



Request for Proposals 2022

Evidence Generation Award

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RIGHT
국제보건기술연구기금

Request for Proposal for RIGHT Foundation Evidence Generation Award

RF-EGA-2022-002_RFP

Executive Summary

The COVID-19 pandemic has revealed the extent to which digital technologies and platforms have integrated into our lives including health. The WHO Member States unanimously endorsed the World Health Assembly resolution on Digital Health, which recognizes the potential of digital technologies to support health systems in health promotion and disease prevention, and to accelerate accessibility, quality, and affordability of health services especially for those in hard-to-reach areas [1].

At the same time, WHO warns against “an overwhelming diversity of digital tools with a limited understanding of their impact on health systems and people’s well-being” for example the possible diversion of resources from alternative, on-digital approaches that might be more effective than digital solutions [2].

Additionally, a concern has been raised with the increasing presence of large technology companies within countries’ health systems with capabilities to collect and analyze personal data to predict disease outbreaks, identify health risks and target individuals with personalized health promotion messages [3,4]. While these activities could potentially be valuable, as the World Bank correctly notes, data accumulation can lead to a concentration of economic and political power, raising the possibility that data may be misused in ways that harm the public [5].

These cautionary notes highlight the importance of centering digital health technologies around the values of public health value and equity. In this Request for Proposal (RFP) for the Evidence Generation Award (EGA), we are soliciting proposals under two themes.

Theme 1: Critical analysis of the Context-Mechanism-Outcome of digital health technologies implemented to improve population-level health.

Theme 2: Evaluation of computer aided detection (CAD) programmes for automated detection of tuberculosis (TB).

Under **Theme 1**, we aim to develop a portfolio of grants to critically assess the potential public health value of digital health technologies broadly, and specific conditions and approaches under which digital tools can strengthen public health and expand the quality, affordability, and accessibility of health services. The evidence generated from the portfolio will contribute to guiding the RIGHT Foundation's funding strategy around digital health technologies.

Under **Theme 2**, we seek to generate evidence on the public health value of computer-aided detection (CAD) of TB-related abnormalities on chest radiography. Last year, CAD was recommended by WHO for the first time as an alternative to human interpretation of digital chest X-ray (CXR) for screening and triage for TB among individuals aged 15 years or older with a caveat that due consideration should be given to creating inequities related to infrastructure requirements [6].

The hypothesized public health value of CAD is its potential to enable the expanded use of CXR for TB screening by circumventing the shortage trained health personnel to interpret radiography images and the substantial intra- and inter-reader variability [7,8].

Under Theme 2, we aim to fill a research gap recently emphasized by WHO to better understand the end users' perspectives about the use of CAD technologies in TB screening and triage and evaluate CAD programmes for automated detection of TB in children.

Across both themes, we seek critical analysis of the contextual factors in determining the public health value of digital technologies, and deep collaboration between Korean institutions and other institutions in the Global South that enables an exchange of ideas and expertise in the spirit of allyship and mutual respect.

Successful projects will be awarded up to 200 million KRW per project to be conducted for up to 12 months.

By the end of the funding period, grantees are expected to have synthesized new insights from critical analyses of the extant literature and/or from research to collect new data. Grantees will be expected to provide high quality quantitative and qualitative data to support their analyses, and to publish their results in publicly indexed, peer reviewed journals. Select grantees, based on the evaluation of their research papers by the RIGHT Foundation's external reviewers and the Selection committee, will be invited to present their findings at a forum hosted by the RIGHT Foundation.

1. About RIGHT Foundation

The RIGHT Foundation was established in 2018 as a partnership between the Korean Ministry of Health and Welfare (MOHW), Korean life science companies, and the Bill & Melinda Gates Foundation (BMGF) with the MOHW as the largest funder. Our mission is **to contribute to reduce health inequities attributable to infectious diseases in low- and middle-income countries (LMICs).**

2. Eligibility for funding

The RIGHT Foundation reserves the right to determine the eligibility of applicants and public health priority among the submitted proposals at its discretion.

Partnership requirement

The applicant team must include *at least one local institution* based in the country or region that the proposed evidence generation will focus on. Collaborative submissions among the institutions in the Global South are highly welcome and encouraged. Inclusion of a Korean entity is encouraged but not required.

The applicants will be asked to articulate a collaboration plan to demonstrate how each member will contribute to the project in a manner that facilitates thought partnership throughout the proposal development, data collection and/or analysis.

Quality of collaboration will be one of the proposal evaluation criteria. We are seeking collaboration with a potential for substantive exchange of knowledge and/or skills grounded in mutual respect and co-learning.

Commitment to Global Access

[Our Global Access Policy](#) represents the core principle of the RIGHT Foundation to achieve our mission of improving health and health equity. “Global Access” means (i) all information and knowledge gained from grants, projects or other investments funded by the RIGHT Foundation should be promptly and broadly disseminated; and (ii) products, data and other innovations resulting from the funded work should be made accessible to LMICs in terms of price, quantity, quality, and timeframe to ensure equitable access by those in need regardless of their resource constraints.

For funding consideration, it is *mandatory for all our grantees and their collaborators* to agree to our Global Access Policy, and to articulate a clear path to achieving global access.

3. Funding Description

Award amount: Up to 200 million KRW per project. The award will be disbursed in the Korean Won. The funding amount will be determined to be commensurate with the proposed activities (e.g., complexity, geographic reach, requirement for primary data collection)

Project duration: Up to 12 months.

4. Funding scope

We will consider funding project teams with a proven track record of generating high-quality evidence using quantitative and qualitative data with the goal of critically reviewing the current use of digital health tools, its impact on health and health equity and the contextual conditions which determine the health impact of digital health tools in different contexts.

The intent of the Evidence Generation Awards is to critically assess the public health value of digital health technologies across countries in the Global South.

Theme 1:

Under Theme 1, we seek to better understand what public health value, if any, can digital health technologies bring (outcome) under what conditions (context) and how (mechanisms). The evidence generated should help us materialize the full public health value of digital health platforms while mitigating their potential harm to public health and health equity.

The key questions to be addressed in the research are:

- 1) To what extent, have digital tools and platforms been used in public health practice including but not limited to the four domains listed below? Describe the specific health program(s) that used digital tools, including details of the tools and platforms used, health condition(s) that the tools aimed to improve, key stakeholders in funding and implementing the program(s), and how the program was implemented.
 - Prevention and control of infectious diseases
 - Delivery of primary health care services with a cross-cutting nature for infectious diseases
 - Generating data at the individual and/or population level to guide public health programs and policies
 - Delivery of emergency health care to forcibly displaced populations due to natural or political insecurities

- 2) For all the relevant use-cases selected in #1, critically appraise the outcome(s) of the program (i.e., the benefits and/or harm) on health and health equity at the population level, including the impact on the quality, affordability and accessibility to health services.
- 3) What are the contextual factors that were critical in determining the outcome(s) of the program(s) illustrated in #2?
- 4) What mechanism(s) do you hypothesize that the programs resulted in the outcome(s) you describe in the context where they occurred?
- 5) Based on your analyses, synthesize key considerations for developing digital tools or platforms in specific contexts to ensure that they contribute to improving rather than harming health and health equity at the population level.

Theme 2:

Under Theme 2, we seek to fill knowledge gaps on two questions that were recently highlighted in the latest WHO consolidated guidelines on TB screening [6].

- 1) End users' perspectives about the use of CAD technologies in TB screening and triage, including their perceived acceptability to patients, providers and other stakeholders.
- 2) Evaluation of CAD programmes for automated detection of TB in children to support the effective use and scale-up of the CXR as an important tool for detecting pulmonary TB in children and adolescents.

For #2, the proposed research scope should include, but not limited to, generation of sensitivity and specificity ranges comparing the CAD softwares and human readers interpreting digital chest radiographs of bacteriologically confirmed TB in a range of populations and settings.

For #1 and #2, we ask applicants to analyze the contextual factors that were critical in determining the outcome(s).

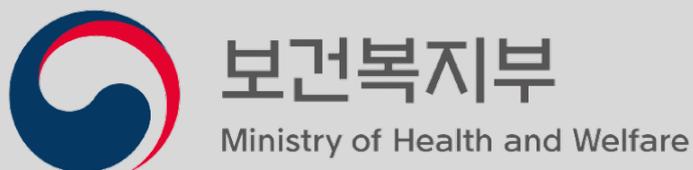
5. ITA (Intent to Apply) Submission

- **Deadline: 10:00AM KST on January 25th, 2023**
- **Where to submit:** Interested applicants must use the online application form provided, which is ONLY accessible via the RIGHT Foundation's [Grant Management System](#).

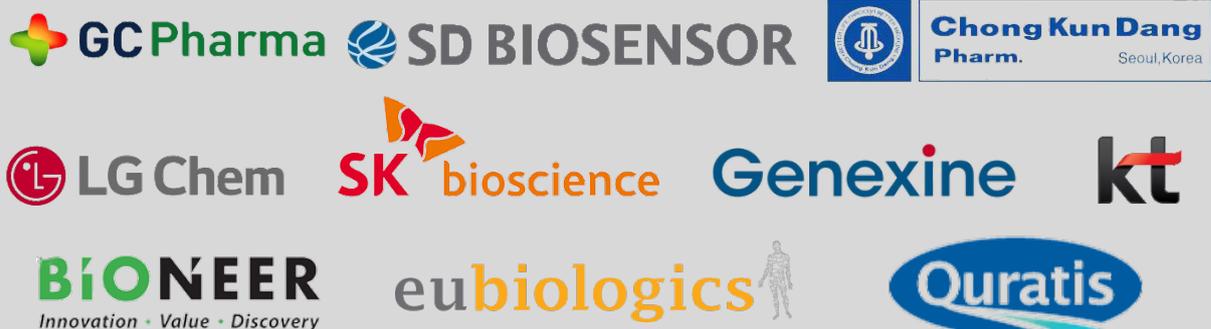
References

- [1] World Health Assembly. Resolution 71.7 on digital health. May 26, 2018. https://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_R7-en.pdf
- [2] WHO. [WHO guideline: recommendations on digital interventions for health system strengthening](#). Geneva: World Health Organization, 2019.
- [3] Storeng KT, de Bengy Puyvall A. The smartphone pandemic: how big tech and public health authorities partner in the digital response to COVID-19. *Glob Public Health* 2021; 16: 1482-98.
- [4] Kickbusch I, Piselli D et al. The Lancet and Financial Times Commission on governing health futures 2030: growing up in a digital world. *Lancet* 2021; 398: 1727-1774
- [5] The World Bank. World development report 2021: data for better lives. Washington, DC: The World Bank, 2021.
- [6] WHO. [WHO consolidated guidelines on tuberculosis: module 2: screening: systematic screening for tuberculosis disease](#). Geneva: World Health Organization, 2021.
- [7] Piccazzo R, Paparo F, Garlaschi G. Diagnostic accuracy of chest radiography for the diagnosis of tuberculosis (TB) and its role in the detection of latent TB infection: a systematic review. *J Rheumatol Suppl.* 2014;91:32– 40. doi:10.3899/jrheum.140100.
- [8] Pinto LM, Pai M, Dheda K, Schwartzman K, Menzies D, Steingart KR. Scoring systems using chest radiographic features for the diagnosis of pulmonary tuberculosis in adults: a systematic review. *Eur Respir J.* 2013;42:480– 94. doi:10.1183/09031936.00107412.

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