

# Terms of Reference

## Second Fleming Fund Country Grant to Laos

### 1 Overview of this grant

The Fleming Fund proposes to continue its support to Laos in order to progress work carried out under the First Country Grant (CG1). This support will focus on strengthening capacity and resources that can improve the sustainability of efforts on AMR surveillance, and will also progress and expand surveillance in the human and animal health sectors. Up to 10 laboratories will be supported in the human health sector including the national reference laboratory. In animal health there will also be continued support to the national reference laboratory and first steps taken to institutionalise passive surveillance at one provincial laboratory.

**The mechanism for continued Fleming Fund support will be as follows:**

**1. A Second Country Grant (CG2)**

This will be led by Fondation Mérieux, working with LOMWRU and Chulalongkorn University. *The Terms of Reference (TORs) in this document refer to CG2.*

**2. A Costed Extension (CE) to the First Country Grant (CG1)**

Activities will be delivered by the UN, specifically WHO and FAO, led by UNOPS. This extension is being negotiated in parallel with this grant.

The Lead Grantee will be responsible to Mott MacDonald for all aspects of the grant including the management of any Sub-grantees in the consortium, and their performance, technical delivery and financial accountability. The Grantee will be expected to sign the Grant Agreement with Mott MacDonald and will be expected to arrange sub-granting agreements with partners on the same back-to-back terms.

The Lead Grantee must ensure close alignment of its activities with those of the UN consortium and the ongoing activities under CG1.

The Lead Grantee will also need to ensure that inputs supported by the Fleming Fund align with those of other development partners.

In addition, the Lead Grantee will be required to harmonise its efforts with two other types of grants under the Fleming Fund Grants Programme, namely Regional Grants and the Fleming Fellowship Scheme.

**The Second Country Grant is expected to commence on 01 December 2020, and will last 14 months, ending no later than January 2022.**

**The application for CG2 should be up to a maximum of £2m.** It should include capital, procurement, recurrent costs, and overheads and management costs as necessary, but exclude key high cost items that will be procured centrally (automated blood culture instruments, automated AST platforms and MALDI-TOF mass spectrometry instruments).

## 2 Overview of the Fleming Fund

### 2.1 Introduction

The UK Government has established the Fleming Fund to respond to the global threat of drug-resistant infections due to bacterial Antimicrobial Resistance, also known as AMR. The Fleming Fund will be a critical tool in achieving the resolution of the 68th World Health Assembly, 2015 (WHA A68/20), and in realising the 'Political Declaration of the High-Level Meeting of the United Nations General Assembly (UNGA) on Antimicrobial Resistance, 2016'. These recognise that urgent cross-sectoral rationalisation of antimicrobial use, and prevention and control of infections in humans, animals, food, agriculture, and aquaculture sectors, are key to tackling AMR and call for: innovative research and development; affordable and accessible antimicrobial medicines and vaccines; improved surveillance and monitoring; increased governance on antimicrobial use; and increased international cooperation to control and prevent AMR.

The Fleming Fund aims to address critical gaps in surveillance of antimicrobial-resistant bacteria in low- and middle-income countries (LMICs) in Asia and Sub-Saharan Africa. Countries in these areas are set to bear the highest burden of drug resistant infections. A Global Action Plan on Antimicrobial Resistance (GAP-AMR) has been developed by the World Health Organization (WHO), which acts as the blueprint for a multi-stakeholder global response to averting a global health crisis caused by AMR.<sup>1</sup>

The Fleming Fund comprises several workstreams (see [www.flemingfund.org](http://www.flemingfund.org) for more information). One workstream provides support to the Tripartite Alliance – the Food and Agriculture Organization (FAO), the World Organisation for Animal Health (OIE) and the World Health Organization (WHO) – as part of the One Health approach. Through funding to the Tripartite Alliance, the Fleming Fund has contributed to the development of National Action Plans (NAPs) in Sub-Saharan Africa, South and South East Asia, and to the building of the evidence base and guidance for AMR surveillance. This work will be critical for the overall success of the Fleming Fund Grant Programme and underpins the delivery of the portfolio of Country and Regional Grants and the Fleming Fellowship Scheme, as these will target capacity gaps identified in NAPs. The Fleming Fund also funds initiatives in academic institutions to develop guidance on the development of AMR surveillance systems such as the LSHTM Roadmap for developing an AMR surveillance system in human health systems (see Annex 1).

The Fleming Fund Grants Programme is the largest stream of financial support available through the wider Fleming Fund. The UK Department of Health and Social Care (DHSC) has appointed Mott MacDonald as the Fleming Fund Management Agent for the Fleming Fund Grants Programme. Mott MacDonald is a global company with expertise in multi-sectoral international development and fund management. On behalf of the UK Government, Mott MacDonald is responsible for funding allocation and oversight of all investments made across the whole portfolio of grants in different activities and in different countries.

The aim of the Fleming Fund Grants Programme is to improve the ability of recipient countries to diagnose drug-resistant infections, with an emphasis on bacterial infections, and to improve data

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<sup>1</sup> <http://www.who.int/antimicrobial-resistance/global-action-plan/en/>

and surveillance to inform policy and practice at national and international levels. The overall goal is to avert the human and economic burden of AMR.

The geographic focus of the Fleming Fund Grants Programme is 20-24 LMICs from Sub-Saharan Africa, and South and South East Asia, including Laos. It can provide financial support up to 2022 to participating countries via three funding channels:

- Country Grants
- Fleming Fellowship Scheme Grants
- Regional Grants

The Fleming Fund is independently evaluated by Itad, a specialist evaluation firm appointed by the DHSC for this purpose.

## **2.2 Problem statement to be addressed by the Fleming Fund**

The main issues which are addressed by Fleming Fund Country Grants are outlined below (N.B. these are general issues in LMICs regarding AMR, and may not all be relevant in the case of Laos):

- There are too few microbiologists and laboratory technologists and even fewer with adequate training to undertake the volume of testing required for representative surveillance on AMR.
- There are few health facilities that routinely undertake bacterial culture; still fewer facilities that meet the requirements for accreditation, or who do routine Antimicrobial Susceptibility Testing.
- There is no culture of surveillance for AMR in healthcare delivery.
- There is little perceived use of surveillance data at any level.
- There is a lack of knowledge on the use and consumption of antimicrobial agents across One Health sectors.
- There is a lack of antimicrobial stewardship.
- Logistical challenges are significant: transporting samples in a safe and secure manner under challenging transport conditions; ensuring a quality assured and sustainable supply chain for reagents and consumables; and ensuring appropriate servicing of equipment are a few examples.
- Surveillance systems (national, regional and global) that do exist are often vertical in nature, are not linked, and are often unwilling to integrate.
- There are weak One Health structures and there is poor inter-sectoral collaboration.
- There is a heterogeneous picture across countries and regions in terms of starting points, political will, capability, and donor interest and engagement.
- There are poorly defined and applied quality assurance standards in laboratory testing.
- There is a lack of understanding across all sectors on transmission patterns and drivers, such as inappropriate use of antimicrobial drugs.

## **2.3 Fleming Fund investment areas and outputs**

To address the problems above, the Fleming Fund Grants Programme invests in:

- Laboratory infrastructure enhancement;

- Human resource strengthening and workforce reforms;
- Surveillance systems strengthening;
- Building foundations for AMR surveillance data use;
- Promoting rational use of antimicrobial medicines.

Investment in these areas is expected to achieve the following outputs:

- Improved laboratory skills for bacterial identification and Antimicrobial Susceptibility Testing (AST); and, therefore, improved data quality;
- A strengthened One Health workforce with a range of relevant skills for AMR surveillance;
- Stronger AMR surveillance systems and processes at country and regional levels;
- Higher demand for AMR data at regional, country, subnational and facility levels; and
- Better knowledge of country level patterns of prescribing practice and use of antimicrobials (particularly for bacterial infection) across sectors.

Fleming Fund outputs are expected to contribute to the following country outputs:

- Increase in quality and quantity of AMR and AMU data collected;
- AMR and AMU data shared in country to support evidence-based policy and practice; and
- AMR and AMU data shared internationally to improve and inform the global response, particularly via the WHO GLASS programme for human health AMR data.

The Terms of Reference (TOR) for Country Grants have been designed to ensure that investments and activities contribute directly to outputs. Grantees are expected to adhere to and demonstrate this alignment and contribution to outputs in their applications.

## 2.4 Core principles within the Fleming Fund Grants Programme

The Fleming Fund is built on four core principles. In addition, the programme is also committed to evaluation, continued improvement and Value for Money (VfM). The Grantee is expected to demonstrate how they will align with these principles while implementing the grant.

- **Country Ownership:** The Fleming Fund Grants Programme will work closely with the Government of Lao PDR to ensure that activities undertaken through this grant are in line with the National Strategic Plan on Antimicrobial Resistance (2019 – 2023). The Grantee is expected to plan and implement activities in close consultation with the Government, keeping country priorities and needs in mind, but within limits of the scope mentioned in these TORs. Unless there are good reasons not to do so, Fleming Fund grants will chiefly invest in the public sector to support development of national public health systems.
- **One Health:** The Fleming Fund recognises that the problem of AMR is a great risk to human health and cannot be controlled without a OH approach. A specific set of OH investment parameters has been developed. These are summarised below. This approach is aligned with key documents and guidelines from OIE<sup>2</sup> and FAO<sup>3</sup> as well as the Global Action Plan.

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<sup>2</sup> OIE Standards, Guideline and Resolution on Antimicrobial resistance and the use of antimicrobial agents;

<sup>3</sup> The FAO Action Plan on Antimicrobial Resistance, 2016-2020.

- a) **Collaborative multi-sectoral governance of AMR:** Leadership and resourcing of AMR surveillance and mitigation measures in all sectors that contribute to the emergence of AMR.
- b) **Integrated AMR and antimicrobial use and consumption surveillance in all sectors:** Surveillance in humans, livestock, aquaculture, crops, food and the environment to produce information that is interpreted by multi-sectoral teams to help understand factors associated with AMR emergence within and between sectors.
- c) **AMR mitigation policies and programmes prioritised across multiple sectors:** Evidence-based policies and programmes for AMR mitigation measures that are prioritised across the relevant sectors, based on information generated through AMR, AMU and AMC surveillance in all sectors.

Applicants should explicitly propose activities in the application to demonstrate how they will achieve the above.

- **Alignment of Approach:** The Fleming Fund Grants Programme seeks to invest in areas which complement and build on work done to date. Grant applicants will need to demonstrate that they understand Government investments and other stakeholders' work in the field of improved laboratory capacity (both within and outside the sphere of AMR surveillance), improved disease surveillance, and the One Health approach. The Fleming Fund Grants Programme will assess grants for duplication of efforts and/or the development of parallel systems. To the extent possible, applicants will need to demonstrate how their proposals add value to existing and planned investments and systems.
- **Sustainability:** The Fleming Fund Grants Programme focuses assistance on national systems with a view to long-term sustainability. Investment size and scope are as far as possible, aligned with national government spending so that systems created with Fleming Fund grants are sustainable within the public health system. Applicants should explain how they will undertake actions to achieve sustainability on a long-term basis.

## 2.5 Fleming Fellowship Scheme

The Fleming Fellowship Scheme is part of the broader Fleming Fund Grants Programme and is managed by Mott MacDonald. Fellowships provide funding to support on-the-job training over an 18- to 24-month programme of structured learning, mentoring and skills development for four to eight Fellows in each investment country. The Fellowships do not duplicate basic training, rather they focus on building advanced skills and leadership to promote the application of best practice in identified 'Beneficiary Institutions', while promoting the One Health principle. Beneficiary Institutions are organisations such as AMR reference laboratories and national epidemiology units in the human and animal health sectors, and hospitals and/or national drug administration agencies that add strategic value and complementarity to achieve the Fleming Fund's aims in the country. They are also institutions most likely to derive sustainable benefit from the Fellowship activities and many are supported through the Country Grant.

The initial focus of the Professional Fellowship Scheme is on strengthening the quality of laboratory diagnostic data and the analysis and use of AMR and AMU surveillance data in Beneficiary Institutions. Fellows in each country are supported by external mentors from world class institutions who provide the expertise required to support the needs of the Fellows as well as to help them

improve the sustainability of AMR programmes in their institutions. The data they generate will be applied to deliver evidence-based approaches to tackling AMR, for example to improve antimicrobial stewardship.

In Laos there are currently five Fellows. Two focus on AMR surveillance in the human health sector (an epidemiologist based in NCLE and a senior medical officer in the Department of Communicable Disease Control), one focuses on AMR Laboratory work in the human health sector (the Chief of the Bacteriology Unit in NCLE), and the remaining two address AMU/AMC Surveillance (in human health at Setthathirath Hospital, the Chief of the Infectious Disease Division, and in animal health at the Department of Livestock and Fisheries, the Deputy Director of the Veterinary Vaccine Production Centre). These fellowships run until the end of February 2021. Fellows are receiving training and undertaking a variety of activities including data collection and analysis, development of tools, protocols and SOPs. They are also carrying out collaborative One Health projects. The workplans for the current Fellows are attached as Annex 2. A second round of Professional Fellowships will be offered in October 2020 (4 Fellows).

Policy Fellowships (2 Fellows) will also be rolled out in Laos from October 2020. These new Fellowships will provide professional development for two individuals with the right qualities from OH-related disciplines to enable them to strategically advance the national's AMR policy and One Health priorities. The Fellowships will have the following objectives:

1. Supporting the national AMR coordination committee by promoting strong leadership and vision for the delivery of AMR National action plans.
2. Raising awareness of AMR within national leadership by providing information on the causes and implications of AMR, and options for control and prioritisation of robust AMR responses.
3. Promoting evidence-based policy development by supporting evidence reviews, cross sectoral collaboration and inclusive stakeholder engagement.
4. Strengthening communities of practice among Fleming Fellows by supporting participation of fellows in evidence-based decision-making and national AMR guidance mechanisms.

The Grantee will be expected to ensure coherence and alignment between the activities of the Country Grant and those of all the Fellows, throughout the life of the grant. The Grantee is expected to:

- Ensure that Fellows are aware of Country Grant activities relevant to their own work plans, for example by including them in stakeholder consultations.
- Avoid duplication. The Country Grant should not be covering work that Fellows are doing, and vice versa.
- Ensure synergies are maximised, for example by disseminating SOPs developed by the Fellows.
- Work together with Fellows where appropriate e.g. data gathering, transporting samples, but avoid interdependency.
- Ensure that any training provided to the Fellows aligns with that provided by the mentors from the Fellowship Scheme's Host Institution.
- Ensure that the Host Institution is aware of training being provided by the Grantee

## 2.6 Fleming Fund Regional Grants

Laos is currently involved in five Regional Grants. These Regional Grants are expected to align with Country Grants and identify synergies between them. Similarly, Country Grantees who are planning inputs are expected to ensure their work does not duplicate that of the Regional Grants.

### AMR/AMU retrospective data collection, analysis and dissemination

This grant aims to expand the volume of historical and current data on AMR and antimicrobial usage. In many low- and middle-income countries, institutions (academic, research, medical, etc.) have been collecting AMR data for many years but have not shared this information publicly. By partnering alongside these institutions to collect and digitise existing data, the Grantee will help establish an AMR baseline across Fleming Fund priority countries.

The Grantee has been tasked with developing a plan for AMR and antimicrobial usage data collection, rating the quality of the data collected and retrieving the information. Information related to microbiology, clinical practice and epidemiology, antimicrobial consumption and whole genome sequencing will be collected.

### External Quality Assessment (EQA)

This grant maps coverage, availability and uptake of EQA programmes across One Health (OH) sectors. Barriers to participating in existing EQA programmes are being identified, and the Grantee is exploring the risks and benefits of establishing formal regional EQA systems (e.g. biosecurity, data ownership, sample shipping) to complement existing international schemes, as these may be difficult for some countries to access. The Grantee will then strengthen or help establish EQA Reference Centres. This will include formalising collaboration with all Fleming Fund Country Grants for establishment of a) quality assured identification of isolates and b) appropriate logistics for effective movement of isolates.

### Common surveillance protocols

This grant focuses on standardising the collection and analysis of data by developing common protocols. For data to be comparable, it must be collected in the same way. This is particularly challenging within animal health, aquaculture, environmental and food safety surveillance, as there are no international guidelines pertaining to AMR data collection.

The Grantee has been tasked with identifying the most critical data protocols needed in either animal health, aquaculture or environmental sectors and then developing them. They will also support the roll-out of the Tricycle Protocol in Fleming Fund priority countries.

### Microbiology and epidemiology training

Under this grant quality microbiology training is being delivered to laboratory and surveillance staff from national reference laboratories (human, animal and environmental health). This includes laboratory and data management and advanced laboratory skills.

Training in AMR epidemiology and surveillance methods will be provided for human, animal and environmental health laboratories and/or national coordination centres for AMR (e.g. AMR Coordination Committee or Technical Working Group(s)).

## Improving data analysis and sharing

This grant provides support to regional bodies for data sharing and policy-relevant analysis. The Grantee is working with them to identify policy bottlenecks around data sharing for regional analysis, and to assess which approaches to data collection and analysis would be most beneficial for policy discussions. Regional plans will be developed to improve data sharing and analysis and to identify an optimal number of reference laboratories to obtain quality data to inform regional analysis.

## 3 Scope of grant

### 3.1 Duration and phasing of the grant

The Second Country Grant is expected to commence on 01 December 2020, and will last 14 months, ending no later than January 2022.

### 3.2 The process of developing these terms of reference

Due to the travel restrictions in place as a result of COVID-19, the Fleming Fund adopted a different way of developing TORs from its usual country-based process. This involved developing a “Priorities Paper” for consultation with the CG1 Grantee, their consortium partners and Government stakeholders (see Annex 3). Their response to this paper and comments from the Management Agent are in Annex 4. Fondation Mérieux was later invited to respond to the Priorities Paper with comments, suggestions and deliverables, in consultation with proposed members of their new consortium. The Fleming Fund provided feedback on their inputs (see Annex 5).

The Fleming Fund now invites Fondation Mérieux to develop a proposal based on consultation with their consortium partners and the existing CG1 consortium partners, and the feedback from the Management Agent.

### 3.3 Alignment and coordination

Central to the delivery of both the costed extension to CG1 and the new CG2 will be alignment and coordination between the two grants. Section 3.4 illustrates which consortium is leading on specific objectives. **Please note that in some places one consortium is expected to contribute to the objectives and outputs of the other.** In addition, all future activities will need to be closely aligned with the continuing activities of the original CG1.

In the submission from the Fondation Mérieux consortium the Fleming Fund expects to see evidence of consultation with the UN during the proposal development stage and a detailed plan for how the consortia will work with each other during implementation. This should include suggestions for ongoing coordination and plans for joint implementation as required, with the roles and contributions of each consortium clearly defined.

### 3.4 Grant Objectives and Outputs

The objectives and outputs for the Laos CG2 are summarised in Table 1. These were expanded upon previously in the Priorities Paper (see Annex 3). It is expected that the applicant will respond to the TOR, with reference to the Priorities Paper and comments provided by the Management Agent, by developing and proposing activities that are costed and accompanied by appropriate indicators (see

Section 5). All inputs must be permitted under the list of Eligible Funding Items (see Annex 6). For human health, this Country Grant is intended to support and improve implementation of the WHO GLASS programme and the Grantee should refer to the roadmap for GLASS participation produced by the London School of Hygiene and Tropical Medicine (Annex 1). Please note Annex 7, a table of functionalities for laboratories based on the LSHTM roadmap. The Grantee may recognise these functionalities from the site reports in the quarterly monitoring form.

Table 1 presents the objectives and outputs which are being addressed by both CG2 and the extension to CG1. It illustrates which consortium is solely addressing which objective and outputs (“all activities”), and the outputs where both consortia will cooperate to implement activities (“most activities”, “some activities”).

**Table 1: Grant objectives and outputs**

Objective/Output	CG2 (FMx consortium)	CG1 Extension (UN consortium)
<b>Objective 1: Strengthen capacity and resources towards sustainability of efforts on AMR and AMU surveillance</b>		
<b>Output 1.1:</b> Operationalise One Health AMR leadership, data management and analysis	Some activities	Most activities
<b>Output 1.2:</b> Support the Government of Lao PDR to better understand AMR as a priority area.		All activities
<b>Output 1.3:</b> Support the Government of Lao PDR to create greater fiscal space for AMR surveillance.		All activities
<b>Output 1.4:</b> Support the Government of Lao PDR to increase its HR capacity for AMR surveillance	Some activities	Most activities
<b>Output 1.5:</b> Support the Government of Lao PDR to improve its procurement and equipment maintenance capacity for AMR surveillance	All activities	
<b>Objective 2: Sustain existing services and expand AMR surveillance in the human health sector</b>		
<b>Output 2.1:</b> Better use and analysis of AMR surveillance data	All activities	
<b>Output 2.2:</b> Improved functionality of NCLE	All activities	
<b>Output 2.3:</b> AMR surveillance implemented at up to 9 surveillance sites.	All activities	
<b>Output 2.4:</b> Greater clinical engagement	All activities	
<b>Output 2.5:</b> AMU surveillance strategy disseminated and institutionalised	Most activities	Some activities
<b>Objective 3: Sustain existing services and expand AMR surveillance in the animal health sector</b>		
<b>Output 3.1:</b> Better use and analysis of AMR surveillance data	All activities	
<b>Output 3.2:</b> Improved functionality of NAHL	All activities	
<b>Output 3.3:</b> Passive AMR surveillance implemented at one surveillance site.	All activities	
<b>Output 3.4:</b> Reporting on AMC improved	All activities	

### 3.5 Proposed laboratories

Eleven human and animal surveillance site laboratories have been proposed for support (Table 2). The site for passive surveillance in animal health has yet to be identified.

**Table 2: Proposed surveillance sites**

Name	Role	Location	Sector
National Centre for Laboratory and Epidemiology (NCLE)	Reference laboratory	Vientiane	Human
National Animal Health Laboratory (NAHL)	Reference laboratory	Vientiane	Animal
<b>HH Group 1 – currently in receipt of KOICA support, plus some Fleming Fund support under CG1</b>			
Setthathirath	Surveillance site	Vientiane	Human
Khammouane	Surveillance site	Khammouane province	Human
Luang Prabang	Surveillance site	Luang Prabang province	Human
<b>HH Group 2 – currently supported under Fleming Fund CG1</b>			
Luang Namtha	Surveillance site	Luang Namtha province	Human
Xieng Khouang	Surveillance site	Xieng Khouang province	Human
Salavan	Surveillance site	Salavan province	Human
<b>HH Group 3 – new to CG 2</b>			
Champasak	Surveillance site	Champasak province	Human
Savannakhet	Surveillance site	Savannakhet province	Human
Xaybuly	Surveillance site	Sayaboury province	Human

## 4 Grantee roles and responsibilities

The main role for the Lead Grantee will be to plan and implement the outputs and deliver the objectives listed above. These are expanded upon and discussed in Annexes 3, 4 and 5. The Lead Grantee will be responsible for providing the expert technical assistance and high-quality support needed to achieve agreed results. The Lead Grantee will also be responsible for financial management and controls for the entire grant, including the contributions of sub-grantees if applicable, and for monitoring and reporting to Mott MacDonald. Reporting of financial expenditure against budgeted activities is a requirement of the Grant and the Lead Grantee and Sub-grantees will need to show evidence of sufficient capabilities to undertake these responsibilities.

## 5 Measuring success

Country Grants are ultimately expected to generate results that can be tracked using a standard set of indicators to monitor progress and achievements within and across Country Grants. A copy of the full list of indicators will be shared in the Application Pack. However, Mott MacDonald recognises

that the suggested indicators may not all be applicable. Therefore, the applicant is expected to select from the standard indicator set only where appropriate.

In summary, while the completion and level of attainment **for all activities requires monitoring**, the type or level of activity will determine the monitoring method. When developing the application, the applicant should:

- Select from the proposed indicators for activities where appropriate; or
- Identify targets and timeframe completion for ‘process’ type activities (i.e. where indicators provided are not applicable or are too advanced).

In addition to measuring grant performance against the objectives and outputs stated above, the grant will also be monitored for the implementation of, and adherence to, the Fleming Fund core principles described in Section 2.4, and the practical implications of this will be discussed with the successful applicant.

## 6 Application requirements

### 6.1 Grant Eligibility Criteria

The grant applicant must satisfy the following eligibility criteria before applications will be assessed in detail. The applicant:

- Must demonstrate that they are competent organisations responding to this call for proposals.
- Must have an appropriate track-record in supporting laboratory capacity development, surveillance, capacity building and One Health.
- Must have experience of programme implementation in Laos.
- Must demonstrate that they are registered to work within the country, including the provision of essential documents, such as articles of incorporation.
- Must be prepared to accept the Grant Agreement terms.
- Must be able to provide the same information and assurances for all sub-grantees, where the application is from a consortium.
- Should be able to provide all information required for due diligence checks, including clear evidence of financial standing and systems of financial management and control.
- Should be able to provide evidence of suitability in the form of references from clients and donors for previous work undertaken within the last three years.
- Can be a single organisation or consortium, **though the latter must clearly identify a Lead Grantee with the appropriate governance and coordination mechanisms to manage sub-grantees.**
- Consortium members can be:
  - National institutes – such as a university or research institute;
  - Non-governmental organisations (NGOs);
  - UN Agencies;
  - Private companies;

- Government-owned enterprises, or institutions, provided they can establish that they are (i) legally and financially autonomous (ii) operate under commercial law and (iii) are not dependent agencies of national governments.
- In line with UK Government financial transparency requirements, any for-profit organisations will be asked to declare profit levels.

## 6.2 How to apply

The prospective Grantee must write to [flemingfundSEA@mottmac.com](mailto:flemingfundSEA@mottmac.com) to confirm the name, phone number and email address of their main focal point.

An official Application Pack will be sent out to the nominated focal point on the date mentioned below in Section 6.5. To apply, please complete the application form and the budget and monitoring template, in line with the Guidance Notes.

Note the key requirements set out at the beginning of the Country Grant application form:

- Your submission should be returned by the deadline indicated in the TOR.
- When submitting the application document, press “Reply All” from the Application Pack automated email that you will receive with the application documents attached. Do not send it to us from a new email, and do not modify the Subject-line. Only “Reply All” emails will register the documents in our system.
- Keep file sizes as low as possible – there is a 9MB size limit to each individual email that can be received by the grant submission software. You can submit documents by sending multiple emails attaching submission documents to each one. Please follow the instruction (above) using “Reply All” to the original email.
- Applicants should observe the word limit indicated for each question. Additional words outside the limit will be disregarded.
- All documents included as part of the proposal must be submitted in Word, Excel, and PDF format (body font: Calibri 11pt). **Do not send through as zipped files.**
- You should include a covering letter, signed by the person authorised to represent your organisation for the submission of this proposal.

Proposals that do not satisfy these criteria may not to be accepted.

## 6.3 Evaluation criteria

The Application Pack will include the application form, indicating the scoring and weighting for each section of the application. The Application Pack will also contain Guidance Notes explaining what we are looking for in terms of a good quality response for each question, including approach to Value for Money (VfM).

We emphasise that the ultimate purpose of these investments is to further strengthen and transform Laos’ approach to AMR prevention and control in line with the country’s National Strategic Plan on Antimicrobial Resistance and Surveillance Strategy. We therefore expect that the proposal will:

- Have a clear, well-articulated, practical and feasible approach to addressing the most important strategic bottlenecks and gaps in the national’s existing system.

- Demonstrate clear alignment with the proposal from the other consortium.
- Propose key team members with the required management and/or technical experience and skills to deliver the project activities.
- Have a clearly laid out project management plan, consortium management plan and operational plan.
- Demonstrate an ability and preparedness to bring stakeholders together in an effective and productive working arrangement, promoting a OH approach.
- Demonstrate value for money, including concepts such as total overall costs over the life of an activity and not simply lowest cost.
- Demonstrate ability to work effectively across multiple sectors.
- Document evidence of the ability to operate in Laos.

#### 6.4 Restrictions/limitations

Any conflict of interest, or potential conflict of interest, should be declared to Mott MacDonald when the applicant registers their interest to apply for the grant. If a conflict of interest, or potential conflict of interest, arises after that point the prospective Grantee must clearly declare this in their proposal.

#### 6.5 Key dates

- TOR shared with selected candidate: **Wednesday 23 September 2020**
- Application submission deadline: **Friday 30 October 2020 17.00 French time (GMT+2)**
- Anticipated start of grant: **01 December 2020**

#### 6.6 Contact details and support information

Any questions on the Request for Proposals should be sent to [flemingfundSEA@mottmac.com](mailto:flemingfundSEA@mottmac.com). Mott MacDonald will endeavour to respond to queries within three working days.