



Stronger Systems for Health Security

Call for research under the Indo-Pacific Centre for Health Security

Competitive Aid Grant Guidelines

Contents:

SECTION 1: BACKGROUND AND INTRODUCTION	2
SECTION 2: CONTACT PERSON	3
SECTION 3: OPERATIONAL OBJECTIVES	4
SECTION 4: ELIGIBILITY CRITERIA	5
4.1 ORGANISATION ELIGIBILITY	5
4.1.1 CONSORTIA	5
4.2 COUNTRY ELIGIBILITY	5
4.3 APPLICANT ELIGIBILITY	6
4.4 PROPOSAL ELIGIBILITY AND ELIGIBLE EXPENSES	7
SECTION 5: APPLICATION PROCESS AND INDICATIVE TIMELINE	9
5.1 INDICATIVE TIMELINE	9
5.2 MINIMUM DATA	10
5.3 DEADLINE AND FORMAT FOR PROPOSAL SUBMISSION	10
5.4 CONFORMANCE CHECK	10
5.5 SELECTION PROCESS	10
5.6 DEBRIEFING OF APPLICANTS	11
5.7 COMPLAINTS	11
SECTION 6: ASSESSMENT	11
6.1 ASSESSMENT OUTCOME	11
6.2 ASSESSMENT CRITERIA	12
SECTION 7: SAFEGUARD AND CROSS-CUTTING ISSUES	14
SECTION 8: CONTRACTUAL, REPORTING AND ACQUITTAL REQUIREMENTS	15
ANNEX 1: LIST OF LOW- AND MIDDLE-INCOME COUNTRIES IN SOUTHEAST ASIA AND THE PACIFIC	16
ANNEX 2: CATEGORY DESCRIPTORS FOR ASSESSMENT CRITERIA	
ANNEX 3: DRAFT GRANT AGREEMENT	

Section 1: Background and Introduction

1. The Australian Government, through the Department of Foreign Affairs and Trade (DFAT), is implementing a call for health systems and / or policy research in relation to health security, entitled Stronger Systems for Health Security.
2. This new investment in health systems and / or policy research has a combined focus on strengthening country-level systems tailored to people's health needs, and on health security in Southeast Asia and the Pacific to ensure effective regional solutions to trans-boundary threats.
3. This new investment in research is part of the Australian Government's Health Security Initiative (the Initiative) led by the Indo-Pacific Centre for Health Security. The Initiative, and this research call, follow from a 2016 pre-election policy commitment to invest in regional health security to increase Australia's efforts in health security policy.
4. The overarching goal of the Initiative is to help protect the safety, prosperity and wellbeing of the Indo-Pacific region by strengthening health security. The Initiative reinforces Australia's commitment to security and prosperity in our region. The Initiative will focus attention on health security risks and responses in the region, recognising Australia's shared interests and vulnerabilities and driving greater cooperation and commitment to health security.
5. Within the Initiative, health security is defined as reduced vulnerability to acute public health events, mainly existing and emerging infectious diseases with epidemic potential, and drug resistant strains of these diseases.
6. The Initiative builds on DFAT's *Health for Development Strategy, 2015-2020*. DFAT's health strategy focuses on building resilient and sustainable health systems and strengthening regional preparedness for existing and emerging health threats. The work of the Initiative will be in line with DFAT's development policy *Australian aid: promoting prosperity, reducing poverty, enhancing stability*, and DFAT's *Health for Development Strategy 2015-2020*.
7. The Initiative will seek to complement other Australian Government engagement in health security, including through the Department of Health, Department of Agriculture and Water Resources, the National Health and Medical Research Council (NHMRC), the Commonwealth Scientific and Industrial Research Organisation, and others. For example, the National Framework for Communicable Disease Control recognises that a whole of government integrated approach is required for regional engagement to mitigate potential epidemics.
8. Globally, the funding base for Health Policy and Systems Research (HPSR) continues to be relatively narrow. In addition to funding constraints, there is relatively sparse production of this type of research in lower middle income countries, and few research collaborations. In 2014, for example, lower income countries produced less than seven per cent of the Health Policy and Systems Research focused on lower middle income countries¹.
9. Up to \$16 million will be available for research projects under the Stronger Systems for Health Security research program. This is the first investment in research to be led by the Indo-Pacific Centre for Health Security. Further

¹ World Report on HPSR. WHO and Alliance for HPSR. 2017.

investments in research may be forthcoming in future years. While consideration may be given to future calls for research under the Initiative, this scheme is currently open as a once-off call for applications.

10. The funding available for research under this call is Official Development Assistance (ODA) funding. Proposed research under this call must therefore meet requirements for being considered ODA i.e. the proposed projects must be directly and primarily relevant to the problems of low- and / or middle-income countries. Further information about ODA eligibility is available in a factsheet prepared by the Organisation for Economic Co-operation and Development (OECD), at: <https://www.oecd.org/dac/stats/34086975.pdf>
11. These Guidelines explain the Competitive Grant Process to select successful applicant/s to implement research through DFAT's Stronger Systems for Health Security research program.
12. DFAT has developed this grant opportunity. These Grant Guidelines, *scheme-specific Advice and Instructions for Applicants*, *Grant Proposal Template*, and *scheme-specific Peer Review Guidelines* will be hosted on the DFAT website.
13. NHMRC is providing the application and assessment process to facilitate this call. Applications must be submitted through NHMRC's Research Grants Management Scheme (RGMS). Supporting documentation including *NHMRC Advice and Instructions 2017*, *NHMRC Funding Rules 2017*, and *Guide to Peer Review 2017* are available on NHMRC's website at: <https://www.nhmrc.gov.au/grants-funding/apply-funding>
14. NHMRC will undertake the conformity check of applications, undertake a peer review process, and scrutinise the budget to ensure value for money.
15. NHMRC will provide peer review outcomes to DFAT. DFAT will carefully consider the peer review outcomes and the DFAT delegate will decide which proposals to fund.

Section 2: Contact Person

16. Enquiries in relation to this research call should be directed to chs@dfat.gov.au no later than 5pm Australian Eastern Daylight Time (AEDT) on Friday 17 November 2017. DFAT will not respond to any enquiries later than Tuesday 21 November. All enquiries and replies will be posted on the Business Opportunities page of the DFAT website (without identifying the organisations which submitted the enquiries).
17. Applicants requiring assistance with the application process, including website submission questions, should direct enquiries to their Administering Institution's Research Administration Officer (RAO). RAOs can contact NHMRC Research Help Centre (RHC) for further advice:

P: 1800 500 983 (+61 2 6217 9451 for international callers)

E: help@nhmrc.gov.au.

Please see the [RHC webpage](#) for opening hours or more information.

Section 3: Operational objectives

18. This call for research seeks health systems and / or policy research that:
- Contributes evidence to strengthen regional health security; and
 - Develops regional and local capacity to undertake and use health systems and / or policy research to improve health security.
19. The objectives of the research call are:
- To support high quality and collaborative health systems and / or policy research that contributes evidence to strengthen regional health security, in particular in Southeast Asia and the Pacific;
 - To promote translation of that research into health policy and / or practice in the region;
 - To increase the capacity and expertise of research institutions in the region in health systems and / or policy research related to health security; and
 - To contribute to the growth of Australian researchers' experience of, and expertise in, health security issues in the region, for the benefit of Australia and the region.
20. Through this program, DFAT expects the following outcomes:

KEY OUTCOME: New evidence regarding health policy and systems is used to improve regional health security and to stimulate future research

INTERMEDIATE OUTCOME: High quality research outputs produced and disseminated that contribute to the evidence base on strengthening health systems and / or policy to improve regional health security

21. The scheme will not support:
- Research without strong and demonstrable potential to have a positive impact on the health system and / or health policy and, in turn, their relationship to health security in the region;
 - Research that duplicates current and / or previous investments;
 - Clinical or biomedical research, including randomised control trials or cohort studies for clinical or biomedical research;
 - Research focused on the development of infrastructure;
 - Research that does not meet the requirements for being considered Official Development Assistance (ODA)² i.e. the proposed projects must be directly and primarily relevant to the problems of low- and / or middle-income countries;
 - Research that is not supported by partnerships with researchers and research institutions in low- and middle-income countries in Southeast Asia and the Pacific (refer Annex 1); and
 - Research that does not have the potential to contribute to poverty reduction within those countries.

² Is it ODA? Factsheet – November 2008. OECD.

Section 4: Eligibility criteria

4.1 Organisation eligibility

22. Only NHMRC approved Administering Institutions are eligible to apply.
23. Research activities funded must meet the requirements for being considered Official Development Assistance (ODA) i.e. the proposed projects must be directly and primarily relevant to the problems of low- and middle-income countries.
24. Organisations submitting proposals must not have any reason preventing them from operating in Southeast Asia and the Pacific.

4.1.1 Consortia

25. Consortia which include partnerships between Australian and international organisations are eligible. Consortia that include locally based organisations with a physical presence in Southeast Asia and the Pacific would be relevant to this investment.
26. Consortia which include cross-sectoral and transdisciplinary or multidisciplinary teams may have the potential to extend the application of health systems and / or policy research into practice and may have particular relevance to health security. Therefore these types of partnerships are also eligible.
27. Consortium proposals must be supported by a separate letter from each partner providing information about itself, noting the relationship between the Lead Organisation and partner organisation(s) and expressing the intent to collaborate. The letters must be held by the Lead Organisation's Research Administration Officer Research (RAO). DFAT may require these letters to be provided to DFAT prior to entering into arrangements with successful applicants.
28. Where two or more eligible Organisations wish to enter into a consortium arrangement, one partner must be nominated as the Lead Organisation. The Grant Agreement shall be signed with the Lead Organisation. The Lead Organisation in a consortium will be accountable for all funds and the Lead Organisation is responsible to DFAT for the performance of the consortium under the Grant Agreement to achieve the objectives as agreed with DFAT.
29. Organisations may be involved in several consortia and proposals.
30. DFAT reserves the right to reassess any proposal if, following submission, the membership of a successful consortium proposal changes, including withdrawing consortium member(s).

4.2 Country eligibility

31. Countries eligible to be beneficiaries and subjects of the research are low- and middle-income countries in Southeast Asia and the Pacific. A list of these countries can be found at Annex 1.
32. In making final decisions about the awarding of grants, DFAT will reserve the right to ensure an appropriate balance of research investments across the Southeast Asia and Pacific region.

4.3 Applicant eligibility

33. Chief Investigators A (CIA) and Administering Institutions must ensure applications meet all eligibility requirements at the time of submission and for the duration of peer review unless otherwise stated.
34. An eligibility ruling may be made by DFAT at any stage following the close of applications, including during peer review. Where an eligibility ruling is being considered, DFAT may request further information in order to assess whether the eligibility requirement has been met. Administering Institutions will be notified in writing of ineligible applications and are responsible for advising applicants.
35. The CIA must confirm in writing with all other CIs that they agree to be named as such on the application and endorse the application. The CIA must provide written evidence of this to the Administering Institution's Research Administration Officer Research (RAO). The RAO must not certify and submit the application to NHMRC until the CIA has completed this step and all relevant CI consents and endorsements have been obtained.
36. An Associate Investigator (AI) is defined as an investigator who provides some intellectual and / or practical input into the research and whose participation may warrant inclusion of their name on publications.
37. Individuals are not able to draw a salary from any grant on which they are a named AI.
38. There is no restriction on who may be named as an AI on an application. However, a maximum number of 10 named AIs applies.
39. The CIA must confirm in writing with all AIs that they agree to be named on the application. Written evidence must be obtained from all AIs and provided to the RAO, stating their agreement to be on the application. AIs are not required to endorse an application prior to submission to NHMRC.
40. Applications that do not meet these eligibility requirements may be ruled ineligible and may be excluded from further consideration.
41. An application may be excluded from further consideration if:
 - It contravenes an eligibility rule or other requirement as set out in these Guidelines or *Advice and Instructions to Applicants* or it or persons named on the application contravene an applicable law or code; or
 - Persons named on the application are the subject of a decision by the Chief Executive Officer or Delegate that any application they make to NHMRC, for specified funding schemes, will be excluded from consideration for a period of time, whether or not they meet the eligibility requirements. Such decisions will generally reflect action taken by NHMRC in response to research misconduct allegations or findings, or a Probity Event. See the *NHMRC Policy on Misconduct related to NHMRC Funding*.
42. Applicants can apply as a Chief Investigator (CI) on a maximum of two (2) applications for this scheme.

43. Applicants can only apply as (CIA) on one (1) application for the scheme. Applicants who wish to apply as a CI on a second application can do so as CIB-CIJ ensuring that they are listed as CIA on one application only.
44. Organisations should note that individuals with conflicting commitments and current and Former DFAT Employees must not be included in the Activity Proposal or as individuals who may be engaged by the applicant if selected through the assessment process described in this Guideline. DFAT may reject any Activity Proposal which does not disclose the fact that a proposed team member has an existing and continuing commitment to another project or activity.
45. Activity Proposals compiled with the assistance of current or Former DFAT Employees will be excluded from consideration.
46. For the purposes of points 44 and 45 above 'Former DFAT Employee' means a person who was previously employed by DFAT, whose employment ceased within the last nine months and who was substantially involved in the design, preparation, appraisal, review and or daily management of the program to which this grant program relates.

4.4 Proposal eligibility and eligible expenses

47. Applications must be submitted using [Research Grants Management System \(RGMS\)](#).
48. It is essential that applicants become familiar with documentation for this call on the Business Notifications page of DFAT's website. It is the responsibility of applicants to ensure they review all addenda.
49. Applications must include the following components:
 - a. All mandatory sections of the RGMS profile
 - b. All required sections of the application form Part A
 - c. CV-CD: Career Disruption
 - d. CV-RO: Relative to Opportunity
 - e. CV-TTP: Translation into Policy / Practice
 - f. CV-Pub: Publications
 - g. B-PBRF: Proposed Budget - Research Facilities
 - h. B-PB: Proposed Budget - DRC and Equipment
 - i. B-GP: Grant Proposal
50. The proposed budget may include Researcher and associated staff salaries and costs (including staff in collaborating countries); Fieldwork costs; Equipment; Knowledge transfer activities; Capacity development activities; Travel & related costs; and Other associated costs:
 - Salaries for researchers and/or associated staff – The proposed salaries for each member of the team should be based on NHMRC's Personnel Support Packages and requirements. A short justification for each member of the team should be provided. The inclusion of Chief Investigator/s from institution/s in countries in Southeast Asia and the Pacific is encouraged. For Personnel Support Packages requested for team members local to countries in Southeast Asia and the Pacific, requests should reflect the rate of pay relevant to that country, with consideration given to conversion rates.

- Fieldwork costs – This includes costs for field research and fieldwork expenses. Field research means external collection of information integral to the programme; and fieldwork expenses are costs related to carrying out field or survey research. Costs associated with establishing the programme should also be included.
 - Equipment – DFAT will only fund equipment or software that is specific to the programme. DFAT will not fund general equipment or software that would be normally provided by institutions like standard computers or Microsoft suite. Computing equipment or software should be specialised and required for the completion of the project.
 - Knowledge transfer activities – Activities, including seminars, workshop, training, for developing country participants (e.g. government, health sector, researchers) that is intended to lead to systems improvements and / or policy development.
 - Capacity development activities – Activities include specialised training or mentoring on research techniques, data collection, data analysis, publication preparation for developing country partners / institutions.
 - Travel - Travel and related costs include airfares, accommodation and per diems that are essential to the programme. This includes domestic and / or international economy class airfares, modest accommodation and per diems. Costs are to be outlined clearly, itemising origins and destinations for travel.
 - Other associated costs - Include any items that cannot be appropriately placed in other categories.
51. A pre-formatted Microsoft Word Template for the Grant Proposal (B-GP) can be downloaded from the Business Notifications page on the DFAT website. Applicants must use this template to complete their Grant Proposal.
52. Details to be addressed in the Grant Proposal and associated page limits are set out in the *scheme-specific Advice and Instructions to Applicants* which can be downloaded from the Business Notifications page of the DFAT website. Responses should provide enough information so that the research methodology can be assessed by the reviewers. Applicants must note that assessors will consider the reproducibility and applicability of the proposed research. Research proposals must use scientifically sound methodologies to minimise the risk that chance, bias and confounding effects will cause uncertainty in the research outcomes. These will be assessed by the Grant Review Panel.
53. Naming and formatting requirements for the Grant Proposal are listed in the table below.

COMPONENT	REQUIREMENTS
File format	The Grant Proposal must be saved and uploaded as a Portable Document Format (PDF) file
File size	The PDF file MUST NOT exceed 2Mb in size

File name	The PDF file must be named using the following: APP ID_Applicant's Surname_Document Type/Name.pdf e.g. APP1234567_Smith_Grant Proposal.pdf
Page size	A4
Page limits	Refer to the Stronger Systems for Health Security scheme-specific Advice and Instructions to Applicants for applicable page limits
Header	Application ID and Applicant surname must be included in the header. Document title (e.g. Grant Proposal – 2017 Stronger Systems for Health Security) must be included header.
Footer	Page number must be included in the footer.
Font	NHMRC recommends a minimum of 12 point Times New Roman font. Applicants must ensure the font is readable.
Line spacing	Single
Language	English

54. **Conformance with page limits and formatting requirements is strictly enforced.** Applications that fail to comply with these requirements may be excluded from consideration.
55. Refer to the Stronger Systems for Health Security *scheme-specific Advice and Instructions for Applicants 2017* document available on the Business Notifications page of the DFAT website for further guidance.

Section 5: Application process and indicative timeline

5.1 Indicative timeline

56. The indicative timeline for this competitive grants process is summarised in the table below:

Event	Time / Date
Applications open in NHMRC's RGMS	Monday 9 October 2017
Minimum data due in NHMRC's RGMS	Wednesday 8 November 2017, 5pm AEDT
Applications close in NHMRC's RGMS	Wednesday 6 December 2017, 5pm AEDT
NHMRC Grant Review Panel	February 2018
NHMRC provides outcomes of peer review to DFAT	March 2018
DFAT makes offer(s) to preferred applicant(s)	April 2018
Program implementation of the Stronger Systems for Health Security research program commences	May 2018

5.2 Minimum data

57. Minimum data must be entered RGMS by **5pm AEDT** on the specified due date to allow NHMRC and DFAT to start sourcing suitable assessors. Applications that fail to satisfy this requirement will not be accepted. Applicants are also reminded to complete the recommended fields below with correct information. Using placeholder text such as “text”, “synopsis” or “xx” etc. are not acceptable as minimum data.
58. Minimum data for the call consists of the following:
- A-PA Home (specifically the Administering Institution, Application Title and Synopsis);
 - A-RC Research Classification;
 - A-RT Research Team and Commitment including the names of team members if known (note: team members may be added or deleted after the minimum data deadline until the close of applications).

5.3 Deadline and format for proposal submission

59. Completed applications with supporting documents must be entered/uploaded into NHMRC’s RGMS by **5pm AEDT** on the specified date. The applications must be certified before submission. Certification is required by both the CIA and Administering Institution.
60. Once complete, applications must be electronically certified and then submitted to NHMRC through the RAO of an NHMRC approved Administering Institution.
61. Certification is required firstly by the CIA and then by the Administering Institution.
62. Late applications will not be accepted.

5.4 Conformance check

63. Proposals received by the deadline will first be checked to be conforming bids by NHMRC to ensure the submitted application meets eligibility criteria pertaining to NHMRC. Additional DFAT specific criteria will be reviewed by DFAT. At the discretion of DFAT in consultation with NHMRC, those proposals deemed nonconforming will be excluded, and those applicants will be advised by DFAT at this stage. Eligibility criteria are detailed in Section 4.

5.5 Selection process

64. NHMRC will establish a Grant Review Panel (GRP) under the auspices of the *National Health and Medical Research Council Act 1992* to assess applications. The GRP will include members with appropriate expertise to:
- a. Review applications against the Assessment Criteria;
 - b. Review budgets to ensure value for money, and
 - c. Score applications for NHMRC to produce a ranked list of applications with recommendations for funding to provide to DFAT.
65. NHMRC may seek additional advice on any grant application if required. Issues not relevant to the Assessment Criteria and budget will not be considered.
66. DFAT reserves the right to make final funding decisions regarding the project proposals.

67. Conforming applications for DFAT funding will be assessed and ranked by the GRP against the Assessment Criteria given in Section 6.
68. The panel is conducted on a confidential basis, and panel members must not discuss matters relating to the assessment of any proposal with any external party. Applicants must not seek contact with any members of the panel, and any such contact will be considered a breach of confidentiality and may result in DFAT rejecting the proposal of the applicant concerned.

5.6 Debriefing of applicants

69. Applicants are entitled to request a written debriefing on the results of the assessment of their proposals once a Grant Agreement has been signed with the successful applicant/s. This debriefing will provide information on scores achieved against individual criterion.
70. DFAT will not enter into discussion or communications on the content of the debrief once it has been issued.

5.7 Complaints

71. DFAT's Complaints Handling Procedures Relating to Procurement will apply. <http://www.dfat.gov.au/about-us/publications/Pages/complaints-handling-procedures-procurement.aspx>
72. In the instance where a submitted complaint relates to the application and assessment process managed by NHMRC, DFAT may share information about the complaint with NHMRC and may liaise and engage with NHMRC to pursue a resolution.

Section 6: Assessment

6.1 Assessment outcome

73. Through this competitive call for research, DFAT will select proposal/s to receive funding to implement the Stronger Systems for Health Security research program.
74. DFAT will fund proposals to the maximum value of \$3 million per proposal over up to three financial years. DFAT welcomes smaller scale proposals and / or proposals for research to be conducted over shorter periods of time. All proposals are expected to represent value for money.
75. In making its final decisions about which proposals to fund, DFAT may have regard to additional factors relevant to the suitability, capacity and qualifications of an applicant organisation including but not limited to:
 - a. checking with other persons or organisations as DFAT chooses, the accuracy of information and quality of previous work performed including the resourcing of previous work; and
 - b. information obtained from any legitimate, verifiable source, which is relevant to the capacity of the applicants. Such information may be the result of inquiries made by DFAT, and will be raised with the applicant if needed.

76. Upon receipt of the assessment results from NHMRC, the DFAT delegate will make the final decisions about which proposals to fund and to what value.
77. In making final decisions about the awarding of grants, DFAT will reserve the right to ensure an appropriate balance of research investments across the Southeast Asia and Pacific region.

6.2 Assessment Criteria

78. Eligible applications for the research call will be assessed by the GRP on whether they meet the objectives as detailed in Section 2, using the Assessment Criteria listed below, which are weighted as described.
79. In framing applications against the Assessment Criteria, applicants should outline how the proposal will address the associated points and meet the scheme's objectives.
80. Applications will be assessed and ranked against the Assessment Criteria listed below using the Category Descriptors at Annex 2.
81. Applications reviewed as in categories 1-3 are not fundable. Applications in categories 4-7 are potentially fundable, subject to the availability of resources.
82. The project outcomes should be achievable within the stated timeframes of three financial years. DFAT expects that successful proposals will need to be managed within proposed timeframes and within the budgeted envelope. Therefore, realistic planning is expected to be reflected in proposals (refer Assessment Criterion 3. Rigour of Proposal).
83. The project outcomes should represent value for money; and offer prospect for ongoing self-sustainability.
84. Where possible, DFAT's financial support should constitute seed funding to encourage financial assistance from other sources.
85. Relationships and effective communications are considered integral to successful project planning and implementation. Applicants will therefore be required to outline their approach to communications and stakeholder engagement with DFAT Canberra, at relevant Posts in countries of proposed operation, with relevant in-country government agencies, and with other key stakeholders in-country throughout the life of the project.
86. As per Assessment Criterion 1. Likely impact of the research on improved health security in Southeast Asia and the Pacific, proposals are expected to respond to demonstrable need and demand for evidence from end users. DFAT may require successful applicants to substantiate claims made in applications in relation to this criterion.
87. Safeguards and cross-cutting issues must be incorporated in proposals (refer Section 7. below).

No.	Assessment Criteria	Description
1	Likely impact of the research on improved health security in Southeast Asia and the Pacific (35%)	<ul style="list-style-type: none"> • Has a clear health systems and / or policy focus related to health security; • Clearly articulates how the research will contribute to the evidence base for health security in the region; • Demonstrates the need and demand for that evidence from end users; • Highlights processes that engage with users in the design of the study and throughout the life of the project or that involve users as part of research teams in co-production of knowledge; • Clearly articulates how the research is likely to impact and influence any relevant health security policies and practices, including clarity on who will benefit from the research, how they will benefit and what will be done to ensure that they can benefit; and • Presents clear plans for dissemination and advocacy for policy uptake and / or systems change. This will include details of how the research findings will be presented in an accessible format to key end users, including DFAT, and articulate ways in which this uptake might be monitored.
2	Clear strategy to build research capacity in health security-related health systems and / or policy research (25%)	<ul style="list-style-type: none"> • Clear and comprehensive plans and methodology to build health security research capacity (including capability, mentoring and career development) for male and female researchers in Southeast Asia and the Pacific, and junior researchers in Australia; • Research clearly promotes working collaborations and intellectual exchange between Australia and research institutions in the region; and • Promotes mutually beneficial engagement by developing equitable, effective research partnerships with shared work based on common interests and agendas.
3	Rigour of proposal (20%)	<ul style="list-style-type: none"> • Research objectives are well defined, coherent and realistic; • Proposal design is near flawless and will achieve objectives within stated timeframe and budget;

		<ul style="list-style-type: none"> • Plans for monitoring and evaluation of the research grant are well articulated; • Timeframes for demonstrating results are clearly articulated; • Proposal addresses risks and their management, including any issues of sustainability; and • Research adequately addresses the needs of disadvantaged groups and exhibits gender and socially inclusive research processes.
4	Proven track record (20%)	<ul style="list-style-type: none"> • Research institutions and the proposed team leader(s) have a proven record of previous health systems and / or policy research being effectively transferred into policy and/or practice in the region; • Evidence provided of previous effective engagement and communication processes with end users; and • Lead researchers have a strong regional reputation for health systems and / or policy, and / or health security related research and have proven influence in their field, for example through holding leadership positions in well regarded societies or through engagement in influential taskforces and panels.

Section 7: Safeguards and cross-cutting issues

Proposals will be assessed in relation to gender and social inclusion under Assessment Criterion 3. Rigour of proposal. Applicants are therefore advised to outline their approach to 'do no harm' and protecting women and girls; and social inclusion.

Further information about DFAT's approach to gender equality and disability inclusion is available online:

Gender equality and women's empowerment strategy (February 2016), available at: <http://dfat.gov.au/about-us/publications/Pages/gender-equality-and-womens-empowerment-strategy.aspx>

Development for All 2015-2020: Strategy for strengthening disability-inclusive development in Australia's aid program (May 2015), available at: <http://dfat.gov.au/about-us/publications/Pages/development-for-all-2015-2020.aspx>

Proposals must outline the applicant's approach to risk in relation to the proposal, including minimising fiduciary risk.

Proposals must outline the applicant's approach to child protection. Applicants will be required to explain whether, how and where projects will involve contact with children and / or working with children. If so, then applicants will be asked to outline how child

protection will be addressed in the project and in the ethics application/s required by institutions involved in the project.

All organisations (including all partners in a consortium) *must* comply with the *DFAT Child Protection Policy* (March 2017), available at: <http://dfat.gov.au/about-us/publications/Pages/child-protection-policy.aspx>

Further information on safeguards and DFAT's approach to aid risk management is available at: <http://dfat.gov.au/aid/topics/safeguards-risk-management/Pages/default.aspx>

Section 8: Contractual, reporting and acquittal requirements

The successful applicant/s will be engaged via a Grant Agreement with the Organisation and DFAT. An indicative draft of the Grant Agreement is included in Annex 3 to these Guidelines. DFAT may release an amended draft and, if so, the updated version will be re-released four weeks prior to the closing date for applications i.e. by 8 November 2017.

Annex 1: List of low- and middle-income countries in Southeast Asia and the Pacific

Low and Middle Income Countries in South East Asia & Pacific

South East Asia
Cambodia
Indonesia
Lao PDR
Myanmar
Timor-Leste
Vietnam
Pacific
Federated States of Micronesia
Kiribati
Papua New Guinea
Solomon Islands
Vanuatu

Source: World Bank, Data helpdesk, 2017

<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>