Call for applications

HRP, TDR, and AHPSR in collaboration with PAHO and CEMICAMP
To carry-out research on sexual and reproductive health and rights and infectious diseases of poverty linked to the current mass migration in the Americas with a focus on research capacity strengthening

Deadline for submission: 13 October 2019 by 23:59 GMT -3

Only applicants from affected countries in the WHO Americas region can apply

This is a joint initiative between the HRP Alliance, part of the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP); the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR); the Alliance for Health Policy and Systems Research (AHPSR); in collaboration with the WHO Regional Office for the Americas - the Pan American Health Organization (PAHO) and the Latin-American Perinatology, Women and Reproductive Health Center (CLAP); and the Centro de Pesquisas em Saúde Reprodutiva de Campinas (CEMICAMP) in Brazil, a regional Research Capacity Strengthening hub for the HRP Alliance.

The partners are pleased to announce this Call for Applications for small research grants with the purpose of strengthening local research capacity and evidence generation. The goal is to approach the current mass migration in a way that holistically encompasses sexual and reproductive health and rights (SRHR) and infectious diseases of poverty, especially among women and girls within the health systems. This approach should help ensure that new or improved knowledge resulting from this call supports a strengthened response on sexual and reproductive health and rights issues during mass migration in the Americas.

Background

To achieve the vision of the 2030 Agenda and the Sustainable Development Goals to leave no one behind, it is imperative that the health needs of migrants be adequately addressed. In May 2017, the World Health Assembly endorsed resolution 70.15 on Promoting the health of refugees and migrants. In line with this resolution, a draft global action plan 2019-2023 has been prepared to promote the health of refugees and migrants and identify priority areas of work, in collaboration with IOM, UNHCR, other international organizations and relevant stakeholders.
PAHO has recognized that mass migration is a new and expanding reality in the region and has established this issue as a priority in national, sub-regional, and regional agendas. The intensification of two simultaneous mass migratory phenomena have recently gained attention: migration from Central America towards North America (Mexico, the United States, and Canada), and the migration from Venezuela to neighbouring South American and Caribbean countries. This has led to the development of regional guidance to address the health needs of migrants and recommended actions on migration and health in the Americas, including monitoring, improving access to health services and systems for both migrants and the population of host countries, as well as ensuring communication and exchange of information to avoid stigma and discrimination, and adapting policies and programs to promote and protect the health of migrants while continuing to provide for their local population.

Sexual and reproductive health (SRH) is a significant public health need in all communities, especially so for those exposed to complex social, economic or political situations. Migrants may have limited access to SRH and may face specific threats to their reproductive health and rights (EB144/27). Women and girls are significantly affected in both sudden and slow-onset humanitarian crises and face multiple SRH challenges in crisis contexts. These are often associated with increased exposure to sexual and gender-based violence, and increased rates of complications during pregnancy and delivery (e.g. increased rates of induced deliveries and caesarean sections to ensure safe delivery), complications due to unsafe abortions, maternal and perinatal mortality and morbidity, and anaemia due to food insecurity, as well as increased rates of sexually transmitted and reproductive tract infections. Infectious diseases are often not a health priority at first arrival and syndromic screening to identify the most common communicable conditions are not promptly conducted. Reception centres where asylum seekers are gathered after arrival are crowded favouring epidemic outbreaks, sometimes caused by incomplete vaccine coverage for preventable diseases. After resettlement, the prevalence of some chronic infections such as human immunodeficiency virus, viral hepatitis or tuberculosis largely reflects the epidemiological pattern in the country of origin, with poor living conditions being an additional driver. Once resettled, migrants usually travel back to their country of origin without seeking pre-travel advice, which results in a high incidence of malaria and other infections. The mass migration observed in Latin America places added pressure on existing health systems of countries receiving sudden influxes of people in a short timeframe.
The current context highlights the importance of guaranteeing the highest attainable standards of provision and access to woman- and adolescent-centred SRH services to reduce susceptibility to SRH-related morbidity and mortality. These include family planning, comprehensive abortion care, basic and emergency obstetric services during childbirth, antenatal and postnatal care, prevention and management of sexually transmitted infections and HIV, including mother-to-child transmission of HIV and syphilis, as well as prevention and management of sexual and gender-based violence.

HRP, TDR, AHPSR, and PAHO promote and support research that leads to improving population health. Given the onset of the current mass migration movement in the Americas, there is a need for context-specific evidence that can result in improved health among refugees and migrants. HRP, TDR, AHPSR, and PAHO also help strengthen individual and institutional research capacity in low- and middle-income countries. Key components include translating research results into policy and practice, and engaging individuals and communities in using research evidence to reduce the disease burden and improve provision and access to health services.

The research proposals supported by this call should focus on implementation research, applying adequate methods within the range of quantitative and qualitative methods, and including innovative solutions (e.g., digital health, artificial intelligence). The specific target priority areas for this call are listed below. A key component of each proposal should be individual and institutional research capacity strengthening.

Priority areas for support

1. Studies on availability, response, and access to SRHR and infectious diseases services during mass migration situations from the perspective of community members, policy-makers, programme managers, healthcare service providers, and health systems, and including response to sexual and gender-based violence and comprehensive abortion care. This includes also innovative responses such as the use of information technology or artificial intelligence or digital health.

2. Studies on perceptions, behaviours, unmet needs, or characteristics of populations and outcomes related to SRHR during mass migration situations with a focus on specific populations (such as women and adolescent girls, and including men and adolescent boys, sex workers, indigenous populations and other minorities) and situations (such as sexual and gender-based violence).
3. Studies on implementation of sexual, reproductive health and infectious diseases services, implementation of existing guidance, innovative approaches to service provision during mass migration situations including research at the facility or community level.

4. Studies on infectious disease outbreaks related to supply and demand side of sexual and reproductive health services, as described above.

**Priority populations**

Selected studies will focus on populations originating from Venezuela and/or Central America.

**Eligibility criteria**

Researchers working in institutions in low- and middle-countries in the Americas region that are experiencing mass influx of migrants including women and adolescent girls are eligible to apply. This includes researchers working in embedded programmes within ministries of health, academic institutions, research institutions, and nongovernmental organizations. Links with relevant decision-makers to ensure support of research and sustainability of policy recommendations are essential. Applications from institutions not located in the affected regions or located in high-income countries will not be accepted.

Eligible teams will be led by qualified researchers with proven research experience as evidenced by publications in peer-reviewed journals, and should include female researchers, ideally as PIs or co-PIs, as well as young researchers (masters and doctoral students, and/or postdocs). The grant will be awarded to the beneficiary institution where the researcher(s) are based, which must be in an affected region of a country in the Americas. Linkages with institutions in other countries or regions within the country are highly encouraged (even in high-income countries); however, since a big focus of this call is to strengthen research capacity PIs and co-PIs should be part of the local institution applying for the grant. No grants will be awarded to individual researchers and/or research teams that are not linked to a research institution (as described above).

**Selection process**

Proposals will be selected through a competitive process based on a peer-review focused on scientific merit, relevance, innovation, potential for capacity strengthening for the institution and feasibility of the project. If the proposal is selected for funding and the research involves human subjects, ethical
clearances will be required from: 1) the designated institutional and/or national ethical committee (as applicable); and 2) the Pan American Health Organization Ethical Review Committee (PAHO-ERC). Final approval of grants is subject to these ethical clearances. Selected institutions will also need to abide by WHO Framework of Engagement with Non-State Actors (FENSA) requirements and when applicable, will need to be registered within WHO’s International Clinical Trials Registry Platform.

All research projects will be expected to publish results in a peer-reviewed journal. Publications resulting from this project should be spearheaded by the local team. They should follow the open-access policy and clearly refer to the HRP Alliance, TDR, AHPSR, PAHO, and CEMICAMP support and indicate the grant number.

**Funds**

We are expecting to support between 12-18 projects to be executed within 12 months with a total budget of USD 435,000. The size of the budget for each grant will be based on the scope and focus of research proposals (approximate budget per project: USD 20,000-40,000). Co-funding from domestic or other sources is encouraged. The proposal should be accompanied by a detailed and itemized budget as part of the application form. Salary of the Principal Investigator, overhead and administrative costs and travel costs that are not essential for the implementation of the project are not eligible items of the budget. The beneficiary institution will be required to have a finance manager or accountant to handle the funds.

**Implementation and reporting requirements**

All successful teams will be required to participate in CEMICAMP’s online course on protocol development and manuscript writing prior to beginning activities and PAHO’S online tutorial on ethics. Information on these courses will be provided to selected applicants in due course.

Successful teams are expected to provide a financial report within 90 days of the completion of the specified funding period. The publishable manuscript will be accepted in lieu of a technical report at the end of the grant period.

**Timeline**

Call opens: **2 September 2019**
Application deadline: **13 October 2019 by 23:59 GMT -3**
Project anticipated start date: **early 2020**
Funding period: **up to one year from start date**

**How to submit the application**

All proposals should be submitted by email using the application form provided. Applications can be submitted in English, Spanish or Portuguese. The completed application form should be signed by all investigators and submitted by e-mail to: hrpalliance@who.int with the subject header “Small grants migrants 2019.”

Please review the FAQs while preparing your application for any questions that might arise. If you have any questions during the application process, please contact Vilma Zotareli at Zotareli@g.unicamp.br or Luis Bahamondes at drluisbahamondes@hotmail.com.

- [Click here to download the application form](#)

**Related links**

- WHO Special Programme for Research and Training in Tropical Diseases (TDR)
- Pan American Health Organization (PAHO)
- PAHO Latin-American Perinatology, Women and Reproductive Health Centre (CLAP)
- Inter-Agency Working Group on Reproductive Health in Crisis (IAWG)
- TDR Implementation Research Toolkit
- PAHOERC online portal
Other useful documents


