching partner (not required for Indonesia and other missions with direct investment in PEER Health).
3. Budget Summary: If project budget exceeds \$150,000, applicants must demonstrate support from other sources to cover the additional amount above what PEER Health could provide.
4. Appendices:
 - A brief CV, no more than two pages, for the principal investigator. The CV should provide citations for no more than 5-10 recent and relevant publications.
 - A brief letter of support from the NIH-supported collaborator.

Pre-Proposal Review Process and Criteria

The pre-proposal review process will be managed by the U.S. National Academies. Pre-proposals will be evaluated based on the following criteria:

- Compliance with eligibility requirements (including presence of an NIH-supported partner)
- Alignment with Child Survival or country specific objectives as stated in the "Program Description and Objectives" section of this RFA
- Alignment with country specific GHI strategy and Mission health objectives

Full Proposal Content and Format

If applicants are successful at the pre-proposal stage, they will be requested to submit a full proposal which will offer the applicant an opportunity to explain the technical approach in more detail. Additional instructions for the full proposal will be shared with applicants invited to submit a full proposal.

Upon receipt of a PEER Health award, developing country PIs will be expected to meet with USAID health officers, Mission staff, and NIH collaborators to review the research project and discuss how the proposed project aligns with Mission goals.

Applicants who have questions after reviewing the materials on the [PEER Health Web site](#) are encouraged to contact PEER Health staff by e-mail at peerhealth@nas.edu.

PEER Health is implemented by

THE NATIONAL ACADEMIES
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