



Small Grants Program 2022-2023 Cycle July 25, 2022 – August 31, 2023

Dear TEPHINET Community,

We are pleased to announce the opportunity to submit Letters of Intent (LOIs) for small grant field epidemiology project proposals related to the **Cardiovascular Disease/HEARTS Technical Package**.

The Cardiovascular Disease/HEARTS Technical Package small grants are awarded for a maximum of US\$5,000 and are funded through the generous support of the CDC Foundation with mentorship from the U.S. Centers for Disease Control and Prevention (CDC).*

All projects proposed for the 2022-2023 cycle of the Small Grants Program must be initiated and completed during the period of January 1, 2023 to August 31, 2023. Applicants must take early steps to verify and ensure that their institutions will be able to provide timely ethical and institutional review board (IRB) approvals before the awarded project begins on January 1, 2023. If applicants are invited to submit a full proposal, evidence of IRB approval must be included in order to be considered.

Applicants are restricted to submitting one LOI. Multiple entries will result in disqualification.

When to apply?

- **Letters of Intent (LOIs) are due by 11:59 pm Atlanta/EST on August 22, 2022.** All individuals interested in submitting a project proposal for funding under the small grants program must first submit a LOI.

Who can apply?

- Current Advanced FETP residents/trainees who have not previously received a TEPHINET small grant in any subject area.
 - Residents/trainees who graduate during the application or implementation period (i.e. during July 25, 2022 to August 31, 2023) can apply with the written support of their FETP program director.
- The applicant (i.e. resident/trainee) must be the Principal Investigator (PI).
- The applicant **MUST** identify an in-country subject matter expert (SME) at their ministry of health, academic institution, or public-private partnership who will serve as their in-country mentor for the duration of the grant funded project. Applications that do not identify an in-country mentor will not be considered.

*All grant awards are contingent upon receipt of funding from associated donors. This announcement does not implicitly or explicitly guarantee awards for submitted LOIs.



- The applicant MUST include in their application a letter of recommendation/support from an individual(s) and/or institution(s) that you expect to collaborate with and/or whose participation will be key to the success of your proposed project.
- The applicant MUST include proof of IRB application.

Priority will be given to:

- Residents/trainees who identify at least one question from the proposed list of field questions (see attached document “List of Field Questions”) that they will address in their project.
- Residents/trainees of the 2-year advanced FETP programs from low- and lower-middle income countries (as per World Bank categorization; please visit this web link for details: <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519>).
- Residents/trainees of FETP programs with U.S. CDC Resident Advisors (RAs).

Proposed projects should focus on:

- Evaluating cardiovascular disease prevention, control, and treatment efforts; or
- Assessing cardiovascular health information systems.

Guidance that may inform projects:

Please consider the provided list of potential field questions that can be used to develop or inform project proposals. It is not required for applicants to use this list of questions; however, all projects should align with the WHO Cardiovascular Disease/HEARTS Technical Package. Please review carefully the HEARTS Technical Package prior to applying ([HEARTS Technical Package \(who.int\)](#)).

CARDIOVASCULAR DISEASE/HEARTS Technical Package

Heart disease and stroke are leading causes of death worldwide. High blood pressure (hypertension) is the major risk factor and a key driver of cardiovascular diseases including heart attack and stroke, and is responsible for about 10 million preventable deaths globally each year. The World Health Organization’s NCD Global Monitoring Framework proposes a 25% relative reduction in the prevalence of raised blood pressure by 2025.

Through TEPHINET, the U.S. CDC will provide technical support to selected applicants for projects that provide insight on one of the following HEARTS focus areas:

1. Healthy-lifestyle counseling
 - Assess the effects of health education and counselling on lifestyle change, including increased physical activity, tobacco cessation, reduction in harmful use of alcohol, reduction in the consumption of salt, trans-fatty acids, and sugar-sweetened beverages, and adherence to essential medicines.
2. Evidence-based protocol
 - Evaluate the effects of simple, standardized hypertension treatment and care protocol in adults at health facilities.



3. Access to essential medicines and technology
 - Assess the patterns and barriers to medical treatment access and adherence to essential medicines and technology. Evaluations may include the availability, affordability, quality, and accessibility of essential medicines and diagnostic and basic technology.
4. Risk-based CVD management
 - Evaluate use of cardiovascular risk prediction charts and/or integrated management of total CVD risk at primary health care facilities.
5. Team-based care
 - Evaluate the effectiveness of team-based care on hypertension control and continuity of care at primary health care facilities.
6. Systems for monitoring
 - Pilot or evaluate locally appropriate, systematic monitoring of patients with hypertension, or evaluate a hypertension surveillance system.