Call for applications

Literature reviews and research gap analysis on social determinants of urban health: how social and gender dynamics in a COVID-19 context affect the prevention and control of infectious diseases of poverty

Deadline for submission: 14 August 2020 (17:00 CET)

Submissions received after this deadline will not be considered.

Eligibility limited to applications from low- and middle-income countries

Institutions working on public health, urban health, implementation research and infectious disease prevention and control are invited to submit individual or collaborative proposals where two or more institutions are forming a consortium. Proposals must include the production of a series of literature reviews. Applicants may wish to consider organizing a virtual consultation (e.g. eDelphi exercise) using these reviews to determine research gaps.

This call, issued by the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR), is in support of a long-term effort to strengthen research on urban health interventions for the control of infectious diseases of poverty. Under this call, either various individual institutions (up to four) or one institutional consortium proposal will be selected for one year’s funding totalling a maximum of US$ 140 000.

Background and rationale

By 2050, 75% of the global population will be living in urban conglomerations, mainly in low- and middle-income countries (LMICs). Mobility, poverty, gender and health inequality and climate change are some of the social and environmental drivers of health impacts in urban settings influencing prevention and control efforts of infectious diseases, including vector-borne diseases. The current COVID-19 pandemic is posing additional challenges for health systems and services worldwide.

Demographic mobility and trade, poverty, different layers of inequalities, as well as climate variability and change, are some of the social and environmental factors that influence health impacts and exposure of human populations in urban settings to infectious diseases. These factors pose eminent public health challenges with emerging and re-emerging infections, particularly in the era of globalization and interconnectedness, requiring strengthened intersectoral policies, interventions and commitment at the urban level. In addition, the global COVID-19 pandemic brings new and additional challenges to health systems worldwide, which are likely to be exacerbated in resource-constrained settings. In the context of COVID-19, little attention has been given to comprehensive gender analyses and the sex.
distribution of case fatalities and comorbidities, which is increasingly showing disparities that vary geospatially, and along with other socioeconomic factors.

Urban health is influenced by several factors, including governance, population features, urban planning and socioeconomic development and health services, among others, which in turn have major implications for social and environmental determinants of health. The existence of small and medium towns, and the growth of urban slums, including non-notified slums that often lack reliable and safe piped water, adequate solid waste management and other basic services, can render large populations in towns and cities at risk of infectious diseases that can be exacerbated even more under environmental threats such as climate variability and change.

Vector-borne diseases alone cause more than one million deaths each year. The risk of infection is particularly high in towns and cities where vectors proliferate and contact with human beings is high. The incidence and distribution of infectious diseases is consequently influenced by social, demographic and environmental factors that interact under a changing climate and affect pathogen transmission patterns.

Accurate, consistent and evidence-based interventions for prevention and control of infectious diseases of poverty in urban settings are urgently needed to implement cost-effective public policy and to promote inclusive, equitable and sustainable urban health services. Understanding the social dynamics, including the gender dynamics that take place in the urban context, is needed to address bottlenecks in the implementation of effective interventions and strategies and to better understand the differentiated impacts of infectious diseases on various population subgroups and how gender intersects with other social stratifiers to better understand different experience of disease.

**Call objective, expected outputs and review topics**

The overall objective of this work is to synthesize and consolidate evidence from a series of literature reviews /state-of-the-art scoping reviews that will inform TDR’s research agenda on urban health, infectious disease and gender research, including in COVID-19 and post-COVID-19 scenarios. The work is expected to be completed by October 2021. Below is a list of possible themes and topics which reviews could focus on. These are provided as a guide and applicants may suggest different titles. However, preference will be given to closely related topics. Each applicant is expected to conduct a maximum of two literature reviews.

**Themes/topics** to be covered in the reviews include, but are not limited to, the following:

a) Developing and learning good practices on community-oriented interventions for the prevention and control of infectious diseases of poverty in resource constraint urban contexts during COVID-19 scenarios.

b) Evidence on innovative urban health interventions that address social and environmental determinants of health.
c) How social and gender dynamics influence delivery and implementation of urban health interventions to prevent and control infectious diseases.

d) Evidence on gender dynamics and gender intersecting inequalities in access to health care to treat infectious diseases in urban settings.

e) How gender (including gender identities on the one hand, and gender norms, roles and relations on the other) intersects with other axes of inequality (e.g. age, social class, ethnicity, geographic location, refugee status, etc.) to determine unique circumstances of disadvantage and/or privilege in access to health care and treatment of infectious diseases in urban and peri-urban settings before, during and after COVID-19.

f) Evidence on gender related aspects in infectious disease epidemiology, prevention and control, including gender-based violence, under a COVID-19 scenario where infectious diseases prevail and are often exacerbated by compromised access to health care.

g) Analyses/evidence of the extent to which COVID-19 affects women, men and people with non-binary gender identities, in terms of benefiting from health interventions and access to care and treatment of infectious diseases in urban contexts.

h) Transmission dynamics, co-infection of infectious diseases and how they are influenced by social and gender-related dynamics in urban settings, including during COVID-19 scenarios.

i) Strategies to increase protection of most at-risk populations in urban settings, including strengthening disease surveillance measures and early warning tools.

j) Community participation and engagement in risk management of infectious diseases, including through housing and water, sanitation and hygiene interventions.

**Important notes on key topics**

1. Please check [TDR’s website](https://www.tdr.who.int) for a list of TDR-supported work in specific infectious diseases including, but not limited, to neglected tropical diseases.

2. Reviews should consider evidence from, but not limited to, COVID-19 scenarios.

3. Modified related alternative review themes can be proposed for topics that are un- or under-investigated through evidence review work.

**Initial key questions to be addressed**

- What is known, what is currently done (where, under which context) in practice, and within which policy frameworks?
- What proven principles or lessons could inform research, practice and policy?
- What are the critical knowledge gaps, research questions and priorities identified?
- What should be better known to guide action and policy?
- What are the critical gaps in practice and policy based on available knowledge?
The contracting institutions are expected to produce literature reviews (budget estimates should also include papers publication fees), and as needed/if applicable identify and invite relevant experts to a virtual eDelphi consultation to inform knowledge on research gaps.

**Literature reviews**

Literature reviews can adopt the form of systematic reviews, although this is not an absolute must. However, research teams are expected to be systematic in their approach, with each review expected to include a complete methods section, including a detailed search strategy for existing scientific evidence (published and unpublished), an assessment of what is found for quality and relevance and a synthesis of evidence on the urban health issue under review. Applications should clearly detail the methodology proposed.

**Eligibility criteria**

1. Academic, research and public sector institutions where two or more institutions are forming a consortium and one institution is the lead institution for the contract, or individual research institutions (up to a maximum of four).
2. Institutions have expertise in urban health, infectious disease transmission in urban settings, gender and intersectionality research.
3. The consortium has the capacity to conduct such reviews and the facilities (virtual) for any global consultation they may include within their proposed methodologies.
4. The total budget does not go beyond US$ 140 000. This figure is estimated to include the total amount in the case of a research consortium or a maximum of four research teams submitting proposals separately.

**Who should apply?**

Applications are welcome from research institutions based in low- and middle-income countries in all WHO Regions. Applications must demonstrate an understanding of intersectionality applied to public health and specifically to infectious diseases of poverty in urban settings. Research groups, networks or consortia from more than two countries working in low- and middle-income countries within WHO Regions are eligible to apply.

Applications should be led by a qualified researcher based in a low- or middle-income country. *Equality, Diversity and Inclusivity* are key principles embedded in core areas of TDR’s work. Women researchers, researchers whose gender identity differs from their sex assigned at birth and researchers with gender identities of non-binary spectrum are strongly encouraged to apply. Grants will be awarded to the beneficiary institution where the lead researcher/s is/are based.
**Timeline/duration of award**

The duration of the award will be 12 months with an estimated start date in September 2020.

Awards will be considered for a total funding envelope of up to US$ 140,000, supporting a maximum of four institutions or one research consortium with various institutions from a diverse range of LMICs.

Applications will be reviewed on a competitive basis according to criteria including scientific merit, relevance, innovation and feasibility of the project.

**How to apply / proposal content**

Applications for the consortium of institutions should include (maximum 10 pages, Font size 10 to 12 point):

**Part 1.** Administrative documentation (4 pages maximum): with names and addresses of institutions, Principal Investigator (PI) with name and references for each institution, the name and address of the coordinator for the consortium (if applicable), a short description of the facilities, the experience of the institutions in urban health and infectious diseases and social science research including gender research, experience in conducting systematic reviews. In the case of a consortium proposal, one institution must be designated as the lead institution and the partner institutions need to agree on which **institution is taking the lead and will receive the funds** that will be in turn re-distributed to the partners. Institutions do not have to create a legal consortium; usually this can be done through a **partnership agreement**.

**Part 2.** Literature reviews and, if applicable, consultation process (2-3 pages): Preliminary list of titles and content of reviews and proposed mechanism for commissioning them. In the case of a consortium, the lead institution would manage the commissioning and production process, otherwise it would be the responsibility of individual institutions.

**Part 3.** A detailed budget, including a split by activity, human resources, virtual consultation and other expenditures as applicable.

**Part 4.** Proposed timeline for implementation.

**Part 5.** Support (in the form of a letter or statement of agreement) of the head or legal representative of each institution involved in the consortium, or of each individual institution when applying separately.

Proposals can be submitted in English. However, we encourage Francophone and Spanish speaking countries to apply as well.
Selection process and evaluation criteria

Only one multi-country consortium proposal or a maximum of four individual proposals will be selected for funding for one year for a maximum total funding of US$ 140 000. Proposals will be selected following an open competitive call for applications from institutions involved in urban health and gender and infectious disease research.

The selection of projects for funding under this call will be conducted independently by an ad hoc committee established by TDR, which will review eligible proposals based on the criteria mentioned.

1. Scientific merit
   - Expertise in the related fields (urban health, intersectionality and gender research, urban arboviral and/or parasitic diseases research, infectious disease prevention and control).
   - Experience in conducting systematic reviews.
   - Clear and well-defined objectives for the proposed reviews.
   - Track record in research analyses and research gap analysis.

2. Relevance
   - Demonstrated capability of institutions within the collaborative proposal to conduct systematic reviews.
   - Potential of the reviews to influence urban health policies or practice.
   - Appropriate plan for dissemination of results.
   - LMIC institutions in the consortium.

3. Feasibility
   - Feasible implementation timeline (Gantt chart).
   - Quality/suitability of the institution(s)/team (composition, expertise) for the proposed tasks.
   - Ability of the principal investigator to manage the project based on track record.
   - Risk assessment and management approach to the project.

4. Budget
   - Sound and appropriate budget.
   - Budget well justified.
Submission process

Interested applicants should submit their proposal in the form of a Letter of Interest, including all of the relevant documentation, by email with the subject line: “Urban health, gender and infectious disease prevention and control”, no later than 14 August 2020 to:

TDR Scientist Mariam Otmani del Barrio at otmanidelbarriom@who.int
with cc to Daniel Hollies at holliesd@who.int.

Attachments must not exceed 8 MB.

About TDR

TDR, the Special Programme for Research and Training in Tropical Diseases, is a global programme of scientific collaboration that aims to improve the health and wellbeing of people burdened by infectious diseases of poverty through research and innovation. It is hosted at the World Health Organization (WHO) and is sponsored by the United Nations Children’s Fund (UNICEF), the United Nations Development Programme (UNDP), the World Bank and WHO.