GLOBAL COALITION
FOR LOCAL AND REGIONAL PRODUCTION, INNOVATION AND EQUITABLE ACCESS

Public Call for Proposals: Dengue

Global Coalition for Local and Regional Production, Innovation and Equitable Access

1. Introduction

1.1. This pilot "Call for Proposals" aims to identify high-impact projects to enable and expand equitable access to health technologies to be supported by the Global Coalition on Local and Regional Production, Innovation and Equitable Access ("the Coalition"), with a focus on dengue.

1.2. Additionally, it seeks to support the development, production, and deployment of health products and enabling technologies to address dengue**.** Given the distinct innovation, production, and access challenges associated with dengue, the Call encourages proposals addressing disease-specific gaps as well as cross-cutting technologies that can strengthen health product ecosystems across related diseases.

1.3. Dengue continues to impose a significant and disproportionate health burden across the globe, particularly in developing countries, reflecting persistent gaps in access to effective health technologies and longstanding structural inequities in global health innovation and production systems. Dengue incidence has increased substantially in recent decades, driven by urbanization, climate change, and expanding vector habitats.

1.4. This Call is anchored in the objective of advancing equitable access to health products and recognizes the need for enhanced access to health technologies to tackle structural asymmetries including: limited and concentrated capacity in Science, Research and Development (R&D) and manufacturing; fragile and fragmented supply chains; regulatory asymmetries; and limited integration between innovation, production, and access, particularly in developing countries. The Coalition aims to bring together and support initiatives that address these inequities - particularly for neglected diseases and persons in vulnerable situations - and that demonstrate shifts in the centre of gravity of R&D and manufacturing, as well as enabling efficient, equitable and affordable access to innovation.

1.5. In this context, the Coalition seeks to identify projects that contribute to addressing these structural challenges and overcoming these bottlenecks through strengthening local and regional capacities, international cooperation, and access-oriented innovation. Additional information about the Coalition, including its objectives, governance, and members, can be found on its website.

1.6. The Coalition operates on the basis of voluntary cooperation and transparency, consistent with international law, with projects expected to mobilize appropriate implementation instruments and funding sources, depending on the context of each project.

1.7. Related multilateral initiatives are encouraged to engage in dialogue and participate actively in the Coalition and may be consulted for purposes of technical mapping and prevention of duplication.

2. Objectives of the Call

2.1. Evaluate and select projects that: 1) strengthen local and regional capacities for R&D and manufacturing health products, with a focus on enhancing health sovereignty and strategic autonomy. Projects should preferably support multi-regional and global networks of production and innovation, with particular emphasis on vaccines, therapeutics, and diagnostics; and 2) target innovative technological, organizational, regulatory, or logistical solutions that expand equitable access, reduce supply-chain vulnerabilities, and strengthen resilient health and production systems, including their capacity to prevent, prepare for, and respond to both persistent health challenges and health emergencies.

2.2. Promote and facilitate the transfer of technology as mutually agreed, including building capacity for local production, especially in developing countries, as well as cooperation, strengthened legal and regulatory frameworks and other initiatives, to improve access to quality, safe, effective, and affordable medicines and other health technologies.

2.3. Avoid duplication and enhance synergy between existing multilateral initiatives, ensuring coherence and complementarity, while aligning projects with national health priorities and systems, and to support country ownership and sustainable outcomes at the local and regional levels.

3. Eligibility

3.1. Applicants: Governments, international organizations; private institutions; public institutions; non-profit organizations. Consortia that include at least one private sector partners are encouraged provided that the lead applicant falls within the above categories and assumes a commitment to public-interest, including access and affordability commitments. Multi-country proposals and regional manufacturing strategies are strongly encouraged. Coalition members[1] are eligible to apply to this call.

[1] In such cases, they must abstain from the selection process within the Advisory Committee and the Steering Committee, as applicable.

3.2. Scope: Proposals must align with the scope and objectives of this Call. Geographic scope: Projects may address local, national, or regional needs, particularly from developing countries, including multi-country initiatives and, where applicable, proposals with potential for replication or adaptation in other contexts.

3.3. Ethical and regulatory compliance: Applicants must demonstrate capacity to meet applicable national or regional regulatory, medical ethics and clinical trials requirements and standards, when applicable.

3.4. Intellectual Property and Transfer of Technology: transparently disclose relevant intellectual property pertinent to the project aiming to collaborate, license, share, carry out technology transfer and/or jointly explore in a voluntary approach, including, when applicable to, pre-existing intellectual property rights and/or licenses, on mutually agreed terms; Collaborations will abide by relevant International Agreements related to Intellectual Property rights as well as to voluntary adhering to contractual provisions and Access Plans, as required by the Call; Intellectual property rights management must be compatible with the objectives of the Call of ensuring availability, affordability and increased production capacity, including on terms of costs, transparency, quantity, supply and availability.

3.5. Applicants must demonstrate compliance with: Data protection regulations, Clinical research standards (where applicable), Biosafety and biosecurity requirements, Ethical approval procedures. Supporting documentation may be requested during evaluation.

3.6. Financing[2]: Proposals must include a preliminary financing and cost plan, outlining type and nature (public or private) of pre-existing funding sources, the estimated budget, type of funding needed (grants, loans, etc.), main cost components and potential funding sources or mechanisms, as appropriate to the scope of the project.

3.7. Applicants are encouraged to clearly identify:

- Estimated budget ranges
- Eligible cost categories (e.g., R&D, infrastructure, regulatory, workforce development)

[2] The funding for all project(s) selected will be defined by the Steering Committee and will depend on the proposals received and the scope of work undertaken.

- Potential co-financing arrangements

3.8. Further details on funding modalities, including potential financial contributions and conditions, will be clarified during the evaluation and selection phase.

3.9. Admissibility and Exclusion Criteria

3.9.1. Proposals must comply with submission requirements, including completeness, format, and deadline of adherence.

3.9.2. Applicants will be excluded if involved in:

- Fraud, corruption, or misconduct
- Conflicts of interest not properly declared

3.9.3. Consortium proposals should clearly define roles, governance structure, and responsibilities of each partner.

4. Nature of the Call

4.1. While the Coalition primarily acts as a coordination and facilitation platform, this Call distinguishes between:

- Catalytic (non-financial) support, including partnership facilitation and strategic endorsement.
- Potential financial support, which may be mobilized through external funding partners.

4.2. Where financial support is applicable, indicative ranges, eligible cost categories, and co-financing expectations will be communicated prior to final project selection

4.3. Selection under this Call does not automatically imply direct financial support unless explicitly indicated in subsequent project agreements. The Coalition operates primarily as a platform for coordination, strategic prioritization, collaboration, and resource mobilization. It may support selected projects in identifying appropriate financing sources including public funding, development of finance institutions, philanthropic contributions, and blended finance mechanisms.

5. Scope

5.1. Technological maturity and production feasibility

5.1.1. This Call prioritizes the promotion of innovation and production of ready and late-stage health technologies (i.e., products close to registration or production readiness). This is understood as those capable of resulting, within 5 (five) years, in concrete capacity for manufacturing in developing countries, as well as supply to support the enhancement of, and equitable access. Proposals may, where applicable, incorporate elements of transfer of technology, as mutually agreed,

including the transfer of relevant knowledge, skills and technical expertise, and cooperation on related know-how, in order to support sustainable local and regional manufacturing capacity. Proposals related to products still under development will be accepted provided they are at advanced stages of technological maturity, including those in clinical development (such as Phase II or III Clinical Trials, projects close to registration and production), with a clearly defined trajectory and sufficient evidence of potential clinical value, regulatory readiness, and with a clear strategy towards manufacturing aiming for the 5-year window frame.

5.1.2. As a general orientation:

- Vaccines: Phase II or Phase III clinical development or adaptable platform technologies with demonstrated feasibility
- Therapeutics: Phase II or Phase III clinical development or close to regulatory submission
- Diagnostics: completed analytical validation and readiness for clinical validation or regulatory submission and production pathway.
- Manufacturing proposals for voluntary tech transfer on mutually agreed terms: Validated pilot process with a GMP and QA/QC plan.
- Other health tools and enabling technologies: solutions demonstrating technical feasibility and credible pathway toward validation, regulatory engagement, scale-up or deployment within the proposed timeframe.
- Applicants are expected to describe how the R&D, manufacturing, quality, regulatory, and supporting capacities correspond to the current stage of technological readiness and contribute progressively to production feasibility and sustainable capacity strengthening within the proposed timeframe.

5.1.3. This call will also consider opportunities for local and regional integration through local, regional, or cross-regional productive arrangements. These arrangements are understood as locally, regionally, or among regions organized production systems along health value chains, with the aim of expanding equitable access to health technologies and strengthening productive and innovative capabilities. Such arrangements should support dynamic development processes through articulation with networks that include, among others, at least one of the following elements:

- Production activities, either fully integrated or focused on specific stages of the value chain;
- Development or adaptation of health products, aligned with the needs and characteristics of specific health systems;
- Clinical validation, safety and performance evaluation capacities to support regulatory processes and inform decisions on incorporation and adoption

- Quality control and quality assurance systems;
- Project management and production process management capabilities;
- Regulatory and post-commercialization activities, including post-market surveillance;
- A stable base of suppliers and specialized service providers (local, regional, or global) integrated into the productive arrangement;
- Qualified logistics and distribution systems, including storage, transport under controlled conditions, and inventory management;
- Training and capacity development, encompassing production, quality, regulation, management, and innovation, with linkage to education and vocational training institutions.
- Coordinated regional market-creation and access mechanisms, including demand aggregation and pooled procurement to ensure sustainable uptake and equitable distribution of locally or regionally manufactured health technologies.

5.1.4 Projects may also involve the participation of stakeholders, including members[3], of the Coalition in project development, provision of facilities and infrastructure, capacity-building and training, co-development activities, and other contributions aligned with the scope of the proposal, with a view to strengthening local and regional capacities and fostering mutually beneficial collaboration.

5.1.5 The proposal should be oriented, when possible, toward locations where productive, innovative, and institutional capacities in health are not yet fully established, recognizing that these contexts concentrate both the most significant access gaps and the greatest potential for transformative impact.

5.1.6 At the same time, to guarantee feasibility, project viability is assessed on the coherence and credibility of the proposed development pathway. This includes the capacity to mobilize and progressively deepen assets within a realistic time horizon.

5.2 Range of products

5.2.1 Proposals are expected to align product development with broader ecosystem strengthening. In particular, applicants should demonstrate how their proposed activities are embedded with a manufacturing strategy, regulatory preparedness, quality assurance and quality control systems, resilient supply chains, and sustainable procurement and access mechanisms.

Proposals should clearly articulate:

[3] In such cases, they must abstain from the selection process within the Advisory Committee and the Steering Committee, as applicable.

- the expected public health impact and contribution to improved access to health products;
- the potential for scalability, sustainability, and local/regional or global relevance;
- opportunities for partnerships, voluntary technology transfer on mutually agreed terms, and collaborative innovation;
- alignment with existing global, regional, or national initiatives where relevant.

5.2.2 Within this framework, the Call seeks proposals across the following areas, including but not limited to:

- Integrated ecosystem solutions, combining product development and production with:
  - manufacturing capacity,
  - regulatory strengthening,
  - quality assurance and quality control systems,
  - supply chains,
  - and access and procurement mechanisms.
- Vaccines and vaccine platform technologies, particularly adaptable and scalable platforms that can be repurposed across diseases.
- Diagnostics, especially:
  - Near-point-of-care tests
  - Decentralized and rapid diagnostic tools
  - New sampling technologies
  - Multiplex or cross-pathogen diagnostics
  - Diagnostics and multidata supported surveillance systems for outbreak detection
  - Diagnostics that enable evidence-based treatment decisions and inform vaccination and public health response strategies
  - Digital-enabled diagnostics and tools integrating diagnostic data into health information systems
- Therapeutics, particularly where there are ready for ready or clear late-stage candidates that can reach regulatory submission and deployment within the proposed timeframe.
- Platform technologies adaptable across diseases, including vaccine platforms, modular manufacturing technologies, flexible small-molecule production lines, cross-pathogen diagnostics, and other reusable technology platforms.
- Other health tools supporting prevention, detection, or response, including digital health tools, surveillance-enabling technologies, delivery innovations, or integrated product–system solutions.

- Manufacturing-enabling technologies and critical inputs, including development of API production capacity, key reagents for diagnostics, bioprocessing innovations, and technologies supporting formulation, fill–finish, and CMC optimization.
- Other ready, or approaching market deployment technologies, that could enter regulatory pathways within the proposed timeframe and be scaled rapidly to deliver early public health impact into relevant territories.

6. Merit criteria

6.1. Structural selection criteria (qualifiers)

Submitted projects must demonstrate substantive alignment with the structural criteria below, which guide the strategic framing of the proposal within the Coalition and will be considered in the merit analysis and final deliberation.

6.1.1 Proximity to territories of relevant epidemiological importance – Priority will be given to projects that demonstrate concrete capacity to impact persons in vulnerable situation in the territories where they are located.

6.1.2. Productive density (local, regional, and neighbouring countries) – Assesses the existence, strength, or credible development pathway of the innovation and production capacity associated with the proposal including but not limited to R&D, Manufacturing, Quality Assurance, Supply Chains, Logistics and Regulator pathway.

6.1.3. Human resources development capacity – Considers the availability and quality of the professional training base linked to the proposal

6.1.4. Science, Technology and Innovation density – Analyses the R&D, translational research and technological environment directly related to the proposal

6.1.5. Integration into value chains – Assesses the proposal's integration with strategic productive chains

6.1.6. Technological maturity and development trajectory – The proposal should demonstrate technical feasibility and a clear and realistic trajectory to reach productive stages in the medium term (aiming at five years) including coherence between technological maturity and proposed scope of manufacturing and value-chain.

6.1.7. Integrated and multimodal solutions – proposals that present integrated approaches to a health problem will be valued, combining prevention, diagnosis, surveillance, treatment, vaccine and digital infrastructure, when relevant.

6.1.8 Pathway for Access and Market Uptake – Priority will be given to projects that clearly articulate a feasible and robust access and regulatory strategy to support timely, affordable, and equitable access to the proposed health technologies across local, regional, and neighbouring markets, including through technology transfer arrangements on a voluntary basis and on mutually agreed terms.

6.1.9 Sustainability and Viability – Projects must demonstrate a credible long-term business model, diversified financing strategy, secured or prospective market commitments, integration into national or regional health systems, and a clear plan for operational continuity, reinvestment, and scale-up without reliance on continued donor funding.

6.1.10. Strength of partnership and benefit-sharing model – Evaluates the clarity, fairness, and sustainability of the proposed collaboration model, including how project outcomes will be shared among partners and with target communities.

6.2 Selection and evaluation process will be published prior to the end of the submission period to ensure transparency. The evaluation process will include:

- Technical and strategic assessment by the Advisory Committee
- Final validation by the Steering Committee

7. Mandatory documentation

To ensure consistency, applicants must follow the standardized proposal templates, including:

- **D1** Proposal Form (Annex A template).
- **D2** Preliminary Work Plan (milestones, timeline, Gantt chart, governance, partners). The Preliminary Work Plan may be subject to requests for clarification or additional detail. **A definitive implementation plan (executive project) will be required from selected proponents prior to formalization.**
- **D3** Project budget (itemized budget; existing sources; co-financing plan when applicable).
- **D4** Non-duplication analysis (table of related initiatives and complementarities).
- **D5** Conflict of Interest (COI) declarations from key proponents (Annex B template).
- **D6** Access Plan
- **D7** Letters of support from critical partners (when applicable).

8. Important dates:

- Publishing of the Call: 01 April 2026.
- Webinar to present the call: 15 April 2026.
- Deadline for submission of proposals: 01 July 2026 (10 PM GMT). Proposals submitted after this time will not be considered.

Note: The Global Coalition acknowledges that the current timeline is ambitious. Minor adjustments may be introduced to allow for refinement and improved proposal quality.

9. Integrity, COI, and confidentiality

9.1. All evaluators and applicants must submit a COI Declaration (Annex B template).
9.2. The Coalition will maintain confidentiality over strategic and contractual information; public disclosures will contain only non-sensitive summaries.
9.3. Audit and compliance: audit trails; procurement controls; partner integrity checks.

10. Data processing and privacy
10.1. Data processing in accordance with applicable regulations.
10.2. Permissions and consents will be required when necessary.

11. Submission
11.1 To support your submission, a Frequently Asked Questions (FAQ) document is available at: https://globalcoalitionforlocalproduction.org
11.2 Proposals, including all required annexes, shall be submitted electronically to submissions@global-coalition.org by the deadline indicated in this Call.
11.3 Submissions should be titled: "Call for Proposals – [Project Title]".
11.4 A full proposal consists of the documents listed under Item 6 of this Call.

12. Post-Selection and Implementation Framework
12.1 Selected projects will enter a structured process, which may include:

- Detailed project refinement and contracting
- Definition of implementation arrangements
- Monitoring and reporting obligations
- Financial and operational oversight mechanisms

Specific modalities will be agreed upon between project implementers and relevant partners.

13. Final provisions
13.1. Submission implies full acceptance of this guideline.
13.2. Any situations or omissions not addressed in this guideline shall be resolved by the Steering Committee.
13.3 Proposals not selected in this Call may, at the proponents' discretion, be resubmitted in future Coalition calls, provided they meet the criteria and priorities of the call.
13.4. Official contact: **submissions@global-coalition.org**