POSITIVE ACTION RESEARCH

Overview

ViiV Healthcare Positive Action is commissioning an organisation to complete a research study of projects awarded under our 2023 Innovator call '*Harm reduction and HIV prevention, care and treatment for communities who engage in Chemsex'.*

ViiV Healthcare is an independent, global specialist HIV company. We are committed to delivering innovative new medicines for the care and treatment of people living with HIV. Positive Action was created in 1992 and is an ongoing commitment of ViiV Healthcare, as the first pharmaceutical company programme to support communities living with and affected by HIV and AIDS. Positive Action (Global)'s mission is to be a transformational partner that champions people and communities to end AIDS. We do this through putting people and communities first, strengthening capacity and collaborating strategically. Positive Action exists to further the ViiV Healthcare mission of ensuring no person living with HIV is left behind, by working directly with the communities most affected by HIV.

Research Terms of Reference Template

I. Title of Research Project

Study the effectiveness of Positive Action funded projects focussed on harm reduction and HIV prevention, care and treatment for communities who engage in Chemsex.

II. Background

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 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.[1] 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[2].

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[3]. In 2021, data from nine countries in the region suggested that 3 to 31% of MSM engaged in chemsex in the past year[4]. 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[5]. 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[6]. 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

[1] The Global State of Harm Reduction (2022) HRI_GSHR-2022_Full-Report_Final-1.pdf
[2] Chemsex, MSM, and the HIV Cascade: A guide for program planners in key populations led HIV/sexual health programmes in South East Asia, Jan 2022
[3] The Global State of Harm Reduction (2022) HRI_GSHR-2022_Full-Report_Final-1.pdf
[4] Ibid
[5] Ibid
[6] Ibid

their health risks in a non-judgmental environment, without fear of discrimination, and in parallel service providers are supported to provide stigma free services.

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[7]. For example, harm reduction interventions for people who inject drugs, 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[8].

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 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'.[9] 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.

In response, **ViiV Healthcare Positive Action** has, as part of its current strategy, developed an Innovator Funding mechanism entitled 'Harm reduction and HIV prevention, care and treatment for communities who engage in chemsex.' Through this funding mechanism, Positive Action will fund eight grants of up to £100,000 over a two-year period (from Q2 2023/Q1 2024 – Q 2 2025/Q1 2026 (dependant on contracting) for projects implemented in Cambodia, Indonesia, Malaysia, the Philippines, and Vietnam. ViiV Healthcare Positive Action is seeking a research entity to assess the funded projects achievements against their goals, with an ultimate aim to assess their success in increasing knowledge of and access to harm reduction, HIV prevention, HIV treatment and psychosocial support services. The individual goals, objectives and interventions of each project, as well as the countries and contexts for implementation will be shared with the research team once the grant recipients pass due diligence and enter contracting stages.

This research study is being commissioned as there is recognition that the sector would benefit from evidence of good practice on effective programming on this topic, to enable practitioners to use this in the South-East Asian context and beyond. The research study, with formal research methodology applied, will provide a credible source of evidence on the effectiveness of the Positive Action funded grants/projects and document what interventions achieved and did not achieve in relation to global, regional and local HIV prevention and harm reduction goals. The research study is being commissioned so findings can be disseminated, including through the potential publishing of journal articles and the showcasing of learning and results at international conferences.

The research entity will be required to set standard indicators to measure the funding round so that impact can be measured across all projects. The research entity will be responsible for setting the indicators and designing the data collection approach (e.g. data collection tools and data collection points). The research entity will train each of the eight Positive Action grantees on what, when and how data should be collected. The grantees will be responsible for collecting baseline data and any data required during the project period. It is expected that the Positive Action grantees will also be required to collect some data at the endline point. At the endline point, the research entity will be responsible for reviewing data collected by the grantees, as well as carry out additional data collection through a mixed method research approach (e.g. FGDs, KIIs etc). It is at this stage that ethical approval will be required, alongside sub-contracting of data collection to local entities where the research entity does not operate – this will be required due to data collection needing to take place in local languages.

III. Objectives

The objectives of the research are the following:

- To evaluate the success of the eight grants based on a review of their achievements versus plan.
- To evaluate the achievements of the eight projects at an outcome and impact level, including.
  - **Outcome level**
    - The success of the projects to increase the target population's knowledge of safe chemsex practices.
    - The success of the projects to increase uptake of harm reduction and HIV prevention, care, and treatment services amongst the target populations.
    - The success of the projects to increase uptake of mental health and wellbeing services.

[7] Chemsex in Asia: A Community Manuel on Sexualised Drug Use Among MSM (March 2021)
[8] Ibid
[9] Global AIDS Strategy 2021-2026 — End Inequalities. End AIDS. (unaids.org)

Impact level

- Whether the grants led to a decrease in new HIV infections within the target communities.
- Whether the grants led to an increase in the number of people on HIV treatment, adhering to treatment and achieving viral suppression.
- Whether the grants led to improved mental well-being of individuals that engage in chemsex.

- To evaluate any trends of interventions that work and show promising practice, as a group of projects
- To assess (and demonstrate) the scalability and/or transferability of the interventions invested in, in process and results, for other setting within and beyond the study countries.

IV. Methods

The research entity is expected to be an institution from South East Asia and the research will be carried out in the five Positive Action funded contexts (Cambodia, Vietnam, Indonesia, Malaysia, and the Philippines) over the 2-year duration of the projects. The research entity is expected to collaborate with the grantees to understand their projects and their current plans to monitor and evaluate their proposed interventions. It is expected that the research entity will sub-contract in-country data collection to local research entities in countries where the research entity is not based, especially as data will need to be collected in local languages and translated. Positive Action is looking for a mixed method research approach, with baseline and endline data collected and reviewed. The research plan would look similar to the below:

Step 1: Desk review of funded proposals through the Positive Action funding round to obtain understanding of projects that will be part of the research.

Step 2: Design and approval (by Positive Action) of the funding round log-frame, as well as research design, data collection methods and timelines.

Step 3: Data collection tools developed and shared with Positive Action grantees (trained/briefed if necessary). Translation of data collection tools into local languages may need to take place.

Step 4: Baseline data collected by grantee staff with support from research entity.

Step 5: Data collected throughout the duration of the project by grantee project staff. Research entity provides guidance as needed.

Step 6: Endline evaluation designed, and ethics approval obtained in each context. This step is delivered by the research entity.

Step 7: Endline data collected. This will be where the mixed method approach will be implemented. Potential research methods may be Focus Group Discussions, Key Informant Interviews etc. This is also where it is expected that data collection is sub-contracted to local entities in countries where the research entity is not based. Existing data collected by the grantee will also be used at this stage.

Step 8: Analysis of data and report submitted, alongside other assets (e.g. journal articles, slide decks and conference papers)

The grantees will complete the baseline and ongoing data collection without the research team involved in data collection per se, and ethics approval is considered as not needed at this stage. The data collected at baseline will be used by the research entity as part of the endline evaluation.

Ethics approval will be required for the endline study, which will be led by the research entity. Sub-contracting data collection to local entities is likely to be required.

V. Deliverables:

- A research plan outlining the work plan, tools, and methodologies to be used. This would include an outline of methodologies proposed for the end of project evaluation.
- A funding round log-frame.
- Data collection tools and processes that can be implemented by Positive Action grantees.
- Training and ongoing support to Positive Action grantees on the use of relevant data collection tools and processes.
- Ethics approval for the end of project evaluation

- Research findings report containing an executive summary and comprehensive but concise outline of the results of the research study.
- Slide deck that provides and overview of the findings, lessons learnt and recommendations.
- One published journal article.
- One conference paper/presentation.

All research outputs will need to be in English and achieved by Q2 2026.

VI. Budget:
The maximum budget for the complete work, inclusive of all costs, is 150,000 GBP over the full duration of the research project.

VII. Required experience/skills:
We are looking for a research entity that can demonstrate the following:

- Is based in South East Asia, preferably in one of the countries that will implement one of the Positive Action funded projects to be assessed (Cambodia, Vietnam, Malaysia, the Philippines, and Indonesia).
- Has carried out previous research in HIV and/or harm reduction.
- Has carried out previous research with key populations (sex workers, the LGBTQI+ community and people who use drugs).
- Has robust policies and systems in place to obtain appropriate consent for research, as well as protect sensitive data.
- Can write reports and other assets in English.

A list of **references** must be included with the protocol for any works cited.

VIII. Application Process:
Interested organisations are requested to submit:

- An Expression of Interest detailing your interpretation of the TOR, proposed methodology and work schedule (based on the projects being 2 years in duration, and anticipated start date of the projects expected to be from the end of Q3 2023/Q1 2024).
- A clear budget detailing all proposed costs needed for undertaking the evaluation (travel, accommodation, transportation etc.) including all taxes liable to be paid.
- A capability statement demonstrating how they meet the required qualifications and competencies.
- Copies of all relevant Curriculum Vitae (CVs). Only CVs for the specific individuals that will form the proposed evaluation team should be included.
- A sample of an evaluation report/s for a similar project/s completed within the last 36 months (this will be treated as confidential and only used for the purposes of quality assurance) along with contact details for the responsible person from the organisation for whom the evaluation was done.

If you believe you qualify for this post and you are the research entity that we are looking for, please submit the required documentation as outlined in the application process above in English by emailing all requested documents and information above to Natsai Shoko using the email address ww.positiveaction@viivhealthcare.com

The closing date for applications is **17 November 2023**

The shortlisted 3-4 research entities may be invited to submit modifications or make a short presentation for the final selection.