

# ***CALL TO ACTION***

## ***A Global Program to Prevent Mother-to-Child Transmission of HIV Request for Applications***

### **BRIEF DESCRIPTION**

It is estimated that 1,800 infants become infected with HIV each day worldwide. The majority of those infections occur in developing countries, where resources to prevent mother-to-child transmission (MTCT) of HIV are scarce. We now have successful treatment strategies to prevent MTCT of HIV, but those interventions have not been implemented in resource-limited countries. Provision of antiretroviral therapies, coupled with resources to deliver them, can significantly decrease the rate of MTCT of HIV, and save the lives of thousands of infants each year.

A Call to Action was issued at the Second International Conference on Global Strategies for the Prevention of HIV Transmission from Mothers to Infants in Montreal, Canada, calling for programs to support and enable mothers to prevent MTCT of HIV. It is in the context of this Call to Action that the present program is proposed.

This program will focus on the reduction of MTCT of HIV. In coordination with Ministries of Health, local health care agencies, non-government organizations (NGOs) and other partners in countries most hit by the HIV epidemic, this program will support the implementation of coordinated activities to improve access and use of anti-retroviral interventions which will contribute to improvement of mother/child care.

### **SCOPE OF AWARDS**

The program will provide resources to initiate and/or strengthen one or more of the following:

- Access to antiretroviral prevention therapy by donation, price reduction or purchase;
- HIV counseling and testing including rapid testing;
- Training on HIV education, counseling and implementation aimed at preventing MTCT of HIV; and
- Planning for expansion and integration of programs to reduce MTCT of HIV in the national policy of resource-limited regions.

The Call to Action will be implemented in three phases, according to the availability of additional resources. **This RFA will select sites appropriate for Phase I.** Sites needing more infrastructure and resources than we can provide with the funds we currently have available may be deferred and considered instead for Phase II support.

#### **Phase I - Immediate (January, 2000)**

##### **Sites with Established Infrastructure**

- Preference given to sites with established programs in place (counseling, testing, strong antenatal care, etc.) that can implement quickly, show immediate success, and have likelihood of sustainability
- Funds primarily for antiretroviral therapy to prevent MTCT of HIV, and a limited amount for counseling, testing, and training

## **Phase II: Intermediate**

### **Sites with Moderate Infrastructure**

- Support provided for sites needing to create or enhance infrastructure to counsel, test and treat large numbers of HIV-infected pregnant women in existing antenatal care systems, including training for care providers
- HIV/AIDS education and outreach on the availability of strategies to prevent MTCT of HIV
- Incorporation of improved treatment strategies for the prevention of MTCT of HIV as they become available
- Implementation of additional approaches for reducing MTCT of HIV, including universal treatment of pregnant women and their infants

## **Phase III - Long Term**

### **Sites with Minimal Infrastructure and Expansion of Successful Models**

- Development of antenatal care infrastructure to identify and treat HIV-infected pregnant women
- Resources for national expansion of successful local programs developed in Phases I and II
- Identification of HIV seroprevalence in pregnant women for countries with emerging HIV epidemics (India, China, Southeast Asia)
- Development of national policies for HIV counseling, testing, and treatment of HIV-infected pregnant women
- Identification of additional partners to implement comprehensive programs

## **SOURCE OF FUNDS**

The Call to Action generated donations from organizations and individuals totaling \$1.2 million to date. These funds are intended to support programs to reduce MTCT of HIV. This program will be administered by the Elizabeth Glaser Pediatric AIDS Foundation, in collaboration with an expert Executive Committee.

## **WHO MAY APPLY**

Applications will only be accepted from groups with a proven track record of serving populations of women and children. Applications are solicited from not-for-profit Health System units, including health centers, communes, districts, provinces and ultimately entire countries located in resource-limited regions. For the purposes of this program, a resource-limited region is defined as one in which interventions to prevent MTCT of HIV have not been widely implemented. Grant applications are not accepted from for-profit institutions or organizations. Grants are not made to individuals.

## **AMOUNT OF AWARDS**

The maximum amount of funding is U.S. \$100,000 for a period of performance not to exceed two years. Indirect cost (overhead) is not allowed. The review committee will make final determination as to the amount and duration of support to be awarded. The number of grants awarded will be determined based on available funds. If your site requires funds in excess of \$100,000 to implement programs to reduce MTCT of HIV, you may consider waiting and applying for Phase II support instead.

## **CONFIDENTIALITY**

Every effort is made to respect the privacy of applicants. However, due to the fact that a number of groups and individuals are involved in the review process, strict confidentiality regarding any of the information provided in the application, supporting material, or budget cannot be guaranteed. Submission of a grant application is deemed acceptance of this provision.

## **REVIEW PROCESS**

Initially, each application is subject to an overall administrative review by EGPAF staff. Those applications found to be incomplete or inconsistent with the goals of the program will be asked to submit a revised application, if appropriate. All applications accepted for consideration will be reviewed by the voluntary Executive Committee. Sites will be selected based on the likelihood that they will be able to rapidly implement HIV MTCT prevention programs. Grants will be reviewed for feasibility, resources required, future sustainability, in-country commitment, and likelihood of reducing MTCT of HIV.

## **CONDUCT OF THE IMPLEMENTING INSTITUTION/ORGANIZATION**

In awarding grants, the Elizabeth Glaser Pediatric AIDS Foundation does not assume any responsibility for the conduct or acts of the applicant, since both are under the direction and control of their respective institutions and subject to those institutions' medical and legal policies. Award recipients are not considered to be employed by the Foundation, but to be employed by the applicant institution. Submission of an application is deemed acceptance of these provisions.

## **HOW TO APPLY**

Applications are due in the Grants Department no later than 5:00 p.m., U.S. Pacific Coast Time on January 18, 2000. To accommodate delays in the mail system, you may submit your application via FAX or e-mail, with an original hard copy sent via mail. Applications must be submitted by this date to allow time for staff preparation and consideration by the Executive Committee. Applications received late or exceeding the budget or page limitations will not be accepted.

Applications should be directed to:

Research Department/ CTA  
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION  
2950 31st Street, #125  
Santa Monica, CA 90405  
USA  
Phone: 310-314-1459  
FAX: 310- 314-1469  
E-mail: [research@pedaids.org](mailto:research@pedaids.org)

We realize that many of these applications will be submitted by e-mail . We are not requiring forms, as they often do not translate well into other word-processing programs. Please follow the instructions below carefully, and make sure that the application is easy to read. The reviewers will appreciate this. All text must be submitted in 12 point font, double-spaced, with one-inch margins. **The application must be assembled in the following order:**

### 1. FACE PAGE

- This page must appear first on the completed proposal.
- Provide the complete name, title, mailing address, phone number, FAX number, and e-mail for the contact person responsible for overseeing the implementation program.
- Provide the full legal name of the applicant organization.
- Indicate the total amount of funds you are requesting, not to exceed US \$100,000. Indirect costs are not allowed.
- Provide the name, title, mailing address, phone number, FAX number, and e-mail to which payments and/or in-kind donations (e.g. drug) should be sent in the event that an award is made. Applicants requesting funds via wire transfer should contact the Foundation for instructions.
- Please indicate the period of time for which you are requesting support, not to exceed two years.

### 2. TABLE OF CONTENTS

The Table of Contents should appear after the Face Page and before the rest of the application. The Table of Contents lists order of the contents as requested.

### 3. BUDGET

Funds available through the Call to Action are limited, and are therefore only available to cover the specific categories listed below. The maximum amount of funding is U.S. \$100,000, for all categories combined, for a period of performance not to exceed two years. Indirect costs (overhead) are not allowed. The recipient institution is expected to provide the required physical facilities, administrative services, and other supporting services normally available in an institution or organization. Applicants may request in-kind support (direct shipment of drug or test kits) in lieu of funds, as long as the total value of the request does not exceed U.S. \$100,000. Applicants requesting funds via wire transfer should contact the Foundation for instructions. Please keep in mind that **this RFA will select sites appropriate for Phase I** (see page 1).

Funds are available to support **only** the following:

- **Purchase of therapies** to reduce mother-to-infant transmission of HIV
- **Purchase of HIV test kits** to identify pregnant women with HIV
- Collection of blood samples from infants, including storage and shipping for **diagnosis of infant HIV status**
- **Training** of care providers in the provision of voluntary counseling and testing, and treatment to reduce mother-to-infant transmission of HIV
- Under special circumstances, **salary support for counselors/coordinators** to implement the above, not to exceed a total salary request of U.S. \$10,000 per year.

The amount being requested within each budget heading should be entered and justified. The bolded sections above should be your budget headings (e.g. Purchase of therapies). Present all budget figures in whole U.S. dollars. Two additional pages may be added if necessary to provide detail and justifications. Justification pages should contain headings that are the same as those on the budget. In justifying salary costs, indicate the position of the person to be supported (e.g., nurse), rate of pay, and percentage of time of the individual to be assigned to the project. This figure should reflect the percentage of a full year which the employee is expected to work on the project. For example, an employee working full-time for six months would be 50%. Requests for salary costs of persons already employed full-time by the applicant organization will be scrutinized for appropriateness and need.

#### 4. TWO-PAGE CURRICULUM VITAE

Please provide an abbreviated, two-page CV for the contact person responsible for overseeing the project.

#### 5. OTHER SUPPORT PAGE

Applicant organizations that have existing infrastructure in place to amplify the Call to Action funds should indicate so. Preference in selection of recipients will be given to those applicants who provide evidence that resources are available that may amplify funds provided through the Call to Action, and that plans will be made to sustain the programs made possible through the Call to Action. Please tell us of the other funds available to you to support programs aimed at reducing MTCT of HIV. Please include any plans for soliciting additional sources of support of the entire program or of specific activities (e.g., donations, educational grants, government support, discounts for drug or HIV testing, and matching funds). We are interested in seeing if the funds that are awarded to you can attract other funds and thus be amplified. List on this page, in three separate groups: (1) all present active support; (2) applications and proposals pending review or funding; (3) applications and proposals planned or being prepared for submission. Include all government, industry, and institutional support. If none, state "none."

#### 6. RESOURCES AND ENVIRONMENT

In three (3) pages or less, briefly describe the facilities of the applicant site (Health System units including health centers, communes, districts, provinces and ultimately entire countries located in resource-limited regions) and personnel currently available. Using a continuation page if necessary, include an explanation of any consortium arrangements with other organizations, including ongoing voluntary counseling and testing (VCT) programs. Should there be a consortium agreement, a copy of it should be appended after the implementation plan. Please provide a description of the antenatal, prenatal, and postnatal care provided at the site, including the number and proportion of women in care, the process for referral in the context of women and children's care, availability of testing for STDs, and availability of other treatments such as penicillin, multivitamins, and chlorhexidine. Also, please provide a description of the counseling and testing services available, including information on the availability of rapid HIV testing. Please discuss your ability to diagnose HIV in infants (ELISA antibody, PCR testing or other antigen detection). Please also provide evidence of discussions with Family Planning (FP) and Mother-child Health (MCH) programs on how to integrate the proposed program with FP and MCH activities and the outcome of those discussions.

#### 7. ASSURANCES

- Please provide a letter of documentation indicating if the drugs to be used in your implementation plan are appropriately registered and authorized in your country. This information should be obtained from the National Drug Authority. If the drugs are not registered and your project is selected, the Call to Action Executive Committee will attempt to contact the relevant manufacturers and request that they submit a registration file in your country.
- Please attach a letter of collaboration with a pharmacist or responsible party who must describe how they will ensure accurate dispensing of the drugs to be used.
- A letter of endorsement or support from the National AIDS Program or other appropriate authorities at the national or provincial level is required. It is advisable that the letter of support includes an indication of the authority's position, policy, and future plans to make available interventions to prevent mother-to-child transmission.

## 8. DESCRIPTION OF POPULATION

In no more than two (2) pages, please provide:

- Information on the number of deliveries annually at the applicant site(s) and estimates of proportion of pregnant women receiving antenatal care
- Information on availability of VCT
- Information on the seroprevalence of HIV in pregnant women
- Information on status of feeding practices for children born to infected mothers, including availability and cost of replacement feeding
- Description of current community education and awareness programs and how these will be utilized to maximize the effectiveness of the program proposed

## 9. IMPLEMENTATION PLAN TO REDUCE MTCT

In no more than seven (7) pages, please provide:

- Attainable, specific, time-phased objectives for the program (e.g., number of staff you hope to train, number of women you hope to test, number of women you hope to treat, number of babies you hope to test, etc.);
- Plans to evaluate the effects of the program to be implemented. (e.g., number given VCT, number returning for test results, number of women receiving intervention, plans for follow-up of infants born to HIV-infected pregnant women (number of infected babies, number of uninfected babies) including estimates of proportions likely to be seen during first 3 months, 6 months, and 1 year; and
- Plans for developing sustainability of program implementation and expanding the implementation effort. This should include plans for extending the program through education and training, plans to link with other sites, and the potential for securing additional funds to continue the program once funds provided by this program are depleted.

## 10. SUGGESTIONS FOR NEXT RFA

This is the first RFA for the Call to Action. We anticipate issuing additional RFAs. We would like your feedback on how we can improve this process, and enhance the program. Please send us your ideas, even if you do not plan to submit an application for this cycle.

CTA RFA Final 11-18-99