دائـــــرة الـصـــحـــة
DEPARTMENT OF HEALTH

TERMS AND CONDITIONS FOR 2024 DOH-MA'AN GRANT

TERMS AND CONDITIONS

We welcome applicants to apply for the 2024 DOH-Ma'an Research Grant by submitting proposals to the DOH. The ***terms and conditions*** which are also the ***terms of reference*** pertaining to the 2024 DOH-Ma'an Research Grant are given below:

1) If the proposal is selected, then it would be mandatory for the research project to be approved by BOTH local Institutional Review Board (IRB) and the DOH IRB as a full review.
2) All types of medical research proposals are acceptable including clinical trials, observational studies, and diagnostic studies.
3) Research proposals on all 3 areas of medical innovation are allowed to be submitted: (a) Drug, (b) Device, and (c) Artificial Intelligence software [with or without medical device]. A proposal can have a combination of any of the above.
4) Animal only studies will NOT be accepted, however, translational trials (first-in-human trial) are accepted.
5) First-in-human trials are allowed on patients with potentially fatal diseases.
6) First-in-human trials are NOT allowed on *healthy subjects.*
7) Each proposal will undergo at least 3 approval processes. Approval from the DOH's Scientific Committee, DOH's IRB, and DOH-Ma'an Steering Committee.
8) Once the proposal is submitted, the DOH Scientific Committee will review/evaluate, and will automatically forward the ***selected*** proposals to the DOH's IRB, therefore the applicants will NOT need to apply separately to seek DOH IRB approval.
9) If a proposal is already approved by the DOH IRB prior to the DOH-Ma'an grant submission cycle, then it would still be fine to be submitted for DOH-Ma'an grant funding.
10) Public-private partnerships are allowed and encouraged for joint proposals.
11) International partnerships are allowed and encouraged, especially with the global leaders in the field. For international parties (collaborating partners), there is an upper limit of 50% for the budget that can be transferred to international parties. The transfer of the budget for the grant from Ma'an will be only to the primary institution in the Emirate of Abu Dhabi (then secondary transfer may take place locally or internationally, if applicable).
12) Applications will be scored based on many variables, but the highest scoring parameters include scientific merit (including background research and hypothesis), and the impact on the population of the UAE. Proposals which clearly fall under one of the priority areas (see below, #26) will be scored higher for selection.
13) A detailed budget with a breakdown of the direct and indirect costs (overheads) will be needed for the grant proposal. If more than one institution is involved, then a detailed distribution of the budget between parties must be submitted. The distribution of budget internally within the parties (if applicable) will NOT affect the scoring of the proposals.
14) If a patent is involved with innovation, then the Intellectual Property (IP), its division or split (if applicable), must be mentioned in the proposal. Though not required, we encourage all applicants to register their patent(s) in the Abu Dhabi DED (Takamul) via the TAMM. It is NOT mandatory to have a patent registered at the time of the application submission. Having a patent registered (if applicable) will NOT affect the scoring for grant selection. The prototype/MVP/drug/device/AI software may be registered at more than one jurisdiction (e.g. Takamul, EPO, US-PTO etc.). If the patent is filed in multiple

jurisdictions, then please enlist all entities where it was filed. If more than one party (company, university, hospital, clinic etc.) is involved in the research project, and an IP is involved, then please submit a contract between parties mentioning the exact split of the patent for future royalties (if applicable).

15) If the research project has a global health goal, then a plan for commercializing the technology (if applicable) to low- and middle- income countries must be submitted.
16) All DOH licensed healthcare providers can apply for the grant. This includes pharmacists, physicians, nurses, social workers, physical therapists, psychologists etc.
17) Proposals with partnership with universities and other hospitals (multicenter studies) will be looked upon favorably for scoring for the grant selection.
18) The Primary Investigator (PI) must be a full-time employee of a DOH licensed healthcare facility (a hospital or clinic) which is authorized to conduct clinical research by the DOH. The co-investigators could be from any number of institutions within UAE or outside UAE. The co-investigators from parties (industry, universities, or colleges) are allowed.
19) Progress reports must be submitted on the timelines as indicated on the DOH-Ma'an webpage.
20) Each selected proposal may receive from *1 million AED to 2 million AED* funding for this grant cycle. This funding may be distributed in 2 payments (based on the progress of the research study submitted in 6 months which will be a milestone). If a research project requires additional funding beyond 2 million AED, then the PI or the institution would be responsible for provision of additional funds for the entire project. Additional funding from third parties is allowed (but must be detailed in the research proposal, though will NOT affect the scoring of the proposal).
21) DOH has the right to implement periodic, ad-hoc, compliance audits to ensure that the research adheres to the approved protocols, ethical standards, and budgetary constraints.
22) The study can continue for more than one year, however, this grant award would be a one-time funding.
23) If milestones are NOT achieved on time, then the DOH-Ma'an has the right to cancel further payment(s). The reallocation of unspent funds will be at discretion of the DOH-Ma'an Steering Committee.
24) Once the study is complete, acknowledgement of both DOH and Ma'an is mandatory in professional meeting abstracts, professional meeting presentations, and in peer-reviewed publications.

25) Following documents along with filled IRB form must be submitted (some may NOT apply depending on the type of research study):

- Research Personnel (all investigators) CV(s)
- Valid ICH/GCP certificates of all investigators (PI and co-investigators).
- Detailed Research proposal (on the DOH form)
- Detailed clinical trial protocol (if applicable)
- Data Collection Sheet or eCRF (if applicable)
- Informed consent form, both in English and Arabic (if applicable); for general population studies, the consent should also be translated in the most common languages beyond Arabic and English as per the GCP-ICH E6 standards.
- Intellectual Property information (if applicable)

- Insurance Certificate (indemnity insurance) for the subjects enrolled in clinical studies (if applicable)
- Detailed budget with overhead costs (if applicable). OPEX and CAPEX must be submitted separately (if applicable). Split of budgets between parties must be submitted separately
- Material transfer agreement(s) (if applicable)
- Data Safety Monitoring Board (DSMB) or a Data Monitoring Committee (DMC) letter (if applicable)
- Contracts, MoU, NDA, CDA etc. with partnering parties (if applicable)
- CRO license (if applicable)
- MVP/Prototype detail (if applicable) – applies to both software and hardware. If an AI software is being studied, then all details must be submitted (e.g. alpha, beta, gamma testing, sandbox, etc. if applicable)
- Other documents (if applicable, based on the study type)

26) Priority areas are given below, and a particular project may be applicable in more than one priority area:
   a) **Advanced therapy medicinal products (ATMPs)** or Cell & Gene Therapy [CGT] (including regenerative medicine, CAR-T cells, NK-CARs,ex-vivo / in-vivo Gene therapies, gene editing [CRISPR-cas9, base editing, prime editing, etc.], Tumor Infiltrating Lymphocytes [TIL], Mesenchymal Stromal Cells [MSC], induced pluripotent stem cells [iPSC], Virus-specific T-cell [VST] therapy, etc.)

   b) **Omics and Precision Medicine:** Genomics, Transcriptomics, Proteomics, Epigenomics, Metabolomics, Phenomics, Microbiome: (including organoid diagnostic models and patient derived organoids)

   c) **Neurodegenerative and Neuroinflammatory Diseases** (including Alzheimer's, Parkinsons, multiple sclerosis etc.)

   d) **Cancer diagnostics and therapeutics** (includes drug development, radioisotopes, molecular and omics [see "b" above] testing, etc.)

   e) **Behavioral Health and People of Determination (POD)** [including all psychiatric/psychologic conditions]

   f) **Emergency Preparedness** (including pandemics, epidemics, endemics, disaster medicine etc.)

   g) **Innovation in health span and biology of aging** (including dietary modifications, supplements, behavioral modifications, senolytics, senostatics, mTOR inhibitors, Nicotinamide Mononucleotide, etc.)

   h) **Healthcare Technology**: Smart Hospitals/clinics and telemedicine (including IOMT, AI, blockchains, and other healthcare technologies)

   i) **Metabolic syndromes** (including diabetes, obesity, etc.)