



THE HEPATITIS FUND

CALL FOR PROPOSALS 2024

TRANSFORMATIVE PROGRAMMES TO ADVANCE HEPATITIS ELIMINATION

The latest data from the World Health Organization (WHO) Global Hepatitis Report 2024 show that viral hepatitis is a major public health challenge, and the world is still far from achieving its elimination by 2030. Hepatitis B and C continue to cause significant mortality, claiming over 1.3 million lives each year due to complications such as liver disease and cancer. In 2022, viral hepatitis and tuberculosis were the joint second leading causes of death among communicable diseases, following COVID-19.

Combined, hepatitis B and C cause 3,500 deaths per day and mortality is increasing. Globally, an estimated 254 million people are living with hepatitis B and 50 million with hepatitis C; 6,000 people are newly infected with viral hepatitis each day. In most countries, many people remain undiagnosed, and even when diagnosed, the number of people receiving treatment remains incredibly low.

Despite the availability of medicines at affordable prices, many countries are still not taking full advantage of these treatments because of policy, programmatic, and access barriers. Similarly, many infants do not receive the hepatitis B virus (HBV) birth-dose vaccination along with at least two additional recommended doses despite the low cost of this intervention. Funding for viral hepatitis remains limited.

Urgent and coordinated action is needed to overcome these obstacles and get the global response back on track, including increasing funding, improving diagnosis rates, expanding treatment accessibility, and addressing systemic barriers. It is also crucial to maximise the use of available tools and ensure fair access to interventions to effectively end the hepatitis epidemics.

PROGRAMME AND SCOPE

The Hepatitis Fund (THF) is launching a second round of proposals on 29 July 2024, for the period 2025-2027.

Through this **multi-year funding opportunity**, organisations may apply for a grant to support their



work aiming to eliminate viral hepatitis as a public health threat.

Grants will be allocated to projects serving populations in low- and middle-income countries in **Asia and Africa, for both hepatitis B and C.**

Proposals should demonstrate close coordination with national programmes and strong commitment and collaboration from national governments. Programme design should be country-led and informed by meaningful engagement with community and civil society organisations.

Implementation should incorporate person-centred strategies. Targeted advocacy activities should also be included and be aimed at raising awareness, scale up, and building political support for programmes that are human rights-based and gender equitable.

THF will prioritise projects that demonstrate ways to secure funding for scaling up and use innovative approaches. The proposed idea should integrate scientific/technological, socio-cultural, and/or multi-sectoral innovation. AI and eHealth projects that significantly enhance healthcare efficiency and cost-effectiveness by streamlining processes and improving patient outcomes will be prioritised. THF will give special attention to technologies that optimise resource allocation, lower operational costs, and improve data management, ultimately leading to a more responsive and sustainable healthcare system.

Projects funded by THF may include the procurement of commodities (e.g. medicines and diagnostic equipment) for the purposes of the project and within the agreed budget.

THF encourages grantees to procure treatment commodities by using pricing ceilings agreed by THF, CHAI, Viartis, and Hetero or the lowest available prices in the country of implementation.

THF allocates funds to its grantees through a competitive process for each call for proposals. Meeting all the specified requirements does not ensure that your proposal will be chosen.

THF will consider proposals for projects divided **into two tracks:**

1. The **advancement of planning and financing elimination activities**, particularly through the provision of technical assistance to support national government leaders.
2. The **development or delivery of programme services by the implementing organisation.**

Some examples of activities for each track are provided below. The examples are not exhaustive/other ideas also considered. The activities can also be grouped into the same proposal with the same objective and goal.



Applications must align to the following tracks and specific challenges:

Track 1: Use of data and technology to inform planning and financing

- Harnessing the power of data to engage senior leaders and make data easy to understand for key stakeholders so that they are moved to confront the burden of hepatitis. For example, there are untapped databases which provide data, modelling tools, and decision analytics to support eliminating hepatitis B and C globally by 2030.
- Working with Ministry of Health and Ministry of Finance officials to develop strategic financing approaches. While most countries with a significant burden/prevalence of viral hepatitis have national action plans to address the disease, they are often limited in scope, ambition, and implementation to reach elimination goals due to the perceived insurmountable costs.

Example of activities include, but are not limited to:

- Costing a viral hepatitis elimination plan
- Making the investment case for hepatitis elimination
- Examining innovative financing mechanisms to meet those costs
- Showcasing the outcomes of financing strategies to demonstrate to other countries what is possible
- Establishing quality national data collection, surveillance, and modelling
- Building capacity for monitoring and evaluating hepatitis programme indicators
- Providing technical expertise to key decision makers in governments to advance their top priorities to test and treat viral hepatitis.

Track 2: Developing programmes to deliver services

I. Saving lives by promoting maternal, newborn, and child health

Vertical transmission (also known as mother-to-child-transmission, or MTCT) is the most common form of transmission of HBV in many high-prevalence areas such as East Asia and Africa and may occur in up to 90% of infants of mothers with chronic hepatitis B, if specific antenatal and perinatal interventions are not provided. Birthing facilities are an underutilised channel for delivering comprehensive services for the prevention of HBV infection in children, particularly HBV birth-dose vaccination. Integrating prevention of vertical transmission of HBV (PMTCT) into routine perinatal care promotes maternal, newborn, and child health and strengthens health care delivery systems in general.



Illustrative activities include, but are not limited to:

- Increasing facility-based delivery
- Expanding and rolling out timely birth-dose vaccination
- Increase uptake, availability, and quality of HBV PMTCT services among pregnant women
- Assess and develop strategies to address HBV PMTCT service implementation.

II. Accelerating access to testing and treatment approaches

Implementing efficient and innovative approaches for accelerating the testing of populations for hepatitis to identify those persons who have chronic infection and link them to appropriate care.

Illustrative activities include, but are not limited to:

- Decentralising hepatitis services and task shifting of hepatitis care
- Raising awareness about the viral hepatitis challenge and solutions
- Integrating people-centred hepatitis services delivery within universal health coverage
- Ensuring equitable access to essential medicines and technologies to address viral hepatitis by improving procurement systems
- Screening key populations and addressing stigma associated with viral hepatitis infections.
- Integrating hepatitis care into other relevant health programmes.
- Increase general health workforce competencies relating to viral hepatitis testing and treatment.
- Developing and use of e-health tools, cost-effective and secure communication technologies as a key enabler in healthcare services
- Increasing awareness and communicating patient education (e.g., by engaging civil society and patient support groups)
- Sharing best practices and lessons learned to facilitate scaled-up roll-out across countries



For both tracks, THF encourages and prioritise e-health initiatives that enhance and promote health data sharing and evidence-based and innovative approaches to facilitate access to testing and linking to care and treatment.

For Track 2 on Service Delivery programmes, THF encourages ALL projects to include and integrate the local community, local government, and activities to raise awareness and demand.

Advocacy efforts should be specifically tailored and integrated into service delivery programmes to increase awareness and garner political backing for programmes.

Your proposal is eligible for consideration if it complies with the following criteria and THF grant guidelines (Annex).

- The primary purpose of the work to advance the efforts to eliminate viral hepatitis
- Your proposal addresses at least one of the programmatic directions of THF
- Your proposed approach is innovative
- Your proposal is sustainable and scalable
- Your proposal targets low middle-income countries in Africa or Asia
- You or your organization have the capacity to implement your project
- You are a tax-exempt charitable organization
- Your organization have a proven track record implementing similar projects
- Your proposal has a catalytic impact
- Your proposal demonstrates good value for money
- Your proposal has strong community engagement

ANTICIPATED FUNDING AVAILABILITY AND LENGTH OF GRANTS

The number and size of the individual awards will vary depending upon the scope of the proposed projects and availability of funds. Applicants may submit a maximum of two different applications.

- For **Track 1** project, THF anticipates awards will not exceed **US\$ 250,000** and will be limited to an **18-month** grant period.



- For **Track 2** projects, two maximum amounts will be allocated depending on the reach and number of countries where the project will be implemented.
 - a) For multi country or regional projects (at least three countries), THF anticipated awards will not exceed US\$ 1,000,000 per year and will be limited to a 36-month grant period.
 - b) For single country or regional projects, The Hepatitis Fund anticipated awards will not exceed US\$ 500,000 per year and will be limited to a 36-month grant period.

LIMITATIONS AND SIZE OF GRANTS

The size of a grant cannot exceed 80% of the overall budget for the intended project.
The size of a grant cannot exceed 50% of the organisation's overall budget for the same period.

Award payments will be based on approved budgets and milestones, with 20% of the funds held in reserve until approval of the final report. Projects should be designed to be completed within the grant period.

THE HEPATITIS FUND GRANTMAKING PROCESS

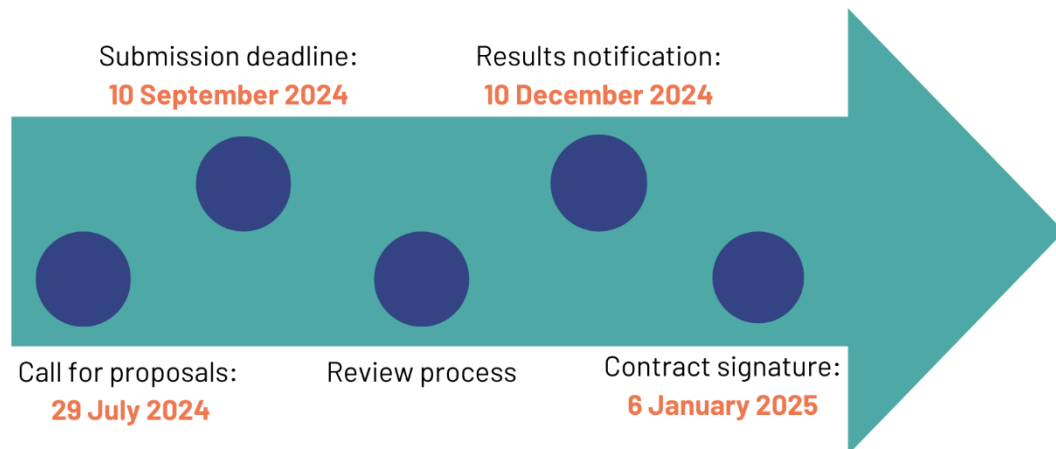
PROCESS

THF is launching a second round of proposals on 29 July 2024, for the period 2024-2027.

THF will use a combination of outreach efforts for a public call of proposals describing in detail the purpose of the award, eligibility requirements, estimated award amount(s), application deadline, and funding period, to encourage eligible and interested applicants to submit a complete proposal. Through an open call for proposals that will be reviewed and selected by an external review committee of independent global health experts, THF will support the best rated projects within the funding envelope for the grant period established.

Applicants that meet the eligibility requirements are encouraged to submit a full proposal by **10 September 2024, 23:59 CEST**.

TIMELINE



HOW TO APPLY

Applications must be submitted to the following (insert Civiplus link).

The application form and annexes are available in PDF on our website as well as in the link above.

The Terms of Reference this call will include the following elements:

Required Grant Proposal Elements

Proposal – The grant proposal must clearly describe the problem/need that is proposed to be addressed and the project goals, objectives, and specific activities that will be engaged in to address the problem. Clear deliverables must be identified along with proposed due dates. THF will only accept proposal written in the THF application form, available here: www.thehepatitisfund.org/apply-for-funds

Budget – The budget should be structured in a way that supports the project deliverables and milestones. Generally, this means a line-item budget that may be further detailed by major project deliverables, and that aligns with the project's statement of work. If there are other funders (or the grantee is self-funding a portion of the project), the grant budget should reflect the total cost of the project and the portion of the total project THF is funding. A template for the budget is available here: www.thehepatitisfund.org/apply-for-funds



Logframe – The logframe is a summary of the grant/project plan submitted by grantees. It will be used by THF to monitor project progress and evaluate project performance. The logframe is intended to provide an overview of a project’s goal, activities, and anticipated results. It provides a structure to help specify the components of a project and its activities and for relating them to one another. It also identifies the measures by which the project’s anticipated results will be monitored. A template for the budget is available here:

www.thehepatitisfund.org/apply-for-funds

Indirect rate or overhead – THF will consider supporting an indirect rate of up to 10%. Budgets will be submitted and paid in US dollars (USD). THF is not responsible for relative reductions in funding due to currency fluctuations.

Co-Funding – Grantees will be required to have a co-funding mechanism. THF will support up to 80% of the total amount of the project. Co-funding can be by means of another donor or donors, or in-kind support of the organisation.

The **full proposal** should be submitted by **10 September 2024, 23:59 CEST**.

The proposal must address the following elements:

- Executive summary
- Background: challenge and problem to be addressed and relevance of proposed activities
- Description of the organisation (mission, structure, in-country presence, funding levels)
- Project design (plan and timeline)
- Previous relevant experience
- Objective(s)
- Output and outcomes
- Expected catalytic impact
- Transition /sustainability and scale-up
- Partnerships/relationships and subgrantees
- Risks and mitigation strategies
- References from previous clients /donors
- Project budget and co-funding.



The proposal should be a maximum of 20 pages in length, excluding references and budget. Please see application template for specific details. Please use the grant proposal form.

SELECTION OF PROPOSALS

Proposals will go through a first pre-selection process carried out by THF's Secretariat Grant Committee. Pre-selected proposals will be formally reviewed by an independent external grants review panel comprising global health and hepatitis experts. This panel will assess the proposals based on criteria including strategic alignment, impact, value for money, proposal design, potential risks, organisational capacity, and budget, assigning scores accordingly.

Following this review, selected finalists will be invited to undergo a Due Diligence review. This comprehensive process ensures a complete assessment of prospective grantees before finalising grant agreements and awarding funds.

Based on feedback obtained during the review panel process, negotiations may occur to refine the scope of work, ensuring better alignment with THF's needs and expectations.

Consequently, the associated level of effort and budget may be adjusted to reflect any changes made to the scope. All amendments will be documented in writing and incorporated in the project proposal.

Following the scoring and presentation of the finalists, the review panel committee, together with the secretariat will select the best proposals and seek approval from the Governing Board.

Awards are granted based on rank, score, and specific selection outlined in the proposal guidelines.

APPROVAL AND SIGNATURE

Grant recommendations must align with the project's approved budget and cannot exceed the project's funds balance.



Grants cannot cover expenses such as memberships, benefits, special events, and other purposes where a portion of the gift would not be deductible. In addition, grants cannot be allocated to individuals or to support, participate, or intervene in any political campaign on behalf of or in opposition to any political candidate.

Upon agreement, a formal Letter of Agreement will be signed between THF and the grantee.

RIGHTS AND ASSURANCES

Materials submitted in response to this Call for Proposals may be shared with other funding partners and technical experts. In addition, the proposals will be shared with technical experts as part of the review panel process. By providing any submission materials, applicants represent and warrant that they have the right to provide the information submitted and to grant the license of use noted above.

THF reserves the right to cancel, amend, or reissue this Call for Proposals; to disqualify, accept, or reject applicants without an explanation; to make fewer awards or for less funds than noted in this Call; to award different funding amounts, different grant periods, or different conditions than proposed by applicants; to alter the eligibility and evaluation criteria prior to the deadline for applications; and to not provide feedback regarding why proposals were (not) selected for funding.

Awardees will assure that all ethical, legal, and regulatory approvals are obtained before any relevant project work is initiated.

CONTACT INFORMATION

For further information and in case of questions, please contact grants@thehepatitisfund.org.

To apply, please visit www.thehepatitisfund/howtoapply/