Terms of Reference

Second Fleming Fund Country Grant to Timor-Leste

1 Overview of this grant

This Fleming Fund Second Country Grant (CG2) for Timor-Leste will focus on progressing groundwork carried out under the First Country Grant (CG1). It will focus on helping the government institutionalise oversight of AMR surveillance and develop a sustainable response to AMR. In the human health sector, the grant will continue to support the national reference laboratory, institutionalise the use of diagnostic microbiology in routine clinical practice and ensure that passive surveillance and data use continue after the end of the grant. In animal health, the national reference laboratory will receive ongoing support, active surveillance will be progressed, and first steps will be taken towards institutionalising passive surveillance.

The Grantee (or Lead Grantee, if a consortium) will be responsible to Mott MacDonald for all aspects of the grant, including technical delivery, financial accountability and the management of any sub-grantees in the consortium and their performance. The Grantee will be expected to sign the Grant Agreement with Mott MacDonald and will be expected to enter into sub-granting arrangements with partners on the same back-to-back terms.

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

The Grantee will also be required to harmonise efforts on this Country Grant with other types of grants under the Fleming Fund Grants Programme, namely Regional Grants and the Fleming Fellowship Scheme.

This grant is expected to last 12 months ending no later than January 2022. Grant applications should be budgeted **up to a ceiling of GBP 4 million**, including capital, procurement, recurrent costs, and overheads and management costs, but excluding 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.[1]

The Fleming Fund comprises a number of workstreams (see 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 OH 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 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 Timor-Leste. 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 being independently evaluated by Itad, a specialist evaluation firm appointed by the DHSC for this purpose.

[1] http://www.who.int/antimicrobial-resistance/global-action-plan/en/

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 (*please note:* these are general issues in LMICs with regard to AMR, and may not all be relevant in the case of Timor-Leste):

- 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, and 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 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 of AMR, 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; and
- 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 infections) 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, in particular via the WHO GLASS programme for human health AMR data.

The Terms of Reference 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 works closely with the Government to ensure that activities undertaken through this grant are in line with Timor-Leste's National Action Plan on AMR (NAP). 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 as mentioned in this ToR. 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 danger to human health and cannot be controlled without a OH approach. A specific set of OH investment parameters has also been developed and these are summarised below. This approach is aligned with key documents and guidelines from OIE[2] and FAO[3] as well as the Global Action Plan.
    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

[2] OIE Standards, Guideline and Resolution on Antimicrobial resistance and the use of antimicrobial agents;
[3] The FAO Action Plan on Antimicrobial Resistance, 2016-2020.

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 the Government of Timor-Leste's investments and other actors' 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 principles. Beneficiary Institutions are organisations such as AMR reference laboratories, 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 to improve the sustainability of AMR programmes in their institution. The data they generate will be applied to deliver evidence-based approaches to tackling AMR, for example to improve antimicrobial stewardship.

In Timor-Leste there are currently seven professional Fellows. They are undertaking a variety of activities, including data collection and analysis, development of tools, protocols and SOPs, and are receiving training. They are also carrying out collaborative projects. The workplans for the current Fellows are attached at Annex 2. Recruitment of a further cohort of Professional Fellows is planned for November 2020. This cohort may include a Clinician Fellow and a Pharmacy Fellow. Possible areas for Fellowship contribution could include development of QMS.

Policy Fellowships will be also selected for Timor-Leste in November 2020, with preparation work taking place beforehand. The Fellowships will provide professional development of two individuals with the right qualities from different disciplines to enable them to strategically advance Timor-Leste'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, 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 on 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 for 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 should avoid interdependency.
- Ensure that any training provided to the Fellows aligns with that provided by the mentors from the Fellowship scheme Host Institutions.
- Ensure that the Host Institutions are aware of training being provided by the Grantee

2.6 Fleming Fund Regional Grants

Timor-Leste is currently involved in four regional Grants. Regional grants are expected to align with country grants and synergies between them should be identified. 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 human health 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 exiting data, grantees 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

This grant maps coverage, availability and uptake of EQA programmes in human and animal health laboratories. 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 some Fleming Fund priority countries.

Improving data analysis and sharing

This grant provides support to regional bodies for data sharing and policy-relevant analysis for both human and animal health. The Grantee is working with the regional bodies 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 grant is expected to start 01 January 2021, and will last for approximately 12 months, ending in January 2022. Note that all activities should be completed by December 2021.

3.2 The process of developing these terms of reference

Due to the travel restrictions in place from COVID-19 the Fleming Fund adopted a different way of developing TOR from its usual country-based process, instead developing a “priorities paper” for consultation. Menzies School of Health Research was invited to respond with edits, comments, suggestions and deliverables in consultation with proposed members of their consortium. The Fleming Fund then provided feedback on their responses (see Annex 3).

The Fleming Fund now invites the consortium to develop a proposal based on our feedback.

3.2 Unfinished business from the existing Country Grant

The Objectives and Outputs below are based on results from the existing Country Grant (CG1) being fully achieved. Objectives and outputs from the RFP for CG1 are attached at Annex 4 for reference. Any key outstanding issues which were not in the final workplan for CG1, or which will not be achieved by the end of CG1, should be included in CG2.

3.3 Grant Objectives and Outputs

The objectives and outputs for this Country Grant are summarised in Table 1, with more detail provided in Section 4. It is expected that applicants will respond to the TOR by developing and proposing activities that are costed and accompanied by appropriate indicators (see Section 6). All inputs must be permitted under the list of Eligible Funding Items, as outlined in Annex 5.

For human health, the Country Grant is intended to support and improve implementation of the WHO GLASS programme and Grantees should refer to the roadmap for GLASS participation produced by the London School of Hygiene and Tropical Medicine (Annex 1). Please note Annex 6 which is a table of functionalities for laboratories based on that LSHTM roadmap. Grantees may recognise these functionalities from site reports in the quarterly monitoring form.

Table 1: Grant objectives and outputs

Objective/Output
Objective 1: Strengthen capacity and resources towards sustainability of efforts on One Health AMR and AMU surveillance
Output 1.1: One Health AMR leadership structure and operations institutionalised
Output 1.2: Better analysis and use of One Health AMR and AMU surveillance data
Output 1.3: Greater sustainability of One Health AMR and AMU surveillance
Objective 2: Institutionalise capacity for sustainable routine passive surveillance in the human health sector
Output 2.1: NHL has the capacity to function as the national reference laboratory for human health
Output 2.2: Five hospital laboratory surveillance sites increase their capacity to contribute to AMR surveillance and provide a clinical service
Output 2.3: Greater clinical demand for improved diagnostics and data
Output 2.4: Increased, sustainable capacity to carry out AMU surveillance
Objective 3: Sustain existing services and expand AMR surveillance in the animal health sector
Output 3.1: Improved capacity of VDL to function as the national reference laboratory for animal health
Output 3.2: Progress the implementation of active surveillance
Output 3.3: Initiate some passive surveillance of AMR
Output 3.4: AMU surveillance progressed

3.4 Selected laboratories

Three human and animal surveillance site laboratories have been identified as priority sites to be supported by CG2 (Table 2). The Grantee has assessed all these sites. In addition, five sites at municipality referral hospitals will be supported. These are yet to be identified and assessed.

Table 2: Proposed surveillance sites

Name	Role	Location	Sector
National Health Laboratory (NHL)	AMR NRL	Dili	Human
Guido Valadares National Hospital (HNGV)	Surveillance site	Dili	Human
Municipal referral hospital (1)	Surveillance site	To be identified	Human
Municipal referral hospital (2)	Surveillance site	To be identified	Human
Municipal referral hospital (3)	Surveillance site	To be identified	Human
Municipal referral hospital (4)	Surveillance site	To be identified	Human
Municipal referral hospital (5)	Surveillance site	To be identified	Human
Veterinary Diagnostic Laboratory (VDL)	AMR NRL	Dili	Animal

4 Objectives and outputs for the second country grant

4.1 Objective 1: Strengthen capacity and resources towards sustainability of efforts on One Health AMR and AMU surveillance

The overarching priority for objective 1 under CG2 is to help the government institutionalise oversight of One Health AMR and AMU surveillance and to develop a sustainable response to AMR.

Output 1.1: One Health AMR leadership structure and operations institutionalised

The National Multisectoral Committee (NMC) for Antimicrobial Resistance was established in 2017. Its role is to provide strategic vision on AMR and a platform for programme planning and implementation. As a multisectoral body it is intended to ensure integration of AMR containment efforts into the health system, public health and disease-specific programmes, animal health and food production sectors and other environmental initiatives. It is expected to plan, implement and monitor implementation of the NAP, report on implementation status to other stakeholders, constitute technical working groups, facilitate collaborations with internal/external agencies and advocate for prevention and containment of AMR. In practice however its functionality has been very limited due to lack of resources, vacancies in some key leadership positions within MOH and the unavailability of key MOH or MAFF participants. Institutionalising the three Technical Working Group subcommittees (TWGs), (i) Human health laboratory and AMR surveillance; (ii) Animal health laboratory and AMR and AMU surveillance; (iii) Human health AMU stewardship and surveillance, has also been challenging. The TWGs should be analysing, reviewing, and reporting data to NMC. However, as of May 2020 (quarter four of the first grant), only the Animal Health AMR and AMU TWG had been established and had conducted its first meeting.

We recognise that building capacity for AMR leadership is an ongoing process. Under CG2 we therefore want the Grantee to continue efforts to improve the functionality of the NMC and the three technical subcommittees and to build and strengthen their capacity to lead the country's AMR surveillance efforts.

Deliverables (by the end of the grant the following will have been achieved):

- In collaboration with MOH and MAFF and the national focal points, the Grantee supports and facilitates meetings of the National Multisectoral Committee (NMC) and TWGs, including finalisation of terms of reference and development of meeting reports by the focal points or others.
- At least two meetings of the NMC take place during the grant period, facilitated by the Grantee.
- Each TWG meets twice to discuss results from AMR and AMU surveillance, as well as other AMR-related issues as they arise.
- Members of the NMC gain exposure to other sectors through brief learning visits to sites engaged in AMR and AMU/AMC work across human health and animal health sectors.
- Participants improve their understanding of the value of One Health collaboration, and the need to use a One Health approach to address the issue of AMR, through one other initiative to be suggested by the Grantee.
- NMC, with Grantee support, reviews progress against the objectives of the 2017-2020 National Action Plan (NAP)
- NMC, with Grantee support, drafts the second NAP, to cover the period from 2021-2025.

The Grantee should also consider, in conjunction with Government, how the national focal point(s) can be supported, beyond the support provided by the Fellowship Scheme. This could include for example, providing additional cross discipline learning opportunities. The Grantee should also liaise with the human health national focal point to review Timor-Leste GLASS reporting and identify further support that can be provided to allow Timor-Leste to submit AMR data in the coming years.

Deliverables (by the end of the grant the following will have been achieved):

- An assessment of challenges facing national focal points in meeting objectives of the NAP is carried out and a strategy developed to help them overcome these challenges.
- National focal point(s) for AMR and AMU are able to fulfil their roles more effectively.
- GLASS reporting is reviewed by the national focal point in human health.
- The human health national focal point is able to continue GLASS reporting after the end of the grant.

Output 1.2: Better analysis and use of One Health AMR and AMU surveillance data

Under CG1 the Grantee has supported some steps towards better compilation, analysis and use of data. One of three planned national symposia has taken place to date. The purpose of these meetings is to share information generated through the programme and related activities, assess the understanding of AMR in Timor-Leste, identify lessons learnt and recommend priorities for future work and policy initiatives. The Grantee may wish to make a case for these continuing into CG2.

In addition, under CG2 the Grantee should continue to contribute to the monthly epidemiology bulletins produced by the MOH Surveillance Department and support delivery of the proposed animal health surveillance bulletin.

Deliverables (by the end of the grant the following will have been achieved):

- Annual national symposium on AMR and AMU, dependent on feasibility with regard to the global COVID-19 situation.
- Contribution of AMR and AMU surveillance data to the monthly human health epidemiology bulletin.
- Development of animal health and One Health AMR and AMU surveillance bulletins.
- Development of a website for the National Coordination Centre, to include publicly available information on AMR and AMU surveillance data from all sectors involved in AMR and AMU surveillance, in addition to restricted-access information, guidelines and standard operating procedures for MOH and MAF staff.
- A plan is in place for continued implementation of the website after the end of the grant.

The AMR National Action Plan proposes that a National Coordination Centre (NCC) for One Health analysis of AMR data should be set up in NHL and VDL. The NCC, with technical support, is expected to develop guidelines for AMR surveillance, including guidelines for data sharing, identifying priority pathogen sample sites and pathogen – antimicrobial combinations in humans and animals based on the country's AMR situation; take a leadership role in developing a One Health AMR surveillance plan; train surveillance and clinical staff; develop an integrated human and animal IT platform for surveillance reporting; report to GLASS; and have oversight of implementation of the AMR surveillance programme. The Grantee should describe how it can support the institutionalisation and capacity building of the NCC.

Deliverables (by the end of the grant the following will have been achieved):

- In collaboration with MOH and MAFF, the National Coordination Centre (NCC) is established, collates, manages and analyses AMR surveillance data from human and animal health, and identifies national priorities, in collaboration with TWGs and NMC.
- NCC terms of reference are finalised.
- Regular NCC meetings take place, during which results from AMR and AMU surveillance in human and animal health are discussed and interpreted with the aim of presenting findings and recommendations to relevant stakeholders.

The Grantee is expected to propose further strategies to encourage sharing of results across sectors and to promote One Health approaches to interpretation of results. The Grantee should provide ongoing support for development of epidemiology capacity in human and animal health, enabling MOH and MAFF to lead knowledge management and policy development for AMR, AMU and AMC in their respective sectors. The Grantee should also work with Government to ensure that data gathered under both country grants informs decisions about the development of the human and animal health surveillance systems and further One Health approaches to surveillance. The Grantee should note the intention stated in the NAP to conduct human and animal surveillance in the same areas and follow this approach where possible.

Deliverables (by the end of the grant the following will have been achieved):

- Relevant staff in MOH and MAFF have greater capacity to lead knowledge management and policy development for AMR, AMU and AMC in their respective sectors

- Data gathered under both country grants informs decisions about the development of the human and animal health surveillance systems and further One Health approaches to surveillance.
- NCC members have increased understanding of the principles of AMR, and greater capacity to carry out One Health surveillance.
- Results from AMR and AMU surveillance conducted in all sectors, alongside any other AMR information generated through research or other programmes, are reviewed and discussed at least once a year in a single meeting, facilitated and organised by the Grantee, and including all TWGs, the NCC and NMC. During the meeting, major resistance patterns in each sector and possible drivers (e.g. AMU) and/or risk factors, and potential transmission of resistance from animals to humans or vice versa should be identified for further investigation or action. Expected outputs can include policy and control programme recommendations, and where there is sufficient evidence, recommendations for future surveillance priorities and research.
- Relevant reports include basic epidemiological analyses (e.g. type of infection and resistance patterns across gender, age groups, geographic location etc.).

The Grantee should also work with the Government to implement AMR and AMU data-driven policy recommendations and practice, for example by changing clinical practice at health facility level. This should include support to develop and implement Infection Prevention and Control guidelines for healthcare workers and hospital staff and could include technical support to draft regulations or legislation on AMR/AMU.

Deliverables (by the end of the grant the following will have been achieved):

- Development of recommendations to the Government of Timor-Leste with regards to policy and guidelines relevant to One Health AMR and AMU surveillance.
- Finalisation of Timor-Leste national empiric antibiotic guidelines based on AMR surveillance data.
- Antibiotic prescribing guidance developed based on AMR surveillance data and incorporated into revision of Timor-Leste Standard Treatment Guidelines.
- Antimicrobial needs (based on AMR surveillance data) updated and incorporated into revision of Timor-Leste Essential Medicines List.
- Improved control strategies of import, delivery, and use of antibiotics, according to AMR and AMU surveillance data (Example: ban of colistin if its use is confirmed)
- Provision of data-driven recommendations on AMU to animal health professionals

The Grantee should work with the Government to implement the Tricycle protocol, subject to availability of the protocol and Government agreement.

Deliverables (by the end of the grant the following will have been achieved):

- Tricycle protocol adapted for Timor-Leste, for consideration by the Government of Timor-Leste
- Pilot of environmental sampling and testing, as part of the Tricycle approach to AMR surveillance

Output 1.3: Greater sustainability of One Health AMR and AMU surveillance

The sustainability vision for Timor-Leste beyond the end of the Fleming Fund grants is that the laboratories continue to be staffed and functional, there is growing recognition of the need for microbiology services among clinicians, and there is increased importance attached to AMR by policymakers.

However, Timor-Leste faces various challenges to achieving sustainability, including AMR not being prioritised over other health expenditure, limited financial capacity to fund the One Health AMR and AMU surveillance system in the short to medium term, the risk of high staff turnover adversely affecting progress made under the grant and the proposed privatisation of laboratory services.

The Grantee is invited to identify strategies to help the government of Timor-Leste address these challenges. Consideration should also be given to the following:

- Providing technical assistance to the Government of Timor-Leste to use AMR data to make an economic case for appropriate use of antibiotics in healthcare and animal health.
- Undertaking a comprehensive economic evaluation to analyse recurrent and capital costs of establishing and maintaining One Health AMR surveillance in both human and animal health.
- Supporting the MOH, MAFF and other stakeholders to include AMR-related activities in their own and wider medium and long-term development plans.
- Identifying key positions in the One Health AMR surveillance system and supporting advocacy efforts to ensure those key positions are filled as a priority.
- Providing technical assistance to government (MOH and MAFF) to improve procurement and maintenance of equipment.

In addition, the Grantee should provide technical assistance to strengthen the biomedical engineering unit and support the national reference laboratories (HH and AH) to develop laboratory equipment maintenance plans. A One Health collaboration on this could be advantageous and add VfM.

The Grantee must include in their budget sufficient funds for reagents and consumables for any additional costs of passive surveillance (i.e. collection, transport and testing of clinical samples) undertaken within this grant. These should be on top of the costs normally covered by Government and the Grantee should ensure that funds are not displacing normal Government spending. In the interests of capacity building and sustainability, the Grantee should support Government to carry out the procurement and should then reimburse Government for the cost of the items.

Reagents and consumables for active surveillance can also be funded by the grant. Those items can be procured directly by the Grantee.

Deliverables (by the end of the grant the following will have been achieved):

- Comprehensive economic evaluation carried out which analyses recurrent and capital costs of establishing and maintaining One Health AMR surveillance in both human and animal health, including consideration of cost of publicly funded laboratory services.
- Development of a laboratory equipment maintenance plan for human health and animal health sectors, with consideration given to a shared maintenance plan for economy of services.

- Development of a costed plan for procurement of reagents and consumables for the human health and animal health laboratories, including procurement templates.
- Implementation of stock management systems in human health and animal health laboratories, and laboratories at referral hospitals.
- Development of a list of key positions in the AMR surveillance system across human and animal health, for the MOH and MAFF to use for planning ongoing human resource allocation

4.2 Objective 2: Institutionalise capacity for sustainable routine passive surveillance in the human health sector

The overarching priority for objective 2 under CG2 is to institutionalise the use of diagnostic microbiology in routine clinical practice and to ensure that passive surveillance and data use continue after the end of the grant.

Under CG1 several steps have been taken towards this:

- NHL has been strengthened to function as the national AMR reference laboratory for human health and as the central laboratory for routine blood culture testing for five district hospitals. By the end of CG1 it is expected that the laboratory refurbishment will be completed, LIMS and equipment will be in place and functional, biosafety will be improved, and a new quality management system will be instituted.
- An automated blood culture service is being established at HNGV.
- Increased awareness by clinicians of the importance of AMR surveillance and laboratory services is being instituted at HNGV through a mentoring programme and weekly training for clinicians.
- Specimen transport for the Dili CHCs is being planned.
- Some passive surveillance samples have been collected.

Under CG2 the Grantee is expected to focus their activities and deliverables on strategies which meet the overarching priority. The outputs and deliverables to be proposed by the Grantee should therefore:

- Build sustainable national capacity for routine passive AMR surveillance beyond the end of the grant.
- Support Timor-Leste to carry out sustainable surveillance on all the GLASS priority pathogens expected in blood: *E. coli, Klebsiella spp., Acinetobacter spp., Salmonella, Streptococcus pneumoniae, and S. aureus*.
- Develop sustainable clinical services at the surveillance sites which enable clinicians to carry out sampling of all patients in need of blood culture, and to receive timely laboratory results that can be used to inform patient care.
- Continue to build capacity for sustainable national AMU surveillance, with training for, and administration of, at least one round of Point Prevalence Surveys (using the WHO methodology) for all supported sites.

- Ensure that the structure of the proposed surveillance system aligns with the forthcoming privatisation of laboratories in Timor-Leste.
- Evidently align with other development partner inputs (note possible Chinese investment in HNGV and NHL).

The grant application will be assessed against these criteria.

Output 2.1: NHL has the capacity to function as the national reference laboratory for human health

The Grantee should ensure that by the end of CG2, NHL has the capacity to perform the specified 'core' functions for reference laboratories (see Annex 6). Some additional functions are also required, as below. Progress will be monitored on a quarterly basis.

Our expectation is that by the end of the grant, if not before, NHL will be able to perform:

- confirmatory testing – ID, resistance mechanism (e.g. identify ESBL producers, CREs, MRSA), and MIC testing.

Deliverables (by the end of the grant the following will have been achieved):

- NHL able to perform confirmatory testing for all GLASS organisms.
- Quality control procedures implemented at NHL.
- Proposal developed that outlines an approach to ensure 7 days per-week availability of microbiology services at NHL.

The Grantee will be required to prioritise attainment of biosafety level 2+ (BSL-2+) for NHL. This should be verified by independent assessment and the cost of the assessment included in the country grant.

Deliverables (by the end of the grant the following will have been achieved):

- BSL-2+ biosafety level attained for NHL, with verification by an independent assessment
- Biosafety and biosecurity manual finalised.
- Laboratory assessment conducted at completion of the grant to measure progress from the initial assessments.
- Biosafety training delivered in NHL, with ongoing mentoring and on-the-job training for biosafety officers, in collaboration with NHL.

The Grantee should also support the setup of a biorepository, which by the end of CG2, if not before, should consist of, as a minimum, a secure -80° freezer (or alternatively, a lyophilization system), a database, and SOPs for storage, access and use. The complexity should be related to the expected number of isolates to be stored: if the repository is a single freezer, a Microsoft Excel spreadsheet to log isolate position and number will be adequate.

Deliverables (by the end of the grant the following will have been achieved):

- Biorepository established at NHL with adequate storage and a functional database, and SOPs finalised

By the end of CG1 Timor-Leste should be reporting AMR data into GLASS. The Grantee should continue to support reporting under CG2. Submission to GLASS will be an important marker of the success of the grant.

Deliverables (by the end of the grant the following will have been achieved):

- GLASS reporting of AMR surveillance data, with automated reports generated from Laboratory Information Management System

Output 2.2: Five hospital laboratory surveillance sites increase their capacity to contribute to AMR surveillance and provide a clinical service

Where it is agreed with Government and the Fleming Fund that the Grantee should develop laboratory capacity at surveillance sites (including HNGV), a stepwise plan should be developed to ensure ongoing improvement in each laboratory, with a focus on the GLASS priority pathogens expected in blood: for example, sites could be provided with blood culture instruments and could do initial Gram staining of positive cultures before forwarding for work up at the reference site.

Some sites may be identified for further development: for these the Grantee should ensure that sites make progress in developing the capacity to carry out the specified 'core' functions by the end of the grant (see Annex 6), prioritising activities that will achieve that. Progress at each site will be monitored on a quarterly basis. Progress beyond 'core' is not expected for sentinel site laboratories but may be part of the grant if appropriate. HNGV, assuming it processes a sufficient number of samples, could be considered for support to progress to 'advanced' or 'extended' functions.

For all sites, sample throughput and turnaround times should be monitored, reported and incorporated into quality management systems and planning, to ensure ongoing improvements in laboratory utilisation and performance.

Deliverables (by the end of the grant the following will have been achieved):

- Blood culture service established in municipality referral hospitals, involving automated blood culture machines, with an effective transport system for referral of positive cultures to NHL where identification and antimicrobial susceptibility testing can take place.
- Specimen transport plan developed for municipality referral hospitals.
- Report on sample numbers, turnaround times and quality improvements for each surveillance site and plan to monitor trends over time, so that these can be used to inform quality improvement interventions.

The Grantee will be expected to support the surveillance sites to develop systems to integrate clinical and laboratory data so that basic demographic and clinical data (e.g. age, gender, clinical syndrome etc.) can be matched with samples and isolates. Isolates and laboratory data should be stored using unique alpha-numeric identifiers which can be linked back to the source patient, with sample request forms used to collect basic data. Data should be shared with NHL/NCC. As a minimum, basic clinical and demographic data should be captured on the specimen request form and measures put in place to ensure completeness of request forms. This will enable some basic analysis of gender, age, HAI vs CAI etc.

Deliverables (by the end of the grant the following will have been achieved):

- Laboratory data stored using unique alpha-numeric identifiers that can be linked to patient.

- Installation of electronic LIMS in each municipality referral hospital laboratory.
- Training in all referral hospitals to ensure pathology request forms are completed and include basic clinical data.

The Grantee will be required to prioritise attainment of biosafety level 2 plus (BSL-2+) for sites where laboratories are being developed, i.e. good practice plus a correctly functioning and used biosafety cabinet and an SOP specifying how samples should be processed in the cabinet.

Deliverables (by the end of the grant the following will have been achieved):

- Assessment of municipality referral hospital laboratories.
- Refurbishment works required to achieve appropriate biosafety standards, corresponding to the work carried out in these laboratories, should be costed and planned. Renovation plans and what can be achieved within the life of the grant and beyond should be discussed with the Fleming Fund.

When working with Government to identify surveillance sites the Grantee should note the intention in the national action plan to "implement a national AMR surveillance programme that is representative of the country situation" and take a One Health approach to AMR surveillance by carrying out human and animal surveillance in the same municipalities.

Output 2.3: Greater clinical demand for improved diagnostics and data

Greater clinical demand for improved diagnostics and data will be key to effective use of laboratory services and improved prescribing practices. The Grantee should develop and implement a clinical engagement programme which includes:

- Identification of, and support for, surveillance site AMR champions.
- Development of site AMR teams, which include key clinicians.
- Improved communication and reporting between laboratories and clinicians.
- Improving collection and reporting of clinical data for the surveillance system (including outcome data, where possible).
- Promoting behaviour change, which prioritises sampling for laboratory investigation before empirical treatment, where this is possible.

Deliverables (by the end of the grant the following will have been achieved):

- Development of laboratory test handbook that documents all available tests and turn-around times, published online.
- Provision of on-the-job mentoring and training, in addition to workshops and seminars addressing the importance of microbiological testing and AST, and the impact of these results on clinical management.
- Evidence of increased numbers of samples from surveillance sites.
- AMR surveillance teams in place at each surveillance site.

Output 2.4: Increased, sustainable capacity to carry out AMU surveillance

Under CG1 various activities to improve AMU are at an early stage of implementation. These include:

- Mentoring clinical pharmacists at HNGV on antimicrobial stewardship, with a focus on developing systems for monitoring antimicrobial prescribing at HNGV. A bilingual antibiotic guideline to support antimicrobial stewardship activities is currently being developed.
- Developing procurement, distribution and prescribing policy and practice guidelines to strengthen antibiotic procurement processes.
- Developing AMU software to quantify and report on antibiotic use in HNGV and referral hospitals (+/- CHCs).
- Conducting a Point Prevalence Study, using infectious diseases specialists and pharmacists, to evaluate the prevalence and appropriateness of antibiotic prescribing at HNGV and referral hospitals.

Under CG2 the Grantee should continue to build capacity for sustainable national AMU surveillance. This should include:

- Training for, and administration of, annual rounds of Point Prevalence Surveys (using the WHO methodology) for all supported sites.
- Supporting PPS follow-on work in surveillance sites e.g. by developing ongoing audit and intervention programmes to improve use of antimicrobials.
- Supporting Government to respond to findings at the national policy level.

The Grantee is encouraged to suggest other strategies to address AMU.

Deliverables (by the end of the grant the following will have been achieved):

- Point prevalence studies conducted annually in each surveillance site, supplemented by audit and quality improvement programmes as feasible.
- Mentoring and support for AMU focal points in each municipality referral hospital, in addition to ongoing mentoring for pharmacists and the Drug and Therapeutics committee in HNGV.
- Implementation of stock monitoring systems in each municipality referral hospital to support AMU surveillance and reporting.
- Review of AMU based on distribution data for 2020, with comparison to 2019 data.
- Initial review of AMC in the private sector, based on import data.

4.3 Objective 3: Sustain existing services and expand AMR surveillance in the animal health sector

Output 3.1: Improved capacity of VDL to function as national reference laboratory for animal health

The Ministry of Agriculture, Forestry and Fisheries has carried out substantial structural refurbishment at VDL. In addition, the Grantee has made considerable progress under CG1 to improve laboratory capacity. Most consumables and reagents are now available, SOPs have been completed, staff are being trained regularly in biosafety, and WHONET is in place. VDL now has rudimentary capacity to perform antibiotic disk diffusion tests and further improvements are planned in CG1.

Under CG2 the Grantee should ensure that VDL has the capacity to achieve and maintain the relevant specified 'core' functions by the end of the grant (see Annex 6). Progress will be monitored on a quarterly basis. Other extended or advanced functions can be considered if the Grantee is able to provide sufficient justification.

Deliverables (by the end of the grant the following will have been achieved):

- Capacity for bacteriological diagnosis and AST established at VDL, with consideration to the unavoidable delays imposed by the COVID-19 pandemic

The Grantee has started to address gaps in the biorepository at VDL. The required standard for implementation under CG2, if not already achieved, is a secure -80°C freezer, a database, and SOPs for storage, access and use. If the repository is a single freezer, a Microsoft Excel spreadsheet to log isolate position and number will be adequate.

Deliverables (by the end of the grant the following will have been achieved):

- Biorepository established at VDL with adequate storage and a functional database, and SOPs finalised.

Some progress has already been made towards improving biosafety. Under CG2 the Grantee will be required to prioritise attainment and retention of biosafety level 2 (BSL-2) for VDL, if this has not already been achieved under CG1. This should be verified by independent assessment with the cost of the assessment included in the Country Grant.

Deliverables (by the end of the grant the following will have been achieved):

- BSL-2 biosafety level attained for VDL, with verification by an independent assessment.
- Biosafety and biosecurity manual finalised.
- Laboratory assessment conducted at completion of grant.
- Biosafety training delivered in VDL, with ongoing mentoring and on-the-job training for biosafety officers, in collaboration with NHL.
- Plans in place for sustained BSL-2 biosafety level after the end of the grant.

The Grantee should work with VDL to enable it to maintain an up-to-date and accurate database of demographic details, together with matched culture and AST results for each sample it processes, using appropriate software. Data should then be regularly sent to NCC. The Grantee should ensure

that data can be exported in a WHONET-compatible format to facilitate national collation and reporting.

The Grantee should also include within their budget the cost of laboratory assessments at the end of the grant, to measure progress from the initial assessments.

The grantee should be explicit on how they will cooperate with other development partners working in laboratory strengthening and animal disease surveillance and how inputs supported under CG2 will complement and align with other contributions.

Deliverables (by the end of the grant the following will have been achieved):

- Laboratory information management system installed at VDL.
- Staff identified who will be responsible for ongoing data entry, quality checks, software maintenance and regular data back-up.
- Those staff are trained and competent, with plans to be sustained beyond the lifetime of the grant.

Output 3.2: Progress the implementation of active surveillance

Under CG1 the Grantee is undertaking active surveillance in poultry (broiler, layer and manu lokal), initially in Dili municipality, Bacau and Bobonaro. Target pathogens are *Escherichia coli* and *Salmonella*. The Fleming Fund will support a further round of surveillance under CG2 in the same or different areas as necessary, continuing with poultry or expanding to other animals as appropriate. Target pathogens could also be expanded, to include *Enterococcus* spp. and *Campylobacter* spp.

In addition, the Grantee should work with MAFF to develop a future strategy for active (and passive) surveillance in order to identify priorities for both CG2 and beyond the life of the grant (see also 3.3). This should include working with MAFF to plan how AMR surveillance could be included in their other routine surveillance programmes and/or building AMR surveillance into other funded surveillance activities.

Deliverables (by the end of the grant the following will have been achieved):

- Active surveillance of target pathogens in poultry carried out in 3 municipalities as planned for CG1 (Dili, Baucau, Bobonaro) but delayed by COVID-19, with possible expansion to additional municipalities, especially those with corresponding human health AMR and AMU surveillance activities (Covalima, Ainaro, Oecusse).
- Strategy developed for MAFF, addressing priorities and strategies for sustainable active and passive surveillance for AMR in animal health (see also 3.3).

The Grantee should note the intention stated in the NAP to conduct human and animal surveillance in the same areas and follow this approach where possible.

Output 3.3: Initiate some passive surveillance of AMR

The Fleming Fund wishes to promote passive surveillance where possible to better inform antibiotic choices in sick animals and improve antibiotic stewardship. We recognise that the scope in Timor-Leste is limited but encourage the Grantee to consider how some passive surveillance could be undertaken.

In the context of the ongoing African Swine Fever epidemic, pig health is a priority for MAFF, and a more attainable goal than establishing passive surveillance in cattle at this stage.

For example, VDL could be supported to:

- Carry out identification and AST on the 3-4 (to be discussed) main causes of mastitis and diarrhoea of bacterial origin in Timor-Leste cattle or pigs, in response to requests from animal health professionals or farmers.
- Store all isolates appropriately in the biorepository system.

The Grantee should provide training on identification and ASTs, data analysis and interpretation, and use of data to inform policy. All isolates should be stored. The Grantee could also work with VDL and NDV to help them:

- Encourage animal health professionals and livestock keepers to make greater use of the laboratory service to identify causes of illness or deaths in important production animals.
- Consider strategies to promote sustainability of passive surveillance.
- Consider data entry and analysis of passive surveillance data.

In addition, the Grantee should work with MAFF to develop a future strategy for passive (and active) surveillance in order to identify priorities for both CG2 and beyond the life of the grant (see also 3.2). This should include working with MAFF to plan how AMR surveillance could be included in their other routine surveillance programmes and/or building AMR surveillance into other funded surveillance activities.

Deliverables (by the end of the grant the following will have been achieved):

- Plan developed to implement passive AMR surveillance, which addresses - provision of adequate training on identification and ASTs, data analysis and interpretation; use of data to inform policy; and plan for supply of reagents and consumables over and above usual Government supplies.
- Passive surveillance for AMR undertaken in sick or dead pigs, with evidence of engagement with animal health professionals and livestock keepers to encourage greater use of laboratory services.
- Report describing AMR data from passive surveillance activities.
- Strategy developed for MAFF, addressing priorities and strategies for sustainable active and passive surveillance for AMR in animal health (see also 3.2).

Output 3.4: AMU surveillance progressed

Under CG1 the Grantee is supporting reporting of data to OIE, development of a template to record annual antimicrobial use, collating antibiotic import data for 2017 for submission to OIE, and planning an AMU Workshop, in collaboration with NDV and OIE, to improve understanding of the drivers of antibiotic use and the distribution network for antimicrobials in the country.

For CG2 the Grantee is invited to propose additional strategies to improve data collection, interpretation and use.

Deliverables (by the end of the grant the following will have been achieved):

- Identify drivers for use of antibiotics in the poultry sector and use this information to inform NDV on strategies to promote prudent use.
- Improvement in the quality of AMU data obtained and reported to OIE, through timely reporting, reduction in errors and promoting declaration of antimicrobial imports by the private sector.

5 Grantee Roles and Responsibilities

The main role of the Grantee – or Lead Grantee if the successful applicant is a consortium – will be to plan and implement the outputs and deliver the objectives listed above. The 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 grant as a whole (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 Grantee(s) will need to show evidence of sufficient capabilities to undertake these responsibilities.

6 Measuring success

Country Grants are ultimately expected to generate results that can be tracked using a standard set of indicators that will 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, applicants are 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, applicants 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 on the implementation of, and adherence to, the Fleming Fund core principles described in Section 2.4, and practical implications for this will be discussed with the successful applicant.

7 Application requirements

7.1 Grant Eligibility Criteria

Potential grant applicants must satisfy the following eligibility criteria before applications will be assessed in detail. Applicants:

- 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 OH.
- Must have experience of programme implementation in Timor-Leste.
- 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.
- Sub-grantees can be:
    - National institutes – such as a university or research institutes;
    - Non-governmental organisations (NGOs);
    - UN Agencies;
    - Private companies; or
    - 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.

7.2 How to apply

Prospective Grantee must write to 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 7.5. 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 be accepted and may be returned.

7.3 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 help to further strengthen and transform Timor-Leste's approach to AMR prevention and control in line with its own NAP. We will therefore be giving preference to those applications that have:

- A clear, well-articulated, practical and feasible approach to addressing the most important strategic bottlenecks and gaps in Timor-Leste's existing system.
- Key team members proposed by the Grantee and partners - with required management and/or technical experience and skills to deliver the project activities.
- Clearly laid out project management plan, consortium management plan (if proposed) and clear operational plan.
- Ability and preparedness to bring stakeholders together in an effective and productive working arrangement, promoting a OH approach.
- Demonstrated value for money, including concepts such as total overall costs over the life of an activity and not simply lowest cost.
- Demonstrated ability to work effectively across multiple sectors.
- Documented evidence of the ability to operate in Timor-Leste.

7.4 Restrictions/limitations

Any conflict of interest, or potential conflict of interest, should be declared to Mott MacDonald when applicants are registering 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.

7.5 Key dates

- TORs shared with selected candidate: **16 October 2020**
- Application submission deadline: **22 November 2020 19.00 TLT (GMT+9)**
- Anticipated start of grant: **01 January 2021**

7.6 Contact details and support information

Any questions on the Terms of Reference should be sent to flemingfundSEA@mottmac.com. Mott MacDonald will endeavour to respond to queries within three working days.