Before completing this form, please refer to the [call](https://www.nihr.ac.uk/documents/global-effort-on-covid-19-geco-health-research-call-specification/24832) specification

If you have any queries concerning the application form and process please contact the NIHR CCF team for this funding opportunity on geco@nihr.ac.uk

Section 1: Proposal Summary

|  |
| --- |
| 1.1 Title (max. 150 characters) |
|       |

|  |
| --- |
| 1.2 Scientific/technical summary (max. 2,000 characters approx. 250 words) |
| b. Promote the prioritisation of knowledge needs according to epidemic dynamics.c. Promote that knowledge is produced according to local, national and regional needs.d. Promote that knowledge outputs and methodological limitations are easily understood by non-social scientists.e. Develop guidelines and Standard Operating Procedures (SOPs) to operationalise epidemic mitigation mechanisms.f. Engage with communities to bring their voices to research and decision-making processes.g. To understand cultural, long-term, and non-intended consequences of epidemic-control decisions.h. Understand how decisions in the field may inadvertently undermine response goals.i. Document how COVID-19 and the health system response affects the supply and access to other health care provision (such as maternal health, immunisation, routine surgeries, chronic disease care etc); and determining strategies to mitigate this;j. Effective health systems responses to the epidemic: addressing issues such as health, wellbeing and effectiveness of the health workforce; supply chain management, financing, optimal implementation of clinical management and infection control measures.k. Understanding and mitigating contextual vulnerability of health systemsIn parallel to this health-focused activity, • UK Research and Innovation has a route open for applications focused on the broader impacts of COVID-19 in LMICs for LMIC and UK applicants, for instance considering societal and economic impacts: UKRI GCRF/Newton Fund Agile Response call to address COVID-19;• NIHR and UKRI have a rolling call for proposals for research into COVID-19. The call is for UK-led groups (academics, small and medium enterprise (SME) and wider industry research) that will address a wide range of COVID-19 knowledge gaps/needs, and which will lead to a benefit to UK, and potentially international, public health within 12 months.The application routes will be coordinated, and applications submitted to these call      |

|  |
| --- |
| 1.3. Plain English summary (max. 1,600 characters approx. 200 words)A plain English summary is a clear and accessible explanation of your research. Further guidance on writing in plain English is available online at NIHR ‘[Make it clear](http://www.invo.org.uk/makeitclear/)’. |
|       |

|  |
| --- |
| 1.4 Project duration\* |
| Proposed start date (dd/mm/yy) |       |
| Proposed duration of award (months) |    |
| Proposed end date (dd/mm/yy) |       |

\* note max. 18 months

|  |  |
| --- | --- |
| 1.5 Project cost (£) |  |
|  | Total | UK (80%fEC) | LMIC (100% direct cost, indirect cost see call specification)  |
| Staff costs |       |       |       |
| Consumables and other directly incurred costs |       |       |       |
| Travel costs |       |       |       |
| Indirect, directly allocated and estates costs [UK (80%fEC), LMIC see call specification) |       |       |       |
| **OVERALL TOTAL (£)** |       |       |       |

|  |
| --- |
| 1.6 Theme (referring to the call scope, please select a primary and if need a secondary theme most closely aligned to your proposal) |
|  | Primary | Secondary |
| Epidemiology - Transmission  |[ ] [ ]
| Epidemiology - Disease Susceptibility and Severity |[ ] [ ]
| Epidemiology - Control and Mitigation |[ ] [ ]
| Clinical management - Natural history |[ ] [ ]
| Clinical management - Interventions |[ ] [ ]
| Clinical management - Health service delivery |[ ] [ ]
| Clinical management - Multimorbidity |[ ] [ ]
| Infection Prevention and control (IPC) - Movement control  |[ ] [ ]
| IPC - PPE |[ ] [ ]
| IPC - Assessment and mitigation of control strategies |[ ] [ ]
| IPC - Role of the environment in transmission |[ ] [ ]
| IPC - Behavioural and cultural influence |[ ] [ ]
| IPC - Diagnostic tests  |[ ] [ ]
| Social Science - Public Health |[ ] [ ]
| Social Science - Care, access and health systems |[ ] [ ]
| Social Science - Media and Communication |[ ] [ ]
| Social Science - Engagement |[ ] [ ]
| Other (specify) |       |       |

|  |
| --- |
| 1.7. ODA-eligible countriesPlease list all country(s) on the [Development Assistance Committee (DAC) list](http://www.oecd.org/dac/stats/daclist.htm) of ODA-eligible countries where the proposed research will be of primary benefit. Also, please indicate (check the box below) if the proposed research will be of global benefit. |
|      Global benefit [ ]  |

|  |
| --- |
| 1.8. Justification of Resources (max. 2,000 characters approx. 250 words)Provide justification of costs and details of how it provides value for money. |
|       |

|  |
| --- |
| 1.9. Keywords (please provide up to 10) |
|       |

Section 2: Investigator Details

|  |
| --- |
| 2.1 Principal Investigator |
| Name |       |
| PI Organisation and Country |       |
| PI Department |       |
| Email address  |       |
| ORCID |       |
| Administrative authority contact name (email) |       |

|  |  |  |
| --- | --- | --- |
| 2.2. Co-Investigators |  |  |
| Name | Organisation | Country | Email address |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

|  |
| --- |
| 2.3 Project Partners (unfunded by proposal, if applicable) |
| Project partner organisation | Project partner country | Project Partner Contact | Contribution Type (e.g. access to equipment, samples) | Value\* (£) |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

\*Please estimate approximate value of partner contribution

Section 3: Importance, Deliverables, Expertise, and Resources

|  |
| --- |
| 3.1 Please describe and justify the importance of the COVID-19 global health knowledge gap and/or need that you are targeting (max. 2,000 characters approx. 250 words)Please provide details how you have identified the knowledge gap and what stakeholder engagement you have had in priority setting.  |
|       |

|  |
| --- |
| 3.2. Please define the project’s deliverables and describe and justify how these will provide/lead to improve health and welfare of people in LMICs within 18 months (max. 2,000 characters approx. 250 words) |
|       |

|  |
| --- |
| 3.3. Please describe and justify how proposed work and deliverables are unique and value adding compared to existing COVID-19 activities targeting the same or similar knowledge gap(s) and/or need(s) (max. 2,000 characters approx. 250 words) |
|       |

|  |
| --- |
| 3.4. Please describe how you will be able to deliver the proposed research in the current climate of the COVID-19 pandemic (max. 2,000 characters approx. 250 words) |
|       |

|  |
| --- |
| 3.5. Please provide evidence that the team has the necessary expertise, track record and contacts to undertake the proposed work and ensure its impact to improve health and welfare of people living in LMIC (max. 2,000 characters approx. 250 words) |
|       |

|  |
| --- |
| 3.6. Please provide a brief description of the resources required in the different contributing environments (staff, materials, data, facilities etc.), including whether these are in hand, or if not, what gives you confidence that they will be accessible when required (max. 2,000 characters approx. 250 words) |
|       |

Section 4: Gender Equality

|  |
| --- |
| **4.1. Gender Equality: Outline how you have taken meaningful yet proportionate consideration as to how your proposed activities will contribute to reducing gender inequalities. (max. 2,000 characters approx. 250 words)** |
|       |

Section 5: Community Engagement and Involvement

|  |
| --- |
| 5.1 Where applicable, please describe: 1. how relevant community groups and organisations from low and middle income countries (LMICs) have been involved in developing this proposal;
2. the ways in which community groups and organisations, patients and carers will be actively involved in the proposed research, including any training and support provided.

If not applicable, please describe why (max. 2,000 characters approx. 250 words) |
|       |

Section 6: Detailed Research Plan

|  |
| --- |
| 6.1 Using all the headings in the order presented below, please use this section to clearly explain your proposed research (max. 16,000 characters approx. 2,000 words)1. Aims and Objectives
2. Methodology
3. Training and Capacity Strengthening in LMICs
4. Dissemination, Outputs and anticipated impact
5. Project management / Governance (including Approach to Risk management and assurance / Safeguarding)
 |
|       |

Section 7: ODA Compliance Statement

|  |
| --- |
| 6.1 Please provide a statement that demonstrates how the proposal meets key ODA funding requirements. It should address the following questions:i) which country(s) on the Organisation for Economic Cooperation and Development’s (OECD) Development Assistance Committee (DAC) list of ODA-eligible countries will directly benefit;ii) how the application is directly and primarily relevant to the development challenges of those countries;iii) how the outcomes will promote the health and welfare of people in the country or countries on the DAC list. (max. 2,000 characters approx. 250 words) |
|       |

Annex 1: Regulatory requirements

A. Legislative/Ethical requirements

|  |
| --- |
| Does this programme involve: |
| **1. Animals?**The use of vertebrate animals or other organisms covered by the [Animals (Scientific Procedures) Act 1986](https://www.gov.uk/guidance/research-and-testing-using-animals)[[1]](#footnote-1), whether or not it requires licensed procedures. | Yes/No |
| **1a. Animal Species?**If animals are being used please provide the basic species information e.g. Mouse. |       |
| **2. Human Tissue?**The use of human tissue as defined in the [Human Tissue Act 2004](https://mrc.ukri.org/research/facilities-and-resources-for-researchers/regulatory-support-centre/human-tissue/)[[2]](#footnote-2)? | Yes/No |
| **3. Stem Cells?**Does the research involve the use of Stem Cells or regenerative medicine? | Yes-both/Yes-embryonic/Yes-adult/No |

Note: The MRC will make public information about animal experiments when needed (e.g. as anonymous examples, or in response to direct queries) but will resist all requests for information that might lead to the identification of places or individuals, except with the express permission of the individuals concerned.

B. Additional information for clinical research

|  |
| --- |
| Does this programme involve: |
| **1. Human participation?**Research which requires *face-to-face* contact with *patients*, or with *healthy human participants* (by holders of a clinical contract) and may involve use of patient records as a concomitant, e.g. a clinical trial. | Yes/No |
| **2. Records based studies?**Research which requires *access to personal data* on health or lifestyle *without* involving face-to-face contact with any people, e.g. public health interventions, health economic studies, epidemiological studies, health services research and meta-analyses - information may be obtained by telephone, postal questionnaires/surveys or electronic/manual data retrieval. | Yes/No |
| **3. Clinical samples?**Research which involves *laboratory studies* on *human material* which are specifically designed to understand or treat a disease/disorder. N.B. Basic biomedical research remote from application to a disease/disorder, such as the use of immortalised human cell lines in model biological systems, is excluded. | Yes/No |
| **4. Technology development for clinical use?**Development or adaptation of technologies for diagnosis or therapy, e.g. instrument development for diagnostic or surgical use; development of new techniques, such as photodynamic therapy, for clinical use. | Yes/No |

Note: This information will not be made publicly available in an identifiable format.

C. Other ethical requirements

|  |
| --- |
| Ethical, safeguarding and/or health and safety issues: |
| **1.** Have any other ethical, safeguarding and/or health and safety issues been identified for the proposed research? If yes, please ensure these are addressed in Section 6 – Detailed Research Plan | Yes/No |
| **2b.** Is there already ethical approval in place? | Yes/No |
| **2.** If not, has/will ethical approval be sought? | Yes/No |

D. Additional Analysis Data

|  |
| --- |
| The following data will assist us in scientific and strategic reporting and may be published. |
| **Research Setting**Based on direct patient contact, indicate whether the research involves a particular medical setting such as primary care or secondary care. | None/Other/Emergency/Primary & Secondary/Secondary/Primary |

Annex 2: Funder principles for supporting research in low- and middle-income countries for epidemics & pandemics

These principles have been adopted by the funders of the Global Effort on COVID-19 (GECO) Health Research.

1. **Alignment to global research agendas and locally identified priorities**

**Funders agree to consider both the World Health Organisation (WHO) and local research priorities, in addition to their own strategic priorities, when funding research in Low- and Middle-Income Countries (LMICs).**

*The* [*WHO R&D Blueprint*](https://www.who.int/teams/blueprint)*was developed to help guide the research response for epidemics and pandemics and funders will aim to align with this and associated research roadmaps developed for a coordinated response which focusses the funds available. It is recognised that certain global research priorities (or additional priorities) may be of particular relevance for research in resource limited settings and funders will ensure that consideration of locally identified priorities is also reflected in the funding process.*

*For COVID-19 the* [*WHO Research Roadmap for COVID-19*](https://www.who.int/who-documents-detail/a-coordinated-global-research-roadmap) *has been developed by* [*WHO R&D Blueprint*](https://www.who.int/teams/blueprint) *team building on consensus from global researchers to help guide the research response for COVID-19.*

1. **Research capacity for rapid research**
2. **Funders agree to build upon existing research capacity and systems, where available.**

*For research to inform the policy and public health response in an ongoing epidemic or pandemic (or future outbreaks of the same pathogen), it needs to be implemented as rapidly as possible. Funders recognise that building on existing research capacity and systems is the fastest way to ensure high quality research is conducted and knowledge exchanged. Funders are also sensitive to the impact of newly created research activities on the response effort. Funders will encourage incorporation of epidemic relevant research questions into existing research studies (for example cohorts and clinical research networks) where possible and appropriate, to gain benefits from both rapid research activation, knowledge mobilisation and pre-existing relevant data.*

1. **Funders agree to support capacity development necessary for the research.**

*Funders recognise the need for strengthening research capacity in resource limited settings and will consider the sustainability of any newly funded research capacity and whether it could be embedded for rapid activation in future outbreaks. Funders will be informed by work of the* [*ESSENCE Group*](https://www.who.int/tdr/partnerships/essence/en/) *including the* [*ESSENCE Good Practice Document on Capacity Strengthening*](https://www.ukcdr.org.uk/resource/essence-seven-principles-for-strengthening-research-capacity-in-low-and-middle-income-countries-2014/)*.*

1. **Equitable, inclusive, cross-sectoral and interdisciplinary partnerships**
2. **Funders agree to support equitable partnership throughout the research process.**

*Equitable partnerships are needed to ensure successful, embedded research, which is locally relevant. Funders will ensure that partnerships supported are informed by*  [*UKCDR’s Equitable Partnership Principles*](https://www.ukcdr.org.uk/resource/finding-and-building-effective-and-equitable-research-collaborations/)*;* [*EDCTP’s Global Code of Conduct for Research in Resource-Poor Settings*](https://ec.europa.eu/research/participants/data/ref/h2020/other/hi/coc_research-resource-poor-settings_en.pdf) *and the* [*KFPE 11 Principles for Research Partnership.*](https://11principles.org/)

*Funders will additionally support the aspiration that any new vaccines, diagnostics, and treatments developed for COVID-19 are globally available, appropriate, and affordable, regardless of where they have been developed or who has funded them, aligned with the* [*Global Collaboration ACT Accelerator.*](https://www.who.int/who-documents-detail/access-to-covid-19-tools-%28act%29-accelerator)

1. **Funders agree to promote inclusive and cross-sectoral partnerships to ensure that research is most likely to impact policy and practice.**

*Inclusivity is needed to ensure consideration of vulnerable or marginalised groups in the research agenda. Public and community engagement plays a particularly important role in achieving and maintaining trust for research within communities for research during outbreaks. Research partnerships should demonstrate that community and public engagement has taken place and will continue to do so. Cross-sectoral partnerships across communities, government, public health and non-governmental organisations all help to ensure that the research funded is most likely to impact policy and practice for the relevant government and public health organisations.*

1. **Funders agree to promote interdisciplinary partnerships**

*The importance of interdisciplinary partnerships for relevant and effective research in epidemics has been highlighted, including through the joint work of the* [*UK Academy of Medical Sciences*](https://acmedsci.ac.uk/policy/policy-projects/multidisciplinary-research-in-epidemic-preparedness-and-response-)*, UK Medical Research Council and InterAcademy Partnership.*

1. **Open science and data sharing**

**Funders agree to require that research findings and data relevant to the epidemic are shared rapidly and openly to inform the public health response.**

*Rapid data findings and data sharing can accelerate health benefits through; facilitating research projects; reducing the duplication of work; and ensuring a clearer picture of the disease through pooled results to improve intervention effectiveness. Funders will be informed by the* *[GloPID-R Roadmap for Data Sharing](https://www.glopid-r.org/wp-content/uploads/2019/06/glopid-r-roadmap-for-data-sharing.pdf) (in particular, the guidance on grant conditions requiring rapid sharing of quality assured data and development and review of data management plans in alignment with the* [*FAIR Guiding Principles for scientific data management and stewardship*](https://www.nature.com/articles/sdata201618.pdf?origin=ppub)*) as well as the associated* [*GloPID-R Principles of Data Sharing in Public Health Emergencies*](https://www.glopid-r.org/wp-content/uploads/2018/06/glopid-r-principles-of-data-sharing-in-public-health-emergencies.pdf) *(Timely, Ethical, Accessible, Transparent, Equitable, Fair, Quality).*

*For COVID-19 the joint statement on* [*Sharing research data and findings relevant to the novel coronavirus (COVID-19) outbreak is pertinent*](https://wellcome.ac.uk/coronavirus-covid-19/open-data)*.*

1. **Protection from harm**

**Funders agree to take all reasonable steps to anticipate, mitigate and address harm to those involved with research funded.**

*Everyone involved in the international development research chain, from research funders, planners and practitioners to local community members, has the right to be safe from harm. Funders will be informed by UKCDR’s* [*guidance on safeguarding in international development research*](https://www.ukcdr.org.uk/wp-content/uploads/2019/06/20190603-UKCDR-Safeguarding-Briefing_updated.pdf)*.*

*For COVID-19 there is a companion piece on* [*practical application of the UKCDR safeguarding guidance during COVID-19*](https://www.ukcdr.org.uk/wp-content/uploads/2020/04/010420-UKCDR-Safeguarding-Companion-Piece_Practical-application-of-guidance-during-COVID-19.pdf)*.*

1. **Appropriate ethical consideration**

**Funders agree to ensure appropriate ethical consideration is embedded throughout research conducted, in particular regarding access to the products of research.**

*Ethics should be at the heart of funding decision-making and considered throughout the research to ensure that the optimal value is being obtained from the research for all parties involved. Funders will be informed by the WHO guidelines*  [*and the* [*Nuffield Bioethics for public health emergencies – recommendations*](https://www.nuffieldbioethics.org/publications/research-in-global-health-emergencies)*.*](https://apps.who.int/iris/bitstream/handle/10665/331507/WHO-RFH-20.1-eng.pdf?ua=1)

*For COVID-19 the* [*WHO Ethical Standards for research During Public Health emergencies: Distilling Existing Guidance to Support COVID-19 R&D*](https://apps.who.int/iris/bitstream/handle/10665/331507/WHO-RFH-20.1-eng.pdf?ua=1) *is pertinent.*

1. **Collaboration and learning enhanced through coordination**

**Funders agree to central coordination to ensure maximum impact of investments for research on epidemics in LMICs through cross- funder and cross- researcher collaboration learning and evaluation. Where relevant this includes contribution of resource to central co-ordination.**

1. **Funders agree to map research funded, use this data to enhance coordination, and ensure it is publicly available.**

*Maximising the value of research investments requires accessible, comprehensive and coherent information on what and where others are investing to help identify funding gaps or duplication and inform or direct future investments. Funders agree to map research funded publicly, for example through* [*World Report*](https://worldreport.nih.gov/app/#!/)*.*

*For COVID-19 the* [*COVID-19 Research Project Tracker by UKCDR & GLOPID*](https://www.ukcdr.org.uk/funding-landscape/covid-19-research-project-tracker/)*-R is pertinent. The Research Project Tracker is aligned with the* [*WHO Research Roadmap for COVID19*](https://www.glopid-r.org/wp-content/uploads/2020/03/who-2019-novel-coronavirus-global-research-roadmap.pdf) *to facilitate informed decision making and targeting of funds where there is need.*

1. **Funders agree to (where relevant) foster collaboration between studies funded in epidemics through communities of practice which facilitate shared development of research protocols, data collection tools, data sharing and exchange of knowledge.**

*Collaboration between communities of practice can facilitate trust, foster new partnerships and improve research outcomes and their impact. Where relevant, funders will support this collaboration through supporting funded researchers to embed in relevant or, co-create communities of practice or an equivalent that promote shared development of research protocols, data collection, purpose driven data and results sharing.*

1. **Funders agree to (where relevant) embed operational research and support impact evaluation across funded projects to learn from and improve future funder and researcher responses for epidemics.**

*Conducting research during epidemics is still a relatively new endeavour and funders are committed to embedding operational research (research on research) and impact evaluation where relevant,. In particular, this will aim to identify how the research response can be improved, including how to overcome barriers to achieving the Funder Principles outlined here (building on prior work undertaken by GloPID-R and GOARN Research such as the* [*PEARLES review*](https://www.sciencedirect.com/science/article/pii/S0140673619328831) *and* [*GloPID-R Roadmap for Data Sharing*](https://www.glopid-r.org/wp-content/uploads/2019/06/glopid-r-roadmap-for-data-sharing.pdf)*).*

1. <http://www.homeoffice.gov.uk/science-research/animal-research/> [↑](#footnote-ref-1)
2. <https://mrc.ukri.org/research/facilities-and-resources-for-researchers/regulatory-support-centre/human-tissue/> [↑](#footnote-ref-2)