

## **Standard ‘Call For Proposals’ (CFP)**

### **Provision of Clinical Expertise to Support the Introduction of Child-Friendly Formulations of Second-Line Medicines and Regimens in the Treatment of Paediatric Drug Resistant Tuberculosis**

#### **Introduction**

It is estimated that 25,000 children less than 15 years of age develop Drug-Resistant tuberculosis (DR-TB) every year and unfortunately, less than 10% of them are diagnosed and treated.<sup>1</sup> This represents a huge gap to meeting the United Nations High Level Meeting target of treating 115,000 children with DR-TB by 2022.

Children less than 5 years of age in particular face numerous challenges to effective diagnosis and treatment. These include a lack of data on DR-TB in the youngest children, difficulty in using and interpreting results from current diagnostic tools, and until recently, a lack of child-friendly medicines for treatment. However, there has been significant progress made in the past few years to address some of these barriers. The World Health Organization (WHO) is now reporting on DR-TB treatment in children, with 8000 children less than 15 years of age having been reported as being treated in 2019.<sup>2</sup> Numerous child-friendly formulations have become available and have been introduced into programmes (more information below).

#### **The Stop TB Partnership Global Drug Facility**

The Global Drug Facility (GDF) is the world's largest procurer of quality-assured TB medicines and diagnostics to the public sector. The goal of the GDF is to facilitate worldwide, equitable access to TB medicines and diagnostics across both public and private sectors. This goal is achieved through management and coordination of market activities for the full portfolio of TB medicines and diagnostics, strategic procurement and innovative logistics solutions, technical assistance and capacity building for TB programmes in better pharmaceutical management practices, and accelerated uptake of new TB medicines, regimens, and diagnostics.

Since its creation in 2001, GDF has facilitated access to TB medicines and diagnostics in more than 140 countries, making quality-assured treatments available to over 32 million people with TB. In 2020 alone, GDF delivered more than USD300 million worth of TB medicines and diagnostics to 124 countries. GDF has led the introduction of advanced diagnostics and supplies, longer and shorter all-oral regimens for drug-resistant TB, and child-friendly medicines for both drug-sensitive and drug-resistant TB. Since 2012, GDF has secured price reductions of over 50 percent for most second-line TB medicines, primarily by reducing risk to suppliers and minimizing their transaction costs. In 2020, GDF saved National TB Programs approximately USD36 million: USD28 million in medicine price reductions from competitive tenders and supplier negotiations; USD1.5 million by readjusting inaccurate quantification/order numbers; and USD6.5 million by allowing flexibility to cancel and postpone previously paid orders. GDF's approach to bundle procurement with technical assistance on quantification and supply planning allows GDF to monitor for risks of future stockouts via national early warning systems and take necessary action to avoid stockouts.

#### **United Nations Office for Project Services**

The United Nations Office for Project Services (UNOPS) is an operational arm of the United Nations, supporting the successful implementation of its partners' peacebuilding, humanitarian, and development projects around the world. UNOPS provides project management and other services to governments, donors, and UN organizations. UNOPS has been the hosting entity for the Stop TB Partnership Secretariat since 1 January 2015, providing a range of financial and administrative support services to various units of the organization.

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<sup>1</sup> Roadmap towards ending TB in children and adolescents, second edition. Geneva: World Health Organization; 2018.

<sup>2</sup> Global tuberculosis report 2020. Geneva: World Health Organization; 2020.

## **Background**

GDF launched its Paediatric DR-TB Initiative in 2019 to support the introduction and scale-up of child-friendly formulations and all-oral regimens to treat DR-TB in children (more information available here: <http://www.stoptb.org/gdf/pedsDRTBinitiative.asp>). This initiative has led to the introduction of quality-assured, child-friendly, dispersible formulations of levofloxacin, moxifloxacin, clofazimine, cycloserine, ethambutol, pyrazinamide, ethionamide, isoniazid and most recently, bedaquiline ([http://stoptb.org/news/stories/2020/ns20\\_021.html](http://stoptb.org/news/stories/2020/ns20_021.html)) in more than 50 countries. The initiative is a partnership model, with GDF providing procurement and supply chain technical assistance and catalytic procurement funding for new child-friendly formulations, implementing partners and programmes supporting introduction at the country level and expert clinicians providing clinical support to healthcare providers and developing tools and materials to support appropriate use and monitoring of the new formulations. Funding support for this initiative is provided by two bilateral donors.

GDF would like to continue this partnership approach to support the upcoming changes to the treatment landscape of DR-TB in children. It is expected that child-friendly formulations of delamanid and linezolid will become quality-assured and eligible for procurement in 2021. The WHO recently released updated guidance on the use of all-oral, bedaquiline-based, shorter treatment regimens for the treatment of DR-TB in children 6 years of age and older.<sup>3</sup> Additional changes to the WHO recommendations on treatment of TB in children are expected later in 2021.

The objective of this CFP is to identify an organization or organizations with a proven track record working in paediatric TB, particularly DR-TB, which can provide – as needed - clinical expertise to country programmes to support the introduction and appropriate use of the new formulations and regimens for paediatric TB as the formulations become quality-assured and WHO-recommended. A list of countries eligible for this kind of support is provided in annex 1.

## **1. General instructions for proposal submission**

### **How to submit?**

**Grantees are requested to submit their complete application as per the grant application instructions provided in the CFP and in an electronic form (PDF) as well as accessible format (e.g., word/excel) to the below e-mail addresses:**

Mr Philipp Hodel  
Portfolio Specialist  
UNOPS Geneva Office  
[philipp@unops.org](mailto:philipp@unops.org)

### **with copy to:**

Mr Andres Gallo  
Portfolio Analyst  
UNOPS Geneva Office  
[andreseg@unops.org](mailto:andreseg@unops.org)

Mr Ramón Herrero Crespo  
Knowledge and Project Management Officer  
Stop TB/GDF  
[ramonc@stoptb.org](mailto:ramonc@stoptb.org)

### **When to submit?**

**Deadline: Wednesday, 25 August 2021, 18:00 (Geneva time)**

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<sup>3</sup> WHO consolidated guidelines on tuberculosis. Module 4: treatment - drug-resistant tuberculosis treatment. Geneva: World Health Organization; 2020.

## 2. Eligibility criteria as per project agreement

**Grant Proposals must not exceed USD 150,000, any amount over the ceiling must be co-financed by the selected organization.**

**The minimum eligibility criteria are:**

A. Not-for-profit international or national non-governmental organizations.

Special consideration will be given to organizations based in any of the high-burden TB countries as indicated by WHO, available [here](#) as well organizations based on countries with economies classified from low to -middle income as in the latest World Bank classification available [here](#).

B. Demonstrated experience and expertise in:

- Clinical management of children with TB and drug-resistant TB in accordance with the most up-to-date recommendations from WHO;
- Facilitating introduction of new tools for the diagnosis, prevention and/or treatment of TB in children, including working with programmes to update national treatment guidelines;
- Experience in coordinating stakeholder meetings that result in clear, concise, action-oriented outcomes.
- Conducting different research activities for introduction of new formulations (e.g., acceptability studies).

C. Presence and/or network to carry out the project activities in the countries listed in annex 1.

D. Good relationships with key stakeholders in the TB space, including but not limited to delivery agencies, funders, manufacturers, normative agencies, and regulatory bodies.

E. Administrative, financial, and technical capacity to carry out the project activities within the time frame required.

## 3. Description of scope of work

The scope of work of this grant aims to support a coordinated, market-shaping approach to the introduction and scale-up of child-friendly formulations and regimens for drug-resistant TB over the course of 8 months.

The planned grant activities will be as follows:

- Provide clinical expertise and technical assistance as requested and identified by the country programmes to support and/or expand appropriate use of child-friendly DR-TB formulations and regimens, such as : assisting programmes in monitoring the use, acceptability, adverse events, and clinical outcomes in alignment with the most up-to-date WHO recommendations.
- Support GDF in developing a quantification approach for new child-friendly formulations that takes into account differences in dosing, duration and product selection based on weight bands, short and longer regimens and any new recommended regimens for DR-TB.
- In collaboration with Stop TB Partnership Secretariat and other partners develop and disseminate clinical guides, job aides, and toolkits, etc. that reflect the most up-to-date WHO recommendations on DR-TB in children; update as needed if/when new recommendations are released.
- Develop a draft manuscript for publication in a peer-reviewed journal on the lessons learned on the introduction of these formulations that would support other programmes to introduce these products in partnership with GDF, country programmes and others as needed.

**Deliverables** (may include, but are not limited to, the following):

- A quarterly report and final report on the clinical support provided to programmes. The reports should indicate which programmes received support and the type of support provided (e.g., clinical case review with a clinician, updated country guidance document, clinician training, etc.), the output and outcome of the support as well as any future plans to sustain the use of paediatric formulations on DR TB treatment.
- Clinical guides, job aides, etc. that provide information on the use of child-friendly formulations and regimens for clinicians and caregivers.
- Draft publication on lessons learned.

#### 4. Evaluation process

In line with UNOPS evaluation principles of fairness, transparency and integrity, an independent Grant Evaluation and Selection Committee will be responsible for the review of proposals and the Grantee selection.

A two-stage procedure will be utilized in evaluating the proposals, with evaluation of the technical component being completed prior to any budget component being considered. The budget component will be evaluated only for those applicants whose technical component meets the requirements for the CFP. Any non-compliant proposal may automatically be eliminated from the evaluation process.

The technical component, which has a total possible value of 100 points, will be evaluated using the following criteria:

Technical Criteria	Maximum Score
Nature of the proposing organization including country of registration as per Section 2 point A, legal status (registration with government approved authority), and organizational and financial capacity (annual financial statements, membership and affiliation to association or umbrella groupings).	20
Demonstration of experience in introducing new commodities for TB, clinical excellence in paediatric TB.	30
Project approach, work plan of activities and timelines	40
Identified major risk factors that could result in the grant activities not producing the expected results (internal/external)	10
<b>Maximum Score: Technical Component</b>	<b>100</b>

Only proposals that have a Technical Component receiving more than 70 points out of the potential 100 points shall be considered for financial evaluation.

Financial proposals will be evaluated following the completion of the technical evaluation.

A detailed budget breakdown covering all costs and only costs which directly relate to efficiently carrying out the grant activities shall be submitted. Grant overheads may not exceed 10% of the total budget.

**A grant will be awarded to the grantee with the most attractive combination of technical and financial proposals.**

#### 5. UNOPS Grant Support Agreement

The UNOPS Standard Grant Support Agreement (GSA) containing UNOPS General Conditions for Grant Support Agreements (*Annex D of the [UNOPS Grant Support Agreement template](#)*) is herewith attached. The GSA constitutes an integral part of this CFP as it is mandatory to accept this agreement with its conditions before submitting a proposal.

**6. Interest / Grantee Application template**

If your organization is interested in submitting a grant proposal in response to this CFP, please kindly submit a grant application in pdf as well as an accessible format (word/excel) addressing the technical and financial requirements outlined in sections two to four of this CFP.

My organization \_\_\_\_\_ is hereby formally interested in the advertised grant program/component and is submitting a proposal within the established timeframe.

Authorized signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Annex 1: List of countries eligible for support</b>
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1. Afghanistan
2. Angola
3. Armenia
4. Bangladesh
5. Burkina Faso
6. Cambodia
7. Cameroon
8. Chad
9. Cote d'Ivoire
10. Democratic Republic of the Congo
11. Eswatini
12. Ethiopia
13. Ghana
14. Guinea
15. India
16. Indonesia
17. Kazakhstan
18. Kenya
19. Liberia
20. Malawi
21. Mali
22. Morocco
23. Mozambique
24. Myanmar
25. Nepal
26. Pakistan
27. Papua New Guinea
28. Philippines
29. Senegal
30. Sierra Leone
31. Somalia
32. South Africa
33. Tanzania
34. Uganda
35. Vietnam
36. Zambia