



Department
for International
Development

**Programme of Implementation Research to Inform the
Effective and Sustainable Scaling-Up of Integrated Neglected
Tropical Disease (NTD) Control Initiatives**

Terms of Reference

Background

1. The prime aim of DFID is to contribute to the eradication of world poverty. In support of this aim, DFID's research objective is to promote the production and uptake of knowledge, technologies and policies that will contribute to poverty reduction, the achievement of the Millennium Development Goals (MDG), and inform our approach in the post-MDG era.
2. Health is one of six core areas of research interest for DFID. Within this area we primarily fund three types of research –the development of new technologies (e.g. drugs and vaccines) for diseases of poverty; research on health systems; and operational/implementation research to make health programmes more effective.
3. This research call is in the third area – operational/implementation research – though the research conducted is also likely to contribute more broadly to health systems strengthening.
4. DFID has committed £245million to supporting the control of Neglected Tropical Diseases (NTDs) over the period 2011-15. This commitment includes approved support to the control of schistosomiasis, lymphatic filariasis, onchocerciasis and trachoma. It also includes the funding of two large-scale Integrated NTD Control Programmes in Nigeria and South Sudan.
5. The main pillar of Integrated NTD Control Initiatives is the delivery of Mass Drug Administration (MDA) programmes to treat and control up to 7 NTDs (schistosomiasis, lymphatic filariasis, onchocerciasis, trachoma and the soil-transmitted helminths) simultaneously. Other NTDs and/or control activities may also be included but this will depend upon the country context and stakeholder preferences.

Scope & Objectives of the Call

6. DFID's Research and Evidence Department (RED) is now seeking to commission NTD implementation research that will directly contribute to the achievement of the 2020 NTD elimination and eradication goals through an increased understanding of how best to cost-effectively and sustainably deliver Integrated NTD Control Programmes at scale.
7. It is expected that the research aims will be achieved through the funding of one to three comprehensive multi-disciplinary programmes of high quality implementation research conducted alongside the design and/or implementation of Integrated NTD Control Programmes in multiple countries across Africa and potentially Asia.
8. Research may be conducted using a range of different quantitative and qualitative, experimental, quasi-experimental and non-experimental methods but the rationale for chosen methods should be demonstrated.
9. We expect that most programmes will focus on two or more countries but may consider proposals with a single country focus if bidders can clearly demonstrate how lessons from this country will be directly relevant to other countries.

Contract Section 3

10. While the focus of the research is expected to be around the delivery of MDA programmes to control the 7 diseases responsible for 90% of the total NTD burden, research bids including a wider range of NTDs and/or control activities will not be excluded. If additional diseases and/or control activities are to be included in the research programme however, these should be included within the Integrated NTD Control Strategy of the country/ies within which the research is being conducted.
11. It will be up to bidders to decide how many and which programmes and/or countries they will work with though they must present the rationale for their proposition. The programmes and/or countries selected may or may not be current recipients of DFID financial assistance for NTD control.
12. All bids are expected to include research and implementation partners in disease-endemic countries and include a strong research uptake element. While multiple partners are likely to be involved in delivery the programme of research, each bid should identify one clear lead institution and programme director responsible for coordinating activities and, where appropriate, synthesising results from across programmes. The lead institution will be held ultimately responsible for programme delivery.
13. While the emphasis of this call is on the production of high quality evidence to inform the effective scaling up of Integrated NTD Control Programmes, bidders are also expected to demonstrate a strong understanding of the context and realities of delivering interventions on the ground. They should demonstrate experience of working and strong working relationships in their proposed focus countries.
14. Bidders will also need to demonstrate a genuine approach to engagement and collaboration with policy makers and implementation programme staff throughout the research process in order to maximise research uptake both within and beyond the programmes under research scrutiny.
15. There are three key output areas associated with this research programme:
 - Increased knowledge and evidence for safe, effective, cost-effective and sustainable integrated NTD control in disease endemic countries;
 - New, generalizable knowledge communicated to and adopted within and beyond disease control programmes alongside which research is conducted;
 - Open access datasets and knowledge products (as per DFID's 2012 Open Access Policy).
16. Further background and research programme details are attached as an *annex* to this document.
17. The total amount of funds awarded will depend on the number, size and quality of bids received but is not expected to exceed £15 million awarded across a maximum of three 5year substantive research programmes. DFID reserves the right to fund as few or many proposals as it chooses.

18. Where multiple awards are made programmes will be expected to coordinate efforts and work together to ensure complementarity and consistency across individual projects. Where appropriate efforts should be made to develop a core set of process and results indicators to allow for cross-programme comparisons of findings.

Bidding Arrangements

19. There will be a 2-stage procurement exercise for the commissioning of this research programme.
20. First interested bidders must submit a Prequalification Questionnaire (PQQ), including a 5 page technical annex that responds to a set of key questions laid out in the PQQ. These will be reviewed internally by DFID staff against a set of management, financial and technical criteria.
21. Where a consortia approach is proposed the lead organisation must be identified and only the financial records of this organisation should be submitted for assessment.
22. Short-listed bidders will then be invited to submit full proposals.
23. Feedback on their initial submission may also be provided to short-listed bidders to help guide the development of full proposals.
24. All short-listed bidders will be provided with the full list of parties invited to proceed in case they should wish to start building working relationships and/or joint research frameworks during the full proposal development process. However, while encouraged, coordination with other programmes is not required at this stage.
25. Short-listed bidders will be eligible to apply for a grant of up to £10,000 to allow southern partners to actively participate in the preparation of a full proposal. A proposed budget for this grant should be submitted to , Deputy Programme Manager DFID for approval before the end of January 2014. DFID may challenge proposed costs that it does not consider appropriate(e.g. funding support to bring together northern partners) or does not offer Value for Money, for example business class travel. Applicants should then include an invoice for the approved proposal-preparation budget with their full application.
26. Full proposals will be reviewed both by DFID staff and by expert peer-reviewers outside the organisation. They will be appraised against the published award criteria.
27. Bidders should note that they are not in direct competition with each other. DFID will select one or more programmes to fund based on the scoring, but also taking account of the overall funding envelope and the comprehensiveness of the overall portfolio.
28. When a proposal is selected for potential funding, DFID will enter into Post-Tender Clarifications (PTCs) with bidders to ensure that we are fully content with the feasibility, scale and value for money offered by the proposal. The final agreed proposal and revised ToR will then form the basis of DFID's requirements, against which the supplier will be contracted.

Duty of Care

30. The Supplier is responsible for the safety and well-being of their Personnel (as defined in Section 2 of the Contract) and Third Parties affected by their activities under this contract, including appropriate security arrangements. They will also be responsible for the provision of suitable security arrangements for their domestic and business property. DFID will share available information with the Supplier on security status and developments in-country where appropriate.

31. The Supplier is responsible for ensuring appropriate safety and security briefings for all of their Personnel working under this contract and ensuring that their Personnel register and receive briefing as outlined above. Travel advice is also available on the FCO website and the Supplier must ensure they (and their Personnel) are up to date with the latest position.

32. Tenderers must develop their Pre-Qualification Questionnaire (PQQ) Response and Tender (if Invited to Tender) on the basis of being fully responsible for Duty of Care. They must confirm in their PQQ Response that:

- They fully accept responsibility for Security and Duty of Care.
- They understand the potential risks and have the knowledge and experience to develop an effective risk plan.
- They have the capability to manage their Duty of Care responsibilities throughout the life of the contract.

33. If you are unwilling or unable to accept responsibility for Security and Duty of Care as detailed above, your PQQ will be viewed as non-compliant and excluded from further evaluation.

34. DFID will undertake a full Duty of Care risk assessment prior to the ITT pack issuing, and if this programme is assessed as Medium or High risk then suppliers will be required submit a Duty of Care plan with evidence of their Duty of Care capability.

Time Frame

35. Submission of full proposals	5 March 2014
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36.Notification of intention to enter PTCs 11 April 2014

37. This contract is going to be let for 5 years with a possibility of an extension for a further 2 years. This will be subject to DFID approval, on-going programme needs and the availability of funding. DFID also reserves the right to scale up or scale back this programme depending on performance, need and funding.

Management Arrangements

38. As stated, irrespective of the number of programme partners, bidders will be expected to identify one lead institution and research director responsible for overall coordination and delivery of research outputs.
39. It is expected that research programmes will consist of three key phases which may overlap to some extent:
- Inception Phase
 - Main research phase
 - Embedding and scaling-up of evidence-based programming
40. Where multiple contracts are awarded, contract holders will be expected to coordinate with the other research programmes during the research prioritisation and design activity phase in order to ensure a joined-up approach to working
41. We will work with the successful bidder(s) to enable them to develop a live project log frame based upon their agreed results chain and associated theory of change. This will be used to measure annual progress and ensure the timely delivery of high quality outputs, while allowing for a flexible approach that allows research to be conducted alongside intervention delivery in real-time.
42. Funded programmes will be responsible for liaising with other DFID programmes and other multilateral and bilateral donors' programmes to avoid duplication and to promote synergies.
43. The successful bidder(s) will be expected to submit an inception report at the end of a pre-defined inception period at which point their performance and plans will be reviewed. If performance is unsatisfactory at this stage we will have the right to terminate the contract. Successful research programmes will be expected to submit annual reports within which they will report their performance against pre-agreed log frame and associated budget.
44. The DFID Programme Manager and Health Adviser allocated to this research programme will hold regular formal and informal meetings with programme staff throughout the year. These will enable discussion and early detection of any potential issues either party might hold regarding the delivery of the workplan and/ or associated costs.

Further Advice

45. Enquiries regarding this Call for Proposals can be submitted as dialogue/clarification questions in the supplier portal. Answers to these questions will be posted and will be visible to all potential bidders.

ANNEX 1: Further Background to and Details on the Proposed Research Programme

At any moment in time over 1 billion people globally (500million in Africa) are infected with or at risk of one or more Neglected Tropical Diseases (NTDs). This group of infections represent the most common diseases for the 2.7billion people living on less than US\$2 a day and cause loss of livelihood, disfigurement, stigma, disability and poverty¹. These diseases can lead to irreversible blindness, chronic illness, physical deformities and death. This call for proposals focuses on implementation research to enhance efforts to control 7 of these NTDS which are together responsible for 90% of the total global NTD burden²:

- Blinding trachoma
- Schistosomiasis (Bilharzia)
- Elephantiasis (Lymphatic filariasis)
- River blindness (Onchocerciasis)
- Soil-transmitted helminths – hookworm, roundworm and whipworm

While a lack of appropriate diagnostics and/or drugs are major barriers in the battle against certain other NTDs such as sleeping sickness and leishmaniasis³, the 7 NTDs addressed in this call are preventable by a simple oral 4-drug⁴ treatment package administered once or twice a year. These drugs are currently donated in whole or in part by the pharmaceutical industry.

Since 2006 there has been a growing movement towards greater integration of NTD mass drug administration (MDA) programmes due to geographic overlap of endemic areas and a common requirement for preventive chemotherapy (PC). Studies indicate that integrated NTD programmes are highly cost effective and that integrated delivery of MDA *could* be achieved for as little as US\$0.40-0.79 per person per year in sub-Saharan Africa⁵. Cost savings associated with integrated MDA (as opposed to vertical, single disease focussed programmes) have been estimated at 26-47% compared to non-integrated programmes⁶, and offer the potential for increased efficiency and coverage. Despite calls for integrated programmes and some similarities in the prevention and/or management of multiple NTDs, there are also significant differences and in-country implementation of integrated activities by government agencies remains at an early stage. **Figure 1** demonstrates the current rate of scaling up of integrated MDA against the required trajectory if the WHO 2020 NTD control and elimination targets are to be achieved.

Substantial challenges and significant questions remain when initiating, scaling-up and/or replicating the practical integration of activities that have different epidemiological goals, different control methods, different funders and different programme delivery partners on the ground⁷. For example, it remains unclear how best to integrate preventative chemotherapy for schistosomiasis and/or trachoma within mass drug administration (MDA) programmes for

¹ Liese et al (2010) Programmes, partnerships and governance for elimination and control of neglected tropical diseases. In *Lancet* v375: 67-76

² Fenwick A, Molyneux D & Nantulya V (2005) Achieving the Millennium Development Goals. In *Lancet* v.365 (9464): 1029-30.

³³³ Two other business cases seek to address these deficiencies, namely investments to the Drugs for Neglected Diseases Initiative (DNDi) and the Foundation for Innovative New Diagnostics (FIND)

⁴ Albendazole/mebendazole, ivermectin, praziquantel and azithromycin

⁵ Molyneux D (2004) "Neglected" diseases but unrecognised success – challenges and opportunities for infectious disease control. In *Lancet* 3664: 380-83;

Hotez PJ et al (2007) Control of Neglected Tropical Diseases. In *New England Journal of Medicine* 357: 1018-1027

⁶ Brady MA, Hooper PJ and Ottesen EA (2006) Projected benefits from integrating NTD programs in sub-Saharan Africa. In *Trends in Parasitology* v22: 285-91

⁷ Kabatereine NB et al (2010) How to (or not to) integrate vertical programmes for the control of major neglected tropical diseases in sub-Saharan Africa. In *Plos Neglected Tropical Diseases* v4(6) e755

onchocerciasis, lymphatic filariasis and the soil-transmitted helminths; or how best to ensure and measure drug adherence or to track adverse drug reactions and/or the development of drug resistance; knowledge is limited regarding the best delivery mechanisms for effective and sustainable MDA or what the preventive chemotherapy frequency should be under different conditions; and countries are lacking simple surveillance and monitoring and evaluation systems that allow them to track their own progress towards NTD control targets. Recent challenges have further called for a stronger evidence base to firmly demonstrate the impact of preventative chemotherapy on a number of NTDs, citing a lack of robust evidence (in the form of Cochrane reviews) to inform policy in this area⁸.

However, as figure 1 demonstrates, these challenges and questions need addressing if we are to stand any hope of reaching the 2020 targets.

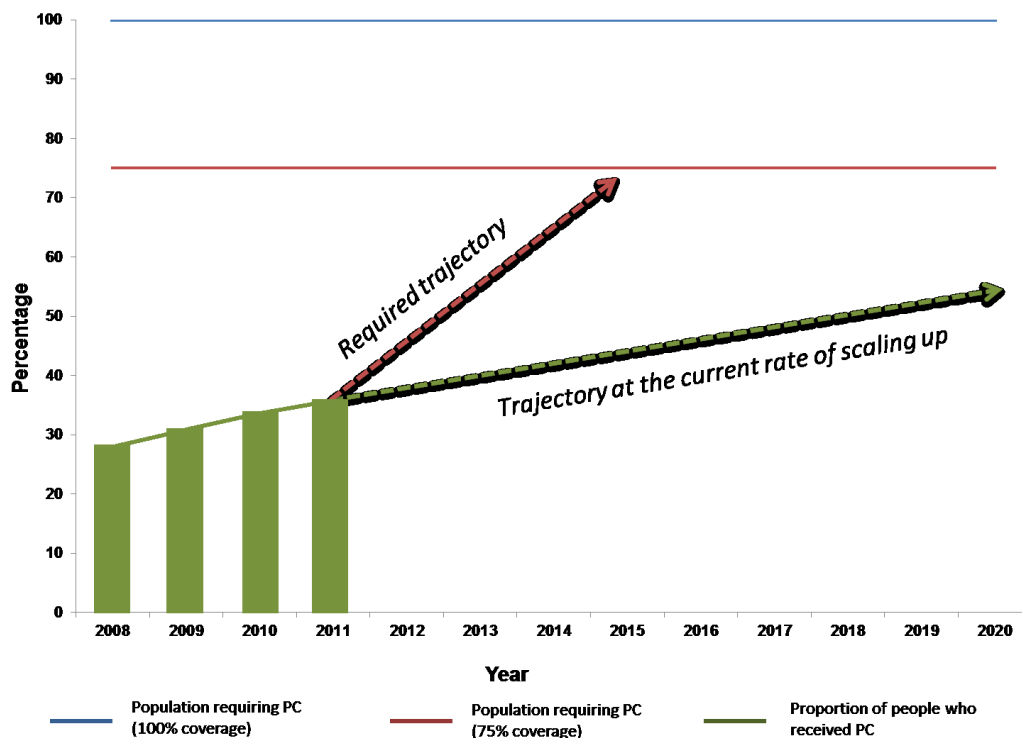


Figure 1: Current versus required rates of NTD preventive chemotherapy coverage rates for reaching the 2020 NTD control and elimination targets.

Implementation research⁹ is clearly needed to inform the optimal delivery and monitoring of integrated NTD programmes delivered at scale, and to ensure we have the right tools and the right knowledge to cost-effectively and sustainably control NTDs across a range of settings and contexts¹⁰.

Stronger evidence relating to the effects of NTD control campaigns to health systems and service delivery and, conversely, on the impact of the state of the wider health system on the

⁸ Nagal S, Sinclair D & Garner P (2013) Has the NTD Community Neglected Evidence-Based Policy? In *PLoS NTDs*: v7(7) e2238

⁹ For the purpose of this business case we focus on implementation rather than operational research as, while the two are similar, implementation research is wider in scope and aims to produce 'more generalizable knowledge that can be applied across contexts and settings' (WHO & TDR 2011, p32)

¹⁰ Boatin BA et al (2012) A research agenda for helminth diseases in humans: Towards control and elimination. In *PLoS NTDs* v6(4)

effectiveness of NTD control efforts is also required¹¹. Integrated NTD control programmes have the potential to enhance elements of the general health service (e.g. surveillance systems, health workforce and health service reach) but may also introduce negative distorting effects. However, policy makers and donors need guidance on how best NTD control programmes can leverage the wider health system and vice versa to allow for not just stronger NTD control but more robust, efficient healthcare delivery in general¹².

Thus, implementation research is needed to inform the optimal delivery and monitoring of Integrated NTD Control Programmes delivered at scale, and to ensure we have the right tools and the right knowledge to cost-effectively and sustainably control NTDs across a range of settings and contexts.

DFID is now calling for proposals for high-quality, multi-disciplinary intervention research which will inform the development of the most efficient and sustainable NTD control programme delivery models possible. Research proposals might include a range of both qualitative and quantitative methods and study designs but it is expected that this research will be explicitly conducted in parallel to the design and delivery of integrated NTD control programmes at or going to scale in a minimum of 2 countries.

While the research should focus around the delivery of mass administration programmes to control the seven diseases amenable to preventive chemotherapy, bids may include research addressing a wider range of NTDs or NTD control strategies (e.g. environmental management) so long as these diseases are included within focal country's NTD control strategies.

Given the research is explicitly intended to influence policy and practice both within and beyond the focus countries a solid approach to knowledge transfer and working with programme staff and policy makers will be required. An emphasis on sustainability beyond the life of the research programme further necessitates the building of research, knowledge transfer and research uptake skills among control programme staff and key stakeholders in-country. A strong pre-established link between researchers and stakeholders is desirable and bidders will be expected to demonstrate buy-in to the research process by key NTD control personnel in their chosen focal countries. This may be, for example, in the form of written letters of support from programme managers or policy leads.

The main anticipated outputs expected from this research programme are:

- Increased knowledge and evidence for safe, effective, cost-effective, and sustainable integrated NTD control in disease endemic countries;
- New, generalizable knowledge communicated to and adopted within and beyond disease control programmes alongside which research is conducted;
- Open access data sets and knowledge products (as per DFID's 2012 Open Access Policy)

¹¹ Marchal B et al (2011) Neglected Tropical Disease (NTD) control in health systems: The interface between programmes and general health services. In *Acta Tropica* v120S: S177-S185

¹² Gyapong JO et al (2010) Integration of control of neglected tropical diseases into healthcare systems: Challenges and Opportunities. In *Lancet* v375: 160-65