



## THE ViiV HEALTHCARE POSITIVE ACTION FUND

Call for Proposals, Innovator 2023

**Harm reduction and HIV prevention, care and treatment for communities who engage in chemsex**

**Countries: Cambodia, Indonesia, Malaysia, Philippines, Thailand, Vietnam**

### 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.

### Call for Proposals

This Call for Proposals is focused on community-based and community-led approaches for effective harm reduction and HIV prevention, care and treatment programming for communities who engage in chemsex. This includes gay, bisexual men and other men who have sex with men, transgender people, people who use drugs and those engaged in sex work.

Applications are welcomed from **Cambodia, Indonesia, Malaysia, Philippines, Thailand and Vietnam**

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 **6<sup>th</sup> June 2023 (00:01 BST) to 29 June 2023 (BST 23:59)** and will host two webinars to provide more information for applicants during this application window. Join the first webinar on **9<sup>th</sup> June 2023 at 9:00am UK BST** [Click here to join the meeting](#) or the second webinar on **16<sup>th</sup> June 2023 at 9:00am UK BST** [Click here to join the meeting](#). Eligible applications will be reviewed by the ViiV Positive Action Technical Review Committee in July 2023.

This Call for Proposals is an **Innovator Call**. For the overwhelming majority of contexts, effective harm reduction programming for communities who engage in chemsex is a relatively new, emergent and evolving area of work. Proposals can include new interventions and/or existing innovative interventions that would benefit from further implementation (for applicants that already have some experience in chemsex programming) to strengthen the evidence base in this area of work.

Applications that are selected for funding, will be enrolled in a joint research study led by ViiV Healthcare Positive Action, to demonstrate the impact from the programming implemented on chemsex and document learning. This is in recognition that the sector would benefit from more evidence of good practice on chemsex programming to enable practitioners to use this for the South-East context and beyond. Research practices including confidentiality, privacy and data

protection for project participants will be respected for the study. Positive Action will coordinate with successful applicants on the programme evaluations and the joint research study, during contracting stages.

### **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. [WW.PositiveAction@viivhealthcare.com](mailto:WW.PositiveAction@viivhealthcare.com)**

### **Completing Your Application**

The application form requires you to outline the intervention(s) that your organisation would like to implement on community-based/community-led approaches for effective harm reduction and HIV prevention, care and treatment programming for communities who engage in chemsex. This includes gay, bisexual men and other men who have sex with men, transgender people, people who inject drugs and those engaged in sex work.

The application will require you to outline in detail the challenges facing population groups in your context engaging in chemsex and your approach for them to access harm reduction and HIV prevention, care and treatment services. In particular, please outline, if relevant, the particular needs and context of the sub-groups of focus (for example share details on the gender and age range of your target group/s, and factors such as their engagement in selling sex) to tailor your approach.

You will be required to complete a detailed budget and a data collection template (*if you will be collecting any secondary data*). 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 29 June 2023** to be considered by the ViiV Positive Action Technical Review Committee (TRC) in **July 2023**.

The ViiV Positive Action Technical Review Committee (TRC) is a group of external experts including individuals who are from the communities that our funding is targeting - with demonstrated experience and leadership in HIV programming. They will 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 looks for 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 engage 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 looks 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 scalability: As an Innovator Call, the TRC looks for new interventions and/or existing innovative interventions that would benefit from further implementation to strengthen the evidence base on programming that is effective. Feasibility of scalability following proof of concept is also considered by the TRC.
- 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 will require additional information. You will be contacted when this is required. As part of this process, 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**

*'Gay men and other men who have sex with men have 28 times greater risk of acquiring HIV than adult men (15-49) in the general population. Transgender women have 14 times greater risk of acquiring HIV than adult women (15-49) in the general population. People who inject drugs have 35 times greater risk of acquiring HIV than adults who do not inject drugs<sup>1</sup>'*

Achieving the global target to eliminate HIV transmission amongst gay and other men who have sex with men (MSM), transgender people and other key population groups requires increased efforts to develop and implement HIV and harm reduction programmes that are responsive and relevant to the realities and evolving contexts of people's lives. Chemsex, an increasing practice in some parts of the world, involves the use of specific drugs before or during planned sexual events to facilitate, enhance, prolong and sustain sex. The risk of transmission for HIV and other sexually transmitted infections (STIs) is increased as a result of chemsex drugs lowering inhibitions, which can lead to unsafe sexual and other behaviours. For example chemsex participants may be more likely to engage in

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<sup>1</sup> UNAIDS Global AIDS Update 2022 [Full report](#) — [In Danger: UNAIDS Global AIDS Update 2022](#)

intercourse without the use of condoms, engage in sex with multiple partners, not take antiretrovirals (ARVs) including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) and in the case of injecting drugs, engage in unsafe practices such as sharing injecting equipment. Men who have sex with men, transgender and other individuals who also engage in sex work and chemsex practices, are also at heightened risk. In addition to the considerations of HIV, STIs and viral hepatitis, chemsex is also associated with mental health issues such as depression, anxiety and suicidal risks which can have a direct impact on accessing HIV prevention services, and for people living with HIV, impact adherence to ARVs and viral suppression.

There is a recognition that chemsex, locally known as 'high fun or chemfun' for some in the South East Asia context, is increasingly practiced with different strategies and approaches being used to target MSM and other communities to enable safer practices<sup>2</sup>. In 2021, data from nine countries in the region suggested that 3 to 31% of MSM engaged in chemsex in the past year<sup>3</sup>. In this region, common drugs used include methamphetamine, ecstasy (MDMA), poppers (alkyl nitrites), ketamine and gamma-hydroxybutyrate or gamma-butyrolactone (GHB/GBL) with often, multiple drugs used together<sup>4</sup>. Various sources report rising numbers of MSM, especially young men living in cities with access to some disposable income, as being involved in either chemsex or other types of sexualised drug use within their communities<sup>5</sup>. Experts believe the rise is due to the involvement of digital technologies, with an increase in the use of dating apps and social media facilitating the growth of connecting people with each other for chemsex parties and meetups.

Criminalisation, stigma and discrimination and social inequalities faced by people engaging in chemsex is significant in terms of access to services including a lack of access to harm reduction, and HIV prevention and treatment and other health services. Multiple levels of stigma for MSM, transgender people, those who use drugs, and people who engage in sex work can cause significant structural barriers for services, with increased likelihood of facing discrimination which can lead to individuals disengaging with services. It is therefore critical to provide tailored and effective harm reduction services to people who practice chemsex, in order to ensure they have access to the information and the equipment necessary to lower their health risks in a non-judgmental environment, without fear of discrimination, and in parallel service providers are supported to provide stigma free services.

### **How the Innovator Fund Proposal Should Be Targeted**

In the context of chemsex, it is acknowledged that traditional harm reduction services are often not appropriate for the specific needs of people who participate in chemsex<sup>6</sup>. For example, harm reduction interventions for injecting drugs users, which traditionally uses needle and syringe programmes (NSP), would not be suitable for chemsex contexts that do not involve the use of needles, and that would benefit from harm reduction interventions from orally-taken drugs<sup>7</sup>.

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. The strategy acknowledges that 'HIV prevention efforts have also

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<sup>2</sup> The Global State of Harm Reduction (2022) [HRI\\_GSHR-2022\\_Full-Report\\_Final-1.pdf](#)

<sup>3</sup> Ibid

<sup>4</sup> Ibid

<sup>5</sup> Ibid

<sup>6</sup> Chemsex in Asia: A Community Manual on Sexualised Drug Use Among MSM (March 2021)

<sup>7</sup> Ibid

been slow to address how harmful alcohol or non-injecting drug use, such as “chemsex” and the use of other stimulant drugs that affect sexual behaviours and increase risks of HIV acquisition”.<sup>8</sup> The urgency in implementing community-based and community-led HIV prevention programmes is critical to achieving the 2025 targets. 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.

**Focus of Call:** Positive Action welcomes proposals designed to implement community-based and community-led approaches for effective harm reduction and HIV prevention, testing, and treatment programming for communities who engage in chemsex.

**Countries: Cambodia, Indonesia, Malaysia, Philippines, Thailand, Vietnam**

Positive Action is interested in supporting innovative community-based and community-led interventions that demonstrate effectiveness in rolling out at least **two of the three themes** – for communities engaged in chemsex – highlighted below.

- 1. Community based awareness and education campaigns, including through the use of digital technologies.** Targeted and relevant messaging through community dialogues and educational campaigns is key for creating demand for the vital uptake of harm reduction, sexual health (STIs) and HIV prevention and treatment services. Educational campaigns should aim to increase awareness of safer chemsex practices and HIV combination prevention methods, such as condom and lubricant use and use of PrEP options, as well as HIV treatment. As digital technologies such as the use of social media and dating apps is central to the chemsex world, the use of these platforms to raise awareness may be integrated in the interventions, if appropriate for the context. Applicants should highlight what community-based educational campaigns will be implemented to raise awareness and increase support for communities to access HIV, STIs and harm reduction services.
- 2. Drive uptake of harm reduction and HIV prevention, care and treatment services:** Applicants should outline how proposed intervention/s will drive demand and vital uptake of harm reduction, sexual health (STIs) and HIV services. This could include community outreach methods such as peer led approaches to increase drug education, safer sex interventions and first aid for chemsex contexts, STI and HIV testing and treatment services and provide community based and community led service delivery models such as HIV self-testing and linkage to PrEP and PEP, and ARVs for those living with HIV. Interventions may also consider addressing structural barriers such as stigma and discrimination from communities and service providers, which adversely impacts uptake of harm reduction, sexual health and HIV services from communities
- 3. Drive uptake of mental health services:** Communities that engage in chemsex, including people from the MSM and transgender community,

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<sup>8</sup> [Global AIDS Strategy 2021-2026 — End Inequalities. End AIDS. \(unaids.org\)](#)

experience personal challenges such as internalised stigma, substance dependency, and mental health issues. Applicants are invited to include interventions that provide mental health support which may include interventions that address internalised stigma, for example support groups and psychosocial support.

All applicants are requested to outline how they will engage **with relevant stakeholders for sharing learning and advocacy**: Political, financial and community support from relevant stakeholders is key to building momentum and mobilisation to achieve the HIV targets through effective harm reduction programming for people engaged in chemsex. Applicants are invited to consider how they will work with partners in country to ensure that evidence from programmes are fed into advocacy effort and country planning where possible, to ensure that interventions are tailor made for those who engage in chemsex and that demand and supply are facilitated for harm reduction and HIV services.

Please note, this will also feed into the joint research study led by ViiV Healthcare Positive Action, that all funded applicants will be enrolled into as part of this call for proposals focussed on chemsex that will be able to feed into advocacy work. The research study will aim to demonstrate the impact from the programming implemented on chemsex and document learning. This is in recognition that the sector would benefit from more evidence of good practice on chemsex programming to enable practitioners to use this for the South East contexts and beyond.

## Geography

Positive Action would like to invite proposals from the following **six** countries: **Cambodia, Indonesia, Malaysia, Philippines, Thailand, Vietnam**

## Key considerations for this Innovator call for proposals

Your application should be specific in describing how you will address at least **two themes** of the call and specifically, what new initiative, innovation or intervention you are piloting.

### Funding criteria:

#### 1. Who can apply?

Positive Action is targeted at supporting communities affected by HIV. 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.

Non-governmental organisations that can deliver change at a community level through their links with or representation of the communities affected. Current Momentum grantees of Positive Action are **NOT** eligible of this call.

#### 2. 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 Funding Round opens	6 <sup>th</sup> June 2023
Innovator Funding Round closes	29 <sup>th</sup> June 2023
Webinar 1	8 <sup>th</sup> June 2023
Webinar 2	16 <sup>th</sup> June 2023
Technical Review Committee meeting to review applications	27-28 July 2023
Additional information and documentation may be requested from applicants	August 2023
Recommended applications pass through validation	September 2023
Final decision and contracting	September 2023 onwards

**\*\*Please note that these dates are a guide\*\*.**

## 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 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.