ISSUANCE DATE: April 11, 2019

OPEN PERIOD: April 11, 2019 – May 10, 2019 at 17:00 Hours Indian Standard Time (IST)

THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
BROAD AGENCY ANNOUNCEMENT FOR
ACCELERATOR TO END TB IN INDIA

I. OVERVIEW

A. Introduction

The United States Agency for International Development (USAID) is issuing this Broad Agency Announcement (BAA) to seek participants to co-create, co-design, co-invest, and collaborate on research and development interventions to rapidly demonstrate and rigorously test person-centered, high-impact and novel solutions that can accelerate the Government of India's (GOI) efforts to eliminate Tuberculosis (TB) by 2025. USAID invites organizations and companies to submit an Expression of Interest, as provided below.

Achieving the ambitious goal of ending TB by 2025 necessitates a paradigm shift in approach and strategy. Partnering with the GOI, USAID is calling for groundbreaking approaches to accelerate a reduction in TB, with a special focus on multidrug-resistant/rifampicin resistant TB MDR/RR-TB. USAID will invest in out-of-the-box, but achievable solutions that leapfrog conventional approaches to ensure a person-centered approach to prevent, diagnose and treat TB. USAID is particularly interested in investing in and supporting approaches that strengthen the enabling environment, enhance service delivery platforms and integrate the latest behavior change approaches with scientific and/or technological advances for maximum impact. Critical to the sustained success of the high-impact solutions is a defined understanding and pathway of how to ensure that TB services are accessible for all, including priority and vulnerable populations, and fostering diverse local partnerships that can help catalyze successful implementation.

The intent of the BAA is to allow co-creation and co-design to the maximum extent to create high quality, effective partnerships with great efficiency in time and resources. USAID will invite selected

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for-profit and non-profit, faith-based, public and private organizations, as detailed below, to co-create solutions to the Problem and Challenge Statements stated in this BAA, including those organizations that have ideas, expertise, resources, and/or funding to add to potential solutions.

Co-Investing: USAID wants to align goals with the partners under this BAA, to facilitate shared responsibility, shared risk, and shared resourcing. Shared resourcing requires that cash and other resources, both tangible and intangible, such as in-kind contributions, expertise, intellectual property, brand value, high-value coordination, and access to key people, places, and information, are directed towards reaching the solution to the Problem/Challenge. Co-investing does not require equal shared resources (such as 1:1 leverage), but rather resource contributions that are appropriate to the specific project's objectives, considering the comparative advantages brought by the participation of each party.

B. Federal Agency Name

The United States Agency for International Development (USAID), India

C. Opportunity Title

Accelerator to End TB in India Broad Agency Announcement (BAA)

D. Opportunity Number

BAA-ROAA-ENDTB-2019

E. Authority

This BAA is issued under Federal Acquisition Regulations (FAR) Part 35.016 (c). This is not a FAR Part 15 Procurement.

F. Catalog of Federal Domestic Assistance (CFDA) Number

98.001 USAID Foreign Assistance Programs for Overseas

G. Webinar Schedule

The Mission plans to hold a webinar on April 22, 2019 from 16:00 hours to 18:00 hours IST.

To join the Webinar on USAID/India's Broad Agency Announcement (BAA) you should access the link in advance (by 15:30 hours IST), as you may be required to install software plugin. The download and install process will take a few minutes and participants should do this before the webinar begins at 16:00 hours IST.

Information for accessing the webinar is provided below:

Name: BAA for Accelerator to End TB in India

Summary: Broad Agency Announcement (BAA) Number BAA-ROAA-ENDTB-2019

URL: https://ac.usaid.gov/endtb-baa-roaa/

Call in information:

Dialing instruction:

For invitees:

1. For US based callers
a. Dial USA Toll Free – 888-330-1716

2. For India based callers:
Dial AT&T Direct Number: 1-800-200-2742

3. For other countries refer to the AT&T Customer Care numbers found at https://www.corp.att.com/attconnectsupport/customer_care/

4. Enter 1515852 as the conference access code provided followed by a #.

5. Important - The conference will actually start once the host dial-in to this conference.

H. Closing Date and Time for Submittal of Questions

- **April 22, 2019 at 17:00 hours IST**
- Submitted Question/Answers will be posted in www.fbo.gov and www.grants.gov on April 26, 2019.

I. Closing Date and Time for Submittal of Expressions of Interest (EOIs)

- **May 10, 2019 at 17:00 hours IST**

II. PROBLEM AND CHALLENGE STATEMENTS

PROBLEM STATEMENT

Despite a declining Tuberculosis (TB) epidemic, India still has the world's highest burden of Tuberculosis and multidrug-resistant/rifampicin resistant TB (MDR/RR-TB) -- more than 25 percent of the world's burden. In 2017, there were 2.74 million new TB cases, including 135,000 MDR/RR-TB

cases.[1] Drug resistance is on the rise, posing significant programmatic and societal challenges. Responding to this epidemic, the Government of India (GOI) has pledged its commitment at the highest levels to eliminate TB by 2025 and launched a bold National Strategic Plan. However, more needs to be done to drastically reduce the TB burden, especially MDR/RR-TB, in India and address key gaps.

GAP: Preventing TB

The elimination agenda is futile without addressing the large pool of latent TB that exists in India. Available treatment, when taken appropriately, can reduce rates of progression from infection to active disease by 90 percent.[2] By 2022, India is committed to putting more than seven million individuals on preventive therapy.

Some of the current challenges that face India's TB prevention efforts are: the high burden of latent TB; determining the right risk groups for TB preventive treatment and requirements for programmatic management of latent tuberculosis; poor diagnostic tools for latent TB; and TB preventive treatment acceptance, adherence and completion.

GAP: Early and Accurate Diagnosis

In India, every year nearly one million new TB cases go undetected or not notified to the government program after diagnosis. An average individual with TB is diagnosed after a delay of nearly two months, and after seeing three providers.[3] There are large gaps in awareness, knowledge and self-reported practices of both patients and providers. Early diagnosis of TB is especially complicated in children and for extra-pulmonary patients. Challenges for early and accurate diagnosis are further compounded for MDR/RR-TB.

The TB diagnostic landscape has transformed dramatically in recent years. However, access barriers still remain. Delays in any of the steps of the diagnostic pathway may result in missing patients. The fundamental challenge is to be able to reliably diagnose TB at the first point of contact. Diagnostics need to be more affordable, accessible and rapid, while maintaining the specificity and sensitivity of those currently available for early diagnosis for TB and MDR/RR-TB.

A study of the TB diagnostic cascade in India's public facilities revealed that in 2016, only 39 percent of the estimated 2.7 million new TB patients completed the entire patient pathway to achieve a sustained cure.[4] It is estimated that one in ten new TB cases are in children, yet in 2017 only five percent of the

[1] Global tuberculosis report 2018. Geneva: World Health Organization; 2018.

[2] Moonan PK, Nair SA, Agarwal R, et al. Tuberculosis preventive treatment: the next chapter of tuberculosis elimination in India. BMJ Global Health 2018

[3] Sreeramareddy CT, Qin ZZ, Satyanarayana S, Subbaraman R, Pai M, Delays in diagnosis and treatment of pulmonary tuberculosis in India: a systematic review., Int J Tuberc Lung Dis. 2014 Mar; 18(3):255-266.

[4] Subbaraman R, Nathavitharana RR, Satyanarayana S, Pai M, Thomas BE, Chadha VK, et al. The Tuberculosis Cascade of Care in India's Public Sector: A Systematic Review and Meta-analysis. (2016)

total cases reported to RNTCP were children. The situation is even more dire for MDR/RR-TB patients. In 2017, 70 percent of the estimated 135,000 MDR/RR-TB cases remained undiagnosed.[5]

GAP: Successful Treatment Outcomes

Strengthening patient-centered treatment services, especially for MDR/RR TB, through new treatment modalities and shorter treatment regimens is a key priority. In 2017, nearly 300,000 (21 percent) notified TB cases did not initiate treatment.[6] The treatment success rate in 2016 for those who started TB treatment was only 70 percent. Although recent changes such as the introduction of family DOTS providers or treatment options have improved adherence among children, significant challenges remain. Special attention also needs to be given to ensure that priority populations and women successfully complete treatment.

While MDR/RR-TB treatment services have expanded, only 12 percent of estimated MDR/RR-TB cases occurring in a year are effectively addressed.[7] In 2017, one in four of the estimated MDR/RR-TB cases was initiated on treatment.[8] Furthermore, the most recently reported MDR/RR-TB treatment success rate is as low as 46 percent.[9] Late initiation, longer duration, comorbidities, complex treatment delivery using injectables, and severe side effects, all further hinder an already difficult treatment pathway and are important contributing factors to the low treatment outcomes. Poor treatment adherence continues to fuel transmission of the disease to others, and increases the rate at which resistance is occurring.

GAP: Non-medicalized Response to TB Care

Underlying determinants of TB in India such as poverty, poor nutrition, migration, ageing populations, risk factors such as diabetes and behavioral attitudes such as smoking and alcohol consumption impact the epidemic across the continuum of care. These factors increase the chances of acquiring TB, delay the ability of people to obtain a correct and timely diagnosis and inhibit the ability to complete treatment. Yet largely conversations around TB control are limited to a medicalized response, thereby restricting corrective measures around many of these other critical social determinants. The economic burden of TB, especially MDR/RR-TB, at the household level is significant. In addition to the loss of income and productivity for the household member who is sick, other family members may be pulled temporarily out of work and/or school in order to provide care.

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[5] Calculated from data provided in the Global tuberculosis report (2018). Geneva: World Health Organization; 2018.

[6] Calculated from data provided in the Central TB Division, The India TB Report 2018, Revised National TB Control Program Annual Status Report 2018. Retrieved from https://tbcindia.gov.in/showfile.php?lid=3314

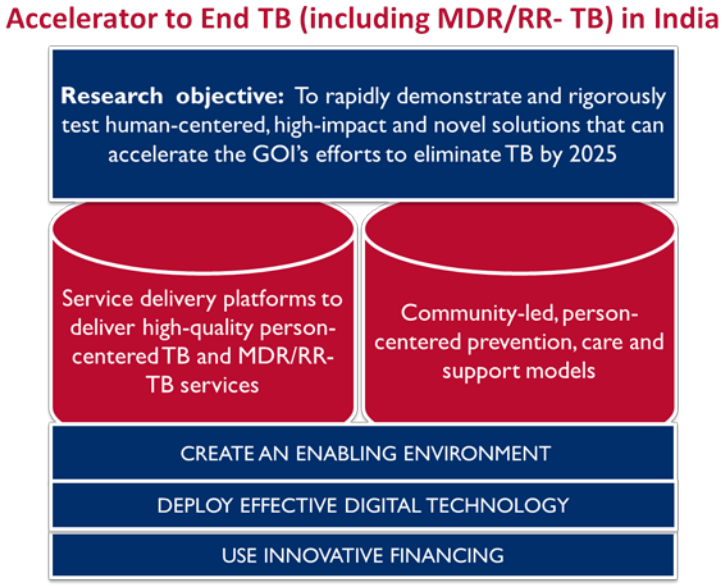
[7] Calculated from data provided in the Central TB Division, The India TB Report 2018, Revised National TB Control Program Annual Status Report 2018. Retrieved from https://tbcindia.gov.in/showfile.php?lid=3314

[8] Ditto

[9] Central TB Division, the India TB Report 2018, Revised National TB Control Program Annual Status Report 2018. Retrieved from https://tbcindia.gov.in/showfile.php?lid=3314

CHALLENGE STATEMENT

USAID/India's Accelerator to End TB in India BAA wants to rapidly demonstrate and rigorously test person-centered, high-impact and novel solutions that can accelerate GOI efforts to eliminate TB by 2025.



USAID seeks to bring together a diverse set of co-creators and resource partners to enable broader thinking, innovation, a shared vision and a larger resource pool. This BAA requests out-of-the-box solutions that centers around two pillars of better engaging communities and strengthening public and private institutions to identify missing TB and DR-TB cases and support them to have better treatment outcomes. This BAA recognizes that creating an enabling environment, leveraging digital technology and using innovative financial approaches, may be game changers in facilitating the paradigm shift required for India to reach its TB elimination goals. In particular, we are interested in tapping into local expertise, perspectives, solutions and financing to improve health outcomes over the long term.

Some priority challenge areas are identified below. However, this is not a comprehensive list, and applicants are encouraged to also identify solutions that may fall outside the following categories.

Pillar 1: Strengthening service delivery platforms to deliver high-quality patient-centered TB and MDR/RR-TB services

Challenge: This BAA is looking for differentiated solutions that maximize the impact of quality prevention, diagnostic and treatment services in public and private facilities consisting of health care workers with the right knowledge, skills and attitudes, in the right places with the right motivation. Solutions proposed should explain how they would strengthen an institution's ability to provide differentiated patient-centric care using strategies and approaches generated through state-of-the-art tools and evidence.

Government and private institutions engaged in India's fight against TB play a pivotal role in accelerating TB care and control efforts. To ensure that all populations, including the most vulnerable, have access to quality TB prevention, detection, care and treatment, it is essential to strengthen government and private institutional capacity at the national, state and district levels.

Universal access to TB and MDR/RR- TB care is dependent on the existence of a comprehensive and high-quality TB diagnostic network that includes modern, rapid and appropriate diagnostic tests at

accessible points of care. Institutions need the ability to accurately monitor TB patients undergoing treatment and have auxiliary testing methods available to support potential side-effects and co-morbidities.

With a significant MDR/RR-TB burden, focused attention is needed to strengthen the capacity of institutions and providers to introduce new and better drugs and treatment regimens into the system. Managing MDR/RR-TB requires a variety of expertise in enabling drug-susceptibility testing and deciphering laboratory investigation reports precisely, to design a safe and effective treatment regimen and monitoring plan for the patient.

Health care workers are the foundation of institutions and the overall health system. Optimized and differentiated health service delivery is dependent on their effectiveness and efficiency. The capabilities, motivations and attitudes of health care workers on the frontlines of TB diagnosis, care, support and treatment can make or break an individual's engagement with the health care system resulting in either patient commitment to care or substantial barriers to accessing care. Ensuring that health care workers provide respectful and quality care is essential to treatment completion.

Preference will be given to ideas that promote diffusing skills and expertise across public and private facilities, to enable successful prevention, diagnostic and treatment outcomes and increase efficiencies. USAID recognizes that institutions currently not engaged in the TB space may be able to strengthen traditional TB institutions through support in a variety of areas, such as but not limited to: management, cost effectiveness, person-centered design and others.

Pillar 2: Demonstrating community-led, person-centered prevention, care and support models

Challenge: This BAA is looking to test models where communities and families are instrumental in delivering differentiated care for populations that may have unique challenges accessing services. These populations include, but are not limited to: people with MDR/RR-TB, children, people living with HIV, diabetics, tobacco users and alcohol dependents, tribal, pregnant and lactating women, prison inmates, migrants and poor, undernourished and socio-economically vulnerable communities. Although men are more likely to be infected with TB, women are disproportionately more likely to experience significant stigma, discrimination and other barriers in accessing TB services. The impact of community-based activities and associated costs to the patient and the health system remains poorly documented or measured.

The TB landscape in India is heterogeneous, dynamic and complex. Every individual deserves access to high-quality TB and MDR/RR-TB care and treatment services. Getting communities and families more systematically involved in TB prevention and response efforts, especially for those with MDR/RR-TB, will optimize an individual's chances of being detected early and completing their treatment successfully.

Additionally, communities can ensure social, nutritional and financial support for TB patients, especially MDR/RR-TB patients, and their families, promote patient literacy, increase knowledge of an

individual's rights, demand accountability, influence underlying social determinants that contribute to the spread of TB and reduce stigma surrounding the disease. There is significant potential to harness existing community-based institutions, networks and mechanisms and integrate with other community-based activities, such as livelihood programs and initiatives targeting special vulnerable groups to improve impact and sustainability.

Cross-cutting areas challenges

This BAA identifies three challenge areas that cut across both pillars and are strategically important to ensure that investments that strengthen both institutional and community-based TB services are successful and sustainable.

Cross-cutting area 1: Create an enabling environment

Challenge: USAID is looking for partners that can identify bottlenecks and propose evidence- based solutions that foster an enabling environment. Preference will be given to ideas that take a holistic approach to the needs and environment of people affected by TB including MRD/RR-TB; invest in the long-term vision of a TB-free India; focus on positive interventions that do not further stigmatize or prevent access; acknowledge the importance of positive, inclusive language; and always put the patient at the center of action.

An important component to achieving universal access to TB and MDR/RR-TB services requires an enabling environment to ensure that all persons with signs and symptoms of TB, MDR/RR-TB or at-risk for latent TB infection, including the most vulnerable populations, have access to quality and affordable TB services across the care cascade. For a person to move across the TB continuum of care, TB and MDR/RR-TB services must be tailored to the needs of the individual, their families and communities. A key part of strengthening the enabling environment will be to address the barriers and bottlenecks preventing those from being correctly diagnosed, initiating on treatment early and successfully completing treatment. This is especially important for MDR/RR-TB patients. Additionally, it will be important to create awareness and spur action by engaging non-traditional partners and strengthening the role of the TB civil society. Investing in TB champions to improve patient literacy, increasing knowledge of their rights and adopting healthy behaviors will be key.

An enabling environment consists of a spectrum of activities. Improving the attitudes and behaviors of providers, communities, politicians, leaders and individuals to facilitate appropriate TB care and treatment and reduce stigma and discrimination in all settings will be important. Social services, such as psychological and mental health interventions and social protection can contribute to improving TB and MDR/RR-TB outcomes. Investing in continued strategic advocacy, policy analysis and capacity building is essential to reach, treat and cure people with TB and to prevent new infections.

Cross-cutting area 2: Deploy effective digital technologies to amplify impact

Challenge: This BAA is looking for effective digital solutions that may be used to solve the gaps across any part of the prevention, care and treatment cascade (i.e. the patient, frontline workers, labs, physicians, etc.). Interventions can address concerns around care seeking, screening, diagnostic and notification, treatment initiation, and adherence and treatment support. Solutions could draw inferences and recognize patterns in large volumes of patient histories, medical images, epidemiological statistics, etc. that enhance existing data platforms. Digital solutions that are beyond the initial innovation stage, and have some degree of market readiness are preferred. Solutions may want to consider access in rural and remote areas with limited connectivity and electricity.

Digital India, a campaign launched by the Government, ensures government services are made available to citizens electronically by improving online infrastructure and by increasing internet connectivity. This systematic nationwide digital empowerment effort needs to be harnessed to accelerate the government's efforts to End TB by 2025. The WHO End TB strategy articulates how digital technologies may play a pivotal role in patient care, surveillance and monitoring, program management and e-learning.

Where possible, USAID prefers solutions that adhere to the Principles for Digital Development. The Principles are a set of guidelines for the use of technology in development programs that have been endorsed by USAID and over 100 other development and humanitarian organizations. They emphasize elements of user-centered design, context-appropriateness, and sustainability. For more details, see digitalprinciples.org. Digital technology solutions may include, but are not limited to: mobile applications, wearable devices, social media, artificial intelligence, machine learning, drones, block chain, 3D printing and virtual reality. All digital ideas should consider how the solution will be deployed optimally for maximum impact.

Cross-cutting area 3: Use innovative financing approaches

Challenge: USAID is interested in tapping into the expertise of partners in the financing space who can identify innovative solutions to addressing financing challenges on the patient side as well as the facility side. This BAA is looking for effective approaches that can reduce the financial burden on individuals and families affected with TB, as well as for financing approaches that can improve institutions' ability to cost-effectively bring state-of-the-art diagnosis, treatment and care to those affected by TB, while focusing more on results and outcomes.

Financial barriers affect India's ability to prevent, diagnose, treat and cure TB and MDR/RR-TB. On the patient side, such barriers include direct medical costs for diagnosis and treatment. The patients and their families also bear the burden of indirect costs like expenditure on appropriate nutrition during the treatment, lost wages during months of treatment, loss of savings and even loss of one's income and livelihood. Diagnosis and treatment of TB is largely done in outpatient settings, which are not covered by insurance, exposing the patients to increased financial risks. This has a negative impact on early

diagnosis and initiation of treatment, treatment adherence and completion for all, but disproportionately affects the poor.

Similarly, there are financing challenges that keep institutions from maximizing their ability to provide accurate TB diagnosis, treatment and care. Challenges include budgetary and funds flow constraints in the public health system creating gaps in diagnosis and treatment. Additional social support provided by the government for raising awareness against stigma, assistance for nutrition and support for loss of income and livelihoods is fragmented across different programs and budget lines. This creates barriers for the patients to fully access all the necessary treatment and support services. In the private market, there is limited incentive for the private providers to follow the standards for TB care in India. There is also lack of adequate capital for producers of innovative diagnostic, treatment and patient care solutions to meet the increasing demand of TB care in India.

What we are looking for:

Generally, we are looking for expressions of interest that clearly demonstrate the following attributes:

- Evidence-based ideas, including creativity of the given approach and clear differentiation from existing approaches.
- Cost-conscious and adaptable for Indian settings, particularly at the sub-national level.
- Ability to be scaled rapidly and cost effectively in an Indian context.
- Strong likelihood of achieving a substantial impact.
- Ability to make significant improvements within the first year of demonstration.

We are **NOT** looking for:

- Research that does not provide a clear path to development and testing of intervention strategies.
- Solutions that are less efficacious than current technologies or approaches.
- Proven approaches that are already in use in the field.
- Basic research, clinical trials or laboratory-intensive research. Basic research is defined as research directed towards fuller knowledge or understanding of the fundamental aspects of phenomena and of observable facts without specific applications toward processes or products in mind.
- Discovery science, capacity-building-only initiatives, ongoing programmatic funding or infrastructure development.

III. The BAA Process

The amount of resources made available under this BAA will depend on the concepts received and the availability of funds from USAID and other resource partners. Some award types may not include any funding. The award process under this BAA has the following steps:

STAGE 1 - SUBMISSION OF EXPRESSIONS OF INTEREST (EOIs)

Please submit an expression of interest addressing the criteria below, in the format required in Section VII. More than one expression of interest can be submitted. But each expression of interest must be a separate idea.

USAID will review the Expressions of Interest to determine the extent to which each Expression of Interest addresses the criteria/eligibility stated below. Not all organizations that submit an Expression of Interest will be invited to proceed to Stage 2. Due to the number of Expressions of Interest received, USAID is unable to provide details on why Expressions of Interest were not selected.

Criteria for Expressions of Interest:

1. Expressions of Interest must indicate the research or development idea which will work towards discovering potential solutions to the Problem and Challenge Statements, by increasing knowledge and understanding of potential solutions, exploiting scientific discoveries or improvements in technology, materials, processes, methods, devices, or techniques, advancing the state of the art, or using scientific and technical knowledge in the design, development, testing, or evaluation of a potential new product or service (or of an improvement in an existing product or service).

   Any awards issued under this solicitation will be for Applied Research or Development, as those terms are defined in 48 USC 35.001, as follows:

   "Applied research" means the effort that:

   (a) normally follows basic research[10], but may not be severable from the related basic research;

   (b) attempts to determine and exploit the potential of scientific discoveries or improvements in technology, materials, processes, methods, devices, or techniques; and

   (c) attempts to advance the state of the art. When being used by contractors in cost principle applications, this term does not include efforts whose principal aim is the design, development, or testing of specific items or services to be considered for sale; these efforts are within the definition of "development," given below.

   "Development" means the systematic use of scientific and technical knowledge in the design, development, testing, or evaluation of a potential new product or service (or of an improvement in an existing product or service) to meet specific performance requirements or objectives. It includes the

[10] The primary aim of basic research is a fuller knowledge or understanding of the subject under study, rather than any practical application of that knowledge. (FAR 2.101)

functions of design engineering, prototyping, and engineering testing; it excludes subcontracted technical effort that is for the sole purpose of developing an additional source for an existing product.

2. Expressions of Interest must demonstrate the potential to have a significant impact (e.g. breakthroughs, not incremental improvements), that ultimately could achieve that even greater impact at scale.

3. Expressions of Interest must indicate how the proposed idea is person centric.

4. Expressions of Interest must indicate what co-investment resources are available to bear on the solution, including those from the submitting organization and those from other third party businesses, donors, foundations, or other organizations. Such resources include cash and other resources, both tangible and intangible, such as in-kind contributions, expertise, intellectual property, brand value, high-value coordination, and access to key people, places, and information.

5. USAID will also consider the reputation of an organization and its past performance in assessing the ability of the organization to contribute to the co-creation.

STAGE 2 - CO-CREATION AND CO-DEVELOPMENT OF THE CONCEPT PAPER

During Stage 2, key stakeholders will Co-Create potential solutions to the Problems/Challenges by brainstorming and innovating solutions and resources, potentially leading to concept papers that USAID or other resource partners will consider for funding.

Co-Creation

USAID will review the Expressions of Interest and will select those organizations that USAID determines have addressed the criteria/eligibility stated within the BAA to an extent that the organization will make a significant contribution to the Co-Creation. The Co-Creation will also include USAID and other co-investment organizations that may be able to contribute cash and other resources, both tangible and intangible, such as in-kind contributions, expertise, intellectual property, brand value, high-value coordination, and/or access to key people, places, and information.

Co-Creations may take the form of a workshop, conference, meeting, or other method at the discretion of the USAID. For this BAA, the Co-Creation is expected to be a workshop held in New Delhi, India in June. The venue will be determined closer to the time and relevant applicants will be informed accordingly. For more information on co-creation and its design approaches, see https://usaidlearninglab.org/library/co-creation-discussion-note-ads-201.

Unless provided otherwise, organizations are responsible for all costs incurred by the organization to participate in the Co-Creation.

Co-Development of Concept Papers

Working together, USAID and the potential partner(s) will collaborate on Concept Paper(s), taking a holistic approach to addressing the Problems/Challenges based on learnings from the Co-Creation, and identifying creative approaches to resourcing projects. Such Concept Papers will consider and include additional implementing and co-investment partners to complement the project, including reasonable cost sharing, leverage, or other exchange of resource arrangements.

Not all organizations that participate in the Co-Creation may be invited to submit a Concept Paper for review by the Peer and Scientific Review Board (Stage 3).

The Concept Paper, generally 5-10 pages, will further detail and explain the project.

STAGE 3 - REVIEW BY THE PEER AND SCIENTIFIC REVIEW BOARD

USAID and the organizations connected with each Concept Paper will present the Concept Paper to the Peer and Scientific Review Board, comprised of experts from USAID, partners, and/or outside parties. The Peer and Scientific Review Board will review Concept Papers and recommend which applicants should be considered Apparently Successful Partners. Using its technical expertise, the Peer and Scientific Review Board will recommend whether to move forward with the project, including revisions/additions to the project, and potential partners and resources.

Not all organizations that present a Concept Paper to the Peer and Scientific Review Board will be invited to move to Stage 4.

STAGE 4 - AWARD DETERMINATION

USAID will review the Peer and Scientific Review Board's recommendations and consider other information, such as resource availability and Agency priorities, and will make a determination whether to move forward with the Concept Paper. For Concept Papers that demonstrate a valid innovation to address the Problem/Challenge Statement, the Contracting/Agreement Officer will assess the partner's responsibility and identify the anticipated instrument type to facilitate project design.

Request for Additional Information

USAID will work with partners identified by the Peer and Scientific Review Board, and co-design the project and assist the partner to provide additional information with respect to the proposer's technical approach, capacity, management and organization, past performance, and budget, as well as representations and certifications, as needed.

Final Review and Negotiation

The USAID Contract/ Agreement Officer will engage in final review, negotiation, responsibility determinations, cost reasonableness, etc., and will co-develop/craft an award instrument with the Apparently Successful Partner. If the Apparently Successful Partner and USAID cannot arrive at a mutually agreeable arrangement, USAID may cancel the project at no cost to the Government.

Award

Awards under this BAA will be made to the Apparently Successful Partner(s) on the basis of their ability to achieve solutions to the Problems/Challenges, as provided herein. The standard clauses or provisions for awards are generally prescribed by law and regulation and will vary considerably by award type. Information regarding clauses and provisions will be offered to the Apparently Successful Partner when the award type is identified

IV. Additional Considerations

A. Expressions of Interest are not evaluated against other Expressions of Interest, but solely whether USAID believes that the information contained in the EOI indicates that the submitter will be a valuable contributor to the co-creation process. USAID may limit the number of initial submissions selected to move forward based on efficiencies.

B. Concept Papers are not evaluated against other Concept Papers, but solely based on USAID's determination that the Concept Paper will successfully address the Problem and Challenges set forth herein. USAID may limit the number of Concept Papers selected to move forward based on efficiencies.

C. Decisions regarding USAID's pursuit of a particular project, technology or relationship are based on all available information, evidence, data, and resulting analysis.

D. Eligibility Information. Public, private, for-profit, and nonprofit organizations, as well as institutions of higher education, public international organizations, non-governmental organizations, U.S. and non-U.S. governmental organizations, multilateral and international donor organizations are eligible under this BAA. All organizations must be determined to be responsive to the BAA and sufficiently responsible to perform or participate in the final award type.

V. Specific Rights Reserved for the Government under this BAA

The Government reserves specific rights, in addition to rights described elsewhere in this document or by law or regulation, including:

1. The right to award multiple awards, a single award, or no awards.

2. The right to make award without discussions, or to conduct discussions and/or negotiations, whichever is determined to be in the Government's interest.

3. The right to accept proposals in their entirety or to select only portions of proposals for award or co-investment.

4. The right to select for award an instrument type that is appropriate to the specific development context, partner relationship, and proposal selected for award. Instruments types include, but are not limited to, contracts, grants, cooperative agreements, public-private partnerships, Inter-Agency Agreements, Government to Government Agreements, Donor to Donor Agreements, and Memorandums of Understanding. In addition, the Government may craft a new instrument type to meet the needs of a specific relationship.

5. The right to co-create projects with one or more proposers under the BAA, when it is in the best interest of the Government.

6. The right to request any additional, necessary documentation upon initial review. Such additional information may include, but is not limited to, a further detailed proposal, budget, and representations and certifications.

7. The right to fund or co-invest in proposals in phases, with options for continued work at the end of one or more of the phases.

8. The right to award instruments under this BAA that do not commit or exchange monetary resources.

9. The right to remove organizations from the BAA process if USAID determines it is no longer in the best interests of the Government to proceed with the organization.

VI. Information Protection:

USAID's goal is to facilitate research and development that will lead to innovative, and potentially commercially viable, solutions. Understanding the sensitive nature of submitters' information, USAID will work with organizations to protect intellectual property.

Expressions of interest should be free of any intellectual property that submitter wishes to protect, as the expressions of interest will be shared with USAID partners as part of the selection process. However, once submitters have been invited to advance beyond co-creation, submitters can work with USAID to identify proprietary information that requires protection.

Therefore, organizations making submissions under this BAA grant to USAID a royalty-free, nonexclusive, and irrevocable right to use, disclose, reproduce, and prepare derivative works, and to have or permit others to do so to any information contained in the Expressions of Interest submitted

under the BAA. If USAID further engages with the organization regarding its submission, the parties can negotiate further intellectual property protection for the organization's intellectual property.

Organizations must ensure that any submissions under this BAA are free of any third party proprietary data rights that would impact the license granted to USAID herein.

VII. Expression of Interest Information Formatting

Expression of Interest Information should:

A. Be In English, no more than 2 pages in length, and no smaller than 12 point font;
B. Be submitted electronically to indiarco@usaid.gov;
C. Contain a header with the following information (included in the page count):
    a. Respondent Name/Group and Contact Information;
    b. Response Title;
    c. BAA Addendum Name/Number;
    d. Optional graphic that fits on an 8.5"x11" or A4 piece of paper (included in the page limit);
D. Be in .pdf, .docx, or .odf format