Request for Proposal (RFP)
On
'Breakthrough solutions and Cost-Disruptive innovations for Screening and Diagnosis'

Under Grand Challenges India (GCI),

Biotechnology Industry Research Assistance Council (BIRAC)

(A Government of India Enterprise)

Jointly Supported by

Department of Biotechnology (DBT),

Ministry of Science and Technology, Government of India

&

Gates Foundation (GF)

Call Opens	**12th May 2026**
Closure of Submission	**1st July 2026, 2:00 PM**

I. Grand Challenges India

The Department of Biotechnology (DBT), Government of India, and the Bill & Melinda Gates Foundation (BMGF) signed a Memorandum of Understanding (MoU) in 2012, where both parties agreed to collaborate on scientific and technological research to alleviate some of the world's most critical global health and development issues, for the benefit of the people of India and other developing countries. Grand Challenges India (GCI), a Program Management Unit of this joint-partnership housed at Biotechnology Industry Research Assistance Council (BIRAC), New Delhi, seeks to identify opportunities to support studies focused on early-stage research and product development to tackle health and developmental issues with special emphasis on innovative, impactful research in existing strategies or creating completely new opportunities and pathways to the outcomes, sought on the broader global health and developmental challenges.

GCI specifically, focuses on encouraging research and exploring translational avenues across a range of health and developmental priorities ranging from infectious diseases, drug discovery, vaccines, devices & diagnostics, therapeutics, maternal & child health, nutrition research to agriculture, WaSH among others.

Grand Challenges initiatives follow these core principles:

i) Strategic and well-articulated grand challenges serve both to focus research efforts and capture the imagination and engage the world's best researchers.
ii) Projects are selected based on national and societal need and transparent calls for proposals seeking the best ideas.
iii) Funders, investigators and other stakeholders actively collaborate to accelerate progress and integrate advances to ensure these advanced technologies reach to developing countries masses
iv) Projects are selected not only for scientific excellence, but also to achieve the desired impact, and these are milestone-driven and actively managed to that end.
v) Projects and investigators will have to follow global access commitments to ensure the fruits of their research are available to those most in need.

GCI announces a call for proposals on **'Breakthrough Solutions and Cost-Disruptive Innovations for Screening and Diagnosis'** a program directed at addressing the gaps and challenges in the screening and diagnosis of priority infectious disease areas – tuberculosis, emerging pathogens, syndromic testing and enteric pathogens. This call is a part of the global Grand Challenges call on ***'Innovations in Cost-Disruptive Novel Tools for Screening and Diagnosis'*** focusing on different priority areas and opportunities. The initiative under GC India seeks transformative, high-risk, high-reward innovations in the priority disease area, fundamentally rethinking how diagnosis or screening is performed, including novel sensing modalities, software-defined diagnostics, and AI-enabled or software-only approaches that materially change performance, cost structure, or deployment models.

The GC India's Request for Proposals (RFP) is specific to Indian researchers only. Collaborations are strongly encouraged where opportunity exists within the scope of study to build on established collaborations.

II. Program Overview

Background

Infectious diseases continue to pose a significant global health challenge, with India bearing a disproportionate share of the burden. According to the World Health Organization, infectious diseases such as tuberculosis, emerging pathogens and acute febrile illnesses remain leading contributors to morbidity and mortality in low- and middle-income countries, including India. Despite notable progress in disease control programs, evidence shows persistence gaps in the accurate and early detection highlighting the need for new approaches and breakthrough innovations to address these gaps. The infectious disease burden and control strategies in India are influenced by many intricate factors such as population density, sanitation disparities, lack of awareness and inequitable and limited access to diagnostics and screening tools, especially in rural and remote areas. While urban health-care systems in India have witnessed rapid technological advancement, the high cost associated with advanced tools and diagnostic platforms constrains their scalability and accessibility. Advanced molecular diagnostics, imaging systems, and laboratory-based assays often require centralized infrastructure, trained personnel, and reliable supply chains. As a result, their deployment is largely restricted to tertiary care centers, leaving peripheral clinics and community settings underserved where they are most needed. Other challenges such as their operational complexity reduces feasibility for frontline use. Closing this gap will require approaches that are fundamentally disruptive in design, not merely incremental adaptations of existing platforms.

Recent technological and scientific advancements present a unique opportunity to reimagine diagnostic and screening tools. Emerging innovations such as novel sensing modalities, paper-based and microfluidic platforms, software-defined diagnostics, and artificial intelligence (AI) enabled or software-only approaches offer pathways to significantly reduce costs while improving accessibility and scalability. In this context, the development of disruptive and innovative approaches can fundamentally transform how infectious diseases are detected and managed.

The World Health Organization ASSURED principles and lessons from COVID-19 demonstrate the potential of simple, decentralize and affordable solutions to greatly expand the access and strengthen impact where established diagnostic formats already meet core programmatic needs, but greater impact is likely to come from pathway-changing innovation rather than incremental refinement. Beyond reducing consumable costs, sustainable screening models require very low per-test costs and high throughput. Durable device- or platform-based solutions that use minimal or no consumables and spread capital costs across large testing volumes can enable near-zero marginal costs per test. Promising approaches may adapt cross-sector technologies including imaging, acoustics, breath or environmental sensing, contactless physiological monitoring, biomarkers etc. and appropriate use of AI can further improve their performance, quality control, and reducing operator variability and enabling scalable deployment in real-world workflows.

The program is therefore particularly interested in supporting transformative, high-risk, high-reward innovations that materially alter the performance, cost structure, and deployment models of diagnostic and screening technologies and solutions. By prioritizing solutions that are affordable, scalable, and deployable at the point of need, such efforts can bridge critical access gaps and enable timely detection and treatment. Ultimately, these innovations have the potential to strengthen India's public health response, reduce disease burden, and contribute to global efforts toward equitable health-care access.

The Challenge

The Cost-disruptive novel screening and diagnosis tools program under GCI seeks transformative novel tools or approaches or devices and ultra-low-cost solutions for screening and/or diagnostics prioritizing near point-of-care and low-incremental-cost formats that can meet real-world operational constraints and really disrupt the accessibility and availability landscape. Here, cost-disruptive screening tools and diagnostics are defined as solutions with a target price point of approximately INR100 or US$1 per test or devices with negligible incremental cost per use. For screening applications, cost targets should be interpreted per person screened; for diagnostic or monitoring applications, per test performed. This initiative aims to advance cross-sector, platform, and multimodal solutions to enable scalable screening, same-visit decision-making, and translating the cost-disruptive concepts into scalable solutions across high-priority disease areas.

This challenge aims to advance a staged and diversified portfolio across maturity levels, supporting high-risk early concepts, mid- and late- stage adaptation via clear Technology Readiness Level or phase criteria and milestone-based approach anchored to rigorous performance and cost plausibility.

Scope of the RFP

Grand Challenges India is soliciting proposals on transformative, high-risk, high-reward innovations that fundamentally rethink how diagnosis or screening is performed, including novel approaches, tools and devices, new sensing modalities, software-defined diagnostics, and artificial intelligence-enabled or software-only approaches that materially change performance, cost structure, or deployment models. Cross-sector or cross-disease innovations clearly presenting a clear, technically credible adaptation plan with relevant use case are encouraged. The proposals must include a technically credible, milestone-based plan and a pathway for operability and scale-up. The RFP seeks proposal addressing one or more of the objectives under specific priority areas.

Priority Area 1: Tuberculosis (TB)

Tuberculosis (TB) remains a major public health challenge for India with reported 10.7 incident TB cases in 2024, and 1.23 million deaths from the disease (WHO TB report 2025). The existent gaps in screening and detection have been shown to drive transmission, and also contribute to delays in achieving the national goal of TB elimination in India. These gaps include symptom-based screening, high per test costs, operational complexity, continued reliance on outdated sputum-based samples and microscopy, and molecular tests, inability to

detect extrapulmonary TB, pediatric TB, gap in latent infection screening, infrastructure dependency and operational complexity etc. Evidence has demonstrated that achieving meaningful population impact will require cost-disruptive screening tools that are far more scalable, affordable, and operationally feasible than most current options available. This challenge aims to address the screening and diagnostic gap by supporting highly scalable and extremely low-cost tools (including assays and durable device-based technologies) leveraging current technological and AI advancements for both community-level, symptom-agnostic screening and breakthrough near-patient diagnosis.

Innovations identifying individuals likely to have TB (including asymptomatic or subclinical disease) for downstream confirmatory testing, biomarker based accurate testing, developing affordable screening or triage tests and prioritizing non-sputum, low-incremental-cost formats compatible with population-scale deployment for TB enabling community-level symptom-agnostic screening, and aiding national goal of TB elimination are sought under this challenge. The solutions should align with WHO TB screening Target Product Profile (TPP) and National TB Elimination Program (NTEP) requirements to demonstrate a credible path to very low incremental cost per person screened, and practical deployment outside centralized laboratories. Non-sputum, easy to gain sample and near patient, flexi-format approaches are of high interest. The innovation or solution should address one or more of the following objectives:

- Community and primary-care symptom-agnostic screening tools (non-sputum approaches) advancing cross-sector platform and multimodal solutions to enable scalable screening,
- Diagnostic tools or devices aligned with WHO TB diagnostic TPPs and NTEP requirements including true point-of-care tests that enable rapid confirmation outside centralized laboratories.

Priority Area 2: Emerging Pathogens

Conventional diagnostic development remains pathogen-specific and laboratory-dependent. While highly accurate, centralized molecular platforms often lack flexibility, rapid scalability, and cost profiles suitable for decentralized LMIC use. During COVID-19, rapid antigen and molecular point-of-care platforms shortened time to detection, therefore highlighting the potential and need for rapidly reconfigurable diagnostic architectures for emerging pathogen in Indian context, capable of adapting to new analytes without full platform redesign and with the capability for automated reporting to public health surveillance systems. These key characteristics are essential to shorten the time from pathogen emergence to detection, scalability and population-level action. The disruptive solutions capable of integrating with surveillance and early warning systems in low-resource settings, and combining technical agility with data traceability are desirable. These enabling requirement ensures that the results generated at the point-of-care are structured, transmitted, and retained within national monitoring and surveillance systems, thus preventing data loss from fragmented or disconnected workflows. Relevant WHO Target product profiles (TPPs) or national priority list in Indian context for priority emerging pathogens should be referred to meet the required performance and operational characteristics.

This challenge is seeking rapidly reconfigurable diagnostics, modular, open-architecture platforms capable of quick adaptation for new analytes and new or emerging pathogens and equipped with integrated data systems that can automate reporting to public health monitoring and surveillance systems, supporting true point-of-care triage and screening.

Priority Area 3: Syndromic Panel

Syndromic testing for undifferentiated febrile illness and acute respiratory syndromes represents a critical and under-addressed priority in India's infectious disease landscape. These presentations are routinely managed empirically for malaria or typhoid, while co-circulating pathogens such as dengue, scrub typhus, leptospirosis, and emerging arboviruses remain undetected until late in clinical progression or outbreak transmission chains. Studies from India have consistently demonstrated a substantial etiological overlap, frequent co-infections, and a significant proportion of illnesses in community with no confirmed pathogen identified, highlighting a deep blind spot that fragmented and siloed diagnostics and screening approaches cannot resolve.

This challenge aims to target syndromes/infections where testing is inaccessible, less-accurate and need new innovations, sharply minimizing the diagnostic delays and improving the clinical decision-making. Field-deployable, reconfigurable multiplex and syndromic panels that can stratify etiological agents, support co-infection interpretation, and generate real-time epidemiological signals are urgently needed to improve individual patient outcomes and strengthen public health system to detect outbreak-prone pathogens earlier in transmission chains.

- Low-cost platforms capable of high-order multiplexing (≥10 targets) that can enable improved diagnostic workflows with less pre-test information (e.g. syndromic panels) and are needed for surveillance applications.
- Syndromic panels that support co-detection, stratify viral versus bacterial etiologies, with pathway to link near-patient testing to surveillance systems.
- Compact, low-cost multiplex assays for priority febrile illness causing pathogens (dengue, malaria, scrub typhus etc.), and acute respiratory infections.
- Multimodal platforms that can multiplex different assays types (e.g. immunoassay and NAAT) in a single test.
- Relevant Target product profiles or national priority list in Indian context for prevalent pathogens in undifferentiated febrile illness and acute respiratory syndromes should be referred.

Priority Area 4: Enteric infections

Enteric infections including typhoid and diarrheal pathogens remain a major driver of morbidity and mortality in low- and middle-income countries, especially among young children. These infections continue to fuel outbreaks and a major challenge in their management are non-specific presentation often overlapping with other common infections and unavailability of accurate, affordable and rapid diagnostic tools. These diagnostic gaps often lead to missed, inaccurate or delayed diagnoses, and incorrect treatment contributing to inappropriate use of antibiotics. These factors also have compounding effect on overall

treatment cost and management of enteric infections such as enteric fever, typhoid, paediatric diarrhea. Accurate and affordable near-patient diagnostics are therefore essential to address the diagnostic gap, clinical decision-making and antimicrobial stewardship. These tools also have usefulness for vaccine policy decisions and surveillance.

For typhoid fever, diagnostic challenges associated with conventional standard testing, blood culture is highly laboratory and resource dependent, time-consuming and has limited sensitivity for low circulating bacterial loads. The target product profiles for typhoid are available from WHO and India which define a clear performance-based pathway and could be benefitting to design cost-disruptive and breakthrough typhoid diagnostics. Differentiation between diarrhea caused by bacterial-vs-viral pathogen, though complex but highly desirable for appropriate evidence-based treatment and management. Paediatric diarrhoea which is etiologically heterogeneous, quantitative, flexible multi-target panels that can evolve with vaccine and surveillance needs are therefore central for scalable enteric diarrheal diagnostics. This challenge seeks breakthrough solutions for high-burden enteric pathogens such as *Salmonella* Typhi.

- Novel rapid, (near) point-of-care affordable diagnostic tests for detection of enteric pathogens.
- Detection of *Salmonella* enterica serovar Typhi & Paratyphi, resistant gene panels targeting the prevalent resistance gene circulating in India, differentiation of typhoid and paratyphoid fever.
- Differentiation of bacterial-vs-viral diarrhea, performance expectations for high-quality enteric diagnostics
- WHO and India-specific Target product profiles outlining prevalent pathogens (e.g. for enteric fever) and defining minimal and preferred performance characteristics for near-patient testing should be referred.

Across these use cases, innovations must address the circulating prevalent pathogens in Indian context and meet functional requirements for sensitivity, specificity, turnaround time, decentralization, and affordability. Technologies of interest include novel assays, low-cost molecular architectures, host-pathogen signatures, or other emerging modalities capable of delivering credible diagnostic performance during the same patient encounter while maintaining a pathway to population-scale, cost-disruptive implementation.

We are LOOKING FOR PROPOSALS that have following cross-cutting criteria:

The proposals should be grounded in evidence that directly supports the central idea, presenting a pathway for development and/or later-stage adaptation and scale, using clear technology readiness level criteria and milestone-based approach. Proposal should not be in ideation phase. The solutions should focus on:-

- rapid actionable results during a single patient encounter (fast turnaround time),
- operability by minimally trained users in decentralized settings (ease of use)
- functions reliably in low-resource environments (LMIC robustness- heat, dust, intermittent power, limited infrastructure).

- minimizes or eliminates cold-chain requirements through thermostable reagents and temperature-stable device design.
- reduces reliance on disposable consumables and favors durable, reusable hardware architectures with negligible incremental cost per screening.
- a credible pathway to approximately INR100 or US$1 per test or near-zero incremental cost per person screened for devices (cost demonstration).
- incorporates transformative innovation and/or novel architectures such as multimodal sensing, high-order multiplexing, software-defined diagnostics, AI-enabled interpretation, or software-only approaches.

Cross-Cutting Design Criteria (as applicable to priority areas)	
Criterion	**Expectation**
Rapid results	Provides actionable results during a single patient encounter.
Ease of use	Operable by minimally trained users in decentralized settings.
Robustness	Functions reliably in low-resource environments (heat, dust, intermittent power, limited infrastructure).
Cold-chain independence	Minimizes or eliminates cold-chain requirements through thermostable reagents and temperature-stable device design.
Consumables minimization	Reduces reliance on disposable consumables and favors durable, reusable hardware architectures with negligible incremental cost per screening.
Cost	Demonstrates a credible pathway to approximately US$1 per test or near-zero incremental cost per person screened for devices.
Transformative innovation	Incorporates novel architectures such as multimodal sensing, high-order multiplexing, software-defined diagnostics, AI-enabled interpretation, or software-only approaches.
Additional Desirable Attributes	
Attribute	**Expectation**
Multi-disease capability	Enables testing for multiple diseases from a single platform or workflow.
Modularity	Supports expansion to additional analytes or conditions without major redesign.
Environmental sustainability	Minimizes environmental impact through biodegradable or recyclable consumables and responsible end-of-life disposal strategies
Please refer India specific TPPs or WHO recommended TPPs, criteria or guidelines.	

We particularly encourage applications from women-led organizations and applications involving projects led by women. As this initiative seeks disruptive innovative solutions, multidisciplinary team collaborations are strongly encouraged.

For this challenge, we are NOT seeking proposals that:

1. Are implementation, procurement, delivery, or roll-out projects without substantive R&D, or primarily consisting of large clinical trials or definitive field studies led by the applicant (limited, development-oriented evaluation may be appropriate).
2. Are discovery-only biomarker projects without a clear pathway to a deployable prototype within the grant period, or propose only incremental modifications of well-established

approaches without a plausible, clearly articulated step-change in cost, scalability, or screening value.

3. Request funding levels that are not supported by commensurate technical readiness, feasibility evidence, and a credible pathway to validation.
4. Have no plausible pathway to meet cost and operational constraints (including reliance on expensive consumables or complex infrastructure without a credible mitigation plan).
5. Are unwilling to share prototypes, reagents, and/or data as needed for BIRAC review process and pre-grant requisites.

III. Application Timeline and Key dates

Call Opens	12th May 2026 (2.00 PM IST)
Call Closes	1st July 2026 (2:00 PM IST)
Triage and Selection	September 2026
Award announcement	December 2026
Initiation of Grant Making	January 2027

IV. RULES AND GUIDELINES

i) Eligibility Criteria

This RFP is India-led; the program is open to nonprofit organizations (society, trust and foundation), for-profit companies (including start-ups), government agencies and academic and research institutions. Project cost will be sanctioned to researchers and innovators who are Indian individuals or Indian entities having Indian Nationality. We also **encourage partnerships with researchers of national/international expertise**, subject to the RFP guidelines.

Note: Please read the following carefully to understand the category you will be applying under and the documentation that may be requested should your proposal be selected for further financial due diligence.

GCI-BIRAC encourage groups to build upon existing and/or complimentary projects/studies/trials and to collaborate with other institutions/industry/partners. GCI-BIRAC also encourage partnerships with researchers of national/international expertise. GCI-BIRAC particularly encourage applications from projects led by women and/or researchers at institutions and/or involving collaboration with women-led organizations. Please note that all applicants will be expected to comply with the Global Access clause.

This call is open to:

a) **Company:** An Indian Company is defined as one which is registered under the Indian Companies Act, 2013 and minimum 51% of the shares of the Company should be held by Indian Citizens holding Indian passport [Indian Citizens do not include Person of Indian Origin (PIO) and Overseas Citizenship of India (OCI) holders].

b) **Limited Liability Partnership:** Limited Liability Partnership (LLP) incorporated under the Limited Liability Partnership Act, 2008 having a minimum 51% of the persons who subscribed their names to the LLP document as its Partners should be Indian citizens [Indian Citizens do not include Person of Indian Origin (PIO) and Overseas Citizenship of India (OCI) holders].

c) **Indian institution/ universities/ public research organization:** Academic institutions established in India and having NAAC/ UGC/ AICTE or any equivalent recognition certificate or any other Public/Government supported organization. Universities, academic institutions, and S&T institutions with any industry partner will be preferred.

d) **Society/ Trust/ NGO/ Foundation/ Association** established in India under the relevant Indian Law having at least 51% of the stakeholders (partners/ trustees/ members/ associates etc.) as Indians. Industry partnership will be preferred.

ii) Project duration and Funding

To enable meaningful innovation and real-world deployment, the Challenge will consider proposals for awards into following two categories:

i) Exploratory proposal (TRL 2 - TRL 4) of up to a maximum requested budget of INR50,00,000.00 ($55,000) with a term of up to 12 months.

ii) Solution/innovation/product/technology proposal (TRL 4 and above) of up to a maximum requested budget of INR2,00,00,000.00/- ($200,000 USD), for each project, provided to the organization, with a term of up to 18 months. These proposals are expected to deliver disruptive innovations or breakthrough solutions development up to commercialization/ market-ready.

Note for projects budget beyond INR50,00,000: Funding to private organizations will include co-funding of 30% of the total project cost. Private universities/NGOs/Trusts/Foundations etc. are encouraged to share 25% of the total project cost.

The proposal will be supported for a period as specified above starting from the signing of the agreement, subject to expert evaluation and milestone achievements. Solution-oriented projects with shorter durations and/or realistic/lower budgets that focus on high-risk, innovative areas are strongly encouraged and will be given priority. The proposal should be budgeted clearly indicating the budget components to carry out each proposed activity, and the budgets should be commensurate with the proposed scope of work.

The fund will support:

- Disruptive and impactful solutions and/or innovations
- Techno-commercial and techno-managerial support
- Funding for research and development of potential solutions
- Funding for prototyping, testing, piloting, and working model
- Mentoring throughout the innovation lifecycle as well as monitoring and evaluation

The allowable cost will include following:

- **Non-Recurring Budget:** Equipment and accessories (up to 30% of proposed cost) list of equipment's, if required and justification in relevance to the project activities (Quotations supporting proposed equipment and accessories);
- **Recurring Budget** (commensurate with project activities): up to 70% of proposed cost inclusive of Human Resource, Travel, Consumables, Outsourcing (Sub-Contracts), Research Contingency (In case any activity to be outsourced), including overhead cost.

Justifications to be provided for roles of each manpower involved, consumables proposed, travel, training and research contingency. Budget heads without cap will be considered on case-to-case basis and based on call specifics by Technical Advisory Group (TAG). The budget details should be provided separately for each involved collaborator/co-investigator. The fund disbursement and project implementation shall be governed by the specific funding agreement that will be duly executed.

Note: The geography of interest is India, this means that the effort needs to be led by investigators in India (Indian national). Grantees will receive milestone-based grants and technical assistance tailored to their stage of development, ensuring that promising technologies not only reach the field, but are positioned for commercialization, replication, and long-term impact.

iii) Technology Readiness Level (TRL)

Information on Technology Readiness Level (TRL) can be obtained from BIRAC-TRLs for different innovation or solution categories, as applicable such as Devices and Diagnostics, AI etc. available at https://www.birac.nic.in/desc_new.php?id=443. However, TRLs are defined below in line with the challenge requirements for cost-disruptive innovations and breakthrough solutions.

TRL 2-->TRL 4	late TRL 4-->6	TRL 6-->TRL 7/8

• These are early-stage, high-risk ideas. During the grant period, investigators would be proving "this could work."
• The expected starting point would be a feasible concept and early lab data.
• The expected end point would be a functional prototype with lab data.
• We would be looking for:
  ○ A clear technical hypothesis
  ○ A feasible prototype within the grant period
  ○ Early data
  ○ Rough credible path to the cost targets
	• These are technologies that already have a prototype and investigators are proving "this works in practice."
	• The expected starting point would be TRL 4 with an existing lab prototype
	• The expected end point would be TRL 5-6 – the prototype is validated in a relevant real-world setting
	• We would be looking for:
	  ○ A functional prototype
	  ○ Initial performance data
	  ○ Clear path to priority use-case adaptation
	  ○ Early validation plan
		• These are technologies that are already working in real settings. During the grant period, investigators are proving this technology can be used for something else in the priority use cases listed in the RFP.
		• The expected starting point is TRL 5/6: The technology has already been demonstrated for something.
		• The expected end point is a near-final system adapted to a priority use case and ready for validation or market uptake.
		• We would be looking for:

		○ Strong evidence of feasibility already ○ Clear validation pathway ○ Credible deployment and manufacturing plan

iv) Collaboration

GCI encourages collaborations based on the belief that synergies between experts across diverse disciplines are important for the challenges that GCI-BIRAC seek to address under this program. **The project needs to be led by investigators in India. Global partners may be included, but proposals must demonstrate that 100% of the funding is going to an Indian organization as mentioned in point IV(i).** Should you wish to apply as a collaboration, please **ensure that lead investigators involved should be Indian nationals working within the country** in established institutes/organization as per eligibility criteria, and share experimental methods, data, and resources amongst each other and other members of the program consortium thus augmenting the abilities to compare and validate local research findings and/or develop interventions/solutions that can have impact at a greater scale. The grant will be released in INR to only Indian organizations and entities.

**Experts of the relevant discipline as mentor should be a part of the proposal such as healthcare professionals/clinicians, product developer, manufacturer, public health experts, scientists/researchers, industry statistician, data analytics/technology experts, m-health specialists, management/logistics experts, M&E experts among others. Please note that the evaluation of eligibility shall be based on the status of documents as on the closing date of the call. Overall support will be provided for mentoring throughout the innovation lifecycle as well as monitoring and evaluation of the grant.*

v) Warranty

The GCI Applicants shall warranty that the statements and particulars contained in the full proposal and supporting documents are correct. They have to further warrant that they are under no contractual restrictions or legal disqualifications or any other obligations which would prohibit them from undertaking the present Project, entering into any Agreement in this regard.

vi) Project Intellectual Property

The initiative is guided by the Memorandum of Understanding on the collaboration between the Department of Biotechnology, Govt. of India and the Gates Foundation signed on July 18, 2012. As a part of this MOU fair and transparent processes will be established to ensure that projects and investigators funded under initiatives make global access commitments to ensure the fruits of their research are available to those most in need. This will include, but not be limited to, the ability to license any technology developed under this agreement to manufacturers in India subject to these global access commitments and to the relevant provisions of the Indian laws including specific requirements on licensing under the Patents Act 1970.

To this end, project IP means intellectual property generated during the conduct of the Project by the GCI applicants, but excluding the intellectual property generated before initiation of this Project and any IP generated outside the scope of this Project even during the term of this Project. The ownership and control of the intellectual property shall remain with the GCI cost recipient(s), or other collaborating organizations or institutions as agreed with the cost recipient, subject to any applicable local policies and the collaborative process described above, including arrangements between the cost recipient and other individuals or institutions.

GCI cost recipient(s) agree to conduct and manage the Project and the resulting products, services, processes, technologies, materials, software, data or other innovations (collectively, "Funded Developments") and any IP that arises in the manner that ensures "Global Access." Global Access requires that:

1. The knowledge and information gained from the Project be promptly and broadly disseminated.
2. The Funded Development is made available and accessible at an affordable price to people most in need within developing country.

Establishing suitable Global Access agreements among the GCI cost recipients will be a condition of receiving funding.

GCI cost recipients commit to meeting the following criteria at a minimum:

a. For successful tools/technologies that have been supported through field testing, the projects under this agreement must apply for regulatory approval in India as well as for international certification to ensure that successful innovations/tools/technologies supported through the GCI are available at affordable costs to those most in need. BIRAC and the Foundation will support successful projects through introductions to third party manufacturers, as well as introductions to relevant technical experts for the next phases. This could include contracts for local manufacturing etc.
b. For projects where novel tools/technologies methods have shown promising results, BIRAC and the Foundation will work with the projects and investigators on a clear development pathway to ensure that the investments made through the GCI are supported for public health benefits.
c. During the term of this Agreement and for 5 years after, GCI recipient will submit upon request annual intellectual property reports related to the Funded Developments, Background Technology, and any related agreements using the PMU-BIRAC's templates or forms, which we may modify from time to time.

vii) Confidentiality

During the tenure of the Project, GCI-BIRAC will undertake to maintain strict confidentiality and refrain from disclosure thereof, of all or any part of the information and data exchanged/generated from the Project for any purpose other than purposes in accordance this RFP. Please note that all proposals, documents, communications and associated materials submitted (collectively, "Submission Materials") will become the property of BIRAC and will be shared with other funding partners or potential funding partners.

Number of applications received and the countries from which they originated will be published. The proposals will be subject to confidential external review by independent subject matter experts and potential co-funders, in addition to in- house analysis.

viii) Research Ethics and Regulatory Approvals

GCI Cost recipient(s) shall be responsible to obtain all the necessary requisite approvals, clearance certificates, permissions and licenses from the Government/local authorities for conducting its activities/ operations in connection with the Project.

V. Application Process and Instructions

i) Application Guidelines and Process

The proposals should be submitted online using online proposal submission portal on the BIRAC's website https://www.birac.nic.in . **Prior to initiating the process of application submission, applicant should prepare the following:**

- A proposal clearly defining the priority area, funding level, duration, current Technology Readiness Level (TRL) and targeted TRL progression, scope of work, problem statement describing the central idea and essence of the proposal, hypothesis and overall vision, key aim and clearly defined objectives, methodology, activities and deliverables, preliminary work done and supporting evidence, target performance and functional requirements, and implementation plan and expected outcomes.
- A description of how the proposed work will help in advancing the current understanding or addresses a key gap, and budget details to undertake the proposed work.
- Curriculum vitae of the PI, Co-PI(s)/collaborators highlighting academic and professional qualifications and relevant expertise as per format in online portal.
- Description of the risk assessment and alternate plan, path to impact, high-level cost assessment, pathway to scale or deployment and next steps, plan for biosafety and compliance, feasibility and available infrastructure and facilities/resources to undertake proposed work.
- Details of team (investigators/partners/collaborators) and their expertise, clearly defined roles and responsibilities indicating the strength of the partnership, capacity of the lead organization and expertise in the relevant field.

The process of submitting the proposal online is detailed below:

- Go to BIRAC's website https://www.birac.nic.in
- Click on the 'Call for Proposal' and then 'Current Calls' tab in order to view the call detailed description.
- Click on the active call under GCI to submit your proposal on 'Breakthrough Solutions and Cost-Disruptive Innovations for Screening and Diagnosis'.
- If you are already a registered user, then kindly enter your login credential using link https://birac.nic.in/login.php in order to submit proposal.
- If you are a new user then you need to register by clicking on tab 'CLICK HERE TO REGISTER'. You can register as institution or industry.
- Once you register, you will receive an auto-generated link on the registered email id entered at the time of registration.
- Once logged in, proceed to proposal submission.
- For online portal related queries, write to pmubmgf4.birac@nic.in

ii) Important Instructions

- **Applicants are advised to fill-up and submit their applications early without waiting for the last date in order to avoid any last-minute contingencies. The online system will cease accepting applications automatically after 1400 hr IST of the last date of submission.**
- **NO OFFLINE SUBMISSION will be entertained. Only Online submitted proposal will be considered for screening and review.**
- **Requests for changes in the proposal once submitted will not be entertained.**
- **Applicants applying to more than one priority area should submit separate applications for each.**
- **Before applying, applicants should familiarize themselves with the requisites, and submit early to avoid last-minute issues.**
- Proposal should have a clearly defined plan with details of proposed activities, specific milestones and timelines, a robust collaboration of partners, plan detailing the role and responsibilities of each partner, and the budget estimates as indicated in point V(i).
- Supporting materials can be provided as supplementary uploads.
- Applicants are advised to provide sufficient details (comprehensive information) in their applications to allow for an informed and fair evaluation.
- Applicants should read the guidelines for clear instruction and other details for comprehensive preparation of the proposal.
- Please read through the proposal in its entirety and ensure that your technical details, budget, and organization details are in compliance with the eligibility criteria provided.
- The proposed budget shall be made INCLUSIVE of all applicable taxes and shall be considered accordingly.
- Proposals that do not meet the eligibility criteria and/or do not fall under the scope of call will not be reviewed, regardless of other parameters.
- Applicants shall warranty that the statements and particulars contained in the full proposal and supporting documents are correct. They have to warrant that they are under no contractual restrictions or legal disqualifications or any other obligations which would prohibit them from undertaking the present Project, entering into any Agreement in this regard etc.
- Any change of Co-PI/partner or institution will have to be approved by GCI-BIRAC.
- The funding support shall be duly acknowledged when publishing/showcasing/ presenting project particulars or outcomes in the manner as prescribed by BIRAC.

iii) Selection Process

Grand Challenges India (GCI) along with stakeholders' team will screen the proposals for eligibility. If the application is found to be incomplete or not complying with the provisions described in the RFP, the application will be considered ineligible. After an initial triage, a subject expert review panel/ Technical Advisory Group (TAG) established under the GCI partnership will evaluate the submitted eligible proposals.

Note: To identify and avoid or manage the conflicts of interest among application reviewers, such reviewers will not be permitted to review proposals from organizations with which the reviewer has self-identified conflicts of interest.

Proposal will be evaluated based on evaluation criteria that will assess the novelty of proposed hypothesis, approach and methodology (realistic and clearly presented research plan, objective and methodology and proposed timelines), milestones, feasibility of proposal components, organizational and investigator capabilities, collaborations and clearly defined collaborative arrangements, cost relevance to proposed work and value of research outcome.

a. Post proposal review and legal eligibility check, the shortlisted applicants will be invited to present their proposals in detail to TAG.
b. Pending financial and technical due diligence, the final awardees will be selected by the TAG.
c. Pre-sanction site visits for due diligence may be conducted (Physical/Virtual) for technical, financial aspect as well as for resources availability and feasibility. However, certified infrastructure pictures and details to be provided by the applicant to BIRAC as and when required.
d. Financial Due Diligence (FDD) may be done on case-specific requirements as per BIRAC norms.
e. Once due diligence is successfully completed, award will be communicated to the selected applicants under call.
f. After the final recommendation of the relevant applicable committee, application will be proceeded further for financial concurrence, legal concurrence and issuance of Agreement as per GCI/BIRAC/DBT norms.
g. PMU-BIRAC will then enter into separate funding agreements with successful GCI grant recipient(s) to govern the project terms and conditions and fund disbursement modalities.
h. After successful execution of the above documents and fulfilment of other formalities, fund disbursement will be initiated by GCI/BIRAC/DBT.

iv) Fund Disbursement

The disbursement of funds for the research project will be carried out upon successful achievement of milestones. Disbursement for proposals will be done in instalments as per following details:

Proposal Duration up to 12 months	
Milestone	Percent release
Signing of agreement	40%
1st technical milestone	40%
Submission of final report	20%

Proposal Duration up to 18 months	
Milestone	Percent release
Signing of agreement	40%
1st technical milestone	25%
2nd technical milestone	25%
Submission of final report	10%

v) Post Approval Review and Monitoring

The projects will be monitored and mentored regularly by a Project Review and Monitoring Committee (PMC) constituted by GCI-BIRAC. On Successful completion of each Milestone, the investigator will be required to submit a detailed Milestone Completion Report (MCR) as per the prescribed format. PMC/TAG meetings and site visits will be conducted as and when required to monitor the project progress and deliverables. In parallel, the financial reports, including Utilization Certificates (UCs) and Statements of Expenditure (SOEs), will be

reviewed for compliance and fund utilization. Based on the successful completion of activities under the milestone and satisfactory technical and financial review, the PMC/TAG will recommend disbursement of the next tranche of funding. Review comments, if any, will be shared for mid-course corrections or refinements to ensure effective project execution.

Contact us:

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For enquiries: Further information can be obtained at BIRAC website www.birac.nic.in

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