

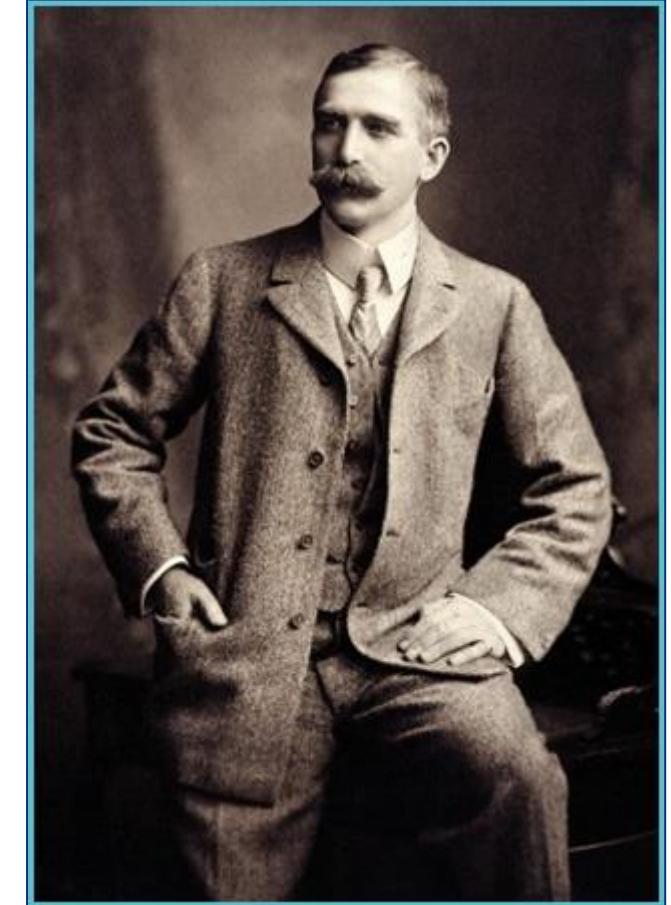


Wellcome

Genevieve Hughes

What do we do?

- We are an independent global charitable foundation dedicated to understanding and improving health.
- We were established in 1936 under the will of Sir Henry Wellcome.
- Our Endowment is currently worth c£23bn, with investments in public and private equities, hedge funds, property and cash.
- We will spend £5 billion on charitable activities over the next five years.



Funding approach

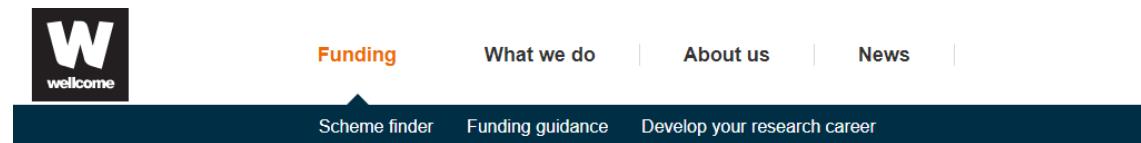
We have two ways of allocating resources to our mission

Primary Fund

- Supports core activity in Science, Innovations, and Culture & Society, including grants and centres

Reserve Fund

- Supports a small number of priority areas and major initiatives where Wellcome will drive change

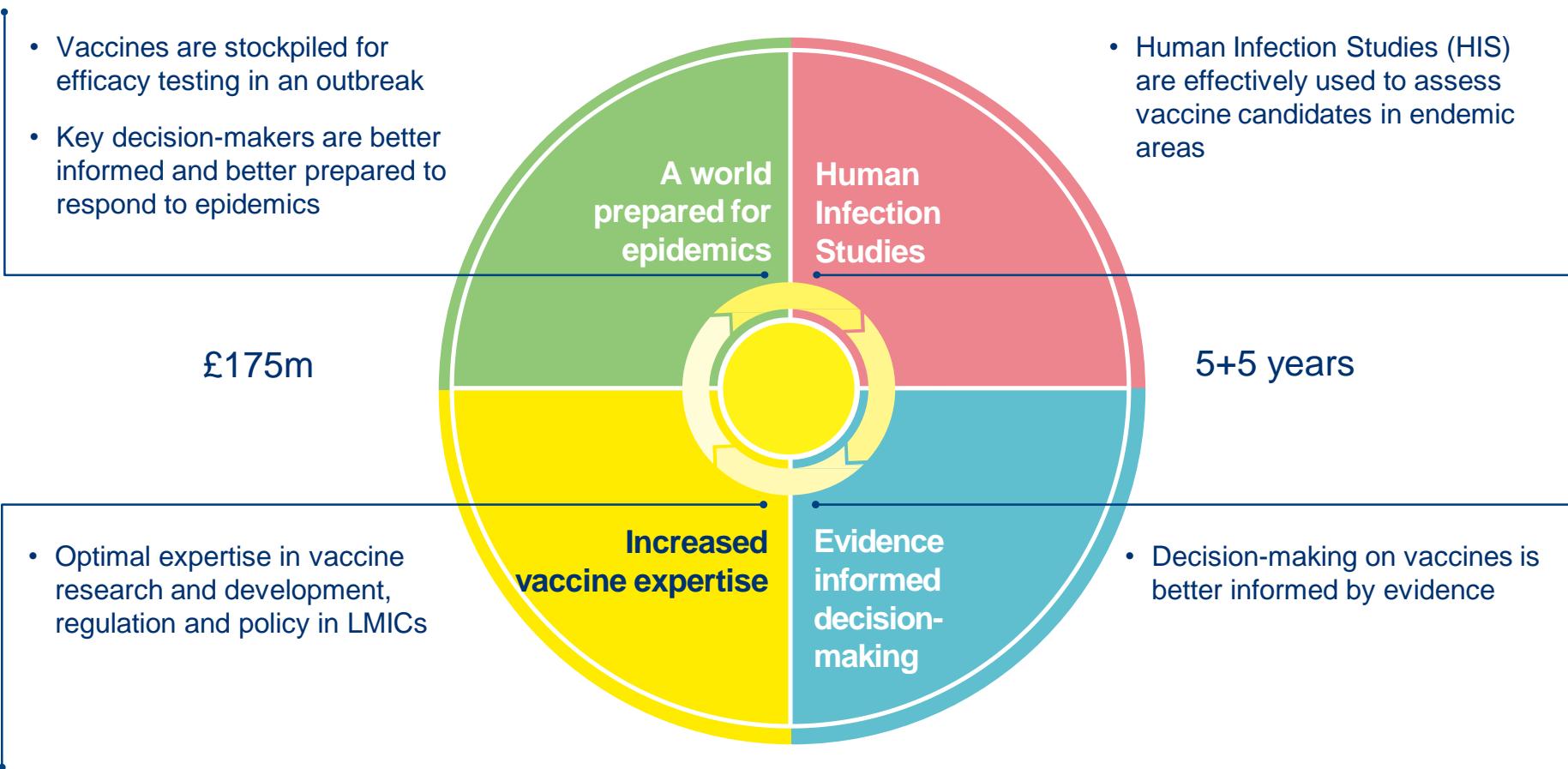


Scheme finder

If you've got a great idea in the areas we support, browse our grant schemes to find the one that's right for you.

Select a funding area

Priority Area: Vaccines



Epidemic Preparedness: Preventing and Controlling Cholera

Call for applications - overview

Career stage of lead applicant based anywhere in the world:

Leading a research programme

Level of funding:

Small awards: up to £350,000. Large awards: between £350,000 and £2 million.

Duration of funding:

Up to 2 years

Scope:

- Analysis of aspects of past or ongoing interventions to improve their implementation in future eg the use of oral cholera vaccines (OCV) or water sanitation and hygiene (WaSH) strategies
- Development of tools, metrics and other resources to support decisions about controlling cholera.



Epidemic Preparedness: Preventing and Controlling Cholera

Application has now closed

- Applications will be reviewed by an independent advisory panel
- Decisions will be made in February 2019



Research agenda from GTFCC workshop

23/24 July 2018 supported by DFID/Wellcome

PRE-IMPLEMENTATION	IMPLEMENTATION	POST IMPLEMENTATION / M&E
<p>Burden of disease and identification of hotspots:</p> <ul style="list-style-type: none"> Description of existing hotspots to inform the definition of hotspots: <ul style="list-style-type: none"> Quantification: laboratory confirmation, sero-surveys Characterization: changing incidence and timing, WASH conditions, transmission (in and out) Accessible laboratory confirmation methods in hotspots Develop and pilot an assessment tool – hotspot vs at risk (using a tier approach), including lab capacity Improve estimates of mortality and where it occurs <p>Transmission dynamics:</p> <ul style="list-style-type: none"> Macro level analysis: laboratory data, Whole Genome Sequencing, epidemiological data Community/household level: environmental reservoir vs human to human transmission, Social science Disease modelling for outbreak short term prediction 	<p>Optimization of interventions at the community level:</p> <ul style="list-style-type: none"> Rapid Diagnostic Tests Use of antibiotic (targeted prophylaxis) WASH package (short medium and long term) Delivery strategies for OCV including new cholera vaccines, use in “controlled temperature chain” (CTC) Behavior change <p>Operational research on cholera vaccine:</p> <ul style="list-style-type: none"> co-administration with other vaccines, vaccine duration of protection, simplification of delivery <p>Synergies of interventions: OCV and WASH</p> <p>Cholera And Severe Acute Malnutrition (SAM)</p>	<p>Effectiveness:</p> <ul style="list-style-type: none"> Outcomes and process for continuous improvement Improve targeting and use of interventions in country <p>Change in attitude:</p> <ul style="list-style-type: none"> Political will Lessons learnt to be documented
CROSS-CUTTING		
<p>Social sciences</p> <ul style="list-style-type: none"> Country engagement: policy drivers, determinants and barriers Documenting success stories through case studies – to be linked to advocacy efforts <p>Impact:</p> <ul style="list-style-type: none"> Level of WASH coverage needed to stop transmission, Role of disease estimate modelling to support countries in defining control plans Impact of outbreak response (including OCV reactive campaigns) and endemic cholera control activities <p>Cost effectiveness/value for money</p>		





Thank you

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