Stay On
Lifelong care for people living with HIV

Aidsfonds International Call for Proposals – July 2019
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Invitation

Aidsfonds is pleased to announce its 2019 International Call for Proposals titled: Stay On - Sustainably retaining people living with HIV in care in Ethiopia, Mozambique, Nigeria, or South Africa.

This call looks at the future. With a growing number of people living with HIV (PLHIV) on treatment, we now broaden our focus from saving lives to sustaining our successes for the next decades. This must be accomplished in line with the Universal Health Coverage commitments.

With this call, Aidsfonds aims to support civil society organisations to develop, implement, and monitor an intervention to sustainably retain PLHIV in care. Of course this should have a strong focus on those most vulnerable to drop-out.

The objectives are to:

1. Expand successful approaches to ensure a person living with HIV will grow old in good care. This means work at four levels:
   - PLHIV are supported to adhere to treatment throughout all phases of life
   - PLHIV have access to lifelong quality treatment
   - The healthcare system, which includes community-based approaches, is equipped to retain PLHIV in quality care
   - Structural barriers hampering PLHIV to remain in care are reduced

2. Reach long-term sustainability through national government taking responsibility for systems to retain PLHIV in care throughout their lives. This is a crucial element of the UHC package.

Organizations that meet the definitions and criteria set by this call for proposals are invited to apply for a grant to support the proposed programmes for three years (2020-2022).

The deadline for submission of proposals is 12 September 2019 at 12:00 (noon) CEST.
1 Background

1.1 Introduction

Currently there are 37.9 million PLHIV worldwide; 62% of them have access to lifesaving antiretroviral treatment.¹ The number of AIDS-related deaths is at its lowest of the century.² A person living with HIV has a similar life expectancy to an HIV-negative person – provided they are diagnosed in good time, access quality care, and adhere to their HIV treatment. With a growing group of PLHIV on treatment, we have to broaden our focus from saving lives to a combination of approaches that can sustain our successes for the next decades. This must be done in line with the Universal Health Coverage commitments.

When someone drops out of the treatment cascade, the efforts put into testing and initiating treatment are also lost. Hence, the focus of this call is on retaining PLHIV in care and supporting them to grow old and healthy. In order to do so we need to reduce barriers that complicate retention and support interventions that facilitate lifelong treatment.

1.2 Urgency

Looking ahead, as HIV is becoming a chronic illness, two questions are:
- Are we equipped to retain all PLHIV in care in a sustainable way?
- How can we ensure people successfully live with a complicated infection for the rest of their lives?

Retention in care is important for a number of reasons. First, it is required for optimal clinical outcomes for PLHIV, keeping people alive, preventing medical toxicities, and identifying treatment failure in order to switch regimens once necessary. AIDS is still the leading cause of death among young people (aged 10–24) in Africa, despite having all the tools for a person to grow old with HIV.³ Second, it is proven to have a great impact on HIV incidence. Hence, it is a vital component of combination prevention, for instance through prevention of mother-to-child transmission and U=U⁴. Third, intermittent adherence can have severe consequences such as emergence of drug resistant mutations, which will limit future drug options and increase mortality.

The 37.9 million PLHIV are not a homogenous group. People’s capacities and vulnerabilities differ greatly due to factors such as sex and age. Therefore differentiated care is always preferred. We must ask ourselves: who is most at risk to drop out of care?

² UNAIDS Miles to Go 2018 Report
³ AVERT Young People HIV and AIDS information
⁴ Undetectable equals Untransmittable https://www.avert.org/infographics/u-u
1.3 Global targets

Treatment Cascade
The 90–90–90 UNAIDS targets are a collaborative framework to achieve the end of the AIDS epidemic by 2030.\textsuperscript{3} The 2019 Global AIDS Update by UNAIDS demonstrates that we are off track to achieve our 2030 goals.\textsuperscript{4} As demonstrated in the figure below, globally, only half of all PLHIV has a suppressed viral load.

![HIV testing and treatment cascade, global, 2018](image)

Source: UNAIDS special analysis, 2019

The goal of this call is to have as many people with a suppressed viral load and to keep them at that level for as long as possible. However, it is important to realise that the treatment cascade is not one-directional nor linear; people can flow back and forth during different phases of their life. The World Health Organisation estimates that the average retention rate was 81% at 12 months after initiating ART, 75% at 24 months, and 67% at 60 months.\textsuperscript{7}

Universal Health Coverage
A sustained HIV response should be part of the Universal Health Coverage (UHC) commitments. It is essential that efforts to achieve UHC include a fully funded AIDS response and strong community engagement. Moreover, we must build on the gains in human rights and gender equality made by PLHIV and key populations, as well as women and adolescent girls.

1.4 Defining concepts

Retention in care is often defined from the clinic perspective instead of the client perspective. Our goal here is to help clients navigate a lifelong and complicated infection in a sustainable way.\textsuperscript{8} Selected programmes must make it easy for PLHIV to take control in remaining in care.

Enhancing retention requires knowledge about the chain of events that leads to failure of retention. We must identify determinants of retention to target the right interventions to the right people. It is crucial to realise the magnitude of this in HIV programming, while also paying attention to context-specific differences. Thus, know your local epidemic, also from a client perspective.

\textsuperscript{3} UNAIDS Miles to Go 2018 Report
\textsuperscript{4} UNAIDS Global AIDS Update 2019 Communities at the Centre Report
\textsuperscript{7} https://www.who.int/hiv/pub/guidelines/arv2013/operational/retention/en/
\textsuperscript{8} https://www.ncbi.nlm.nih.gov/pubmed/20820972
Defining and measuring retention is often based on patient retention in the clinic. This is a poor proxy for patient retention, as it is mostly unknown whether lost clients stopped treatment, died, or are in care elsewhere. Moreover, when a client is retained in care at a clinic, the quality of adherence to their medication, or the efficacy of their treatment is not always measured. In order to confirm viral suppression – the last 90 – clinics must be able to offer viral load testing.

In this call for proposals we aim for retention in care, defined in terms of client satisfaction and uninterrupted adherence to optimal treatment, ideally measured in viral load suppression. Additionally, it requires a process to optimise medical documentation of PLHIV. This includes transfers of care without treatment interruption, and client follow-up systems which understand patient movement within and outside the government health system.

1.5 Main challenges and opportunities

Despite continuing progress in initiating people on treatment, there are still major challenges in keeping people on treatment. Many of the same barriers that discourage people from engaging with healthcare in the first place also make on-going retention challenging.⁹

From a client point of view, common challenges are: self-stigma, stigma, low treatment literacy, distrust of the health services, discriminatory attitudes of healthcare staff, concerns about confidentiality, time and cost of transport to a clinic, loss of income due to attending healthcare, waiting times at clinics, and lack of support from partners and family.

From a clinic point of view, common challenges are: lack of staff, lack of resources, stock-outs, lack of second-line and third-line treatment, inadequate infrastructure (e.g. viral load testing machines), and high mobility of clients.

Treatment Cascade
PLHIV will flow through the treatment cascade, encountering different challenges throughout different phases of life. The figure on the right demonstrates the care needed at each 90. The red arrows represent the four levels at which PLHIV face barriers. Simultaneously, this is where the opportunities lie for our work to have the biggest impact.

The opportunities to support remaining in care and adhering to treatment can roughly be categorised into four levels: individual, medication-related, health system, and structural factors.

1. Individual factors
Individually factors are dynamic and will change during different phases in life, such as puberty and old age. Community-based interventions are most effective at this level. These can include: adherence support from

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⁹ [https://www.avert.org/professionals/hiv-programmeming/treatment/cascade](https://www.avert.org/professionals/hiv-programmeming/treatment/cascade)
peer counsellors, psychosocial support addressing self-stigma, online support, cognitive behavioural therapy, behavioural skills training, and medication adherence training, and so on. Furthermore, food and nutrition support, including cash transfers, may help individuals on low incomes.

2. Medication-related factors
Simpler once-a-day regimens which combine several drugs in one single pill make it easier to adhere to treatment. Especially in paediatric formulations when different dosages are required regularly. Moreover, viral load testing is necessary to manage change of regimens appropriately. Further, second and third line medication must be affordable and available and stock-outs must be prevented. Finally, there are promising new solutions in development such as long-acting treatment options and eventually also a cure for HIV.

3. Health system factors
Most importantly, stigma and discrimination by the health system and staff must be eliminated, ensuring friendly services for all PLHIV. Community-based interventions should be stimulated and recognised as an essential part of the health system. For instance, communities can build systems to follow up and find people who dropped out of care. Finally, countries must have a client-centred health information system to monitor and follow up patients across clinics, ensuring transfers without interruption of treatment.

4. Structural factors
Tackling structural barriers that prevent PLHIV to adhere to treatment is necessary to create permanent change. Structural factors include gender inequality and violence, economic and social inequality, and a non-supportive legal environment.

1.6 Aidsfonds strategy
Aidsfonds' vision is a world without AIDS. Our work contributes to the following long-term goals:

- Less than 200,000 new HIV infections per year globally
- Everyone living with HIV worldwide receives treatment

At the heart of our work is supporting communities – so that they themselves can prevent new HIV infections and ensure all PLHIV have access to treatment. Our target groups include PLHIV, children, young people, young women, sex workers, men who have sex with men, transgender people, and people who use drugs. As an involved funder we ensure our target groups receive the extra investment they need.

Reaching gender equality is central to our work; hence, we strive for gender transformative approaches in all interventions. This entails:

A. A sound gender analysis in the developing stage, meaning the context analysis must be done with a gender lens.
B. Attention to the specific needs of girls/women, people with diverse sexual and gender identities, as well as boys/men.
C. An intervention which also addresses harmful gender norms that are at the root of the problem.

There are many useful practical tools on gender transformative approaches and gender analysis which you could consult. This is the [WHQ gender tool](#).
2 Call for proposals

2.1 Objectives

With this call for proposals Aidsfonds aims to find programmes to sustainably retain PLHIV in care. We seek programmes implementing a combination approach, working at least at three levels described in section 1. Different work packages could be implemented by different organisations in a partnership.

The objectives are to:

1. Expand successful approaches to ensure a person living with HIV will grow old in good care. This means work at four levels:
   - PLHIV are supported to adhere to treatment throughout all phases of life
   - PLHIV have access to lifelong quality treatment
   - The healthcare system, which includes community-based approaches, is equipped to retain PLHIV in quality care
   - Structural barriers hampering PLHIV to remain in care are reduced

2. Reach long-term sustainability through national government taking responsibility for systems to retain PLHIV in care throughout their lives. This is a crucial element of the UHC package.

2.2 Type of programmes

The main goal for a programme under this call should be to support PLHIV to remain in care for the rest of their lives. This means PLHIV adhere without interruptions to treatment in a supportive environment so that they reach viral load suppression and are able to maintain it. Thus, programmes should strive for a differentiated care approach, addressing clients' vulnerabilities throughout different phases of their lives. The aim is to support those most vulnerable to drop-out; this could be during one specific phase of life. Programmes do not need to work on the full life-cycle of a person living with HIV.

Aidsfonds believes that a combination of interventions is necessary to build a sustainable system that retains PLHIV in care for the rest of their lives. With this call we therefore ask for programmes with a multi-component approach addressing the most relevant factors for a certain location and/or population.

We ask for programmes with a civil society organization or community-led organisation in the lead. Networks of PLHIV and key population-led organisations are strongly encouraged to apply and/or be part of the consortium in partnership applications.

The programme should aim to sustainably retain PLHIV in care through:

- It should be embedded in or linked to the local healthcare system.
- It should be seeking synergies with existing initiatives and not build stand-alone activities.
- It should have the potential to be scaled up to a nation-wide approach in cooperation with the Ministry of Health.
- It should include community-based approaches.
- PLHIV should be meaningfully involved in the development, implementation, and evaluation of the programme.
- It should focus on the populations and locations with the lowest retention rates.
• A gender analysis intersectioning with other social determinants of vulnerability\textsuperscript{11} must be done in order to create a gender responsive programme.
• It should advocate for rights-based HIV-care to be part of UHC.
• It should implement a combination approach working at least at three of the four levels mentioned in section 1: individual, medication-related, healthcare, and structural factors.

2.3 Monitoring and Evaluation

This call for proposals directly contributes to the first Aidsfonds long-term goal:
• Everyone living with HIV worldwide receives treatment

And indirectly to the long-term goal:
• Less than 200,000 new HIV infections per year globally

Selected programmes should include at least one quantitative indicator measuring their contribution to the first goal. This indicator must be disaggregated by gender and age. Aidsfonds reports in the age categories: 10-14, 15-24, and 25+.

Moreover, measuring follow-up and retention in care is necessary to support PLHIV to remain in care. We encourage including indicators which measure retention in care as a result of your programme. In this call we aim to define this in terms of client satisfaction and uninterrupted adherence to treatment, ideally measured in viral load suppression. Gender and age disaggregation is required.

In addition to quantitative indicators, we require qualitative indicators. Aidsfonds aims to be a kickstarter, whose funded programmes can be scaled up, for instance by national governments or major donors. Hence, you should not only monitor the progress of the programme, but focus on evaluation and learning as well. A programme should create change stories or case studies which prove your success and can help build an investment case. One method to do this could be outcome harvesting.

It is encouraged to include budget for such evaluation or research activities in the Results and Budget Framework. Additionally, include budget for dissemination of results in for example conferences or other forums if applicable.

Aidsfonds and the successful applicants together will agree on the final monitoring and evaluation framework when the programme is selected.

2.4 Linking and Learning

Aidsfonds promotes linking and learning as a means to create a better HIV response. One element of this is to capture the lessons learned and translate them into concrete products which can be disseminated.\textsuperscript{12} Another element is to link with other players nationally and internationally working on similar issues. Furthermore, as we seek sustainability, it is important to link with the National Government and lobby for scale-up. Therefore, we encourage selected proposals to reserve a budget of max €10,000 per implementation year for this purpose.

\textsuperscript{11} For example, gender intersecting with age and socioeconomic status. Populations who have a higher HIV morbidity and mortality and who have less access to information and services are: young people; AGYW; men who have sex with men; people who use drugs; sex workers; transgender people.

\textsuperscript{12} Learning products could include model descriptions, case studies, learning reports, success stories, advocacy briefs, and newsletters.
The goal of linking and learning is twofold: one, for successful strategies and methods to be scaled up; and two, to contribute to a stronger and more coordinated community response. Aidsfonds will play an active role in linking with stakeholders and disseminating products. We can engage our network of implementing partners, international lobbyists, Dutch Embassies, and so on. Successful applicants and Aidsfonds will discuss the linking and learning intentions together during the contracting process.

2.5 Eligible countries

Aidsfonds focuses its work in 13 countries with the highest HIV burden. In order to have the biggest impact with this call the countries with the biggest gap in the treatment cascade were selected. Therefore, programmes under this call for proposals should take place in Ethiopia, Mozambique, Nigeria, or South Africa.
3 Procedures

3.1 Publication

Organisations that meet the definitions and criteria set by this call for proposals and are working in Ethiopia, Mozambique, Nigeria, or South Africa are invited to submit an online application. This call is publicised through www.aidsfonds.org as well as global networks and partners of Aidsfonds.

All communication will be in English. Applicants are requested to submit a proposal covering a three-year period: 2020 - 2021 - 2022. Technical support from specialised international organisations may be included in the proposal. Lead applicants can submit one proposal. Once a proposal is submitted, revised versions or additional information will not be taken into consideration.

You can access the application form on our website. The deadline for submitting applications is: 12 September 2019 at 12:00 (noon) CEST. Please contact us through grants@aidsfonds.nl for further information or assistance.

3.2 Budget

Budgets are to be submitted in Euros, through the designated Result and Budget Framework 2019 (part of the online application form). For each programme, a total budget of €300,000 – €600,000 is available for the duration of three years. Aidsfonds aims to support two to three programmes.

3.3 Eligibility

All proposals received before the closing date will be checked by Aidsfonds on the eligibility criteria for proposals and applicants. Proposals that do not meet these criteria will not be considered eligible for further assessment and will receive notification of this by Aidsfonds.

Eligibility criteria for proposals:

- The proposal is submitted before the deadline of 12 September 2019 at 12:00 (noon) CEST;
- The proposal is submitted in English;
- The proposal is submitted through the online application form 2019;
- The result and budget framework 2019, provided in the online application form, describes objectives, outcomes, indicators, activities, and budget for three years (2020-2021-2022);
- The result and budget framework 2019 is uploaded in Microsoft Excel as part of the online application form 2019;
- The proposed programme builds towards the objectives of this call;
- The proposed programme works at three of the four levels mentioned in section 1;
- The proposed programme takes place in Ethiopia, Mozambique, Nigeria, or South Africa;
- The proposal is supported by the latest available annual narrative and financial report (uploaded through the online application form).
Eligibility criteria for applicants:
- The lead applicant is a registered organisation. Proposals by individuals will not be taken into consideration for funding. In case the programme is implemented by a consortium of partners, a partner organisations may be unregistered;
- The lead applicant is a non-profit and non-governmental organisation;
- Funding will only be provided to a proposal with a civil society organization in the lead that is responsible for programmatic and financial reporting. We strongly encourage community-led\(^3\) organisations to apply.

3.4 Quality review

Once proposals are considered eligible for further assessment, Aidsfonds identifies two or three technical experts with long-term and relevant expertise who will anonymously review the proposals. The independent reviewers score proposals according to a review form. Reviewers must inform Aidsfonds of any potential conflicts of interest, which would lead to exclusion of the reviewer. The independent experts review the proposals and applicants according to the following criteria:

Review criteria for proposal:
- Overall quality and clarity of the proposal;
- Quality and appropriateness of the context analysis, using a gender lens;
- Expected impact of the proposed activities on the objectives of this call;
- Relevance of the proposed programme in the specific context;
- Proposed programme complements existing programmes in that location;
- Specific explanation of how the combination approach that is proposed will lead to a bigger impact;
- Coherence and feasibility of the proposed three-year strategy working towards the long term outcome(s):
  - SMART\(^4\) formulation of objectives and results;
  - Clear explanation on how activities contribute to the results;
  - Clear explanation of the underlying assumptions;
  - Appropriateness of the budget in line with activities and results;
  - Demonstrated need for items included in the budget;
  - Demonstrated critical awareness of cost-efficiency;
  - Realistically planned implementation;
- Demonstrable intention to work with Ministry of Health;
- Potential to scale up.

Review criteria for applicants:
- Track records in working on the objectives of this call;
- Capacity:
  - Appropriate governance and accountability structures;
  - Appropriate financial management;
  - Appropriate leadership;
  - Capacity to implement the proposed activities;
  - Capacity to monitor outcomes of the proposed activities.

\(^3\) For example, youth-led, sex worker-led or other KP-led organisations, and PLHIV networks.

\(^4\) SMART: specific, measurable, achievable, relevant, time-bound
3.5 Rebuttal

Applicants will receive the completed independent and anonymous review forms in the beginning of November 2019. Applicants then have the opportunity to address the review comments by writing a rebuttal.

3.6 Funding decision

Based on the reviews and the rebuttals, an external commission will provide a funding advice to the Board of Aidsfonds in November 2019. The commission's decision is based on proposals' scoring on the review criteria, as well as the range and variety of programmes. Aidsfonds aims for a diverse portfolio within one call for proposals. The Board will take a final funding decision by 15 January 2020.

3.7 Further evaluation

If a proposal is awarded a grant, the original proposal is the basis for further monitoring and evaluation. Annual financial statements and information on progress are required. After the official grant period has expired, Aidsfonds still highly values information with regard to the outcomes of the activities that were funded. This means that grantees may be asked to report on results after the contract has expired, in order to evaluate the programme.
4 Timeline

12 September 2019  Deadline for submitting proposals by 12:00 (noon) CEST

28 October 2019  Proposals reviewed by experts, anonymous review forms are sent to submitting organization for rebuttal

12 November 2019  09:00 am CET - Deadline for rebuttal by submitting organization

16 December 2019  Advice of the external advisory committee based on reviews and rebuttals to the board of Aidsfonds

15 January 2020  Decision by the board of Aidsfonds, acknowledgements to applicants follow immediately after