# Global Health Engagement Research Initiative (GHERI)
# Fiscal Year 2024 Pre-Application (Call for White Papers)

## Program Description

The Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)); Defense Health Agency (DHA) Research & Engineering Directorate (R&E); and the Uniformed Services University of the Health Sciences (USU) Center for Global Health Engagement (CGHE) Research team employ a programmatic-focused research strategy for funding Global Health Engagement (GHE) research through the GHE Research Initiative (GHERI).

**Objectives:** The CGHE Research team is soliciting White Papers from interested parties for research related to operational efforts that will meet the needs of the Joint Force in either:

1) Improving the understanding and/or execution of DoD GHE or
2) Utilizing DoD health research activities to engage a partner nation/partner nations (PN/PNs) in support of Theater Campaign Plan (TCP) objectives to further research

The GHERI is funded through Defense Health Program (DHP) RDT&E funds in accordance with guidance from OASD(HA) and DHA R&E. The GHE research needs of the warfighter are expressed by the regular demand signal of the Joint Force through the Joint Staff Surgeon's Office and the Combatant Commands (CCMD) Surgeons' Offices. This demand signal is captured through ongoing coordination between the CCMDs Surgeons' Offices, the Military Services, and CGHE.

**Demand Signal (Research Area):** This call for White Papers seeks initial concepts for research to advance the above-mentioned objectives and address at least one element listed under the research area below through a novel approach, methodology, or capability with trans-regional and/or trans-functional applications that will improve the ability of the Joint Force to conduct GHE.

CCMD GHE research priorities

1. AFRICOM
    a. Evaluate Partner Nation ability to support existing bio-threat response capabilities through regional based field epidemiology training.
    b. Develop Assessment, Monitoring, and Evaluation tools for sustainment of deployable Level 2 medical investments.
    c. Analysis of long-term effectiveness of civil affairs medical engagements to strengthen Partner Nation capacity within the AFRICOM AOR.
    d. Develop strategies for continued Partner Nation ability to strengthen One Health and veterinary focused programs in support of Force Health Protection.
    e. Evaluate Partner Nation and service component willingness and ability to incorporate public health surveillance into AFRICOM exercises.

2. CENTCOM
    a. Evaluate effectiveness of current GHE AM&E processes in CENTCOM AOR and/or develop/implement AM&E tools
    b. Evaluate impact of GHE activities on infectious disease surveillance in the CENTCOM AOR
    c. Evaluate process and impact of establishing new overseas research laboratory for strengthening US partnerships.
    d. Evaluate Health trends in the USCENTCOM AOR. Determine how health trends support pandemics CONPLANS and inform TCP medical security cooperation efforts

e. Determine GHE operational reach in meeting the requirements of the civilian populations across the conflict continuum.
f. Evaluate methods of cross-walking civilian and military medical systems within the CENTCOM partner nations.
g. Assess the value of military aid across all phases of humanitarian assistance and disaster relief operations
h. Assess the proposed causal relationship between health and security/stability
i. Determine the cost benefit and effectiveness of Cooperative Biological Engagement Program (CBEP) in Jordan
j. Assess the facilitators and barriers to HIV among military forces in the USCENTCOM AOR
k. Blood distribution and utilization
l. Mitigating psychiatric decline in the deployed environment
m. Utilization of host nation assets to mitigate DNBI, especially mental health burden
n. Utilization of host nation medical assets to reduce expeditionary medical footprint

3. INDOPACOM
    a. Develop interoperability with partner nation trauma response capabilities with particular focus in Philippines, Vietnam, and Australia
    b. Enhance blood capabilities with particular focus in Philippines and Australia
    c. Improve biosurveillance information sharing and partner capacity throughout the region
    d. Improve medical interoperability, in particular with Philippines and Australia
    e. Assess pathways to international medical credentialing recognition
    f. Understand the impacts that climate and environmental changes can have on all aspects of health, but especially food security and zoonotic diseases

4. SOUTHCOM
    a. Evaluate appropriate funding authorities in view of the multitude of stakeholders and the multi-system approach needed to build partnership capacity though GHE activities.
    b. Coordinating One Health approaches to counter emerging and re-emerging infectious diseases
    c. The international development, coordination, and evaluation of biodefense, biosecurity, and biosurveillance strategies

5. EUCOM
    a. Poland and Baltics (Estonia, Latvia, Lithuania):
        i. Evaluation of civilian trauma systems, the interface of civilian trauma systems with military systems and capabilities, and how and where to target military-civil GHE activities to support US and NATO operational requirements
    b. Romania, Bulgaria, and Balkans (Albania/Bosnia/Croatia/Kosovo/Macedonia/Montenegro/Serbia/Slovenia):
        i. Development of coordinated biodefense and biosurveillance strategies involving multiple sectors of government/society and multinational regional stakeholders to define, report, and mitigate risks associated with endemic and emerging diseases. Zoonotic and vector-borne diseases are of particular emphasis in this region.
    c. Evaluation of the effectiveness of multi-phase GHE efforts to build partner nation capabilities (e.g., NATO Role 1 and Role 2 expeditionary medical capabilities).

6. NORTHCOM
    a. Arctic Region
        i. Force Health Protection within the Arctic Region (extreme cold, disease, climate change, etc.)
    b. Mexico
        i. Diseases of concern for Global Pandemic Response Plan
        ii. Diseases of the SouthWest US Border Ports of Entry
    c. CONUS
        i. Casualty Reception and In Processing as a result of large-scale combat operations
        ii. Tending civilian population migration to the U.S. from high-risk medical areas
7. SOCOM
    a. Development of a concept for medical support to irregular warfare and gray zone activities which leverages the capabilities and capacities of key allies and partners.
    b. Identify potential staging points for patient stabilization or prolonged casualty care along Island Chains in the Western Pacific to support U.S. and allied forces operating in the maritime environment.
    c. Develop direct read instrumentation for "real time" Comprehensive Exposure Monitoring in the deployed environment. To include air quality, treated and raw water and soil sampling results with immediate results. air quality. Utilization/employment of Biofire at the tactical level to provide SOF Medics with real time bio threat analysis.
    d. Characterize the PRC's medical outreach (i.e.: Health Silk Road), with a focus on evaluating the impact on the population, economic and political outcomes, corresponding information operation campaigns, and the impact on regional security.
        i. Analyze historical efforts by partisan and insurgent groups to utilize medical outreach and civic action programs to affect the population's attitude and support of the group.
        ii. Integration of GHE into the non-kinetic effect planning process
        iii. Development of a framework for USSOF leveraging conventional and interagency GHE expertise to achieve USSOF theater objectives
        iv. Evaluate potential for collaboration with partner and host nations to develop bio surveillance programs to rapidly identify emerging novel disease outbreaks that may affect US force posture.
    e. An analysis of medical supply chain vulnerability linked to dependence on or influenced by pacing competitors and their allies. An evaluation of non-FDA approved pacing drugs and biologicals effectiveness /reliability in countries / areas of interest for possible use by the Joint Force as an alternate source of supply or under emergency circumstances.

8. TRANSCOM
    a. Host nation capacity and capability building in hospitalization, medical care, and patient movement

**Other Information:** The GHERI is funded annually subject to availability of funds and pursuant to the needs of the Joint Force. The Government is not obligated to make any award as a result of this announcement. The Government anticipates awarding grants and cooperative agreements pursuant to statutory authority 10 U.S.C. 2113(g)(1)(A). *As such, this Call for White Papers is for non-profit and government entities. Collaboration with industry is encouraged via subawards. Non-Profit entities* ***must*** *submit White Papers through Grants.gov.*

The U.S. Government is currently operating under a Continuing Resolution (CR). This FOA is subject to availability of funds.

Government entities (e.g., DoD Labs, Military Training Facilities, Government/National laboratories, military educational institutions, etc.) are encouraged to submit White Papers for consideration of funding through a direct fund citation (e.g., MIPR, IAA, etc.). Government Entities are subject to applicable direct competition limitations. Government entities should submit White Papers directly to CGHE at the following email address: cghe.gheri-ggg@usuhs.edu

Applicants planning to fulfill their prescribed research objectives in collaboration with federal government entities must clearly define the role of the government organization in their proposal. Proposals must fully describe any intended reimbursements to federal government entities planned via CRADA. Direct research conducted by federal government entities, i.e., research performed by federal government personnel and/or at federal laboratories and sites, will be funded by GHERI directly to those entities.

The maximum period of performance for any award will be two (2) years. Total budgeted costs (direct and indirect) for the entire period of performance should not exceed $800,000 per award. There is no requirement for Cost-Sharing or Matching. Funded recipients must comply with and successfully complete yearly scientific and programmatic reviews in order to continue being funded for the next year. Interim reports will be evaluated for performance/technical merit as part of the Government's yearly scientific and programmatic reviews and Go/No-Go decisions will be made for continued funding into the next year's period or performance.

## Submission Information

Submission is a two-step process requiring both: 1) a pre-application package (White Paper) and 2) a full application package. ***The full application package is by invitation only.*** All documents must be submitted in English.

**Address to Request Application Package**. The application package may be retrieved from the Grants.gov website (https://www.grants.gov/). Everything needed to apply is available on this website. If there are difficulties downloading the attachment, please contact Grants.gov Applicant Support at 1-800-518-4726 or via email at support@grants.gov.

**Content and Form of White Paper Submissions.** The White Paper package is submitted through http://www.grants.gov. Because the invitation to submit a full application package is based on the White Paper package submission, the title and research objectives should not be changed from the White Paper package submission to the full application package submission. PIs and Organizations identified in the White Paper package submission should be the same as those identified in the full application package submission.

**White Papers:** The following information comprises the White Paper submission package. Applicants with successful White Paper reviews will be invited to submit a full application. The following must be completed and submitted in order to be eligible for a White Paper review. White papers should be no more than 4 pages in total comprised of a cover page (1 page), project abstract (2 pages **maximum**) and Research Budget (1 page).

1. SF 424 Research & Related (R&R) Application for Federal Assistance. Please compile the cover page, project abstract, and research budget (details below) as one PDF and upload to SF 424 field #20 (pre-application field).
    a. Cover Page: Title, Period of Performance, Total Estimated Budget of Effort (Rough Order of Magnitude (ROM)), Name of Company and Key Contact(s) Information, and Research Area being addressed (applicable CCMD and/or GHE research priorities).

b. Project Abstract: Include the research project's specific aims, scientific abstract/technical summary and relevance to the objectives and Demand Signal outlined herein. The specific CCMD to be engaged or visited (i.e. INDOPACOM, SOCOM) should be listed at the beginning of the abstract, as applicable. Note: All overseas engagement/visits supported by a GHERI award must be coordinated through the CCMDs; CGHE will assist in coordination upon request.
c. Research Budget: White Papers must provide a ROM of their proposed budget. Include a ROM estimate for the entire period of performance of funding requested. ROMs should provide top level estimates for each year by cost element (labor, travel, materials, equipment, sub-awards, etc.). Indirect costs should be budgeted in accordance with the organization's negotiated indirect rate. No budget will be approved by the Government exceeding $800,000 per award or using an indirect rate exceeding the organization's negotiated indirect rate, if any (all direct and indirect costs of any sub-award must be included in the total direct costs of the primary award). A more detailed budget will be required for applicants with successful White Paper submissions.

Each applicant may submit up to two White Papers within the parameters of this Call. The purpose of this Call for White Paper is to preclude unwarranted effort on the part of any applicant whose proposed work is not of interest to the Government. Those White Papers found to be consistent with the intent of this Call and of interest to the Government may be invited to submit a full application. Complete instructions for application preparation and submission will be forwarded with any application invitation, if any. Such invitation does not assure that the submitting applicant will be awarded a subsequent grant or cooperative agreement.

**Other Submission Requirements.** *Prior to submission of the White Paper package, confirm the status of the applicant's Entity registration in the System for Award Management (SAM).* Allow 3 to 4 weeks to complete the entire SAM registration process. An organization can register in SAM online at https://sam.gov/content/home. Collecting the information (Employer Identification Number [EIN] or Tax Identification Number [TIN]) can take 1 to 3 days (on average). If your organization does not have either an EIN or TIN, allow **at least** 2 weeks to obtain the information from the U.S. Internal Revenue Service. If you have the necessary information, online SAM registration will take approximately 1-2 hours to input, depending upon the size and complexity of your organization.

**NOTE: Applications will be rejected by Grants.gov IF**: (1) the organization's Entity registration in SAM is not active, and (2) during the registration process, the organization did not answer "Yes" when asked, "Do you want to be eligible for grants and other federal assistance?"

The Government utilizes the Exclusions within the System for Award Management (SAM), formerly the Excluded Parties List System (EPLS), to identify individuals and organizations unqualified to receive federal awards. More information about Exclusions reported in SAM is available at https://sam.gov/content/home.

**Submission Dates and Times.** *The Pre-Application White Paper Package must be submitted through Grants.gov no later than 21 March 2024*. The Government anticipates Invitations to Submit Full Application Packages on or about 19 April 2024. Full Application invitations will be emailed directly to the identified primary Principal Investigator.

Each White Paper submission must include a completed package. If the applicant does not follow the submission guidelines or submits an incomplete package, the application will not be accepted or reviewed. Allowances or exceptions cannot be made resulting from delays in submission due to applicant organization system or technology problems.

## White Paper Review Information

All White Papers will be reviewed by the respective CCMD Surgeons' Offices to determine technical merit and relevance to the GHERI Objectives and current Demand Signal (Research Area). White Papers will be reviewed based on the following criteria for acceptability or non-acceptability:

1. The overall scientific and/or technical merits of the White Paper.
2. The potential contributions of the proposed approach to overall GHERI Objectives
3. The feasibility of the ROM and schedules.

No further evaluation criteria will be used in the selection process. Each application is evaluated for its own merit, independent of other applications.

## Federal Awarding Agency Contacts

***Only an appointed Grants Officer may obligate the government to the expenditure of funds. No commitment on the part of the government should be inferred from discussions with any other individual. The award document signed by the Grants Officer is the official authorizing document.***

*Technical content, programmatic and administrative/business questions* regarding this Call should be submitted to: cghe.gheri-ggg@usuhs.edu

*For questions related to pre-application submission through Grants.gov*, please direct questions to the Grants.gov Contact Center, which is available 24 hours a day, 7 days a week (closed on U.S. Federal holidays).

Phone: 800-518-4726; (international) 1-606-545-5035
Email: support@grants.gov

## Other Information

**Proprietary Information**. Do not include proprietary information in the submission package, unless it is required. Proprietary information should only be included in a full application as necessary for evaluation. When including proprietary information, please ensure the information is clearly and legibly marked and distinguished from non-proprietary content.

Proprietary information submitted in an application may be disclosed outside the government for the sole purpose of technical evaluation. Evaluators must agree that proprietary information in the application will be used for evaluation purposes only and will not be further disclosed or used.

All applications may be subject to public release under the Freedom of Information Act (FOIA) to the extent that they are incorporated into an award document. Applications that are not selected for funding will not be subject to public release.