

Call for Proposals

August 2020

2020 COVID-19 Equity Response

This initiative is aimed at ensuring that equity in health and wellbeing is at the centre of Aotearoa New Zealand's preparedness for, and response to, current and future infectious disease threats. Research funded through this call will contribute to the development of policy, services and practice that ensures equitable health and wellbeing outcomes for our diverse communities during outbreaks of infectious diseases, epidemics, and pandemics.

A total funding pool of \$8.3 million (exclusive of GST) is available. This includes \$3.3 million (exclusive of GST) for research that is Māori-led and leads to equitable health outcomes for Māori. This call includes two funding opportunities:

1. Community Action Grants

Grants of shorter duration intended to support communities to partner with experienced health researchers to investigate a well-defined area of health and wellbeing need identified or anticipated in the ongoing response to the COVID-19 pandemic.

The maximum value of a Community Action Grant is \$250,000 (exclusive of GST) over a maximum term of 12 months.

2. Project Grants

Grants of longer duration intended to support Aotearoa New Zealand's capacity and capability to respond to COVID-19 and future infectious disease threats, with a clear line of sight to how the research will drive reduction in inequities in health and wellbeing.

The maximum value of a Project Grant is \$1 million (exclusive of GST) over a maximum term of 24 months.

The scope is inclusive of all research disciplines that are relevant to health and wellbeing, including the humanities and social sciences, and acknowledges the transformative power of teams that include researchers from multiple disciplines.

While addressing the overarching priority of health equity, research proposals are required to address one or more of the following broad themes: biological determinants of health; social determinants of health; mental health and wellbeing; community resilience and innovation; public health and health service delivery; and Pacific health.

It is anticipated that the results of the call will be announced in late November 2020, with funding available for an immediate start (from December 2020).

1. Background

The first case of COVID-19 in Aotearoa New Zealand was reported on 28 February 2020, associated with international travel. The first case of local transmission was reported on 5 March 2020. Following introduction of a four-tiered alert level system, we moved to Alert Level 4 on 25 March 2020, putting the entire country into full lockdown, with travel permitted only for essential needs and essential workers. As of 28 July 2020, Aotearoa New Zealand remains at alert level 1, with 1,557 confirmed and probable cases and 22 deaths; there have been a total of 83 confirmed cases identified at the border, with 21 active cases in managed isolation and quarantine facilities.¹

Historical and contemporary reports demonstrate that the burden of infectious diseases disproportionately, and unfairly, affects groups who have comparatively worse access to the social and economic determinants of good health and wellbeing. Existing health inequities can further exacerbate morbidity and mortality resulting from infectious diseases for these groups.² In addition, the benefits associated with modifiable biological determinants of health, such as vaccines and medicines, are not equally distributed among different population groups, due, in part, to systemic barriers to access and inequity associated with social determinants of health.³

Health equity is a priority in national and international pandemic response and recovery initiatives.^{4,5} Expert groups such as Te Rōpū Whakakaupapa Urutā have advocated for active prioritisation and centring of equity in all aspects of the COVID-19 pandemic response.⁶ These concerns are reflected in international evidence, where existing inequities have been exacerbated for some groups during the current COVID-19 pandemic.^{7,8}

While Aotearoa New Zealand's response has so far been successful at limiting mortality associated with a first wave of COVID-19 infection, further waves of infection or widespread community transmission have the potential to disproportionately affect those groups who already experience health and social inequity. Even without additional waves of infection, the longer-term health, social, and economic consequences of the pandemic, including unemployment, homelessness, and risk of poorer mental health and addiction, already disproportionately affect some groups. The impact of the current pandemic on the health and wellbeing of those groups or communities experiencing significant stress and disruption to their lives for the first time must also be considered. Health and social services will be required, for some time, to address the needs of these groups appropriately.⁹

To date, research funders in Aotearoa New Zealand have made a significant investment in research to inform the COVID-19 response. The joint Ministry of Health and Health Research Council of New Zealand (HRC) Rapid Response Research RFP focused on research to provide actionable evidence to support the COVID-19 response in the short term, and the HRC's COVID-19 and Emerging Infectious Diseases Grant focused on provision of evidence in the short to medium term. The Ministry of Business, Innovation and Employment (MBIE) invested through the COVID-19 Innovation

¹ Ministry of Health. COVID-19 – current cases. <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-current-situation/covid-19-current-cases>. Accessed 28/07/20

² Crouse Quinn S., & Kumar S. (2014). Health inequalities and infectious disease epidemics: a challenge for global health security. *Biosecur Bioterror*, 12(5):263-273. <https://www.liebertpub.com/doi/10.1089/bsp.2014.0032>

³ Boyce T., Gudorf A., de Kat C., Muscat M., Butler R., & Habersaat KB. (2019). Towards equity in immunization. *Euro Surveill*, (24)2:1800204. <https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2019.24.2.1800204>

⁴ King P., Cormack D., McLeod M., Harris R., & Gurney J. (2020). COVID-19 and Māori health – when equity is more than a word. Te Rōpū Whakakaupapa Urutā. <https://www.uruta.maori.nz/when-equity-is-more-than-a-word>.

⁵ Jones R. (2020, March 18). *Why equity for Māori must be prioritised during the COVID-19 response*. The Spinoff. <https://thespinoff.co.nz/atea/18-03-2020/why-equity-for-maori-must-be-prioritised-during-the-covid-19-response/>

⁶ Te Rōpū Whakakaupapa Urutā. (2020). *Position Statement*. <https://www.uruta.maori.nz/policy>

⁷ Yancy CW. (2020). COVID-19 and African Americans. *JAMA*, 323(19):1891-1892. <https://jamanetwork.com/journals/jama/fullarticle/2764789>

⁸ The OpenSAFELY Collaborative. (2020). *OpenSAFELY: factors associated with COVID-19-related hospital death in the linked electronic health records of 17 million adult NHS patients*. medRxiv. <https://doi.org/10.1101/2020.05.06.20092999>

⁹ Poulton R., Gluckman P., Menzies R., Bardsley A., McIntosh T., & Faleafa M. (2020). *Protecting and promoting mental wellbeing: beyond COVID-19*. Koi Tū: The Centre for Informed Futures. The University of Auckland. <https://informedfutures.org/wp-content/uploads/Protecting-and-Promoting-Mental-Wellbeing.pdf>

Accelerator Fund to facilitate the development and operational deployment of innovative solutions to support the COVID-19 response. The Government's COVID-19 vaccine strategy is focused on securing a safe and effective vaccine supply, by connecting with key international research efforts, assessing promising vaccine candidates as they emerge, optimising our regulatory environment for clinical trials, and developing our domestic manufacturing capacity in case it is required. Independent research funders have also supported national research efforts, though these have largely focused on medical research.

The HRC has identified the need for a research response that generates knowledge to inform the development of health policy and practice that ensures equity of health and wellbeing outcomes is central to our preparedness for, and response to, current and future infectious disease threats.

2. Objectives

The key objectives of this call are to:

- Generate timely and actionable evidence that supports equitable health and wellbeing outcomes for our diverse communities in response to the current COVID-19 pandemic and in preparation for future infectious disease threats.
- Invest in research that demonstrates the principles of Te Tiriti o Waitangi and generates timely and actionable evidence that supports equitable health and wellbeing outcomes for Māori in response to, and following, the current COVID-19 pandemic and in preparation for future infectious disease threats. While research may focus on communities or populations other than Māori, all proposals must also consider how their research will advance Māori health.
- Support researchers from across the spectrum of health and wellbeing research to conduct high-quality research that will have a meaningful impact on our diverse communities and drive equitable health and wellbeing outcomes for all New Zealanders.
- Foster the resilience and innovation within our communities by supporting them to undertake research that will provide local evidence to inform local action and build capacity to respond to potential further waves of COVID-19, and future infectious disease threats.
- Support government planning for social, economic, and health system readiness and recovery by investing in research that will modify systemic drivers of inequitable health and wellbeing outcomes.

Given the urgency of evidence need, successful applicants can expect a greater level of contract monitoring and engagement with the HRC, with an emphasis on how key findings are communicated to relevant stakeholders in a timely manner. This may take the form of progress reports and other additional activities or deliverables.

3. Scope

The focus of this call is research that will contribute to an evidence base that supports equitable health and wellbeing outcomes in response to, and following, the current COVID-19 pandemic and in preparation for future infectious disease threats. The scope is inclusive of all research disciplines that are relevant to health and wellbeing, including the humanities and social sciences, and acknowledges the transformative power of teams that include researchers from multiple disciplines.

A broad definition of excellence will be applied to this call, recognising that research that makes a difference must be scientifically robust, methodologically sound, and ethical. This definition will recognise that: Mātauranga Māori and kaupapa Māori approaches may represent excellence and are required to achieve equitable health and wellbeing outcomes for Māori; quality innovative, high-risk research should be supported; excellent research occurs across the entire innovation spectrum, across the full range of research disciplines; and, community and stakeholder partnership and engagement is important in designing and undertaking research.

Research not within scope of this call includes research intended *solely* for the purpose of developing vaccines, drug or other treatments, personal protective equipment or other medical devices, and research intended *only* to generate knowledge without a clear link to supporting equitable health and wellbeing outcomes. A clearly articulated and demonstrable line of sight to equity may bring such proposals within scope.

Research themes

While addressing the overarching priority of health equity, research proposals will be required to align with one or more of the six broad themes outlined below. For each theme, examples of research topics that could be considered within scope are provided as a guide, although proposals are not limited to these topics. Applicants will be required to identify which theme(s) their proposal aligns with.

The research themes are:

1. **Biological determinants of health**

The biological, physiological, and genetic characteristics that directly and measurably influence health. As protective and/or risk factors, biological determinants may be contributing causes of, or strongly associated with, particular health and disease states.¹⁰

Examples of research topics include: understanding the relationship between co-morbidities and symptom severity or mortality in patients with COVID-19; understanding clinical response to antivirals or symptom-reducing treatments (including pharmacogenomics); ensuring equity of access to treatments and vaccines as modifiable biological determinants of health.

2. **Social determinants of health**

The conditions in which people are born, develop and grow, work, live, and age are key determinants of health equity. These conditions are influenced by structural drivers at local, national, and international levels, such as health and economic policy, societal values, and distribution of resources, money, and power.¹¹

Examples of research topics include: the direct and indirect impacts of the COVID-19 pandemic or future infectious disease threats on health and wellbeing through unemployment, risk to essential service workers, housing and homelessness, poverty, or food security.

3. **Mental health and wellbeing:**

One component of broader health and wellbeing, considered more than just the absence of mental illness: "...a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."¹² There are a number of models of wellbeing. For example, Te Whare Tapa Whā is one such model that highlights the four dimensions of wellbeing: taha tinana (physical health), taha wairua (spiritual health), taha whānau (family health), and taha hinengaro (mental health).

Examples of research topics include: understanding the broader social and economic risk factors and drivers of mental health and wellbeing, and exposure to risk factors for certain groups; the relational impacts of the COVID-19 response; coping strategies; social isolation; family harm; substance use and addiction; and wellbeing in prison.

4. **Community resilience and innovation**

The capability of a community to anticipate and limit risk and disruption, recover from stresses, and grow and adapt to disruptive change.¹³

Examples of research topics include: identifying and documenting community responses to COVID-19 for the purpose of knowledge translation and mobilisation; developing community-led initiatives to support preparedness for future infectious disease threats; evaluating the impact of specific interventions or initiatives developed or implemented by communities during the COVID-19 pandemic.

¹⁰ NSW Department of Health. (2010). *Public health classifications project – determinants of health*.

¹¹ World Health Organisation. (n.d.). *About social determinants of health*. https://www.who.int/social_determinants/sdh_definition/en/

¹² World Health Organisation. (n.d.). *Mental health: a state of well-being*. http://origin.who.int/features/factfiles/mental_health/en/

¹³ Blakeley R. (2016). *Building community resilience*. New Zealand Society of Local Government Managers.

5. **Public health and health service delivery**

Protecting and improving the health of people and their communities, through the delivery of safe, effective, and equitable health services, ranging from health promotion, prevention, and diagnosis to treatment, rehabilitation, and palliative care.¹⁴

Examples of research topics include: enablers and barriers to care during the response to, and recovery from, COVID-19 and future infectious disease threats; the health and social impacts of barriers to transmission and other preventative measures, such as masks, social distancing, managed isolation, or quarantine, on groups that experience inequity of health and social outcomes; communication of health messages to Aotearoa New Zealand's diverse communities; promotion of mental health and wellbeing; impact of reduced access to health services on non-COVID-19 related health and wellbeing.

6. **Pacific health**

The health and wellbeing of Pacific peoples, recognising the diversity of world views, nationalities, ethnic groups, and languages among Pacific peoples, and the influence of cultural norms and values such as respect and reciprocity on concepts of Pacific wellbeing.¹⁵

Examples of research topics include: recognising Aotearoa New Zealand's role in equitable pathways to health and wellbeing outcomes for Pacific peoples living in Aotearoa New Zealand and in neighbouring Pacific nations; mobilisation of social and community resources to protect and support Pacific peoples; the ability of health systems in Aotearoa New Zealand and neighbouring Pacific nations to respond to COVID-19 and future infectious disease threats; strengthening collaborative partnerships across the social, health and economic spectrum that build on current COVID-19 initiatives to inform effective and efficient preparedness and response action plans and policies for future infectious disease threats.

4. **Funding**

A total funding pool of **\$8.3 million** (exclusive of GST) is available. This includes **\$3.3 million** (exclusive of GST) for research that is Māori-led and leads to equitable health outcomes for Māori (through the Rangahau Hauora Māori investment stream).

This call provides **two** distinct funding opportunities:

1. **Community Action Grants**

The Community Action Grants are focused on supporting communities to partner with experienced health researchers to investigate a well-defined area of health and wellbeing need that's been identified or anticipated in response to the COVID-19 pandemic. This includes research for the purpose of knowledge recording or generation, knowledge mobilisation, and policy or health service development.

The maximum value of a Community Action Grant is \$250,000 (exclusive of GST) over a maximum term of 12 months.

2. **Project Grants**

The Project Grants are focused on supporting Aotearoa New Zealand's capacity and capability to respond to COVID-19 and future infectious disease threats through research that has a clear line of sight to driving reduction in inequities in health and wellbeing.

The maximum value of a Project Grant is \$1 million (exclusive of GST) over a maximum term of 24 months.

Within this funding pool, the HRC expects to fund multiple proposals, with a range of values, across the two funding opportunities.

It is anticipated that a decision on funding will be made in November 2020, with funding available for an immediate start. Applicants will need to give consideration of this when outlining research

¹⁴ World Health Organisation. (n.d.). *Health systems service delivery*. <https://www.who.int/healthsystems/topics/delivery/en/>

¹⁵ Ministry of Health. (2020). *Ola Manuia. Pacific health and wellbeing action plan 2020-2025*. https://www.health.govt.nz/system/files/documents/publications/ola_manuia-phwap-22june.pdf

timelines. The anticipated outcome date is tentative as delays to the outcome announcement may be unavoidable.

5. Proposal requirements

Clear and coherently written applications are essential in allowing quality assessment of applications.

Applicants will need to outline how their proposal addresses the objectives and scope of the call and provide a clear justification for the proposed approach along with a description of the research team's ability to deliver the specific components of the research. Applicants will also need to provide a fully costed budget.

Given timeframes are shorter than usual, applicants are encouraged to utilise existing relationships and/or data and collaborate with the relevant next- and end-users to ensure translatability.

Proposals must demonstrate the following:

- The proposal is **relevant to the objectives** of the call, will address **health equity issues**, respond to the needs of population **groups that experience inequity of health or social outcomes**, and demonstrate a **clear line of sight to change**. Commitment to the **principles of equity must be demonstrated in the execution of the research**, not only in the research topic. The proposal should demonstrate that the design or conduct of the research does not perpetuate current inequities, by provision of a mitigation plan or similar.
- The proposal **builds upon, rather than simply duplicates, existing national and international research efforts** and demonstrates a commitment to international solidarity and global collaboration. It will show how the research will **generate evidence to support Aotearoa New Zealand's** unique, diverse communities and social and cultural contexts, and inform the development of solutions that are culturally responsive and relevant to Aotearoa New Zealand.
- The proposal will demonstrate the **appropriateness, soundness and rigour of the research methodology and design**, while allowing for solutions to be developed in a flexible manner with appropriate stakeholder and community input; ensuring the approach leverages what is already known from the literature and related data sets and is complemented by primary data collection (as appropriate).
- The proposed research is **achievable within the specified timeframe** and **includes strategies to mitigate the potential impact of future pandemic response measures, such as social distancing or lockdown**, on the feasibility of undertaking or completing the research. The proposal should provide clear and unambiguous milestones and associated timeframes for achieving the desired outcomes for all stages of the project. An outline of the project management and organisational support available to the project should be included, with appropriate project management FTE included in the budget, as applicable. Applicants should consider the timeframe for obtaining ethical approval (if appropriate), institutional approvals, and access to data from key organisations and stakeholders.
- The proposal will demonstrate the **appropriate mix of disciplines and expertise** in the composition of the research team, including **Māori health and Pacific health expertise and leadership**. Communities and relevant stakeholders should also be represented in the research team and leadership. Consideration should be given to inclusion of a **broad range of research expertise related to health and wellbeing, including the humanities and social sciences**; applications may be led by researchers from the humanities and social sciences disciplines. The proposal should **demonstrate and highlight the capability, skill, and experience of those personnel with the highest FTE on the project**, those undertaking the majority of work. Applications should demonstrate how the research will facilitate the **development of new and emerging and mid-career researchers**. The research team's capability to work effectively with a range of stakeholders and key participants at the different stages of the research should be highlighted. It is expected that applicants will make active use of existing stakeholder networks to engage a wide range of parties and work with the relevant next- and end-users to ensure translatability.
- The proposal will demonstrate specific plans for how the research may **contribute to advancing Māori health and achieving equitable health and wellbeing outcomes for Māori**, within the context of the research topic. Research should incorporate Te Tiriti O Waitangi and the principles underpinning it; in particular, the principle of active protection needs adequate consideration.

- The proposal should outline the intended impact of the research, including **how the research might be used and intended benefits for Aotearoa New Zealand**, and **plans to maximise the use and benefit of the research**. The proposal should demonstrate how the collective capability, skill, and experience of the research team will maximise the likelihood that the research will result in change.
- The proposal should demonstrate plans for research findings to be **disseminated locally or nationally** via tailored, **culturally appropriate approaches** to a broad range of relevant audiences in order to maximise the utility of the research. Proposals should articulate how dissemination plans will utilise the capability, skill, and experience of research team members, and support development of new and emerging and mid-career researchers. Dissemination plans must consider **mitigating the stigmatisation or exclusion of those communities or groups affected**. Dissemination should also include publication in international, peer-reviewed journals, as appropriate. Applicants should have a plan to expedite data-sharing with next- and end-users where possible.
- The proposal should demonstrate the budget is appropriate for the proposed research and fully justified.

6. Application procedure

All application forms and guidelines are available via HRC Gateway, the HRC's online application system. The **2020 COVID-19 Equity Response Project Grant Application Guidelines and 2020 COVID-19 Equity Response Community Grant Application Guidelines** provide full details on the application process summarised below.

Step 1: Registration

Applicants are required to submit a Registration via HRC Gateway by **1:00pm, 18 September 2020**. This web-based form signals the intent of the applicant to submit an application. The project title, all named investigators, host organisation, and lay summary will be required. These details should be similar to those in the application although minor adjustments are allowed.

HRC Gateway will forward the submitted Registration to the applicant's host Research Office or designated research manager, who will need to approve the Registration and forward it to the HRC. For organisations without a research office or a research manager, HRC Gateway will forward the Registration to the HRC.

All named investigators must have an HRC Gateway account (*with an updated profile*), to be able to be included in an application. Creating an HRC Gateway account is easy and can be done by clicking on 'New user – sign up for HRC Gateway' on the HRC Gateway homepage (<https://gateway.hrc.govt.nz/>).

Step 2: Application

Applicants are then required to complete an application. Applications should be submitted via HRC Gateway by **1:00pm, 25 September 2020**.

Applicants should use the **2020 COVID-19 Equity Response Project Grant Application Form or the 2020 COVID-19 Equity Response Community Grant Application Form, and the 2020 COVID-19 Equity Response Budget**, and **New Zealand Standard CV template**.

HRC Gateway will forward the submitted application to the applicant's host Research Office or designated research manager who will need to approve the application and forward it to the HRC. For organisations without a research office or a research manager, HRC Gateway will forward the full application directly to the HRC.

HRC Gateway will create a PDF of the complete application after submission.

Applicants must meet the deadlines above for their proposal to be eligible.

7. Assessment procedure

The assessment procedure for Community Action Grants and Project Grants is summarised below. The HRC reserves the right to revise the assessment procedure should future pandemic response requirements mean that this approach is no longer feasible. Should such changes to the assessment procedure become necessary, these will be clearly communicated to applicants at that time.

Step 1: Compliance check

The HRC will not process any application that does not comply with stated page limits and font sizes/styles.

Step 2: Assessing Committee

Two multidisciplinary assessing committees, led by independent chairs/co-chairs, will be convened to assess applications; one for applications submitted to the ring-fenced funding pool available for Māori-led research, and a second for applications submitted to the general funding pool.

Members of the committees will be selected for their mana, knowledge and expertise, and reflect the diversity of Aotearoa New Zealand's research system and communities, by ensuring representation from across the health and wellbeing, research, Māori, Pacific, and disability sectors. Where the committee has insufficient representation of specific subject matter or methodological areas based on application demand, the HRC may co-opt additional experts to undertake aspects of the assessment of individual applications.

The assessment criteria are summarised below. Applicants are advised to familiarise themselves with these criteria.

Depending on the number of applications received, a triage process may be utilised to determine which applications will be discussed in full at the assessing committee meeting. This process would involve committee members scoring applications in advance of the meeting using the assessment criteria to yield a ranked list. The lowest-ranked applications based on the pre-scores would then be triaged and not discussed at the meeting.

The assessing committees will make recommendations for funding to be considered and approved by the HRC. Applicants will be informed of the final funding decisions in November 2020.

Assessment criteria

Applications will be assessed against several score criteria, using the following 7-point score descriptor word ladder:

Score	Descriptor
7	Exceptional
6	Excellent
5	Very Good
4	Good
3	Adequate
2	Unsatisfactory
1	Poor

The **Community Grants** and **Project Grants** will both be assessed using the criteria listed below. Information about how each criterion will specifically be applied to each grant type can be found in the relevant guidelines.

Criteria	Points	% Score
Rationale	7	20
Design and Methods	7	20
Māori Health Advancement	7	20
Impact	7	20

Team	7	20
Total Score	35	100

8. Key dates

Key actions and dates for this initiative are listed below.

Action	Date
Registration due (via HRC Gateway)	1pm, 18 September 2020
Full application due (via HRC Gateway)	1pm, 25 September 2020
Assessment	End September – Early November 2020
Applicants notified of outcome	27 November 2020

9. General notes

Decision advice

No legal obligations will arise between the HRC and applicants for this call until such time as the HRC enters into a contract with the successful applicant.

Privacy provisions

In the event that an application is successful, the HRC reserves the right to release applicants' names, details of the host institution/company, contact details (work phone or email), contract title, and funding awarded for public interest purposes and to meet the statutory requirements of the Health Research Council of New Zealand Act 1990.

Enquiries

All enquiries related to this call should be directed to Stacey Pene, Director Māori and Equity (spene@hrc.govt.nz).