**NIH-PEPFAR Local Implementation Science Network**

**Request for Applications (RFA) Announcement**

**Deadline:** November 4, 2024 at 23:59 U.S. Eastern Standard Time (EST)

**Apply:**

**Goals and Objectives**

In collaboration with PEPFAR, the Bureau of Global Health Security and the National Institutes of Health (NIH) Office of AIDS Research, the Center for Global Health Studies at the NIH Fogarty International Center is launching an initiative to support the NIH/PEPFAR Local Implementation Science Network (LISN) in sub-Saharan African countries with PEPFAR Country Operational Plans (COP) as of 2024.[[1]](#footnote-2) The goal of this initiative is to build and strengthen local implementation science (IS) alliances that will utilize IS to address emergent and pressing priorities related to HIV, and in so doing develop a base of in-country IS capacity and experience.

Robust, effective local IS alliances will provide dynamic learning platforms through strong multi-sector collaborations that engage researchers (both local and global), in-country PEPFAR implementing partners and agency staff, community members, and local policymakers to address locally relevant implementation challenges related to HIV and help frame country-anchored IS research agendas that are driven by programmatic needs. Specifically, local alliance activities will address four important areas:

1. IS capacity building;
2. Priority setting including development of IS research agendas;
3. Knowledge sharing and dissemination; and
4. Engagement practices that strengthen links between research, program, and policy.

The local IS alliance model epitomizes a collaborative, community-driven learning ecosystem poised to offer invaluable insights to inform national implementation science research-to-action endeavors. These alliances will provide the scaffolding for sustaining IS activities in high-burden HIV countries through robust engagement and collaboration between researchers, national policymakers, and PEPFAR staff, by building capacity in implementation science for these diverse parties, and ultimately anchoring IS work in locally identified challenges. This approach will ensure that the research priorities and solutions are responsive to local needs. Moreover, the work of the alliances will help ensure that relevant research findings are put into practice and inform how PEPFAR country programs prioritize and utilize implementation science resources in COP25 or through future NIH funding mechanisms.

**Alliance Activities**

LISN consists of two parts:

1. Development of a local alliance that responds to the local priorities and contexts
2. Engagement with the larger cross-alliance network comprised of members of all the local alliances

This design is intended to allow the local alliances to tailor efforts and activities to their unique needs while also creating a broader learning environment that enables sharing of knowledge, challenges, and learning among the local alliances.

Each alliance will convene partners to develop activities related to implementation challenges in the context of HIV and an overall agenda that addresses consensus-driven implementation science priorities. Alliance activities should be driven by collective identification of key challenges in program implementation and should include development of a locally relevant implementation research agenda, IS capacity building activities, and disseminating and sharing of research results. The local alliances should focus on a local priority area that could include but are not limited to those identified below that align with PEPFAR and NIH priorities:

1. Developing Local Implementation Science Agenda for integrated HIV and NCD care
Description: Local IS Alliances will work closely with PEPFAR teams in selected countries to draft a tailored implementation science agenda. This agenda will focus on evaluating innovative service delivery models that effectively integrate HIV care with broader primary healthcare services, including non-communicable diseases (NCDs) such as hypertension, and mental health. The aim is to strengthen linkages between HIV services and comprehensive primary care to improve patient outcomes, reduce service fragmentation, and enhance the sustainability of health systems
2. Developing Local Implementation Science Agenda for Youth Interventions
Description: Local IS Alliances will work closely with PEPFAR teams in selected countries to draft a tailored implementation science agenda aimed at evaluating the new PEPFAR youth-focused HIV interventions planned for FY2024. This initiative will include engaging youth in the design and execution of HIV outreach programs [and so devising a research agenda, would include working to evaluate youth engagement in program design, etc.].
3. Formative Planning for Scaling Long-Acting Prevention Modalities for Priority Populations (AGYW, MSM, PWID, sex workers)
Description:  Local IS alliance will undertake planning for formative research to explore the feasibility and optimal strategies for scaling long-acting prevention modalities (such as long-acting injectable PrEP) among priority populations in high-burden settings where PEPFAR operates.
4. Developing Local Implementation Science Agenda to address Retention in Care

Description: Local IS Alliances will work closely with PEPFAR teams in selected countries to draft a tailored implementation science agenda aimed at evaluating innovative solutions, including behavioral and/or structural interventions, to address retention in care.

In relation to the identified priority area, successful applications will describe how they will conduct the following activities:

* Partner Engagement: Provide a description of how the alliance will identify and collaborate with local parties impacted by the research to ensure the activities and research agenda is relevant and impactful. Describe intended mechanisms for engagement of all relevant potential collaborators including program implementers, policymakers and the community in the research process from planning to execution and analysis.
* Agenda Development: Describe plans for development of an implementation science agenda that includes objectives, methodologies, and evaluation metrics that address the unique aspects of the interventions in the local contexts.
* Protocol Development: Describe plans for the co-development of detailed research protocols ensuring they are adaptable to local contexts and scalable contingent on additional funding. Protocols generated by the local ISAs may be considered for funding through country specific COP funding mechanisms (in COP 25) and/or future NIH funding announcements.
* Capacity Building: Describe plans to organize capacity building activities including workshops and training sessions to enhance local researcher and program capacity in implementation science, fostering sustainable research practices.
* Scaling Strategy: Describe plans for the development of evidence-based recommendations for scaling up these modalities tailored to the specific needs and contexts of the target populations.
* Alliance Sustainability Plan: Describe a plan for how the alliance will sustain itself to ensures ongoing activities and collaborations

Potential deliverables could include prioritized research agenda, research/program landscape, training curriculum, a dissemination plan, and a plan for sustaining the alliance.

Members of the local alliances will also be part of the larger, cross-alliance network that will convene members to facilitate knowledge sharing, promote cross-alliance activities, and identify common challenges, successes and potential synergies. The cross-alliance network activities may include IS training geared towards researchers, policymakers, and program implementers. The cross-alliance network will be organized and led by NIH/FIC in collaboration with PEPFAR with guidance from an inter-agency steering committee. Successful applicants should plan to attend the LISN launch meeting at the end of January 2025.

## **Eligibility Requirements**

Successful applications will propose local alliance leadership teams that include one researcher with demonstrated experience and expertise in IS, at least one member from the country’s Ministry of Health, the national government body primarily responsible for health and health care delivery, and at least one in-country PEPFAR implementing agency member with an option to have up to five members total. Applicants should identify a single or multiple priority areas, propose the scope, structure, and specific activities for the alliance outlining goals that could be achieved over the course of one year. All applications should address the activities above, including plans for an implementation science capacity-building activities, sustainability, and dissemination. Applications must also indicate specific deliverables and intended impacts.

Applications must be led by a principal investigator with a relevant NIH-supported research project that is or was active in the last five years (note, co-PIs and other leadership roles on the grant are eligible to apply) and demonstrate expertise within their research team related to HIV and IS. Applicants can be of any nationality or residency, though their research must be conducted in sub-Saharan African countries with PEPFAR Country Operational Plans as of 2024. Applications led by someone from the focus country or with teams made up completely of individuals from the proposed focus country will be prioritized. In addition, applicants must designate at least two but no more than five in-country partners to be part of their alliance team. These partners must be primarily located in the PEPFAR country and can be from any PEPFAR agency, and can also include key in-country government representatives, and/or in-country research collaborators. Applicants and their designated partners are expected to be actively engaged in the local alliance and attend all cross-alliance network meetings.

## The ideal applicant will have strong interest in and work related to IS as it applies to HIV, strong collaborations with in-country research and non-research partners, and plans to use the interactions supported by the Alliance to inform and enhance the impact of their research.

## **Alliance Membership Terms and Support**

Alliance teams will receive up to $40,000 inclusive of indirect costs to develop their alliances and support their proposed activities. Teams will also receive travel support (airfare, accommodation, and per diem only) up to $10,000 inclusive of indirect costs to support their attendance at the LISN launch meeting at the end of January 2025.

## **Required Materials**

Please note all materials must be submitted as word or pdf documents and should be prepared in advance of starting the application. You will be unable to save an application once it is started, and you may not make any changes once you submit.

1. **Application Form (Download the ‘NIH-PEPFAR Local Alliance Application Pass-through Application (PA) Form’)**

ONE single electronic file of the provided application form with the following sections completed.

* 1. **Personal Information**. Include a reference number to current NIH grant(s) or NIH-supported research.
	2. **Partner Information**. Include information for at least two and up to five in-country partners.
	3. **Research Background**. Provide a brief summary of your research as it relates HIV and IS. Describe how your research project(s) currently includes or is related to elements of implementation science. (No more than one page)
	4. **Applicant and Partner Interest**. Explain what you hope to gain by developing a local alliance and why participation in the crosse-alliance network will strengthen uptake of evidence into program and policy as it relates to HIV. Each partner must describe the role they will play and what they hope to gain by participating in the alliance. Be sure to include partners’ expertise as it relates to implementation science and HIV. (no more than one page)
	5. **Local alliance priority**. Explain the HIV priority areas the local alliance will address and why/how this was chosen. Please provide context specific to the country or local area you are applying from. (no more than half a page)
	6. **Local alliance activities.** Outline what your team will do over the course of one year to build your alliance, include in this section how the alliance will address the selected priority area, who you plan to engage, and your aims and intended outcomes. (no more than one page)
	7. **Expected deliverables.** Include a list of anticipated deliverables and outcomes the alliance expects to achieve as a result of the work listed above. (no more than half a page)
1. **Applicant and Partner BioSketch or Curriculum Vitae.**

ONE single electronic file containing the applicants’ and partners’ [NIH style](http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-032.html) biosketch or CVs. (No more than 5 pages for each biosketch or CV.)

1. **Timeline and budget**.

Provide details on the planned timeline, which is limited to one year from the start of the contract, and proposed budget for alliance activities (limited to $40,000 for alliance activities and $10,000 for travel- inclusive of indirect costs. Funds cannot be used for salary support.).

**Application Submission**

All applications must be submitted electronically through CRDF Global’s Electronic Proposal Submission (EPS) site, no later than November 4, 2024 **(23:59) U.S. Eastern Standard Time (EST).** Note, there will be an application information session prior to submission deadline on Tuesday October 15, 2024 from 11:00 AM-12:00 PM ET.

**EPS website will be available upon request. Please submit your request for log-in information to Annie King, aking@crdfglobal.org**

\*Submission through this website **does not** require previous registration.

https://crdfglobal.fluxx.io/

Applications should be submitted only one time. No modifications are permitted once submitted.

**Application Review Process**

Applications will be reviewed by the NIH/PEPFAR Steering Committee and select experts based on the quality of applicants’ scholarship and research, the extent of applicants’ commitment to future HIV and implementation research, and the applicants’ partner support.

1. <https://www.state.gov/where-we-work-pepfar>

This list limited to: Angola, Botswana, Burundi, Cameroon, Cote d'Ivoire, Democratic Republic of the Congo, Eswatini, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Rwanda, South Africa, South Sudan, Tanzania, Uganda, Zambia, and Zimbabwe [↑](#footnote-ref-2)