



Small Grants Program 2020-2021 Cycle July 15, 2020 – August 31, 2021

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 **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 and the Global Noncommunicable Disease (NCD) branch of the Centers for Disease Control and Prevention (CDC).¹

All projects proposed for the 2020-2021 cycle of the Small Grants Program must be initiated and completed during the period of January 1, 2021 to August 31, 2021.

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 31, 2020.** All individuals interested in submitting a project proposal for funding under the small grants program must first submit a LOI.

Who can apply?

- Current FETP residents/trainees (intermediate or advanced) 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 15, 2020 to August 31, 2021) can apply with the 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.

Priority will be given to:

- Residents/trainees of the 2-year advanced FETP programs from low- and lower-middle

¹All grant awards are contingent upon receipt of funding from associated donors. This announcement does not implicitly or explicitly guarantee awards for submitted LOIs.



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:

- Piloting or evaluating a cardiovascular disease/hypertension surveillance system; or
- Analyzing and interpreting cardiovascular disease/hypertension data; or
- Implementing and evaluating cardiovascular disease/hypertension prevention, control, and treatment efforts.

Guidance that may inform projects:

Please review carefully the Cardiovascular Disease/HEARTS Technical Package prior to applying (https://www.who.int/cardiovascular_diseases/hearts/Hearts_package.pdf?ua=1).

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 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.

The CDC's Global NCD branch will provide technical support to selected applicants through TEPHINET for projects that provide insight on one of the following focus areas:

1. Healthy-lifestyle counselling
 - Assess the effects of health education and counselling on lifestyle change, including increased physical activity; tobacco cessation; reduction in harmful use of alcohol; and reduction in the consumption of salt, trans-fatty acids, and sugar-sweetened beverages.
2. Evidence-based protocol
 - Evaluate the effects of simple, standardized hypertension treatment and care protocol in adults at general primary health facilities.
3. Access to medicines:
 - Assess the patterns and barriers for 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. Team-based care
 - Evaluate effectiveness of team-based care on hypertension control and continuity of care at primary health care facilities.
5. Systems for monitoring
 - Pilot or evaluate locally appropriate, systematic monitoring of patients with hypertension, or evaluate a hypertension surveillance system.