



Bristol-Myers Squibb Foundation

REQUEST FOR PROPOSALS

Addressing Cancer Disparities in Central and Eastern Europe
(Czech Republic, Hungary, Poland, Romania, and Russia)

By Bristol-Myers Squibb Foundation, Inc.

Closing Date: June 15, 2009

1. PURPOSE

The Bristol-Myers Squibb Foundation is U.S.-based independent charity that is committed to helping to reduce health disparities around the world. It does so by focusing on improving community based health care and supportive services and on engaging patients and communities in the fight against serious diseases.

Since 2007, the Foundation has directed grant making and partnership development to cancer disparities in Central and Eastern Europe (CEE) with programs that provide psychosocial support and disease information to patients and communities. Through these programs, the Foundation and its partners seek to develop, pilot and evaluate innovations and sustainable improvements in the care provided to populations disproportionately affected by cancer, including the poor, ethnic minorities, and people living in rural communities with limited access to cancer services. In some instances, the innovation is a new aspect of care; in other instances, the innovation is a new means of scaling up care. To date, the Foundation has made grants for projects in Romania, Hungary, Poland, and the Czech Republic.

This Request for Proposals invites applications for projects that will be implemented in the Czech Republic, Hungary, Poland, Romania and Russia. The Foundation will award **five two-year grants of up to \$150,000 USD** to support innovative and sustainable projects that address and/or improve prevention, screening, disease education, and medical care of underserved populations. Of particular interest are operational research and interventions that: 1) provide training for lay and professional health care providers and 2) develop community-based care and support for patients that drive gains in their health outcomes and quality of life.

2. BACKGROUND

Cancer is the second most common cause of death in Europe and remains a significant public health problem. According to WHO, cancer contributed 11% of the disease burden and around 20% of all deaths in the European Region in 2002, with cancer of the trachea/bronchus/lung being the leading cause.

However, disparities exist in the incidence and mortality rates for cancers among countries in Europe and Eurasia. Cancer is the leading cause of death for young and middle-aged women (20-64 years old) in CEE countries, and is likely to become the leading cause of death for young and middle-aged men in these countries in the next decade.* Survival rates for every type of cancer are lower in CEE countries than the rest of Europe. For example, while total cancer mortality for men in the EU overall was about 166 per 100,000 - it ranged between 195 and 269 per 100,000 in CEE countries. For women, cancer mortality in the EU was 95 per 100,000, but ranged between 100 and 138 per 100,000 in CEE countries. Higher rates were seen for most cancer sites, but especially lung, stomach, intestinal and liver cancers as well as lymphomas and leukemias, among others. For women, stomach and cervical cancer rates were higher in CEE countries than in the EU overall. The incidence of cervical cancer is decreasing in Western Europe, but the rates are still high in many parts of Eastern Europe.

Many of these differences in rates are the result of recognizable and potentially avoidable causes including tobacco, alcohol, dietary habits, pollution, hepatitis B, as well as inadequate screening, diagnosis and treatment. In addition, public education and awareness campaigns in the region around cancer and its prevention are fragmented or relatively rare.

* (Zatonski, W., and Didkowska, J., Closing the gap: cancer in central and eastern Europe. In Coleman, M. et al. (eds.) Responding to the challenge of cancer in Europe, Institute of Public Health of the Republic of Slovenia, 2008).

3. FOCUS ON COMMUNITY LEVEL CARE AND INNOVATION

- 3.1 Projects should focus on one or several of the following approaches:
- Operational research/improvement of the quality and timing of cancer screening, diagnosis, and navigation of cancer services;
 - Development and/or support of innovative community education and outreach models for underserved communities with poor access to cancer services and poor outcomes;
 - Education and training of professional, lay, non-specialist and community-based health care providers regarding detection, care and management of persons diagnosed with cancer.
- 3.2 Target beneficiaries should include but not be limited to:
- Community-based professional and lay health workers
 - Populations disproportionately affected by cancer
- 3.3 Priority will be given to:
- Projects designed with the rigor required of a demonstration project that can develop new data and learnings;
 - Projects that have near-term measurable outcomes;
 - Projects that demonstrate a comprehensive, interdisciplinary approach to building upon an existing body of knowledge, identifying critical gaps and communicating and disseminating this new information.

All grantees will be expected to document outcomes and significant milestones at the end of each year and to provide a publishable report at the conclusion of the grant period. This report should become an important addition to the growing body of knowledge in the field of cancer prevention, care and support. The communication and dissemination of these reports should be part of the plan although there are instances where it can be planned in conjunction with the Foundation.

4. ELIGIBILITY

Universities, health centers and established nonprofit and non-governmental organizations working at the regional, national and local levels are eligible to apply for support under this RFP. Partnerships that add value to proposed interventions are particularly encouraged, e.g. public health agencies and non-governmental organizations. Applicants may already be receiving partial funding for the proposed project. Proposals for multi-country projects are also welcome.

Institutions selected, especially the lead organization, must have a proven track record for implementing successful community-based and/or health-related programs, and must have demonstrated the capacity to make innovative recommendations that can inform health policy and future strategies for prevention and improving support and care for those impacted by cancer. The grant selection process is highly competitive; therefore applicants must present a compelling, well-documented case for support.

In general, the quality and potential impact of the proposed intervention will be the principal factors used in assessing each proposal.

5. GUIDELINES FOR SUBMISSION OF PROPOSALS

- 5.1 Proposals must be submitted in English (maximum of 12 pages) and should cover:
- Short situation analysis/need
 - Innovative intervention/solution/approach
 - Goals and objectives
 - Activities and timeline
 - Collaborating partners, if relevant, and specific roles and responsibilities for each partner
 - Expected project outcomes
 - Monitoring and evaluation. All successful applicant organizations will be expected to submit periodic reports as well as mid-term and final reports.
 - Sustainability plan
 - Communication and dissemination of outcomes.

All successful applicant organizations will be expected to produce a publishable report at the end of the project.

- 5.2 Budget (one page proposal must be within specified budget – see Point 3.)

5.2.1 The budget must:

- be linked to activities
- be in local currency but must provide an annual equivalent in US dollars
- be broken down into annual budget and where possible, to indicate unit costs
- include any matching funds if available.

5.2.2 Use of Grant Funds

Grant funds may be used for:

- Project salaries
- Data analysis
- Communications and publications
- Project-related travel
- Direct project costs
- Indirect costs (up to 10% of project salaries)
- In the case of cross-continental collaborations, 75% of the funds should be spent in the identified benefiting country.

5.2.3 Grant funds may not be used for:

- Capital support for construction, renovation or purchase of buildings
- Major equipment purchases
- Clinical or supply purchases not crucial to implementation of the project
- Debt reduction
- Development (fundraising) projects.
- Fellowships and academic chairs

5.3 Your organization's profile and capability statement (maximum of six pages)

Provide an overview of your organization and its collaborating partners highlighting:

- Legal status/governance structure
- Legal ability to receive funding from an international (USA) funder
- Experience and expertise in projects similar to the one proposed
- Resources to be dedicated to the project (human resources – full time, part time and volunteers; office and workspace, equipment, infrastructure, etc.)

6. SELECTION CRITERIA

Proposals will be judged and scored according to each of the following criteria:

1. The overall quality of the proposal and the degree to which it demonstrates a thorough understanding of related comprehensive cancer prevention and care initiatives and builds upon their strengths.
2. A clear intervention and program design based on evidence from past efforts in the field. High priority will be given to interventions with an operational research design.
3. The significance of the expected outcomes and near-term impact of the project, the feasibility of achieving the goals and objectives specified in the proposal and the ability to assess and measure them at the end of the grant.
4. The institution's commitment, prior accomplishments and evidence of its unique role in addressing issues related to cancer and/or priority most-at-risk groups.
5. Demonstrated leadership and commitment from the head of the institution and other departments within the institution involved in the projects and its sustainability.
6. The quality, experience and appropriateness of the project staff and the reasonableness of the proposed budget. The review panel reserves the right to award grants to proposals that best meet criteria regardless of country of origin.

7. WHERE TO SEND YOUR PROPOSAL

The closing date for submission of proposals is June 15, 2009. Proposals received after this date will not be eligible for review.

We will only accept proposals in electronic format. Proposals should be submitted in English via email to patricia.doykos@bms.com
Proposals on CDs can also be sent via mail or courier to:

Patricia Doykos
Director
Bristol-Myers Squibb Foundation
Rt. 206 & Province Line Rd
Princeton, NJ 08536
U.S.A.

Inquiries should be directed to:
patricia.doykos@bms.com.

For more information on Foundation grants and programs visit our website at:
www.bms.com/foundation

8. TIMETABLE

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| April 1, 2009 | Open Request for Proposals |
| June 15, 2009 | Submission of proposals |
| July 15, 2009 | Response to applicants |
| September 2009 | Awarding of grants |