Mental Health Data Prize - Africa

African Population and Health Research Center

**INFORMATION ON THE**

**APPLICATION REVIEW PROCESS**

African Population and Health Research Center (APHRC)

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Nairobi, Kenya

**Glossary of Terms**

**Data-driven insights** refer to conclusions, understandings, or actionable recommendations derived from the systematic use and analysis of data or empirical evidence as the foundation for making informed decisions rather than intuition, anecdotal evidence, or personal experience. In the prize, data may include observational, experimental, quasi-experimental, real-world data and electronic health records, social media, and qualitative data such as text and voice. Its analytic approaches can also be statistical, computational, and/ or any other analytical methods such as data mining, causal inference, machine learning, and other advanced analytics which can uncover hidden relationships and understanding of the three mental health conditions: anxiety, depression and/or psychosis.

**Data-driven digital tools or solutions** refer to platforms, software or technologies that leverage data to provide insights, make decisions, automate processes, and enhance performance. These include but may not be limited to

1. Data analytics tools: that can use data analysis, machine learning, artificial intelligence, and other advanced techniques to derive actionable information from data, enabling us to make informed decisions or optimize resources.
2. Tools that can automatically gather data from various sources and can combine data to provide a comprehensive view of the information;
3. Tools that can identify trends, correlations, and patterns within the data using either statistical or machine learning algorithms.
4. Tools that can facilitate interactive platforms that display real-time data and insights through charts, graphs, and other visual aids or
5. Tools that can generate tailored reports or automate routine tasks that highlight key metrics and insights relevant to specific stakeholders.
6. Tools that can facilitate forecasting future trends or provide actionable recommendations based on data analysis.

**Originality and innovation** refer to the degree to which the proposed idea or project is novel and unique. It assesses how different or new the proposal is compared to the existing body of knowledge or practice in the proposed field of study. Noveltyimplieseither the idea itself is new and has not been proposed or implemented before or elsewhere. This could involve new theories, models, methodologies, or applications or existing methods adapted in new ways. **Innovation** refers to the extent to which the proposal introduces innovative approaches, techniques, or technologies that could advance the field or solve problems in a new way.

**Methodological rigour** refers to the thoroughness, precision, and reliability of the research design or proposed solutions and methods. It includes

* Clearly defined research design including objectives, hypotheses, and research questions (if applicable); and step-by-step procedure showing how the research or solutions will be conducted or implemented from start to finish.
* Choice of appropriate methods such as selecting suitable research techniques and analytical approaches; The methodology should also discuss in enough detail of replicability of their methods or approach
* Ethical issues: the proposal should also address any ethical issues and demonstrate that the research will be conducted responsibly and ethically. The proposal should include strategies for minimizing bias and errors and ensuring the accuracy and reliability of the results.

**Technically sound** refers to the feasibility and robustness of the technical aspects of the proposal in terms of feasibility (how realistic and achievable within the given timeframe and resources), availability of resources, expertise, risk management and mitigation, and timeline detailing how the technical components will be implemented and integrated. Technically sound ensures that the project is practically feasible and realistic and that the project team can deliver the proposed outcomes.

**Relevance** refers to the degree to which the proposed project aligns with the MHDP -Africa goals, priorities, and needs of mental health researchers and community of practices and end users in Africa. The relevance of the proposal to the intended beneficiaries or target audience is crucial. The proposal should clearly define who will benefit from the project and how their needs will be met. the relevance also involves demonstrating how the outcomes could influence or improve policies, practices, or standards. The proposal should articulate how the project could contribute to broader societal goals or benefits.

**The MHDP–Africa Secretariat is** composed of the MHDP-Africa Project senior team members (i.e., Project Lead, Data Expert, Epidemiologist, and a Mental Health Researcher) supported by a mental health lived experience (LE) expert.

**External review**: An external review panel comprising individuals chosen for their relevant subject matter expertise and experience will review the proposals in the second stage. The MHDP-Africa Secretariat at APHRC in consultation with Wellcome, will constitute a pool of reviewers from across Africa ensuring diversity, geographic representation, and inclusion. The pool of reviewers will comprise experts in the broad areas of, but not limited to Research Ethics, Mental Health, Psychiatry, Data Science, Public Health and Epidemiology.

**Technical Advisory Panel** (TAP) comprise (i) two APHRC-based subject-matter experts who have not been directly involved in the MHDP-Africa project selected from the Chronic Diseases Management Theme, and the Data Science Program, (ii) two lived experience experts who were not involved in Stage 1, (iii) two external subject-matter experts in areas of Mental Health and Data Science/Tech Innovations, but who were not involved in Stage 2.

**A Grievance Redress Committee (GRC)** is a group of individuals within APRHC and LE consultant but are not a MHDP-Africa project member responsible for addressing and resolving grievances or complaints raised by applicants. The committee has three members and aims to provide a systematic and transparent process for individuals to voice their concerns and seek fair and impartial resolution.

**Lived experience** is a unique form of knowledge, insight, and expertise that comes from having experience of mental health challenges either now or in the past. By using the term ‘people with lived experience’ or ‘lived experience experts’, we are referring to people who self-identify as having experienced anxiety, depression, and/or psychosis (broadly defined), either in the past or currently, and they have or did not receive a diagnosis from a professional medical practitioner. This [link](https://wellcome.org/grant-funding/guidance/embedding-lived-experience-expertise-mental-health-research) provides further information on how embedding lived experience in mental health research.

**A multidisciplinary team** is a group of professionals from different disciplines (e.g. data scientist, mental health experts, psychiatrist, public health, epidemiologist, social psychologist, economists, medical doctor, lived experience experts and policy makers) who collaborate to achieve common goal and bring unique expertise and perspectives from their respective fields that can contribute to a comprehensive approach to problem-solving, decision-making, and project execution.

**Section 1. Introduction**

**About African Population and Health Research Center (APHRC)**

The African Population and Health Research Center (APHRC) is a leading Africa-based, African-led, Pan-African research institution headquartered in Nairobi, Kenya. APHRC conducts policy-relevant research on population, health, education, urbanization, and related development issues in sub-Saharan Africa (SSA). Our vision is to transform lives in Africa through research, evidence generation, strengthening research and related capacity in the African research and development ecosystem, and informing policy to action on health and development. Informed by global and continental development priorities, APHRC’s teams orient their research agendas, driven by the belief that African-generated evidence must be at the forefront of decisions supporting improved growth and development. The Center works through four critical thematic areas: Health and Wellbeing, Human Development, Population Dynamics and Urbanization, and Data Science.  Within these thematic areas, advancing the science of mental health in Africa is one of APHRC’s strategic objectives. APHRC aims to transform the mental health ecosystem in Africa and understand the trajectory and resolution of mental health conditions through capacity-building programs, evidence-based multi-level strategies, and evidence generation, sharing, and consensus building on the diagnosis, treatment, and management of mental health conditions, and timely delivery of mental health services in Africa.

**About Mental Health Data Prize - Africa (MHDP - Africa)**

Although major commitments have been made towards improving mental health research globally, existing evidence indicates that the burden of mental health disorders such as anxiety, depression, and/or psychosis is on the rise, leading to social, economic, and public health challenges. Mental health also remains one of the neglected public health issues in Africa, where mental conditions account for 5% of the total burden of disease (Disability Adjusted Life Years - DALYs) and 19% of all disability (years of healthy life lost due to disability - YLDs).

Researching to better understand the onset, development, and recurrence of conditions such as depression, anxiety, and psychosis is essential for finding rapid and efficient ways to predict, inform policy, intervene, and ultimately stop the harmful outcomes of mental health conditions on people’s lives. Current evidence links poor mental health conditions with both short- and long-term consequences such as reduced cognitive development, socio-emotional development, and psychomotor development, longer response times to treatment and relapse, disability, and socio-economic loss. There however exists a dearth of evidence on policies and strategic priorities for mental health in Africa. Little is known about the causes of mental health problems and how the brain-body environment interacts to cause mental health conditions. More importantly, the biological, psychological, and social causal mechanisms underpinning how, and why these factors influence the trajectory of these problems over time are not thoroughly examined in general, and in African settings in particular. Similarly, less is known about what and how interventions work in which context in the African region majorly due to fragmented research approaches and a lack of multidisciplinary research practice, among other reasons.  Specifically, there remain gaps in the understanding of the burden of mental disorders, because existing research reports heterogeneous outcomes and is hampered by the lack of measurement validity, is challenged by weak governance and leadership, and insufficient funding. Moreover, the mental health science community is fragmented, with different disciplines taking different approaches, and has no room for interdisciplinary learning. Researchers lack a common language for describing problems, interventions, and outcomes suggesting the need to strengthen multi and transdisciplinary approaches towards mental health in Africa to understand the conditions, what works, for whom, in what contexts, and why. These questions can be explored using different data sources that could help identify how mental conditions develop, and the effects of interventions over time. Modern methods and tools could also be used with large datasets for the diagnosis and management of mental health conditions and improve our understanding of outcomes through a biological, social, and economic lens.

Against this backdrop, the African Population and Health Research Center (APHRC) with funding from Wellcome has launched the Mental Health Data Prize – Africa, an initiative that will fund the development and implementation of innovative data-driven solutions or tools for mental health research and data-driven insights tailored to the needs and priorities of the African mental health communities. The project aims to understand what works in the prevention, treatment and management of anxiety, depression and psychosis, and to drive a transformative change in ways that are prioritized by people experiencing these problems in Africa. A multidisciplinary approach will be supported to accelerate the implementation of more targeted and sustainable mental health research and interventions to  (1) understand the complex systems, including social and structural determinants of mental health and identify more targeted mental health conditions prevention, treatment, and care interventions and implementation strategies; (2) integrate meaningful engagement of community such as lived experience experts and implementing partners at every stage of the research.

We strongly encourage mental health researchers and scientists, start-ups across Africa to use existing data to improve our understanding of anxiety, depression, and/or psychosis. The secondary datasets may be observational, experimental, longitudinal, clinical and health services data, among others.  The initiative welcomes a diverse range of participants, including mental health researchers, practitioners, non-academics, and data scientists affiliated with African institutions and startup companies. Emphasizing inclusivity, the Data Prize encourages significant engagement with end-users and lived experience communities. Through a competitive evaluation process, up to ten multidisciplinary teams will be selected to receive a prize of no more than £200,000 each. Prize teams will then spend 12 months developing their solutions. At the end of the 12 months, the teams will present their product/outputs as part of their final pitch to APHRC and Wellcome teams. Post-award, APHRC will provide support to the teams on data science approaches and tools for mental health at different levels, including a monitoring, evaluation and learning component.

**Purpose and Scope of the MHDP - Africa Prize**

**Our goal**

The Prize aims to support multidisciplinary teams to use existing data to generate data-driven insights and/or to produce tangible and scalable data-driven solutions/tools/outputs that support mental health research and are tailored to the needs and priorities of the African region. The specific objectives for the Mental Health Data Prize-Africa call are:

* + 1. To generate data-driven insights tailoring mental health (i.e. anxiety, depression and/or psychosis) diagnosis, treatment and care and facilitate decision support among key users such as mental health researchers, clinicians, front-line health workers and decision-makers in Africa and/or
    2. To generate tangible and scalable data-driven tools and solutions to improve our understanding of anxiety, depression and/or psychosis and how best to intervene in

**Scope of the MHDP-Africa Prize**

Below are the types of research, data analytics or tools that are considered in the scope of the Data Prize but not limited to:

**Data-driven insights**

* Data-driven insights that can facilitate or improve our understanding of causal mechanismsunderpinning effective interventions for anxiety, depression, and psychosis to inform the development of new and improved early interventions.
* Any data-driven insights tailoring mental health diagnosis, treatment, and care and facilitate decision support among key users such as clinicians, front-line health workers, and decision-makers in Africa.

**Data-driven tools**

* Classification tool to **perform** data analysis, for example, a tool that can identify clusters of individuals who respond to specific interventions or a tool that determines which factors can predict relapses
* Tools used to **replicate** data analysis, by making available the mechanism by which data is translated into research insights. Predictive Analytics for Treatment Outcomes: Create a predictive analytics tool that uses historical data to forecast the outcomes of various pharmacological and psychological treatments. This tool could help healthcare providers make data-driven decisions about patient care. Development of a User-friendly data analysis platform that allows researchers to input raw data from various sources (e.g., hospitals, clinics, surveys) and generate comprehensive reports on mental health outcomes following different treatments.
* Tools that **facilitate** data analysis by addressing barriers to conducting research, for example, tools that support data cleaning and manipulation or automatically extract relevant data from datasets
* Tools that **c**an **assist** in improving mental health metrics, and improving standardization and measures of anxiety, depression, and psychosis.
* Tools that can **assist** data visualization and sharing of insights from research

**Tools considered out of scope would be:**

* Any research design that aims to carry out primary data collection, discovery, or translation research and or feasibility or piloting studies.
* Collect data on the reach and effectiveness of mental health awareness campaigns run by grassroots organizations.
* Early phase clinical trials (Phase 1 and 2a).

**Section 2. The proposal review process**

**Stage 1**. **Proposal screening:** The MHDP-Africa Secretariat based at APHRC will screen all proposals foreligibility as listed in the mental health data prize guideline and ensure that each proposal meets the required criteria as indicated below.

The MHDP-Africa Secretariat, composed of the MHDP-Africa Project senior team members (i.e., Project Lead, Data Expert, Epidemiologist, and a Mental Health Researcher) will be supported by a lived experiences (LE) consultant and 2 other lived experience experts.

**Screening Criteria**

1. **Alignment with MHDP-Africa goals**:

1. Does the proposal align with the overall goal of using existing datasets?
2. Does the proposal aim to generate data-driven insights and/or to produce tangible and scalable tools/solutions that support mental health research?
3. Is the proposal aligned or tailored to the mental health areas of anxiety, depression, and/or psychosis?
4. Is the proposal aligned or tailored to the needs and priorities of the African region?

2. **Access to data**:

1. Does the proposal clearly describe access to the data approval and/or agreement associated with data-sharing procedures, and protocols to safeguard the data, the nature of approvals required (if applicable)?
2. Does the proposal outline realistic and achievable timelines for accessing the necessary data (if applicable)?
3. Does the choice of dataset align with the research question the team will try to address and is it appropriate in the local context?
4. Where applicable does the proposal demonstrate adequate organizational provisions for legal requirements on how data can be accessed, and privacy and confidentiality issues?

Does the proposal include mechanisms for involving people with lived experience in decisions about data access, use, and interpretation, ensuring that their perspectives inform data-related processes?

3. **Team composition**:

1. Does the proposal or plan include multidisciplinary team or collaboration with relevant stakeholders and partners such as mental health experts, policymakers, data scientists?
2. Does the proposal incorporate and actively engage individuals with lived experience of mental health challenges in the research design, implementation, and/or dissemination phases?
3. Does the proposal have a plan of sharing insights with the research or data science community (if appropriate) according to open science research principle? For further detail refer to the following [link](file:///C:\Users\mjebena\Desktop\link%20it%20to%20thhttps:\wellcome.org\what-we-do\our-work\research-enviornment\open-research)
4. Does the proposal include specific roles for PLE to ensure their perspectives are integrated throughout the project?

4. **Ethics**:

a). Does the proposal have a plan to ensure ethical conduct of research and regulations and plans to mitigate any risks also, ensure that participants have given consent for the data to be reused as described in the proposal.?

b). Does the proposal include considerations for involving people with lived experience in the ethical review process or in informed consent (developing consent materials)?

5. **Team experiences**:

a). Does the project team have the necessary expertise and experience to successfully develop the proposed tool/solution to implement the project?

b). Does the project team include or have access to individuals with LE who can provide insights and guidance relevant to the project's goals?

6. **Budget, work plan & timeline**: Are the resources, timelines, and budget appropriate and realistic to the project idea?

Upon screening of all applications, the MHDP-Africa Secretariat will discuss each application whether or not they meet the screening criteria and provide criteria for recommendation to progress to the next stage or not. For each application, regardless of whether it meets the criteria, the Secretariat will apply a strategic lens focused on the proposed innovation. Based on this discussion, they will provide recommendations for which applications should progress to the next stage. A summary or abstract of each screened and shortlisted proposal will be sent to potential external reviewers, by the MHDP-Africa Secretariat. Each assigned external reviewer will be requested to declare a Conflict of Interest (see annex) for the assigned peer review proposal before the detailed proposal is sent out to them for review.

**Stage 2**. **External review**: An external review panel comprising individuals chosen for their relevant subject matter expertise and experience will receive a one-day orientation on the review process and evaluation criteria and start reviewing the proposals. Each proposal will be sent to three independent reviewers i) Mental health expert ii) Data scientist 3) as per expertise applicable to the proposed solution. Proposals will be scored based on the technical criteria listed in Table 1 and reviewers’ comments/justifications. Each external reviewer will make an independent review and score. Each reviewer will submit their scores and decision/justifications on whether the proposal should be recommended for progression to Stage 3 (i.e., Oral Presentation).

The MHDP-Africa Secretariat at APHRC in consultation with Wellcome, will constitute a pool of reviewers from across Africa ensuring diversity, geographic representation, and inclusion. The pool of reviewers will comprise experts in the broad areas of, but not limited to Research Ethics, Mental Health, Psychiatry, Data Science, Public Health, and Epidemiology.  We will allocate proposals to other reviewers if the number selected exceeds what is anticipated and to meet the timelines for the review process to advance to the next stage.

**Stage 3. Oral presentation:** The MHDP-Africa Secretariat (see Stage 1) will sum the scores and rank applications based on their scores and reviewers’ comments. They will then apply a strategic lens, considering the scope, feasibility, and rigor of the proposed methodology considering regional representation in keeping with the principle of equity.  The final top-ranked proposals (i.e. minimum of either the top 20 best-ranked proposals or those scoring at least 50% of the total score), will be progressed and invited to the oral presentation stage. In case two or more proposals have a tied rank, the MHDP-Africa Secretariat will use one or more of the following tie-breaker strategies;

* May send additional tie breakers questions by external reviewers and to be rebutted by the team
* Re-check the score of three of previously used evaluation criteria such as originality, relevance, and how rigor methodologically. The one who has the higher score will be selected
* The team applies a strategic lens, considering the scope, feasibility, and rigor of the proposed methodology
* When the event of a tie is more difficult to choose, the winners shall be chosen at random.

The lead applicants together with up to 2 of their team members will be invited to the interview panel to make an oral presentation. We will provide selected applicants with reviewer feedback from stage 2, enabling them to identify and address specific points in their oral presentations. The lead team member of each of the top-ranked proposals will be asked to make 15-minute presentations and followed by a 15-minute Q&A session with a Technical Advisory Panel (TAP) of 7 members. Selected applicants will be asked to provide a recording of their 15-minute presentation. This recording will serve as a backup in case they encounter any internet connectivity issues on the day of the live presentation.

The TAP will comprise (i) two APHRC-based subject-matter experts who have not been directly involved in the MHDP-Africa project selected from the Chronic Diseases Management Theme, and the Data Science Program, (ii) two lived experience experts who were not involved in Stage 1, (iii) two external subject-matter experts in areas of Mental Health and Data Science/Tech Innovations, but who were not involved in Stage 2 and iv) a Data ethicist. The TAP will use the same evaluation criteria that was used in Stage 2, and also score the team's ability to answer/respond to questions and give their recommendations.

All members of the Technical advisory panel will have access to selected applicants' proposals, reviewer feedback from stage 2 and any other information from the review process. Two members of the MHDP-Africa Secretariat (Project Lead/Data Expert, and Mental Health Researcher) and up to three members from the Wellcome team will be invited to sit in these presentations as observers, without voting or scoring rights. The MHDP-Africa Project Manager will sit in these presentations to document proceedings and recommendations.

**Stage 4: Final Ranking**: The MHDP-Africa Secretariat (see Stage 1) will compile a final report making a case for funding or not, for each of the top-ranked applications from Stage 3, and submit this report to Wellcome for final consideration and decision-making.

**Stage 5. Notices of Awards (NoA)**: Wellcome will communicate to the MHDP-Africa Secretariat, the final list of successful applicants, along with the prize amounts for each team. A formal notification of Notice of Award (NoA) will be provided to the successful applicants via email. Upon acceptance of the award, names of successful teams and their institutional affiliations will be made public through the MHDP-Africa website, and APHRC-related media platforms. The proposal review process is summarized in Figure below.

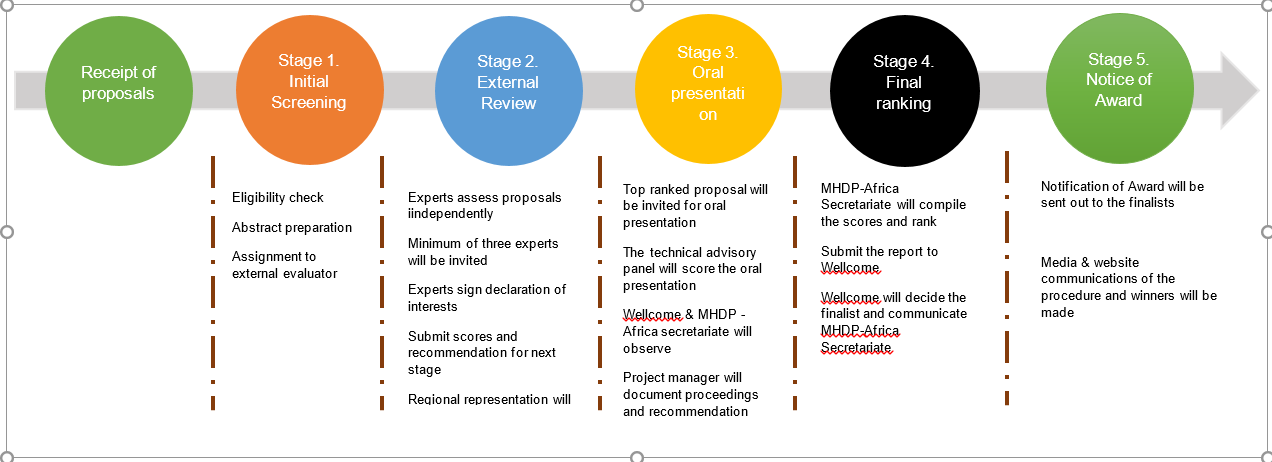


Table 1.  Evaluation criteria during stage 2 **(**external review) and oral presentation**,** members of the external review panel will use the following criteria to assign scores and provide their comments/justifications.

|  |  |
| --- | --- |
| **Evaluation criteria** | **Example descriptions** |
| **Originality/ Innovative (20%)** | Does the proposal present a scaling of research ideas/solutions that have previously been described or implemented elsewhere?  or  Does the proposal present research/ideas that have been described before but with relevant modifications to the design or  Does the proposal present ideas or solutions that have the potential to provide novel ways of addressing data and/or research needs within the mental health sphere,  or  Does the proposal present ideas or solutions for developing or improving interventions/knowledge that can address anxiety, depression and/or psychosis.  Does the proposal justify the selected research or tools to be adapted with adequate evidence of its potential effectiveness or contribution to addressing the problems stated? |
| **Significance/relevance (20%)** | Do the project significantly contribute to better our understanding of the mental health body of knowledge, on anxiety, depression and/or psychosis? e, including what helps, for whom, in what contexts, and why (i.e. mechanisms underpinning effectiveness)  Does the proposal discuss, if project aims are achieved, how will scientific knowledge, technical capability, or practice be improved?  Does the proposal discuss how the project improves or contributes to existing policy and programs?   * Can the project be delivered with minimal burden? * Can the project be adapted or integrated to new contexts or existing systems such as health care systems without compromising fidelity and integrity? * Can the project be integrated into existing systems such as health care systems and/or consider the needs and perspectives of individuals with LE? * Will insights have gained impact people experiencing anxiety, depression and/or psychosis? * Do they have the potential to significantly impact either a wide range of people or a group who are not commonly represented within mental health research? * Do insights gained have the potential to significantly impact either a wide range of people or a group who are not commonly represented within mental health research? * Does the project address the reach and scalability of the proposed tool or insights gained? * Does the project consider how the inclusion of individuals with lived experience will influence the scalability and effectiveness of the project? |
| **Methodology: rigor and technical soundness (30%)** | Is there clear evidence that the solution proposed addresses a critical need or gap in the field that intended?  Is prior research that serves as the key support for the proposed project rigorously presented?  Does the proposal discuss how each objective will be answered in the most rigorous possible ways including how feedback from individuals with LE has informed the approach? (If applicable)  Are the overall strategy, methodology, and analysis plan well-reasoned and appropriate to accomplish the specific aims of the project?  Does the methodology incorporate insights and feedback from individuals with lived experience to ensure relevance and effectiveness?  Has the team presented strategies to ensure a robust and unbiased approach, as appropriate for the work proposed?  Does the proposal discuss measure to incorporate and address the perspectives of individuals with LE?  Are there any risks identified in the implementation of the project? Are potential problems, alternative strategies, and benchmarks for success presented?  Does the team have access to the necessary datasets or have they developed any strategies to obtain them?  Does the proposal include considerations for how data access strategies address the needs and concerns of individuals with lived experience?    The methodology proposed or tool can potentially be used in other research applications or beyond the scope of the prize, if applicable.  Are variables and analytical methods articulated and well-suited to the research question (for data-driven insights)?  The proposal provides an approach to open access policy for outputs, including publications, analytical datasets to enable third parties to understand, test, run and re-use software.  If applicable, Is the proposed analysis appropriate and also does it integrate feedback from individuals with lived experience to ensure its relevance and applicability?  Does the proposal discuss how their proposed methods or tools can be scaled up? |
| **Experiences, and team capacity (5%)** | Assessment of the team’s qualifications and past successes.  Does the multi-disciplinary team have complementary and integrated expertise?  Does the project include relevant expertise and discuss their past experiences or performance? Are their leadership approach, governance, and organizational structure appropriate for the project?  Does the project include team formation and involvement plans that?   * promotes diversity and inclusion in terms of skills and background? * Is it takes steps to be representative of the population involved in the research?   Does the proposal clearly outline the dissemination plan, explaining how the results will be shared with relevant stakeholders, and beyond the mental health research community?  Considerations whether the dissemination methods are appropriate for the target audience including policymaker and individuals with lived experience? |
| **Engagement with lived experience (5%)** | Does the proposal discuss how relevant key stakeholders will be involved in fair and equitable ways?  Does the team take into consideration involvement with people with lived experience with clear roles and responsibilities? |
| **Capacity building and strengthening plan (10%)** | The proposal discusses plans for building leadership skills amongst early career researchers, and opportunities for learning across the project team, for example, engagement with policymakers, people with lived experience and research management)  Does the proposal consider building capacity to work collaboratively, across disciplines and practice-research boundaries (for example, with policymakers, managers, and practitioners in the system)?  Is there a provision for mentoring to improve the capacity of less-experienced researchers to generate knowledge and achieve policy impact |
| **Value for money and equity of the project (5%)** | Does the proposed work offer good value for money?  Adequacy of the resources and skills available to the project team within the timelines proposed.  Does the budget allocate resources for the involvement of individuals with lived experience, including compensation for their time and expertise?  Outputs will point to how insights gained may impact people experiencing anxiety and/or depression and psychosis, having the potential to significantly impact either a wide range of people experiencing anxiety and/or depression or psychosis or a group who are not commonly represented within mental health research.  How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field? |
| **Ethics and data protection (5%)** | Does the proposal discuss how to adequately address the possibilities of any harm or how to reduce the likelihood of adverse outcomes?  Does the proposal discuss the ethical procedure on how data was collected, will be protected, and their approach to preventing the sharing of sensitive data?  Do the applicants' data statements include provisions for consent to reuse the data? |

**2.5. Core values and principles**

APHRC’s mental health data prize project aims to build a more diverse and inclusive mental health science community, underpinned by a shared focus on finding new solutions. During the review process, the project team will maintain the following Core values (1) expert evaluation and objectivity, (2) transparency, (3), Respect, (3) impartiality/ fairness, (5) confidentiality, (6), honesty/integrity, and (8) Responsiveness/efficiency

**Expert evaluation/objectivity:** APHRC willrequire scientific expertise in the review panel to be suitable for evaluating the scientific merits and its potential impact. As appropriate, APHRC will invite reviewers to encompass broad and diverse scientific views, as well as to assess specific aims and methodology. Evidence of a reviewer’s qualifications may include looking at publication records such as h-index, research funding history, other scientific achievements, and/or recommendations from colleagues in the field and the diversity of expertise required. We will also include representatives from lived experience experts to provide perspective from the experience or advocacy point of view. Close attention will be given to balancing geographic representation and appointments of reviewers are made without discrimination based on age, ethnicity, gender, disability, cultural, religious, or socioeconomic status. The scoring criteria are also objective and clear.

**Transparency**: The objectives, criteria, judging process, and funding allocation will be transparent. All communications and ongoing activities within this mental health data prize will be public, and selection panels and criteria are designed to be objective and managed by this guideline.

**Respect**: We create an environment of respect based on trust, confidence, and excellence by fostering cooperation and consideration of diverse perspectives. Respect is our duty to show high regard for ourselves, others, and the resources entrusted to us.

**Impartiality/Fairness**: We believe our decisions are impartial and objective. Our conduct must be free from competing self-interest, prejudice, and favouritism. We constantly reexamine our impartiality and objectivity, taking corrective action as appropriate.

**Honesty and integrity**: We earnestly seek to understand the truth and we encourage truthful, timely and accurate communications and conduct.

**Responsiveness/efficiency**: We value strong and timely communication with all interested applicants.

**Confidentiality**: We ensure that all reviewers understand their obligations to keep the content of the proposal confidential /private.  The proposal shall not be shared, distributed or disclosed to any third party without prior writing by APHRC or the primary contact persons of the project.

**2.5. Timeline**

The proposal will be reviewed according to the following timeline

|  |  |  |
| --- | --- | --- |
| Activities-event | Deadline | Remark |
| Ensure a reliable and user-friendly submission system is in place. | 28th June 2024 | APHRC MHDP research team |
| Publicize the application period through appropriate channels | 27th June 2024 | APHRC MHDP research team in collaboration Communication consultant |
| Application submission acceptance | 1st July 2024 | APHRC MHDP project team |
| Close Application submission | 7th August 2024 | APHRC MHDP |
| Send confirmation emails to applicants upon receiving their applications | 1 July -7th August 2024 | Automatic system development |
| Stage 1: Screening Review | 31 August 2024 | Internal secretariat team from APHRC will be responsible |
| Orientation on PLE review | 27th August | Done by APHRC MHDP in collaboration with Chantelle and Margaret |
| Report to Wellcome team (Catch-up meeting) | 16th August, 2024 | Done |
| Stage 2: External Review |  |  |
| Communication with reviewers to request acceptance or commitment | July 15th 2024 | APHRC MHDP research team |
| Orientation for external reviewers round 1 | 4th Sept 2024 | APRHC MHDP team |
| Orientation for external reviewers round 2 | 9th Sept 2024 |
| Assign Applications: Distribute applications to reviewers. Ensure each application is reviewed by three reviewers to maintain objectivity | Starting 5th Sept, 2024 | APHRC MHDP research team |
| Communicate reviewers standardized evaluation forms to score applications. | Starting 5th Sept, 2024 | APHRC MHDP research team |
| Conduct Reviews: Reviewers assess applications based on the criteria, provide scores, and offer comments. | 5th -26th Sept 2024 | External reviewers |
| External Review acceptance/feedback | Sept 26, 2024 | External reviewers |
| Ranking and scoring and short listing 20 applications | Sept 27-29, 2024 | APHRC MHDP research team |
| Report to Technical Advisory panel and Wellcome team | Sept 30, 2024 | APHRC MHDP research team |
| Receive feedback from Advisory panel and Wellcome | October 7, 2024 |  |
| Stage 3.  Oral presentation |  | APHRC research team will organize |
| Communicate team to prepare oral presentation | October 8, 2024 | APHRC MHDP research team |
| Communicate TAP/external reviewers (include sending proposal) | Sept 30th, 2024 | APHRC MHDP research team |
| Organize oral presentation | October 22-25, 2024 | Will be organized by APHRC MHDP team |
| Receive feedback/recommendations from TAP | 30th October 2024 |  |
| Communicate Wellcome the finalist | 1 November 2024 |  |
| Discussion on final recommendation with Wellcome and Research team | 14 November 2024 | Wellcome team will get back to us with their recommendation |
| Notification of winners | 15th November 2024 | MHDP-Africa Team |
| Organize pitch (public seminars) | 28th November 2024 | APHRC MHDP research team |
| Signing due diligence and contract | 29 November 2024 | APHRC grant Office |

**Section 3. Application Submission**

Key information

* **Application period**: Applications will be accepted from 1st July 2024 – 7th Aug 2024.
* **Submission system**: Application will be accepted only through mentalhealthdataprize.org portal system. The application will not be accepted via email.
* **Acknowledge receipt**: We will send confirmation emails to applicants upon receiving their applications.
* **Application instructions**: Application submission instruction forms and MHPD guidelines including budget templates can be found on [Mental Health Data prize website](https://www.mentalhealthdataprizeafrica.aphrc.org/capacity-building/resources/6/mhdp-application-guideline-and-principles)

**Section 4. Documentation and Reporting**

**APHRC w**ill be responsible for documenting all **processes** to keep detailed records of the review process, including evaluation forms, scores, and meeting notes. The project team will then write a report summarizing the review process and outcomes and submit it to the Advisory Panel and Wellcome.

**Section 5. Feedback and Improvement**

APHRC will also try to collect feedback from reviewers and applicants about the review process and will analyze the feedback to identify areas for improvement and make necessary adjustments. To address some concerns and complaints raised by authors, reviewers and other stakeholders, APHRC will provide a step-by-step process of handling grievances, ensuring all parties involved understand how complaints will be addressed and resolved (see Annex on Grievance Redress mechanism (GRM)). This mechanism ensures transparency, fairness, timely resolutions of grievances and accountability in handling disputes. The scope of GRM applies to:

* Authors/project members who have submitted the proposal
* Reviewers involved in the review process
* Board members

**Types of Grievances**

Grievances that may be addressed through this mechanism include, but are not limited to:

* Allegations of bias or unfair treatment in the review process.
* Concerns about the confidentiality of the review process.
* Disputes regarding the decision.
* Complaints about the conduct of reviewers or APHRC staff.
* Delays in the review process.

(see annexes)

**Annexes**

**Annex 1. Conflict of interests-Declaration form**

This declaration of competing/conflict of interest form is intended to capture conflicts of interest related to individuals involved in the proposal evaluation in order to avoid any distortion of competition and to ensure fairness, transparency and equal treatment of applicants. We strongly encourage reviewers to avoid placing themselves in a position where there is conflict between their personal and or institutional interests and the reviewing process.

Examples include but are not limited to:

**Personal/professional/institutional relationships**

* If they are a current or previous employee of the applying institution or have a member of family, friends, siblings, professional relationships, or any close persons from applying institutions or teams. These include a supervisory role or subordinate relationship with any of the authors/project members who applied.

**Recent collaboration**

* If co-authored or collaborated on projects with any of the project members/authors who submitted the project proposal.

**Financial interests**

* If they have financial interests or have financial relationships with institutions/teams. These include receiving honoraria, grants, consultancies, or other equity interest etc.

**Competitive interests:**

* Working on any project that directly competes with the subject of the project titled in the submitted proposal nor vested interest in seeing the project win the grant.
* If applying for the RFP as a lead or co-lead.

**Intellectual properties**

* Any intellectual property interests such as patents or copyright related to the subject of the project submitted that could influence the review.

**Political or ideological conflicts of interest**

* If there is any political or ideological biases related to the subject of the submitted proposal or country of focus that could influence objectivity in reviewing the work
* transmission of information, providing/sharing documents or data about the proposal for third parties or unauthorized bodies/persons

**Form 1: Declaration of conflict of interests (used by APHRC staff only)**

By signing this declaration form, I declare that I have read and understood the statement above and that there are no conflicts of any nature which would prevent me from participating in reviewing the proposal(s). I also acknowledge that even if I have access to the documents or any data about the proposal, I will not disclose information that could damage the integrity of APHRC or Wellcome to third parties. I will not also publish, or reveal such information related to this proposal or any forms of discussion on this proposal unless authorized by APHRC or Wellcome authority.

Reviewer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form 2. Declaration of conflict of interests (used by External Reviewers and advisory panel members)**

By signing this declaration form, I declare that I have read and understood the above statements and that there are no conflicts of any nature which would prevent me from participating in reviewing the proposal(s). I also acknowledge that even if I have access to the documents or any data about the proposal, I will not disclose information that could damage the integrity of APHRC or Wellcome to third parties. I will not also publish, or reveal such information related to this proposal or any forms of discussion on this proposal unless authorized by APHRC or Wellcome.

Reviewer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Conflict of Interest Disclosure Form**

Title of the project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Financial Interests**:
   * I have no financial interests that could influence my review.
   * I have financial interests that could influence my review. (Please explain: \_\_\_\_\_)
2. **Personal Relationships**:
   * I have no personal relationships with the authors.
   * I have personal relationships with the authors. (Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_)
3. **Professional Relationships**:
   * I have no professional relationships with the authors.
   * I have professional relationships with the authors. (Please explain: \_\_\_\_\_\_\_\_\_)
4. **Institutional Affiliations**:
   * I am not affiliated with the same institution as the authors.
   * I am affiliated with the same institution as the authors. (Please explain: \_\_\_\_\_\_\_)
5. **Competitive Interests**:
   * I have no competitive interests related to this manuscript.
   * I have competitive interests related to this manuscript. (Please explain: \_\_\_\_\_\_\_)
6. **Intellectual Property Interests**:
   * I have no intellectual property interests related to this manuscript.
   * I have intellectual property interests related to this manuscript. (Please explain: )
7. **Political or Ideological Conflicts**:
   * I have no political or ideological biases related to this manuscript.
   * I have political or ideological biases related to this manuscript. (Please explain: \_)
8. **Recent Collaboration**:
   * I have not collaborated with the authors in the past three years.
   * I have collaborated with the authors in the past three years. (Please explain: \_\_\_)
9. **Supervisor/Subordinate Relationships**:
   * I am not in a supervisory/subordinate relationship with the authors.
   * I am in a supervisory/subordinate relationship with the authors. (Please explain: )
10. **Other Relevant Interests**:
    * I have no other relevant interests that could influence my review.
    * I have other relevant interests that could influence my review. (Please explain: \_)

I declare that the information provided is accurate and complete to the best of my knowledge.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annex 2. **Confidentiality Agreement for Reviewers**

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

As a reviewer for this proposal, I acknowledge and agree to the following confidentiality terms:

1. **Confidentiality of Content**:
   * I understand that the proposal is a privileged document and must be treated as confidential. I will not share, distribute, or disclose any part of the manuscript or its content to anyone, including colleagues, without prior written permission from the APRHC, or the primary contact person(s).
2. **Confidentiality of Review Process**:
   * I will keep all details of the review process, including my review comments and recommendations, confidential. I will not disclose my participation in the review process or the content of my review to anyone outside of the APHRC or Wellcome team.
3. **Use of Manuscript Content**:
   * I agree not to use any information, data, or ideas obtained from the proposal for my own research or benefit, or for the benefit of others, until the project is published or shared publicly for external use.
4. **Communication with Authors/project members**:
   * I understand that all communication with the authors regarding the proposal must be conducted through the APHRC review process and system. I will not contact the authors directly.
5. **Confidentiality of Personal Data**:
   * I will respect the confidentiality of any personal data of the authors/project members that may be included in the proposal or the review process, adhering to data protection regulations and the APHRC and Wellcome policies.
6. **Potential Conflicts of Interest**:
   * I will disclose any potential conflicts of interest that could affect the impartiality of my review and will recuse myself from the review process if such conflicts are deemed significant by the APHRC team.

By signing this confidentiality agreement, I acknowledge my commitment to maintaining the integrity and confidentiality of the review process.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annex 3: Grievance Redress Procedure**

1. **Submission of Grievance**
   * Grievances should be submitted in writing via email to [mhealthdataprize@aphrc.org](mailto:mhealthdataprize@aphrc.org) or fill grievance submission form.
   * The grievance must include the following details:
     + Name and contact information of the complainant.
     + Title of the project submitted (if applicable).
     + Detailed description of the grievance.
     + Any supporting documents or evidence.
2. **Acknowledgment of Grievance**
   * Upon receipt of the grievance, an acknowledgement will be sent to the complainant within 5 working days.
   * The acknowledgement will include an estimated timeline for the resolution process.
3. **Initial Review**
   * The grievance will be initially reviewed by the project team to determine its validity and to identify the relevant parties involved.
   * If the grievance is deemed invalid or frivolous, the complainant will be informed, and no further action will be taken.
4. **Investigation**
   * For valid grievances, an investigation will be conducted by a designated Grievance Redress Committee (GRC), which may include senior personnel, ethical advisors, and external experts if necessary.
   * The GRC will review all relevant documentation, communicate with involved parties, and gather additional information as needed.
5. **Resolution**
   * The GRC will decide based on the findings of the investigation.
   * Possible outcomes may include:
     + Upholding the original decision.
     + Re-evaluation of the project by new reviewers.
     + Apology or corrective action if misconduct is found.
   * The decision will be communicated to the complainant and other relevant parties within 30 working days from the submission of the grievance.
6. **Appeal**
   * If the complainant is not satisfied with the resolution, they may submit an appeal within 15 working days of receiving the decision.
   * The appeal will be reviewed by an independent Appeal Board, which will make a final decision within 30 working days.
7. **Confidentiality**
   * All grievances will be handled confidentially, and information will only be shared with individuals directly involved in the resolution process.
8. **Record Keeping**
   * Detailed records of all grievances, investigations, and resolutions will be maintained for a minimum of two years.

**Contact Information**

For submitting grievances or seeking further information, please send to the following address

* Email: [mhdataprize@aphrc.org](mailto:mhdataprize@aphrc.org)
* Phone: + +254 703 200 343
* Address: 2nd Floor, APHRC Campus, Manga Close, Off Kirawa Road, Kitisuru, Nairobi, Kenya.