



The International Society for Infectious Diseases (ISID) and Pfizer Announce:

Antimicrobial Stewardship in the Latin America Region Competitive Grant Program

I. Background

Pfizer Global Medical Grants (GMG) supports the global healthcare community's independent initiatives (e.g., research, quality improvement or education) to improve patient outcomes in areas of unmet medical need that are aligned with Pfizer's medical and/or scientific strategies.

Pfizer's GMG competitive grant program involves a publicly posted Request for Proposal (RFP) that provides detail regarding a specific area of interest, sets timelines for review and approval, and uses an external review panel (ERP) to make final grant decisions. Organizations are invited to submit an application addressing the specific gaps in practice as outlined in the specific RFP.

For all quality improvement grants, the grant requester (and ultimately the grantee) is responsible for the design, implementation, and conduct of the independent initiative supported by the grant. Pfizer must not be involved in any aspect of project development, nor the conduct or monitoring of the quality improvement program.

The International Society for Infectious Diseases (ISID), in collaboration with Pfizer Global Medical Grants, is initiating this Request for Proposal (RFP) for research projects focused on the implementation and/or assessment of antimicrobial stewardship programs in the Latin America region.

ISID is a non-profit organization composed of more than 90,000 individuals representing every country in the world. The mission of ISID is to support infectious disease practitioners from around the world in their work to prevent the spread of infectious diseases and investigate and manage infectious disease outbreaks when they occur with a focus on countries that disproportionately bear the burden of infectious diseases. ISID encourages the collaborative efforts of health communities working locally, nationally, and globally for best control and management of infectious diseases. We recognize that infectious diseases cross all national and regional boundaries and that effective long-term solutions require international scientific exchange and cooperation. www.isid.org.

II. Eligibility

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| Geographic Scope: | Latin America Region |
| Applicant Eligibility Criteria | <ul style="list-style-type: none"> • The following may apply: medical, dental, nursing, allied health, and/or pharmacy professional schools; healthcare institutions (both large and small); professional associations; government agencies; Research facilities and other entities with a mission related to healthcare improvement. • This grant opportunity is open to applications addressing antimicrobial stewardship in human health. Applications addressing antimicrobial stewardship in animals are not eligible. • More information on organizations eligible to apply directly for a grant can be found at http://www.pfizer.com/files/IGLC_OrganizationEligibility_effJuly2015.pdf. • Collaborations within institutions (e.g., between departments and/or inter-professional), as well as between different institutions / organizations / associations, are encouraged. Please note all partners must have a relevant role and the requesting organization must have a key role in the project. • For programs offering credit, the requesting organization must be the accredited grantee. |

III. Requirements

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| Date RFP Issued | May 1, 2019 |
| Clinical Area | Anti-infective - antimicrobial stewardship |
| Specific Area of Interest for this RFP: | <p>In order to reduce the development and spread of resistant bacteria and deliver better patient outcomes, healthcare organizations must implement measures to ensure optimal use of antibiotics. Implementation of an antimicrobial stewardship program will help organizations reach the goal of providing patients requiring antibiotic treatment with the right antibiotic(s), at the right time, at the right dose, and for the right duration.¹</p> <ul style="list-style-type: none"> • We are seeking innovative quality improvement research, health services research and/or educational research applications that identify and evaluate practices for successfully implementing key elements of antimicrobial stewardship programs within hospitals and other healthcare organizations. These elements could include: tracking patterns of antibiotic prescribing and resistance; informing staff on |

antibiotic use and resistance on a regular basis; educating staff about optimal antibiotic use; regulating antibiotic use; clinical and/or health economic outcomes from stewardship initiative; barriers to stewardship implementation, etc. It is imperative for the program to have the support of hospital/organizational leadership, which includes leadership's commitment to providing support that includes staffing, financial, evidence-based resources, and information technology to ensure an effective stewardship-based study/education program.

In addition to infection prevention and control professionals, the antimicrobial stewardship program involves physicians, nurses, pharmacists, trainees, patients, families, and others.²

Applications should:

1. Involve infection prevention and control professionals, physicians, nurses, pharmacists, trainees, patients, families, and others, where applicable.
2. Be based on scientific evidence, accepted practice guidelines, and local laws and regulations.
3. Include or refer to guidelines for the optimal use of hospital surveillance, infection control and antibiotic therapy for treatment of infections, including the proper use of prophylactic antibiotic therapy.
4. Include a mechanism to oversee the program for antibiotic stewardship.
5. Monitor the effectiveness of the antibiotic stewardship program.
6. Have measurable outcomes and data collection to demonstrate the impact of the initiative on usual practices, patient outcomes and/or how it fits within existing health services.

Initiatives that solely focus on knowledge improvement (e.g., journal clubs, grand round programs, lectures) will not be eligible for consideration.

We are seeking applications that span a broad range of implementation levels. Applicants are encouraged to submit quality improvement research, health services research and/or educational research proposals that either establish new stewardship mechanisms and/or evaluate the effectiveness, barriers and/or outcomes of existing antimicrobial stewardship programs (e.g., novel approaches to initial implementation, challenges and barriers to implementation or continuation, clinical outcomes of programs, and/or solutions to overcome barriers to full implementation). Applications associated with more mature antimicrobial stewardship programs should focus on

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| | <p>evaluation and reducing antimicrobial resistance, improving patient outcomes and/or demonstrating consistency with current guidelines. Since the goal of this program is to encourage more rapid adoption and/or improving current paradigms of antimicrobial stewardship programs, applicants should consider how their research may be disseminated and adopted by other organizations.</p> <p>If applicants focus on information technology and use of electronic healthcare records (i.e., utilizing computerized order entry and electronic surveillance), applicants should describe how such solutions may be disseminated and adopted by other organizations.</p> <p>It is not our intent to support clinical research projects. Projects evaluating the efficacy of therapeutic or diagnostic agents will not be considered. Information on how to submit requests for support of clinical research projects can be found at www.Pfizer.com/iir.</p> |
| <p>Target Audience of Project Results:</p> | <p>Small and large hospitals, academic medical centers, community hospitals, and ambulatory care settings.</p> |
| <p>Disease Burden Overview:</p> | <p>The overuse and misuse of antibiotics has resulted in the growth of multi-drug resistant pathogens. The Institute for Healthcare Improvement reported that 25,000 people die each year in Europe from pathogens demonstrating antimicrobial resistance, and microbial resistance is growing in the Middle East, Africa, and Asia.³⁻⁵ Some estimate that more than 700,000 deaths occur worldwide per year due to antibiotic resistance.⁶</p> <p>Increasing resistance of clinical isolates require more aggressive treatment and often multiple antibiotics increasing the risk of adverse events and/or complications to treatment, including acquiring <i>Clostridium difficile</i>, kidney or liver damage, hearing loss, hemolytic anemia, and other such complications. The misuse of antibiotics increases the risk of complications without any benefit to the patient and increases the pressure on bacteria to become resistant.</p> <p>Health care practitioners contribute to the development of antimicrobial resistance by continuing antibiotics when they are no longer necessary, using a broad-spectrum antibiotic when it is not required or continuing the broad-spectrum antibiotic unnecessarily after the sensitivity results are received, using the wrong antibiotic or prescribing the wrong dose, or continuing the prophylactic antibiotic after it is no longer recommended.</p> |

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| | <p>An antimicrobial stewardship program strives to reduce antibiotic overuse/misuse thereby reducing the pressure to develop antibiotic resistance. Antimicrobial stewardship programs have been shown to improve prescribing practices, reduce healthcare-related costs, improve patient outcomes, and slow antibiotic resistance.⁷</p> |
| <p>Recommendations and Target Metrics:</p> | <p>Global</p> <ul style="list-style-type: none"> • World Health Organization’s Antimicrobial Stewardship Course • World Health Organization’s Global Action Plan on Antimicrobial Resistance |
| <p>Gaps Between Actual and Target, Possible Reasons for Gaps:</p> | <ul style="list-style-type: none"> • World Health Organization’s Global Framework for Development & Stewardship to Combat Antimicrobial Resistance • International Society for Infectious Diseases’ Guide to Infection Control in the Healthcare Setting – Antimicrobial Stewardship in the Hospital Setting |
| <p>Barriers:</p> | <p>Regional</p> <ul style="list-style-type: none"> • Pan American Health Organization’s Recommendations for Implementing Antimicrobial Stewardship Programs in Latin America and the Caribbean • European Centre for Disease Prevention and Control (ECDC): EU guidelines for the prudent use of antimicrobials in human health |
| <p>Current Efforts to Reduce Gaps:</p> | <p>National</p> <ul style="list-style-type: none"> • The Society for Healthcare Epidemiology of America’s Antimicrobial Stewardship: Guidelines • British Society for Antimicrobial Chemotherapy’s Antimicrobial Stewardship: From Principles to Practice • Centers for Disease Control and Prevention’s Core Elements of Hospital Antibiotic Stewardship Programs • American Academy of Pediatrics (AAP): Red Book – Antimicrobial stewardship |
| <p>Expected Approximate Monetary Range of Grant Applications:</p> | <p>Individual projects requesting up to \$250,000 will be considered. The total available budget related to this RFP is \$1,000,000.</p> <p>The amount of the grant Pfizer will fund for any project will depend upon the external review panel’s evaluation of the proposal and costs involved, and will be stated clearly in the approval notification.</p> |

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| <p>Key Dates:</p> | <p>RFP release date: May 1, 2019</p> <p>LOI due date: July 12, 2019</p> <p>Please note the deadline is midnight Eastern Time (New York, GMT -5).</p> <p>Review of LOIs by External Review Panel: Weeks of July 22, 2019 and July 29, 2019</p> <p>Anticipated LOI Notification Date: August 5, 2019</p> <p>Full Proposal Deadline: September 16, 2019</p> <p>*Only accepted LOIs will be invited to submit full proposals</p> <p>Please note the deadline is midnight Eastern Time (New York, GMT -5).</p> <p>Review of Full Proposals by External Review Panel: late-October 2019</p> <p>Anticipated Full Proposal Notification Date: November 21, 2019</p> <p>Grants distributed following execution of fully signed Letter of Agreement</p> <p>Period of Performance: 18 to 24 months</p> |
| <p>How to Submit:</p> | <ul style="list-style-type: none"> • Please go to www.cybergrants.com/pfizer/loi and sign in. First-time users should click “REGISTER NOW”. • Select the following Competitive Grant Program Name: Latin America – AMS • Requirements for submission: Complete all required sections of the online application and upload the completed LOI template (see Appendix). • If you encounter any technical difficulties with the website, please click the “Need Support?” link at the bottom of the page. <p>IMPORTANT: Be advised applications submitted through the wrong application type and/or submitted after the due date will not be reviewed by the committee.</p> |
| <p>Questions:</p> | <ul style="list-style-type: none"> • If you have questions regarding this RFP, please direct them in writing to the Grant Officer, Angelo Carter (angelo.carter@pfizer.com), with the subject line “Latin America – AMS.” |
| <p>Mechanism by which Applicants will be Notified:</p> | <ul style="list-style-type: none"> • All applicants will be notified via email by the dates noted above. • Applicants may be asked for additional clarification or to make a summary presentation during the review period. |

References:

1. National Quality Forum. National Quality Partners Playbook: Antibiotic Stewardship in Acute Care. A Practical Playbook. May 2016. Accessed Nov 11, 2016. http://www.qualityforum.org/Publications/2016/05/National_Quality_Partners_Playbook_Antibiotic_Stewardship_in_Acute_Care.aspx.
2. Centers for Disease Control and Prevention. Core Elements of Hospital Antibiotic Stewardship Programs. 2016. Accessed Nov 11, 2016. <http://www.cdc.gov/getsmart/healthcare/implementation/core-elements.html>.
3. Habibzadeh F. Use and misuse of antibiotics in the Middle East. *Lancet*. 2013 Nov;382:1. Accessed Sep 8, 2016. http://www.thelancet.com/pb/assets/raw/Lancet/global-health/middle-east/Nov13_MiddleEastEd.pdf?elsca1=220713&elsca2=%20MIDDLEEADTED&elsca3=segment. Ndiokubwayo JB, et al. WHO, Regional Office for Africa. Antimicrobial resistance in the African Region: Issues, challenges and actions proposed. *African Health Monitor*. 2013 Mar. Accessed Sep 8, 2016. <https://www.who.afro.who.int/en/ahm/issue/16/reports/antimicrobial-resistance-african-region-issues-challenges-and-actions-proposed>.
4. World Health Organization. Central Asian and Eastern European Surveillance of Antimicrobial Resistance. Annual Report 2014. 2015. Accessed Sep 8, 2016. <http://www.euro.who.int/en/health-topics/diseaseprevention/antimicrobial-resistance/publications/2015/central-asian-and-eastern-european-surveillance-of-antimicrobial-resistance.-annual-report-2014>.
5. Review on Antimicrobial Resistance. Antimicrobial Resistance: Tackling a Crisis for the Health and Wealth of Nations. 2014. Accessed Sep 8, 2016. https://amr-review.org/sites/default/files/AMR%20Review%20Paper%20-%20Tackling%20a%20crisis%20for%20the%20health%20and%20wealth%20of%20nations_1.pdf
6. Centers for Disease Control and Prevention. Antibiotic Prescribing and Use in Hospitals and Long-Term care. 2018. Accessed Mar 2, 2018. <https://www.cdc.gov/antibiotic-use/healthcare/>

IV. Terms and Conditions

Please take note every Request for Proposal (RFP) released by Pfizer Independent Grants for Learning & Change (IGLC), as well as a RFP released jointly with a Partner(s), is governed by specific terms and conditions. Click [here](#) to review these terms and conditions.

Appendix A

Letter of Intent Requirements

The Letter of Intent (LOI) will be accepted via the online application. When answering the LOI questions in the application please keep the following in mind:

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| <p>Goals and Objectives</p> | <ul style="list-style-type: none"> Briefly state the overall goal of the project. Also describe how this goal aligns with the focus of the RFP and the goals of the applicant organization(s). List the <i>overall</i> objectives you plan to meet with your project both in terms of learning and expected outcomes. Objectives should describe the target population as well as the outcomes you expect to achieve as a result of conducting the project. |
| <p>Assessment of Need for the Project</p> | <ul style="list-style-type: none"> Please include a quantitative baseline data summary, initial metrics (e.g., quality measures), or a project starting point (please cite data on gap analyses or relevant patient-level data that informs the stated objectives) in <i>your</i> target area. Describe the source and method used to collect the data. Describe how the data was analyzed to determine that a gap existed. If a full analysis has not yet been conducted, please include a description of your plan to obtain this information. The RFP includes an assessment of the need for the project. Please do not repeat this information within the LOI (you may reference the RFP, if necessary). Only include information that impacts your specific project, linking regional or local needs to those identified on the global basis, if appropriate. |
| <p>Target Audience</p> | <ul style="list-style-type: none"> Describe the primary audience(s) targeted for this project. Also indicate whom you believe will directly benefit from the project outcomes. Describe the overall population size as well as the size of your sample population |
| <p>Project Design and Methods</p> | <ul style="list-style-type: none"> Describe the planned project and the way it addresses the established need. If your methods include educational activities, please describe succinctly the topic(s) and format of those activities |
| <p>Innovation</p> | <ul style="list-style-type: none"> Explain what measures you have taken to assure that this project idea is original and does not duplicate other projects or materials already developed. Describe how this project builds upon existing work, pilot projects, or ongoing projects developed either by your institution or other institutions related to this project. |

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| <p>Evaluation and Outcomes</p> | <ul style="list-style-type: none"> • In terms of the metrics used for the needs assessment, describe how you will determine if the practice gap was addressed for the target group. Describe how you expect to collect and analyze the data. • Quantify the amount of change expected from this project in terms of your target audience. • Describe how the project outcomes will be broadly disseminated. |
| <p>Anticipated Project Timeline</p> | <ul style="list-style-type: none"> • Provide an anticipated timeline for your project including project start/end dates |
| <p>Additional Information</p> | <ul style="list-style-type: none"> • If there is any additional information you feel Pfizer should be aware of concerning the importance of this project, please summarize here |
| <p>Organization Detail</p> | <ul style="list-style-type: none"> • Describe the attributes of the institutions / organizations / associations that will support and facilitate the execution of the project and the leadership of the proposed project. Articulate the specific role of each partner in the proposed project. Letters of support from partner organizations will be required at the Full Proposal stage only and should not be included with the LOI. |
| <p>Budget Detail</p> | <ul style="list-style-type: none"> • A total amount requested is the only information needed for the LOI stage. Full Budget is not required. This amount can be adjusted at the Full Proposal stage as applicable. • The budget amount requested must be in U.S. dollars (USD). • While estimating your budget please keep the following items in mind: <ul style="list-style-type: none"> ○ Institutional overhead and indirect costs may be included within the grant request. Examples include human resources department costs, payroll processing and accounting costs, janitorial services, utilities, property taxes, property and liability insurance, and building maintenance as well as additional project expenses such as costs for publication, IRB / IEC review fees, software license fees, and travel. Please note: Pfizer does not provide funding for capital equipment. ○ The inclusion of these costs cannot cause the amount requested to exceed the budget limit set forth in the RFP. ○ It should be noted that grants awarded through GMG cannot be used to purchase therapeutic agents (prescription or non-prescription). • Pfizer maintains a company-wide, maximum allowed overhead rate of 28% for independent studies and projects |