Call for Applications 2015-2016
Joint TDR/WPR Small Grants Scheme for Implementation Research in Infectious Diseases of Poverty

Deadline for submission: 30 June 2015

Only applicants from the low- and middle-income countries of the WHO Western Pacific Region

The World Health Organization Western Pacific Region (WPR) and the Special Programme for Research and Training in Tropical Diseases (TDR) are pleased to announce the 2015-2016 call for applications for the Joint TDR/WPR Small Grants Scheme for implementation research in infectious diseases of poverty.

Background
The Small Grants Programme has been a joint initiative of TDR and WPR since 2006. TDR is a global programme of scientific collaboration that helps facilitate, support and influence efforts to combat diseases of poverty. TDR is hosted at the World Health Organization (WHO), and is sponsored by the United Nations Children’s Fund, the United Nations Development Programme, the World Bank and WHO. It supports implementation research on infectious diseases of poverty that leads to health improvement, strengthened research capacity of the individuals and institutions in developing countries, and implementation strategies and solutions that respond to health needs to these countries. It also supports translating research results into policy and improved health practices, and promotes the engagement of individuals and communities in using research evidence to reduce the disease burden in their respective countries.

Objectives of the joint TDR/WPR Small Grants Scheme
- Strengthen the research capacity of relevant national individuals and institutions in countries of the WPR; and
- Facilitate and strengthen implementation research for the control and elimination of infectious diseases of poverty, including research that addresses issues related to the culture and environment that contribute to these problems.

Priority research areas for support
- Prevention and control of infectious diseases of poverty, including malaria, tuberculosis and neglected tropical diseases such as dengue, lymphatic filariasis, soil-transmitted helminthiasis, food-borne trematode infections, schistosomiasis, echinococcosis, cysticercosis, leishmaniasis, yaws, trachoma and leprosy.
- Knowledge gap related to an operational/programmatic issue that has a direct policy and programmatic relevance.
- Health systems, health service delivery, community-based approaches or qualitative research topics in the context of the diseases listed above.

Examples of priority research topics are annexed.
Eligibility criteria
People submitting proposals must be researchers or health professionals working in infectious disease programmes of ministries of health, national universities, or research institutions; and who are from and are working in low- and middle-income countries of the WHO WPR (see list of eligible countries).

1. Proposals must be developed in collaboration with the infectious disease programmes of the ministries of health. Staff of the national control programme should be part of the research team.
2. Proposals must focus on prevention and control of infectious diseases of poverty (malaria, tuberculosis, neglected tropical diseases such as dengue, lymphatic filariasis, soil-transmitted helminthiasis, food-borne trematode infections, schistosomiasis, echinococcosis, cysticercosis, leishmaniasis, yaws, trachoma and leprosy).
3. Proposals must clearly illustrate how the knowledge gap addressed by the research is relevant or important in the context of local health system or disease programmes. The linkage between the proposed research and the policies and programme within the country should be clearly demonstrated.
4. The duration of the research should be no longer than 12 months.

Financial support: up to US$ 15 000 per project.

How to apply

Deadline for submission: 30 June 2015

Download the application form

Include:
1. Letter of endorsement from the related disease programmes of the ministry of health;
2. Updated curriculum vitae of all investigators.

Duly complete all forms in English and sign.

Email application form and related documents to:
Malaria, other Vector-borne and Parasitic Diseases (MVP) Unit:
MVP_Unit@wpro.who.int cc gonzalesg@wpro.who.int

Selection and notification process
Proposals will be selected on a competitive basis by WHO staff in WPR and TDR. Scoring will depend on scientific merit and potential for public health impact. Principal investigators of the selected proposals will be informed by 15 August 2015.

If the proposal is accepted and the research involves human subjects, you will be required to undertake two ethical clearances: 1) ethical clearance from the designated institutional and/or national ethical committee; 2) ethical clearance by the Western Pacific Regional Office Ethics Review Committee. Final approval of grants is subject to these ethical clearances.

Publications resulting from the supported projects and data are required to follow the WHO open-access policy, and should clearly refer to the Joint TDR/WPR Small Grants Scheme support indicating grant number.

Related links:
WHO/WPR research
TDR research
Annex: Examples of priority research topics

**Malaria**
1. Operational research to support acceleration of malaria elimination, especially in the context of malaria multi-drug resistance.
2. Implementation research on intervention packages for malaria elimination targeting mobile and migrant populations and military as well as for remotely living populations (including disease burden studies).
3. Pilot studies on improving surveillance and response for elimination of malaria.
4. Evaluation of the use of immunological assays to monitor progress towards malaria elimination.
5. Evaluation of malaria case management in the private sector and their compliance with the national guidelines.
6. Assessment of effective and feasible strategies for ensuring quality case management and engagement in case reporting in the private sector.
7. Assessment of malaria diagnostic and treatment services provided by village malaria workers.
8. Assessment of primaquine use in countries and its compliance to national policy.
9. Prevalence of glucose-6-phosphate dehydrogenase (G6PD) deficiency in patients with confirmed malaria in malaria endemic areas.
10. Role and field application of different tools for malaria diagnosis and screening in different epidemiological situations, including point-of-care testing for G6PD deficiency.
11. Assessment of effective combinations for vector control particularly for outdoor transmission.

**Dengue**
1. Evaluation of community based vector control programmes.
2. Assessment of measures to increase awareness for early diagnosis and treatment of dengue.
3. Pilot projects on innovative technologies such as GPS to monitor vector densities.
4. Assessment of factors contributing to dengue mortality, and strategies to overcome them.
5. Identification and assessment of gaps in treatment protocols and application and practice by health care providers for dengue case management.

**Neglected Tropical Diseases (lymphatic filariasis, soil-transmitted helminthiasis, food-borne trematode infections, schistosomiasis, echinococcosis, cysticercosis, leishmaniasis, yaws, trachoma, leprosy, others)**
1. Assessment of morbidity management and disability prevention from neglected tropical diseases.
2. Packaging interventions for neglected tropical diseases with other health interventions, converting from vertical approaches to universal health care horizontal approaches.
3. Application of innovative methods to assess status or disease burden of neglected tropical diseases and improve surveillance and case management, such as electronic data collection systems, geographical information systems, and eHealth/m-Health technologies.
4. Development and operationalization of sensitive transmission assessment techniques for the validation of the interruption of transmission of lymphatic filariasis and/or schistosomiasis in endemic foci that achieved below threshold level infection status.
5. Assessment of the safety of the use of combined drugs, such as azithromycin with albendazole or albendazole + DEC or with ivermectin, for preventive chemotherapy.
7. Understanding sensitivity and specificity of trachoma case identification using community health workers.
8. Assessment of innovative strategies and tools for prevention, screening, diagnosis and treatment of leprosy, particularly improving early diagnosis, treatment, and disability prevention and care.
9. Evaluation of innovative methods to assess leprosy situation, improve surveillance systems and leprosy care, such as electronic data collection system, geographical information system, and eHealth/m-Health technologies.
10. Evaluation of the continuum of care of patients before, during, and after multi-drug therapy to include occurrence of lepra reaction, disability and deformities, social acceptance (inclusion) and quality of life.
11. Pilot studies on the impact of ivermectin mass treatment on scabies and other helminth infections, and burden studies of scabies in communities.
13. Implementation research on a one-health approach to improve the efficiency of national control programmes on echinococcosis and cysticercosis.
14. Studies on the role of domestic and wild animals in transmission of leishmaniasis, leading to improvement of interventions in local settings.

**Tuberculosis**
1. Evaluation of new tools for diagnosis and treatment of TB, such as rapid diagnostic tests, new drugs, shorter regimens, etc.
2. Innovative interventions to increased and early TB case detection, including systematic TB screening among high risk groups and other enhanced case finding approaches.
3. Evaluation of new models/ interventions for implementation of ambulatory multi-drug resistance (MDR-TB) e.g. community involvement, peer educators, task shifting of public health staff, house visits, eHealth and mHealth tools.
4. Innovative interventions for management of TB/MDR TB among mobile and other vulnerable populations.
5. Development of strategies to integrate and deliver joint TB/HIV interventions, including antiretrovirals, at the first level of health sector, to TB/HIV co-infected patients.
6. Evaluation of specific TB interventions in vulnerable populations such as indigenous, homeless, inmates, specific occupational groups such as miners, children and elderly.
7. Assessment of catastrophic patient cost due to TB and developing interventions to address patient economic burden.
8. Study on operational aspects of new drug instructions (assessment and eligibility of new drugs among MDR-TB patients, pharmacovigilance for new and group 5 drugs).
9. Study to develop and evaluate interventions to improve quality of MDR-TB care (e.g. capacity building of health care workers in counselling skills, clinical audit against TB care standards including regiments, etc.).