



THE ViiV HEALTHCARE POSITIVE ACTION FUND

Call for Proposals, Innovator: Round 2 - 2022

Combination HIV Prevention Approaches for Adolescents and Young People (15 – 24) in their Diversity (Brazil, Mexico, Chile, Haiti, Trinidad & Tobago, Colombia and Jamaica)

Guidance Notes

Please read this document carefully: it explains the ViiV Healthcare's Positive Action Fund application criteria and what you should include in your application. Please check that your application clearly reflects this guidance.

2022 Round 2 Call for Proposals

The 2022 Round 2 Call for Proposals is focused on **providing combination HIV prevention approaches for Adolescents and Young People (AYP) (15-24) in their diversity** in Brazil, Mexico, Chile, Haiti, Trinidad & Tobago, Colombia and Jamaica. Positive Action invites applications who focus on HIV prevention needs of cisgender adolescents and young people, young people who sell sex, those who inject or use drugs and LGBTQ adolescents and young people.

Grants of up to £50,000 **per year** over two years, i.e. up to £100,000 over a two-year period will be awarded.

Positive Action invites applications from **29th April 2022 (00:01 BST) to 25th May 2022 (23:59 BST)** and will host two webinars to provide more information for applicants during this application window. Join the first Webinar at [4pm BST Thursday 5th May 2022](#) and/or the second Webinar at [3pm BST Friday 6th May 2022](#). **Eligible** Applications will be reviewed by the Technical Review Committee in June 2022.

Positive Action online grant management system.

Please submit your application via CyberGrants, ViiV Healthcare Positive Action's online application system.

Please do not email applications to ViiV Healthcare or Positive Action staff members or Positive Action mailboxes. We will only accept applications via the online application system. If you have any problems accessing the online system please review the FAQs on the Positive

Action website and/or contact the Positive Action mailbox.

W.W.PositiveAction@viivhealthcare.com

Completing Your Application

The application form requires you to outline the **new** intervention(s) that your organisation would like to implement, how you will address the issues facing **AYP in their diversity (15-24 years old)** in relation to HIV prevention, what it is that you are trying to achieve and your capabilities to respond to the issues impacting this group in your context. Pay particular attention to outline, if relevant, the needs of the sub-groups of focus (cisgender adolescents and young people, young people who sell sex, those who inject or use drugs and LGBTQ adolescents and young people).

You will be required to complete a detailed budget, a data collection template (*if you will be collecting any human subject data*) or an evaluation template (*if you are undertaking any programme evaluation*). Please ensure you complete the application form and/or templates in full to ensure that it meets the application criteria.

Deadline: All applications must be received by **23:59 BST 25th May 2022** to be considered by the Technical Review Committee in **June 2022**.

The Technical Review Committee (TRC) is a group of external experts with demonstrated experience and leadership in HIV programming who review applications and make recommendations for funding. The TRC scoring looks at the following areas:

- Clear overview of the context regarding the thematic area of focus: the TRC looks for explicit evidence and data on the state of play in the HIV response as it pertains to the relevant thematic area.
- Addressing gaps: the TRC look for focused interventions that will address the stated gaps in the thematic area of focus that will contribute to the HIV response.
- Community engagement: Positive Action believes that engaging affected and local communities is critical to addressing the drivers of health and life inequalities. The TRC places higher weighting on how the applicant has engaged and/or will engaged the communities of focus in the design, implementation and monitoring of the project, including remuneration of peer educators/supporters.
- Realistic goal, objectives and activities: the TRC look for detail in the activities to ensure that they will respond to the stated objectives and subsequently meet the goal of the proposed project.

- Innovation and sustainability: the TRC look for new approaches that are being piloted and a focus on how the approaches will be sustained after the life of the project.
- Cost effectiveness and value for money: the TRC places high weighting on the budget, looking at feasibility of implementation and cost-effectiveness.

Should your application be successful, the content will be shared with our partner the Charities Aid Foundation (CAF), who will carry out the due diligence and eventual payment. As part of their due diligence, they may require additional information. You will be contacted if this is required. As part of this you will be asked to sign up to CAF's terms and conditions.

CAF undertakes due diligence on all the grants made through the ViiV Healthcare Positive Action Fund and will need to contact you regarding your application. The data collected in the Application Form will be provided to them.

Context for the Innovator Call for Proposals

No region reached the HIV Prevention targets endorsed by the 2016 United Nations General Assembly Political Declaration on HIV and AIDS to reduce new HIV infections by 75% (to <500,000) by 2020. The Global AIDS strategy 2021- 2026 calls for additional investment in HIV prevention interventions with a substantial share of these resources focused on key populations in all regions.

UNAIDS Global Update 2021¹ shows that Latin America did not achieve any reduction in new HIV infections over the course of the last decade. The region fell short of the 90-90-90 targets with late diagnoses common among people living with HIV. Under-investment in the HIV response is seen as a major reason for this pattern, where HIV prevention efforts have stalled.

In Latin America, 92% of the estimated 100,000 new infections in 2020 were among key populations and their sexual partners, with gay men and other men who have sex with men the most affected. In 2020, only six of 17 countries in the region provided PrEP within the national health system and only one offers self-testing. Key populations continue to experience other barriers to accessing HIV services, including stigma and discrimination, physical and sexual harassment, violence and other human rights violations which undermine the impact of HIV programs.

With an overall reduction of 28% in HIV infections since 2010, UNAIDS 2021 data shows that the Caribbean has fared better than Latin America². There has been an increase in the number of people living with HIV who know

¹ 2021 UNAIDS Global AIDS Update- [Confronting inequalities](#)

² [UNAIDS 2021 Data](#)

their status with community-led organisations leading the charge in addressing inequalities in HIV service through more efficient case finding, especially of key populations and their partners who accounted for 68% of new HIV infections in 2020. That said, the Caribbean has the second highest HIV prevalence after sub-Saharan Africa³ and barriers to progress include violence and stigma toward key affected populations and those living with HIV.

Gender-based violence has been exacerbated in the pandemic along with gender inequalities and stigma and discrimination especially for sexual minorities. To reach these marginalised groups, integrated HIV, sexual and reproductive health, and gender-based violence services would reach adolescents and young people and neglected key populations.

Taken as a whole, transgender and gender non-conforming people in the LATAM region have the highest prevalence of HIV and experience the highest levels of violence. 78.8% of all murders reported in this population worldwide are from the LAC region⁴. Transgender people who engage in sex work also faced heightened risk of physical and sexual violence contributing to increased HIV exposure risks.

Discrimination within health care settings continues in many countries which reduces access to HIV and other health services⁵. Strategies to reduce inequality in health outcomes among transgender and gender non-conforming people are encouraged. These strategies should address a broad range of cultural, social, and interpersonal aspects that contribute to stigma and discrimination and gender-based violence.

How the Innovator Proposal Should Be Targeted

Focus of Call: Positive Action welcomes proposals designed to provide combination HIV prevention approaches for Adolescents and Young People (15 – 24) in their diversity in Brazil, Mexico, Chile, Haiti, Trinidad & Tobago, Colombia and Jamaica.

The global targets for 2025 require 95% of people at risk of HIV infection, receive, and use appropriate, prioritised, person-centred, and effective combination HIV prevention options. The Global AIDS Strategy 2021- 2026 calls for additional investment in HIV prevention interventions with a substantial share of these resources focused on key populations.

This call should be targeted at addressing the HIV prevention needs of cisgender adolescents and young people, young people who sell sex, those who inject or use drugs and LGBTQ adolescents and young people aged 15 to 24 years old.

³[HIV and AIDS in Latin America the Caribbean regional overview | Avert](#)

⁴<https://transrespect.org/en/tmm-update-trans-day-of-remembrance-2018/>

⁵[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)00683-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)00683-8/fulltext)

Effective HIV treatment scaleup has meant that many more people living with HIV can now have a suppressed or undetectable viral load. U equals U (i.e., undetectable equals untransmissible) improves quality of life and prevents transmission of HIV. Additionally, the integration of HIV and Sexual and Reproductive Health and Rights continues to be critical in reaching this key group.

Primary prevention remains crucial and for this reason Positive Action is interested in supporting **pilot** or innovative community-based interventions that demonstrate effectiveness in providing combination HIV prevention in at least **two of the three elements** highlighted below. Positive Action is keen to see explicit linkages and/or partnerships across your interventions that demonstrate how you will achieve your overall goal

1. **Biomedical interventions** including clinical and biomedical prevention:

Data from LATAM indicates that condom use varies with men engaging in sex with a non-regular partner more likely to use condoms than women. In the Caribbean, levels of condom use among young people (15-24) who have sex with non-regular partners ranged from 60% in Haiti to 63% in Jamaica⁶. Targeted strategies are required to ensure availability, access and use among young people.

Harm reduction programmes across LATAM are limited with only eight countries providing needle and syringe programmes (NSP). The withdrawal of Global Fund support has had a big impact on NSP provision in Mexico that experience a 30% drop in the NSP per person who injects drugs⁷.

To achieve the 95% targets of 2025 a full range of prevention choices including condom availability, ARV based prevention options, Voluntary Medical Male Circumcision (VMMC), STI treatment as a risk reduction approach, harm reduction programmes including Needle Syringe Programmes should be made available.

2. **Behavioural interventions** –

Behavioural change can follow from greater agency, better knowledge of one's and their partners HIV and viral load status, assessment of one's risks etc.. Comprehensive sexuality education (CSE) is provided in most countries in the Caribbean, with the exception of Haiti. CSE topics includes HIV, sexuality, gender identity and gender equality⁸. However, comprehensive, correct knowledge of HIV is still wanting across the LATAM region with low rates ranging from 32.5% in Brazil to 39.2% in Jamaica⁹.

Person-centred HIV prevention requires ensuring that the person's social context and their ability to exercise agency are also considered

⁶ [UNICEF 2021 data](#)

⁷ [GSHR2016_14nov.pdf \(hri.global\)](#)

⁸ [HIV and AIDS in Latin America the Caribbean regional overview | Avert](#)

⁹ [UNICEF 2021 data](#)

when designing programmes. Interventions that respond to the context of adolescents and young people in their diversity aged 15 – 24 years old, including counselling for risk reduction, comprehensive sexuality education (CSE), peer led education programmes, social marketing and digital campaigns, demand creation for prevention options, should be considered.

3. **Structural interventions-**

Context specific integrated approaches require an enabling environment that has supportive and implemented laws and policies that encourage and increase the consistent use of HIV prevention services.

Stigma and discrimination continue to be a barrier to access and use of HIV services across the LATAM region and while a number of countries are showing progress, much still remains to be done to reduce the hate crimes and improve access to HIV and other services, including interventions targeted at different settings for e.g. the justice and health and sectors

Influencing efforts that promote the inclusion of adolescents and young people in all their diversity for the uptake of quality HIV prevention services. This includes but is not limited to addressing gender inequality and violence, economic empowerment, addressing laws that reduce access to services for adolescents and young people in their diversity should be considered.

Key considerations for this Innovator call for proposals

Your application should be specific in describing how you will address at least **two elements** of combination HIV prevention outlined above and specifically, what new initiative, innovation or intervention you are piloting to stem the trend of new infections in adolescents and young people in their diversity.

Funding criteria:

1. Who can apply?

Non-governmental and community-based organisations that can deliver change at a community level through their links with or representation of the communities affected especially adolescents and young people in all their diversity. We encourage key population led and youth led groups to apply.

2. New Project

Your project must consist of **new** work that has not been previously funded. It can include projects transferred to a new location(s) – it may not be the continuation of a previously funded activity.

3. Community Focus

Positive Action believes that engaging affected and local communities is critical to addressing the drivers of health and life inequalities, it therefore seeks to promote community responses that work at the level of changing beliefs, attitudes and behaviours to improve health and rights at the community level.

Timelines

The Positive Action application, review and grant process can take up to four months to complete. The following table outlines the review process for this invitation.

Innovator Prevention Funding Round opens	29 th April 2022
Innovator Prevention Funding Round closes	25 th May 2022
Webinar 1	5 th May 2022
Webinar 2	6 th May 2022
Technical Review Committee meets	Week commencing 15 th June 2022
Recommended applications pass through validation	Week commencing 1 st July 2022
Additional information and documentation may be requested	Week commencing 27 th June
Final decision and contracting	August 2022 onwards

Please note that these dates are a guide.

General Guidance

Your Organisation

Positive Action is targeted at supporting communities affected by HIV and AIDS. Any not-for-profit national or community-based organisation that represents, or is working with or for, affected communities is eligible to submit a proposal.

The Size and Period of the Grant

The funding available is up to £50,000 per year over two years, up to a maximum of £100,000.

Geography

Positive Action would like to invite proposals from the following **seven** countries that have low coverage of HIV prevention programmes coupled

with significant structural barriers that make it almost impossible for key populations to access HIV services.

Brazil, Mexico, Chile, Haiti, Trinidad & Tobago, Colombia and Jamaica

AMPLIFY IMPACT

AMPLIFY IMPACT is an offer of technical assistance designed to facilitate joined up impact, ongoing learning and improvement in the achievement of the Positive Action strategy. Positive Action's strategy will be achieved through grant making enabled by two elements of Amplify Impact outlined below:

- a) **Technical Assistance:** An additional/up to 10% top up of your recommended grant amount **may** be provided to support organisational development and programmatic technical assistance.
- b) **Skills Connector:** GSK/ViiV employees provide advice and provide **short-term**, long-distance, specialised support to grantees. Support can range from 3 hours – 10 days (per year) and will focus on the following broad areas:
 - Business Development & Change Management
 - Communications (media, messaging and publicity)
 - Data Management and Knowledge Transfer (enhancing data value and distribution)
 - Information Technology (IT) (networking and infrastructure)
 - Representation and Influence (public speaking, effective representation)
 - Sales and/or Marketing (promoting services, securing clients, raising money)

You must clearly stipulate on the application form whether you will require Amplify Impact, and which element of Amplify Impact you will require.

Outline Budget

The budget template embedded in the online application form will require you to enter a detailed budget. This should show spending for each year of the project against lines including any capital costs, staffing, travel, training, monitoring and evaluation, and communications.

Please follow the instructions provided in the budget template, noting the following:

- The total grant amount requested for Year 1 cannot account for more than **50%** of an organisation's overall income, in the last 12 months, for countries in [low and middle income countries and more than 25% of an organisation's in High Income Countries](#) (. **The**

organisation's overall income includes any previous ViiV Healthcare Positive Action grant/s disbursed within the last 12 months.

- **85%** of project budgets must be spent in country.
- Overheads over **15%** of the total project budget will not be accepted; and
- **Budget limits will be strictly adhered to** – do not request more than the allowable amount for the Innovator Grant as you will not be able to submit your application.

We request that all budgets are submitted in Pound Sterling (at the prevailing rate of exchange). **You must include an annual and total budget for your project in Pound Sterling to be considered for funding.**

Monitoring and Evaluation

Please note that relevant indicators are pre-selected for this thematic area and will be agreed prior to contracting. However, you must provide a high-level description of how your organisation will measure effectiveness of your interventions. Please complete the relevant template included in the application portal if you are planning to conduct data collection and/or to carry out a program evaluation.

References and Validation

Two references are required. References should have knowledge of your organisation's work and should include a named contact with phone number and email. References must use the template embedded on the application portal and tick the box in the template confirming that you have their permission to share their personal details with ViiV Healthcare Positive Action.

Please do not upload any additional documents to support your reference, we will only accept and review your completed "reference template".

If your funding is approved by the Board, validation of your organisation's charitable status is required before funding is made available. Validation will be undertaken by the Charities Aid Foundation (CAF). Please see the FAQs for more details on Validation.

Designating a Primary Contact

We require that all international organisations with a country office where the project will be located provide a contact in-country. A secondary contact out of country may also be included.

