

Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases



CDC-RFA-CK-23-0003

Strengthening Global Capacity for Molecular Surveillance and Outbreak Response for Enteric Diseases

Division of Foodborne, Waterborne, and Environmental Diseases (DFWED)
National Center for Emerging and Zoonotic Diseases (NCEZID)
Centers for Disease Control and Prevention (CDC)

About DFWED

- DFWED works internationally to prevent death or disability caused by enteric diseases. The Division's overall global program mission is to [strengthen global health security through](#) epidemiological and laboratory capacity building; strategic partnerships, and; preparedness for detection, control, and prevention of enteric disease threats.
- DFWED supports [PulseNet](#) International, [build laboratory capacity](#) to identify pathogens or antimicrobial resistance, and assist with outbreaks.
- DFWED advances the health of people through improved and sustained access to [safe water](#), adequate sanitation, and hygiene (WASH).



NOFO Purpose

- NOFO purpose: to reduce morbidity and mortality due to enteric diseases globally.
 - NOFO aim: to build regional and country capacity to prevent, detect, respond to and control diseases spread through food, water, and animal contact, also referred to as enteric diseases.
 - NOFO long-term outcome: to improve global capacity to conduct genomic-testing and investigation, improved data integration and sharing, and sustained resource and workforce development to reduce morbidity and mortality from enteric diseases.
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Funding Strategy

- This NOFO will be funded through 2 components. Applicants must apply for both components to be considered and include a separate budget and work plan for each component.
 - Component 1: Core surveillance, preparedness, and emergency response activities.
 - Component 2: Expanded surveillance, preparedness, and emergency response activities as identified by current or future appropriations or funding availability.
 - *Component #2 is intended to fund expansions or scale-up of the strategies and activities with recipients, in the event of a large-scale public health emergency where additional funding becomes available*
 - *Applicants may receive a Component 1 award, or a Component 2 award, or both.*
 - There are 2 strategies that apply to both components in this NOFO. Applicants must propose at least one activity for each strategy.
 - Strategy 1: Strengthen public health and environmental surveillance of enteric diseases
 - Strategy 2: Build country capacity to prepare for and respond to enteric disease outbreaks
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Funding Strategy

- Up to three applicants will be selected to receive initial funding for Component 1 to conduct core surveillance, preparedness, and emergency response activities.
 - Applicants not initially selected for a Component 1 award will be included on the Approved but Unfunded (ABU) roster and may be eligible for an award if additional funding becomes available.
 - This NOFO will also establish an ABU list for Component 2 to conduct expanded surveillance, preparedness, and emergency response activities if additional funding becomes available in the event of a large-scale public health threat.
 - The number of recipients will depend on the availability of funding.
 - Recipients may be funded out of rank order.
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Applicant Eligibility & Organizational Capacity

- Eligibility: Open/maximum competition
 - Organizational Capacity: The strongest applicants will:
 - Describe their organizational capacity and skills to implement the award, including their geographic reach, their collaborators, coalitions, or networks, their history executing global public health work, and experience to implement the required activities
 - Describe their organizational capacity to implement a functional response to a public health threat, including distributing public health guidance, recommendations, and tools and providing support to implement these resources
 - Describe the national priorities for addressing the problem/project aims
 - Describe their organizational capacity to inform, educate, and empower frontline staff engaged in the prevention and control of infectious diseases
 - Describe their organizational capacity to assemble and provide individual expert opinions from occupational groups to achieve more successful implementation of public health recommendations and tools
 - Describe existing organizational capacity for program and staffing management; performance measurement, and evaluation systems; financial reporting systems; communication, technological, and data systems required to implement the activities in an effective and expedited manner; physical infrastructure and equipment; and workforce capacity to successfully execute all proposed strategies and activities based on the planning scenario, including the capacity to expand/scale-up efforts during public health emergencies.
 - Provide a clear organizational chart that is relevant for the completion of the proposed project plan
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Target Population

- Individuals/communities disproportionally infected and affected by enteric diseases, at risk for becoming infected by enteric diseases and/or include at-risk populations for public health emergencies.
- This NOFO has an international/global geographic scope. Although a pre-determined list of countries is not provided, applicants should include a justification for proposed work in a geographic location that includes:
 - a description of the enteric disease burden
 - identified gaps or needs that the project aims to address
- Recommended data sources:
 - [foodborne disease burden estimates](#) [foodborne disease burden estimates](#) to identify foodborne disease burden for the country proposed
 - [washdata.org](#) to identify WASH capacity in households, schools, and healthcare facilities for the country proposed
 - [the States Parties Self-Assessment Annual Reporting \(SPAR\) data](#) and [Joint External Evaluation \(JEE\) data](#) to identify [International Health Regulations \(IHR\)](#) core capacities for the country proposed
 - Any additional data may be included from other published sources as available for the country proposed

Program Strategies and Activities

Strategy 1. Strengthen public health and environmental surveillance of enteric diseases

- Build or reinforce country- or regional-level laboratory infrastructural, operational, and workforce capacity to conduct genomic surveillance, bioinformatics, and antimicrobial susceptibility testing
- Strengthen national or sub-national public health and clinical laboratory capacity for enteric disease
- Develop and improve systematic collection of epidemiologic data related to outbreak surveillance and response.
- Develop or improve the integration of laboratory and epidemiologic data for enteric disease surveillance
- Build environmental microbiology laboratory capacity to conduct testing of environmental samples, including water and wastewater
- Develop, implement, or improve wastewater or environmental surveillance systems for existing or emerging infectious disease threats
- Develop and/or implement best practices for environmental and wastewater surveillance programs and activities

Strategy 2. Build country capacity to prepare for and respond to enteric disease outbreaks

- Develop and strengthen the public health emergency response workforce
- Provide technical assistance on enteric disease outbreaks
- Support the provision of laboratory equipment and supplies during public health emergencies
- Evaluate and improve access to WASH resources in healthcare and community spaces
- Monitor and evaluate new WASH technologies and approaches to improve health outcomes



Workplan: Planning Scenario

- Summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion
- Planning budget: \$2,000,000 per recipient
 - Component 1: \$333,333
average funding available per fiscal year per recipient
 - Component 2: \$1,666,667
average funding available per fiscal year per recipient

<u>Period of Performance Outcome:</u> <i>[from Outcomes section and/or logic model]</i>		<u>Outcome Measure:</u> <i>[from Evaluation and Performance Measurement section]</i>			
<u>Strategies and Activities</u>	<u>Process Measure</u> <i>[from Evaluation and Performance Measurement section]</i>	<u>Potential for Scale-up</u>	<u>Responsible Position / Party</u>	<u>Project Timeline</u>	<u>Budget Deadline (if applicable)</u>
1.					
2.					
3.					
4.					
5.					
6.					

General Workplan Guidance

- Develop and submit a high-level work plan that directly aligns with the program strategies in the logic model
- Applicant should be able to revise the plans and activities in the work plan based on availability of funds
- Plan and activities should reflect the strategies, outcomes, evaluation, and performance measures described in the NOFO
- Short-term and intermediate outcomes should directly relate to the expected results of completing the planned activity
- Clearly describe the long-term outcome



Applicant Review/Objective Review Criteria

(Components 1 & 2)

Approach	40
1.To what extent does the applicant clearly identify their target population, country context and infrastructure, and adequately describe their approach to engage target populations, specifically those at increased risk for enteric diseases? (8 points) 2.To what extent does the applicant describe how their approach advances one or more of the four core components of global health equity (availability, accessibility, acceptability and quality) at the sub-national, national and/or supra-national levels? (2 points) 3.To what extent does the applicant describe the enteric disease public health problem and sub-national, national, and/or supra-national priorities for addressing the problem, identifies programmatic gaps, and indicate how the gaps will be addressed through project execution? (6 points) 4.To what extent does the applicant clearly describe their proposed approach to accomplish activities in support of program strategies? (6 points) 5.To what extent do the planned activities (short-term, intermediate, or long-term) align with successfully addressing the problem or gap within the target population for each program strategy? (6 points) 6.To what extent does the applicant describe estimated timelines for completion of all performance and work plan activities as well as obligation and liquidation of funds within the budget and period of performance? (6 points) 7.To what extent does the applicant provide evidence for the likely success of their proposed approach? (3 points) 8.What is the potential for scale-up or expansion of efforts during public health emergencies? (3 points)	
Evaluation and Performance Measurement	26
1.To what extent is evidence provided that demonstrates that the activities and outcomes can be achieved during the period of performance? (8 points) 2.To what extent does the applicant describe clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. (9 points) 3.To what extent does the evaluation and performance monitoring plan include the assessment and monitoring of appropriate performance metrics? (9 points)	
Applicant's Organizational Capacity to Implement the Approach	34
1.To what extent does the applicant describe the organizational capacity and skills needed to implement the award, including their geographic reach, collaborators, coalitions, or networks, history executing global public health work, and experience to implement the required activities? (8 points) 2.To what extent does the applicant demonstrate existing organizational capacity to implement a functional response to a public health threat, including distributing public health guidance, recommendations, and tools and providing support to implement these resources? (5 points) 3.To what extent does the applicant demonstrate the organizational capacity to inform, educate, and empower frontline staff engaged in the prevention and control of infectious diseases? (5 points) 4.To what extent does the applicant demonstrate the organizational capacity to assemble and provide individual expert opinions from occupational groups to achieve more successful implementation of public health recommendations and tools? (5 points) 5.To what extent does the applicant provide evidence of existing organizational capacity for program and staffing management; performance measurement, and evaluation systems; financial reporting systems; communication, technological, and data systems required to implement the activities in an effective and expedited manner; physical infrastructure and equipment; and workforce capacity to successfully execute all proposed strategies and activities based on the planning scenario, including the capacity to expand/scale-up efforts during public health emergencies. (7 points). 6.To what extent does the applicant provide a clear organizational chart that is relevant for completion of the proposed project plan? (4 points)	

Budget Summary

- Budget considerations (not scored)
 - To what extent is the proposed budget adequately justified and consistent with the overall strategy and activities of the NOFO and the applicant's proposed activities?
 - Is the itemized budget reasonable and consistent with the stated purpose of the NOFO?
 - Did the applicant submit a separate work plan and budget for each component?
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NOFO Timeline

- NOFO Publication: March 15, 2023
- Informational Call: March 29, 2023
- Optional Letters of Intent Due: April 14, 2023
- Applications Due: May 15, 2023
- Anticipated Award Date: September 1, 2023



NOFO Contacts

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- For assistance with **submission difficulties related to www.grants.gov**, contact the Support Center at 1-800-518-4726 or support@grants.gov for assistance with resolving these issues.



Questions?

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For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

