IPPF Strategic Fund Consortia Grants
Request for Concepts
2023
Optimizing the rollout and integration of new biomedical HIV prevention methods into IPPF service delivery platforms

A. Purpose of the Strategic Fund at IPPF

In July 2020, the IPPF Board of Trustees approved Stream 2 of IPPF's Resource Allocation Model, also referred to as the Strategic Fund. The purpose of the Strategic Fund is to support initiatives in the areas of the Strategic Framework that require additional investment, and that will help IPPF deliver on its strategic outcomes.

The strategic fund has a several channels. All are dedicated to IPPF Affiliates (Member Associations and Collaborative Partners). The largest of the channels is the Consortium Channel. Every year, it issues a new call for concepts on a specific strategic theme.

A consortium is composed of a lead, which is responsible for implementation and financial management of the grant, and partner members. The duration of the consortium grants are typically two years from the time of signing the agreement.

One consortium will be selected to refine their concept into a full proposal, receive the grant, and implement the project across the consortium over the course of the grant period.

The 2023 Strategic fund for consortia grants is allocated to "Optimizing the rollout and integration of new biomedical HIV prevention methods into IPPF service delivery platforms," providing 1.9 million dollars over 2 years to a successful consortium of IPPF affiliates. This initiative is expected to act as a springboard for further and sustained work at IPPF to integrate new biomedical HIV prevention methods into affiliate services across the Federation.

B. Optimizing the rollout and integration of new biomedical HIV prevention methods into IPPF service delivery platforms

Background on Sexual and Reproductive Health and Rights at IPPF and HIV

The Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights [The Lancet, May 2018] states that "Sexual and reproductive health is a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity... All individuals have a right to make decisions governing their bodies and to access services that support that right." In alignment with this definition, the Universal Declaration of Human Rights, and UNAIDS Global AIDS Strategy, 2021-2026, IPPF endeavours to offer all clients integrated sexual and reproductive health services, in a welcoming, inclusive, and non-discriminatory environment. All types of these sexual and reproductive health services are key entry points to comprehensive HIV services, and HIV services are a key entry point for clients to access the full range of other sexual and reproductive health services at affiliate clinics.

HIV continues to impact the health of millions of people globally, and without appropriate attention to HIV prevention, sexual and reproductive health and rights cannot be achieved. According to UNAIDS, key populations, which include sex workers and their clients, gay men

and other men who have sex with men, people who inject drugs and transgender people and their sexual partners accounted for 70% of HIV infections globally in 2021. In sub-Saharan Africa key populations accounted for 51% of new HIV infections, and outside of sub-Saharan Africa key populations accounted for 94% of new HIV infections. Every week, around 4,900 young women aged 15–24 years become infected with HIV. Women and girls accounted for 49% of the 1.5 million new HIV infections in 2021, globally. In sub-Saharan Africa, six in seven new HIV infections among adolescents aged 15–19 years are among girls, and girls and young women aged 15–24 years are twice as likely to be living with HIV than young men. In sub-Saharan Africa, women and girls accounted for 63% of all new HIV infections in 2021. [UNAIDS, 2022]

IPPF delivered 22.8 million HIV services in 2021, of which 4,992,950 were HIV testing services, 296,225 were provision of medical antiretroviral therapy (ART) for people living with HIV, and 85,346 were provision of antiretrovirals (ARVs) for prevention - which includes Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), and prevention of vertical transmission. Between 2020 and 2021, provision of ART for those living with HIV increased by 20%, but provision of ARVs for prevention only increased by 8% at IPPF.

While many young women are coming to IPPF service delivery points to access contraception and other services, many of these young women are not provided with comprehensive HIV prevention services, likely contributing to incident HIV infections which are avoidable. At IPPF Only 34% of the ARV-based prevention services (PrEP, PEP and Prevention of vertical transmission) in 2021 were provided to those 24 years and younger. Results of the ECHO Trial (Evidence for Contraceptive Options and HIV Outcomes), conducted in Eswatini, Kenya, South Africa and Zambia, showed an overall rate of new HIV infections of 3.81% per year, even when study participants, at every visit, were provided with a comprehensive package of HIV prevention services, including HIV risk reduction counselling, partner, and participant HIV and STI testing and management, and condoms. The trial commenced before oral PrEP was available in trial countries. When oral PrEP was available locally, it was included in the HIV prevention package offered to participants, which occurred relatively late in the trial. The high rates of HIV incidence in the ECHO trial demonstrate the need for women to have access to a range of effective and acceptable HIV prevention methods, such as PrEP, and the importance of integrating PrEP and HIV prevention within contraceptive service delivery platforms. [Lancet 2019; http://dx.doi.org/10.1016/S0140-6736(19)31288-7]

There is a growing portfolio of effective interventions for HIV prevention. People have a right to sexual and reproductive health, which includes offering HIV prevention as a key component necessary to assure their health, wellbeing, and positive sexual lives and uphold their human rights.

Current HIV Prevention Landscape

After decades of disappointing results from biomedical HIV prevention clinical trials, a new era in biomedical HIV prevention has arrived, with a range of effective antiretroviral-based products which currently include oral PrEP, the vaginal ring, and injectable PrEP. These products, as well as others in the pipeline, are expanding the choices marginalised groups, women and all people have and will have about how they can protect themselves from HIV. More choices of HIV prevention methods increase the chance that individuals will find products that they are willing to use correctly and consistently, thereby reducing infections. Condoms are an effective way to prevent HIV and other sexually transmitted infections and should always be included in the prevention package. However, in heterosexual relationships, condoms (male and female) require

that women gain cooperation of their male partners. Gaining cooperation to use condoms is challenging for many women when structural and cultural factors perpetuate environments where women have less autonomy and power than their male partners. Women have long needed other methods that they could control to protect themselves from HIV, which is reinforced by the findings of the ECHO trial.

Daily Oral Prophylaxis (PrEP) is highly effective when used correctly (>90%), has been available for 10 years, and has received regulatory approval in most countries. Some IPPF affiliates are currently offering oral PrEP. Previously UNAIDS, in its HIV Prevention Roadmap, had set a target of 3 million PrEP initiations by 2020. Total global initiations of oral PrEP were just under 1 million by 2020. By mid-2022, global initiations were estimated to be 2.8 million. While the increase between 2020 and 2022 is positive, the global need for PrEP is in the tens of millions. [UNAIDS, AVAC/PrEPWatch]

The monthly dapivirine vaginal ring was shown to reduce risk of HIV infection by 35% and 27% in two clinical trials, with higher rates of effectiveness demonstrated in open label studies. In July 2020, the European Medicines Agency (EMA) gave a favourable opinion of the dapivirine ring, recommending the ring as an additional HIV prevention option for women 18 and older [https://www.ema.europa.eu/en/opinion-medicine-use-outside-EU/human/dapivirine-vaginal-ring-25-mg]. Since November 2020, the ring has been included in the World Health Organization's (WHO) prequalification list of medicines; in January 2021, the WHO recommended that the dapivirine vaginal ring may be offered as an additional prevention choice for women at substantial risk of HIV infection as part of combination prevention approaches [https://tinyurl.com/3ac29mw9].

Injectable Long-Acting Cabotegravir (CAB-LA) is an intra-muscular injection given in the buttocks every 2 months, and was shown to be 89% effective at reducing HIV transmission in women, and 69% for men who have sex with men and trans women. It received regulatory approval from the US FDA in December, 2021. In July 2022, the WHO released new guidelines advising countries to deliver long-acting cabotegravir as part of comprehensive approach to HIV prevention [https://www.who.int/news/item/28-07-2022-who-recommends-long-acting-cabotegravir-for-hiv-prevention].

In addition to these methods which are expected to increasingly be available in countries around the world, there are other products that are in the later stages of the product development pipeline that are expected to be seeking regulatory approval soon, such as the dual prevention pill which includes both ARVs for HIV prevention and hormones for contraception.

Opportunity statement

It is essential that IPPF offer new HIV prevention methods to uphold the sexual and human rights of the people it serves. IPPF has an opportunity to support the development of innovative and inclusive programmes, integrated within sexual and reproductive health service delivery platforms, which can serve as models to all. Provision of biomedical HIV prevention methods aims to benefit those who are most in need of HIV prevention. It will expand IPPF's reach within populations including young women, trans people, sex workers, gay and bisexual men and men who have sex with men, young men, people who use drugs, and others, therefore helping more people to meet their sexual and reproductive health needs.

At present time CAB-LA and the dapivirine ring are only available within the context of research settings and small pilot projects that are not widely available to the public. IPPF's 2023 strategic

fund consortium grant will enable IPPF, as a large service delivery organization, to delivery new biomedical HIV prevention products to members of the public who would benefit from them.

C. Request for Concept Notes

Optimizing the rollout and integration of new biomedical HIV prevention methods into IPPF service delivery platforms

Amount of funding: 1.9 million dollars over 2 years to one successful consortium
Programme implementation time period: 2 years from project commencement

Timeline

- May 19/22: Launch request for concept notes on MA Forum
- May 30: Webinar 1: open to all, technical update on biomedical HIV prevention and background for 2023 strategic focus
- June 02: Expressions of interest due (for all affiliates interested in participating in a consortium as either a lead or member of a consortium); leads will be invited to Webinar 2
- June 06: Webinar 2: for consortium leads, details on application process
- 07 July: applications for concepts due
- July: technical review panel scores concept notes
- August: decision making review panel scores concept notes
- Mid-August: winning consortium is announced
- Full proposal development with support from secretariat
- Quarter 4, 2023: final proposal and budget approved, contracts developed and signed
- January 2024: Programme implementation commences

Programme description

The IPPF HIV Theory of change states that the overall goals of the IPPF HIV programme are to contribute towards building a compassionate society free of discrimination and stigma, where all people living with HIV live healthy and fulfilled lives, and transmission of HIV is eliminated. IPPF's HIV Programme vision is a world free from HIV where everyone is valued equally, has a healthy, pleasurable, and fulfilling life; and where all rights and freedom of choice are enjoyed within a just and equal society that leaves no one behind. Included in the IPPF HIV Theory of Change are all of the iterative and synergistic elements of the HIV programme. Biomedical HIV prevention is one component which runs through the HIV Theory of Change and can be consulted while developing project proposals.

The overall goal of the 2023 consortium grant strategic fund is to significantly increase the delivery of new biomedical HIV prevention methods at IPPF service delivery points and to successfully integrate those services. This goal is in support of the aim to reduce HIV transmission globally.

The intention of this strategic fund is to support rollout and integration of these new biomedical HIV prevention methods so that they can become a regular part of services delivered across IPPF platforms going forward.

The 2023 consortium grant strategic fund is focused on effective service delivery of new biomedical HIV prevention methods so that HIV transmission can be reduced. Because these biomedical HIV prevention methods are new, effective programme design, delivery, and evidence generation requires that members of the consortium develop coherent programmes, including demand generation with local community stakeholders and answering implementation research questions about best practices for integrating these new services into IPPF platforms. For members of a consortium where new methods have not yet been registered in their country, advocacy for product registration can be undertaken. All members of the consortia will play a role in capacity strengthening and sharing throughout the programme time period via a Community of Practice. These results areas and their elements are informed by evidence from lessons learned of the HIV field's rollout of oral PrEP.

In support of this service delivery goal, members of the consortium must describe their planned activities with respect to the following four results areas:

- **Results Area 1:** Advocacy for product registration (for members in countries where CAB-LA or the dapivirine ring are not registered and there is need) OR Demand generation for new biomedical HIV prevention methods (for members that will be providing service delivery of new biomedical HIV prevention methods)
- **Results Area 2:** Service delivery of new biomedical HIV prevention methods
- **Results Area 3:** Implementation research related to service delivery of new biomedical HIV prevention methods
- **Results Area 4:** Capacity strengthening and sharing via a Community of Practice across the consortium during programme implementation (for all members of the consortium)

Under each Results Area where a consortium member is contributing, a description must be provided detailing their objectives, project activities (or research questions in the case of Results Area 3), and their methods for evaluation, which should include a combination of quantitative and qualitative methods (see Table 1: Programme Description).

Consortia should consult the IPPF HIV Theory of Change strategies specified for each pathway when selecting specific objectives and activities for the programme.

Detailed description of Results Areas

- **Results Area 1: Advocacy for product registration OR demand generation for new biomedical HIV prevention methods (depending on location)**

  Demand generation:
  Demand generation activities must be included in all project plans for members who will be providing service delivery of new biomedical HIV prevention methods.
  As these HIV prevention methods are new or unknown to many people, stakeholders for which methods are relevant must be engaged so that they can demand services in their locations and participate in the design of how they would like to receive care. Building and strengthening alliances with stakeholders and using participatory methods to help design services is a critical step in ensuring that the programmes will be inclusive and meet the needs of the wide range of clients that may choose to use biomedical HIV prevention. Introduction of biomedical HIV prevention methods provides an opportunity to ensure that young women seeking contraceptive, abortion, and other services also access PrEP, as well as an opportunity to strengthen and broaden

engagement with a larger network of people who need HIV prevention and other sexual health services. Suggested stakeholder groups are: youth, women and girls, people with disabilities, sex workers, gay and bisexual men and other men who have sex with men, trans people, and people who use drugs. Project design must consider how not to stigmatize groups that would benefit from biomedical HIV prevention, or give an impression in the community that these methods are for "certain groups", as that can hinder the general public from seeing themselves as potential users of these methods.

Demand generation also includes considerations of an enabling environment and activities that would support these methods being seen as acceptable components of health services for a wide range of individuals. Activities can include those that address the needs of potential users with respect to stigma, self-stigma, and conflict around their choices for HIV prevention.

Advocacy for product registration (for locations where CAB-LA and the dapivirine ring are not yet registered):
CAB-LA and the dapivirine ring are not registered in all countries. Members of consortia that will not be providing service delivery can contribute advocacy activities towards supporting product registration in their countries if there is need for these products. These activities should be carried out through making alliances with relevant community stakeholder groups.

- **Results Area 2: Service delivery of new biomedical HIV prevention methods (consortium members conducting service delivery activities must also include demand generation activities under Results Area 1 in their proposals)**

  Through building alliances with stakeholders, participatory methods should be used to design and implement service delivery and programmes in ways that meet the needs of the clients.

  Research with multiple stakeholder groups shows that clients often prefer services to:
  - be oriented towards the client's wellbeing and sexual pleasure
  - be oriented towards the client's choices and autonomy
  - address all of their needs in one visit
  - be welcoming, non-judgmental, empathic
  - be high quality
  - be confidential
  - be provided by peer groups when possible and de-medicalized
  - be delivered in formats and spaces that are welcoming and relevant to the user groups

  Which biomedical HIV prevention methods should be included in concept notes?

  For a complete list and description of biomedical HIV prevention methods, with references, please refer to the IMAP Statement on biomedical HIV Prevention: https://www.ippf.org/resource/imap-statement-biomedical-hiv-prevention#:~:text=All%20individuals%20have%20a%20right,the%20upholding%20of%20human%20rights.

The funding priority is that new methods including injectable PrEP (CAB-LA), the dapivrine vaginal ring, and oral PrEP will be integrated into IPPF service delivery platforms.

- The availability to include CAB-LA and the dapivirine vaginal ring will depend on both location (country level authorisation) and availability of products (subject to manufacturing supplies), and this information is changing on a daily basis. Consortium applications must include some countries where CAB-LA and the vaginal ring are either licenced, under review for licensure, or likely to seek licencing (see below "Consortium development guidance" under Consortium Approach).
- PEP and voluntary medical male circumcision are also effective forms of biomedical HIV prevention methods and can be included in a consortium application for members (such as an area where there is high sexual violence and PEP is not well known and is under-utilized). However, the focus of the whole consortium programme should be integrating the newest biomedical HIV prevention methods into service delivery platforms.

Activities for service delivery of new biomedical HIV prevention methods

Activities should include areas related to both support service delivery and to support optimal uptake and adherence of these methods for clients.
Some examples are:

- Activities to ensure service delivery points are inclusive, friendly, sex and pleasure positive, discrimination and stigma free, and accessible to all
- Activities to train staff and develop clinic tools on delivery of new methods
- Activities to train peers to serve roles such as peer ambassadors, navigators, etc
- Activities to ensure these services are fully integrated within comprehensive services
- How to inform clients about the methods, their benefits and drawbacks
- How to address stigma and self- stigma that might impeded individuals from seeking information or choosing to care for their own health
- How to support individuals to identify their needs and make choices to support their well-being needs
- How to support individuals to communicate their choices to others who may not be supportive of their choice, and navigate conflict that may arise (such as women informing their male partners about PrEP who are not receptive to the idea about their choices)
- How to support adherence to methods

- **Results Area 3: Implementation research related to service delivery of new biomedical HIV prevention methods**

Implementation research answers questions about best practices for how to deliver and integrate evidence-based interventions (such as injectable, vaginal, and oral PrEP) into routine service delivery. For consortium members undertaking activities in Results Area 3, they must include a clear plan for implementation research which will include answering key research questions about how best can these new methods be integrated into IPPF platforms and delivered to clients in a way that is effective and supports

product uptake and adherence. The range of questions that could be asked is vast and consortia should think about what they anticipate learning during this project and how these learnings can be measured.
Some examples of areas where implementation research questions could be developed are:

- What methods are most effective to help individuals learn about these new methods?
- How do our stakeholders want these services delivered?
- How do we measure "successful" PrEP use when individuals may choose to use PrEP during periods when they feel vulnerable?
- How do we address stigma and self-stigma for our clients?
- How do we support clients to identify their needs?
- How do we support clients to communicate their HIV prevention choices when community members or partners may not be supportive?
- How do we support our clients to adhere to their HIV prevention choices?
- What are the most effective methods for ensuring that our providers are inclusive and non-judgmental of clients?
- Which methods of biomedical HIV prevention methods do our different stakeholder groups prefer and why?
- How can we most effectively integrate biomedical methods into our service delivery platforms?
- What are the best ways to efficiently and effectively deliver these services?
- How can we best increase uptake of these services? What works best for who?

- **Results Area 4: Capacity strengthening and sharing** via a Community of Practice **across the consortium during programme implementation**

  This request expects consortia to be comprised of affiliates that are more experienced with biomedical HIV prevention and offering of HIV clinical services, and those with less or no experience with biomedical HIV prevention outside of provision of condoms. Plans should include specific activities where members of the consortium support the capacity of other members of the consortium to set up and implement services. Activities should also be included that allow for exchange and sharing of systems and learning among all consortium members throughout the programme. Therefore, objectives and activities across Results Area 4 are shared across the consortium. For example, some consortium members may be providing support, while others would be receiving that support. As another example, one consortium member might lead on coordinating learnings around a specific aspect of the programme, while others would participate in it. Each consortium member should specify their role in Table 1.

Monitoring and evaluation for all four results areas

For each of the four results areas, consortia must explain how they will monitor and evaluate their activities and implementation research by specifying the types of data they will be collecting to demonstrate their results. Each member of the consortium should use a combination of quantitative and qualitative methods to collect their results. These metrics must be specified in the table below for each member of the consortium. For members of the consortium having an implementation research component, in addition to regular metrics for programme activities, particular care should be taken when developing budgets to account for appropriate resources to

design data collection systems and infrastructure, training staff on using systems effectively and conducting research, and conducting analyses of data.

Complete Table 1 for EACH member of the consortium. Add as many objectives, activities and metrics as appropriate for relevant results area. It is not required that each consortium member contribute to all results areas. However please follow the below guidelines when planning each consortium member's contribution:

Results Area 1

- Advocacy for product registration is available as a Results Area for consortium members in a countries where CAB-LA or the dapivirine vaginal ring are not yet registered (see list of countries below in consortium development guidance).
- Demand generation is a Results Area which must be included in project proposals for each member of the consortium that is including service delivery of new biomedical HIV prevention methods in their proposal. This is because these are new methods and demand generation must be linked to service delivery.

Results Areas 2 & 3

- Because the aim of this strategic fund is to reduce HIV transmission, activities in service delivery and implementation research are seen as key components of this grant.

Results Area 4

- As described above, each member of the consortium will contribute to the Community of Practice with capacity strengthening and sharing activities.

Table 1: Programme Description for Consortium Member: [name of consortium member]

Project Goal: to significantly increase the delivery of new biomedical HIV prevention methods at IPPF service delivery points and to successfully integrate those services.				
Objectives	**Activities**	**Evaluation methods**		
Results Area 1: Advocacy for product registration OR Demand generation for new biomedical HIV methods				
Objective 1.1	Activity 1	Evaluation metric 1		
	Activity 2	Evaluation metric 2		
Objective 1.2	Activity 1			
	Activity 2			
Results Area 2: Service delivery of new biomedical HIV prevention methods				
Objective 2.1	Activity 1	Evaluation metric 1		
	Activity 2	Evaluation metric 2		
Objective 2.2	Activity 1			
	Activity 2			
Results Area 3: Implementation research related to service delivery of new biomedical HIV prevention methods				
Objective 3.1	Research question 1	Evaluation metric 1		
	Research question 2	Evaluation metric 2		
Objective 3.2	Research question 1			
	Research question 2			
Results Area 4: Capacity strengthening and sharing via a Community of Practice across the consortium during project implementation				
Objective 4.1	Activity 1	Evaluation metric 1		
	Activity 2	Evaluation metric 2		
Objective 4.2	Activity 1			
	Activity 2			

Consortium Approach

The aim of the consortium grant approach is to strengthen Federation-wide collaboration, solidarity, and learning. It will also support capacity strengthening for the lead member to manage large grants and with that experience have increased ability to apply for funding outside of IPPF, supporting sustainability.

Eligibility Criteria

- Applications must be submitted by a consortium comprised of Member Associations and /or Collaborative Partners from at least three different IPPF regions. An external organization such as a civil society group or entity to serve as a partner for implementation research may also be included in the consortium, but is not required.
- A Member Association or Collaborative Partner can serve as lead for the Consortium
- Each consortium must include some countries that already have regulatory approval for CAB-LA and the dapivirine vaginal ring. It is recommended that other countries be included that have submitted licensure applications.
- For each consortium member, applications must include 1 letter of support for collaboration from stakeholder groups, representing populations mentioned in Results Area 1, they intend to work with.
- The lead applicant must have capacity to financially manage and implement the consortium grant across the entire consortium.
- The lead applicant must have an annual turnover that is larger than the tendered amount for this grant.
- The lead applicant must demonstrate unqualified audits for the last two years and must demonstrate onward granting experience and systems.
- The lead applicant must be solvent and able to demonstrate funding and an income pipeline for 2023-2024.
- The consortium must follow the correct procedures and deadlines and must use the correct templates.
- The consortium must clearly describe their programme. This includes clearly specifying, for each member of the consortium, the objectives, activities/research questions and evaluation methods for each Results Area they are contributing to.

Key responsibilities of consortium lead

- Manage implementation of the grant according to plans and budget, including coordinating all aspects of the management across the consortium members.
- Lead and coordinate communications among consortium members.
- Monitor and evaluate verification and consolidation.
- Develop and implement systems to coordinate and consolidate partner financial and narrative reporting throughout the project.
- Manage programme audit and financial oversight, including adherence to IPPF financial and fraud policy.
- Serve as focal point for communications with Secretariat.

Consortium development guidance

Consortia are composed of Member Associations and Collaborative Partners. For each consortium, an external organization, such as a civil society group can also join as a member. **Whether civil society groups are included as a member or not, it is expected that activities require collaborations with civil society groups that represent relevant stakeholders such as youth, women and girls, gay, bisexual and other men who have sex with men, sex workers, trans people, people with disabilities, etc.**

Because some IPPF affiliates have experience with biomedical HIV prevention, and others do not, it is recommended that consortia include members with a range of experience (including those with large programmes and those with no experience) which will support member led capacity strengthening and sharing (Results Area 4).

Each consortium must include some countries where CAB-LA and the dapivirine ring have been approved, as well as countries where approval is pending, or likely for licensure applications to be submitted.

- CAB-LA: currently approved in: Australia, Malawi, South Africa (Lesotho and Eswatini via South Africa), United States, Zimbabwe. Applications under review for: Botswana, Brazil, China, Kenya, Malaysia, Myanmar, Peru, Philippines, Thailand, Uganda, Vietnam. Applications are expected to be filed in 2023 for: Argentina, Columbia, Cote D'Ivoire, Mozambique, Namibia, Nigeria, Rwanda, Tanzania, Ukraine, Zambia.
- Dapivirine vaginal ring: currently approved in: Kenya, Malawi, Rwanda, South Africa (Lesotho and Eswatini via South Africa), Uganda, Zambia, Zimbabwe. Applications under review for: Botswana, Mozambique, Namibia, Tanzania.

Budget considerations

Budgets will include the following categories:

- Management costs (staffing)
- Activity costs (e.g. commodities for biomedical HIV prevention, materials and consumables, equipment, travel and transport, capital costs, services)
- Indirect support costs (overhead costs related to the overall running of the organization such as rent of premises, human resources, IT and finance functions)

Information for biomedical HIV prevention commodities

This category should include biomedical HIV prevention methods such as oral PrEP, the dapivirine vaginal ring, and injectable PrEP – CAB-LA (or other methods included in programme activities). CAB-LA is expected to be available later in 2024, and the price is not yet known. We will provide updates as information is emerging. The dapivrine vaginal ring is available immediately and should be budgeted as about $17.00 US per monthly ring (a woman would need 12 rings for 1 year of use).

Information on technical support

Because CAB-LA and the dapivirine ring are new methods which have not been rolled out globally, IPPF Member Associations may not have experience with delivering them or the

background on the clinical trials and demonstration projects that are relevant for programme planning and budgeting. Many resources such as training curricula for staff and peers, guideline templates, clinical implementation tools and tools for users have already been developed and are available for free. Some references are included in this document. Some countries may also be able to access training which are offered by MOSAIC (see link in resources) and other entities. Specific referrals and connections can be facilitated by the Secretariat.

Concept note review and scoring criteria

Applications will be reviewed by two committees: a technical review panel and a decision-making review panel. Concept notes can score a maximum of 240 points. The applications will be scored against the following questions:

Biomedical HIV prevention (120 points total; 15 points each)

1. How well will this consortium substantially increase rollout of new biomedical HIV prevention methods?
2. How well will this consortium substantially increase biomedical HIV prevention to adolescent girls and young women, youth, women, sex workers, gay and bisexual men and other men who have sex with men, trans people, people who use drugs and other marginalised populations?
3. How well will this consortium ensure meaningful engagement of these populations in demand generation, design, and implementation of service delivery?
4. How well will this consortium create demand for new biomedical HIV prevention methods in communities who may benefit from them?
5. How well will this consortium ensure that services offered will be inclusive, welcoming, free from discrimination and stigma, centred on the needs of the individual, innovative and delivered in the ways that stakeholders want to receive their services, and emphatic? How well are activities described to ensure this?
6. How well will this consortium ensure that the biomedical HIV prevention services are integrated into the comprehensive package of sexual and reproductive health services that are being offered? How well are activities described to ensure tools, training, and systems are put into place for integration?
7. How well will this consortium support addressing issues of stigma, self-stigma, supporting users to make choices, communicate their choices, and adhere to them?
8. How well will this consortium generate evidence regarding the outcomes of project activities, including regular monitoring and evaluation and being able to answer important questions about best practices for how to rollout these services (implementation research)?

Consortium approach and capacity (120 points total; 15 points each)

1. How well does this consortium respond to the relevant commitments of strategy 2023, especially pillar 1 (centre care on people), pathways 1 (expand choice) and 2 (widen access)
2. How well do the strengths of each partner build synergy in the consortium to make one holistic response?
3. How well will the consortium leader manage the consortium with respect to overall grant management, communications, coordination and financial aspects of the programme?
4. How well does the consortium represent the geographical and organizational diversity of the IPPF members associations and collaborative partners?

5. How well will this consortium support capacity strengthening and sharing across the consortium throughout the programme time period?
6. How well has this consortium articulated their capacity to deliver the whole project and how the different elements will work together?
7. How well does this consortium represent value for money?
8. How feasible are the proposed activities of this consortium given the time frame and budget?

Resources for developing proposals

IPPF IMAP Statement biomedical HIV prevention
https://www.ippf.org/resource/imap-statement-biomedical-hiv-prevention#:~:text=All%20individuals%20have%20a%20right,the%20upholding%20of%20human%20rights.

IPPF Comprehensive HIV services package
https://www.ippf.org/resource/ippf-comprehensive-hiv-services-package

IPPF Client-centred clinical guidelines
https://www.ippf.org/cccg

MOSAIC/PrEP watch
https://www.prepwatch.org/partners/mosaic/

PrEP It
https://www.prepwatch.org/resources/prep-it/
Lessons learned from Oral PrEP
https://www.prepwatch.org/resources/getting-rollout-right/

Expression of Interest Form

2023 IPPF Strategic Fund Consortia Grants

Optimizing the rollout and integration of new biomedical HIV prevention methods into IPPF service delivery platforms

- This form is to be completed by **any** IPPF Member Association or Collaborative Partner that is interested in applying for the 2023 Consortia Grant as a lead applicant **OR** as a member applicant.
- You do **not** have to know which consortium you will apply with at the time of completing this form and submitting it.
- The purpose of completing this form is so we have information about all of the IPPF affiliates that may be interested in this funding opportunity and optimising the rollout and integration of biomedical HIV prevention methods at service delivery points. This information can help us pair IPPF affiliates with other funding opportunities that might arise outside of this consortium grant opportunity. Questions about HIV services, research, and populations are for informational purposes only and are not a part of criteria for this funding.

Please submit this Expression of Interest Form (EoI) to:
strategicfund@ippf.org
by 02 June 2023

Section 1: General information questions (these are NOT evaluation criteria for the grant application)	
1. Organisation name	
2. IPPF affiliation status [Member Association / Collaborative Partner]	
3. Country of Head Office	
4. How many current salaried staff do you have?	
5. What role in the consortium are you interested in?	○ Lead (please also answer questions 14-16 below) ○ Member
6. Which populations /stakeholders do you currently serve?	
7. Which populations are you interested in serving and collaborating with for this project?	
8. [For information purposes only] Select the types of biomedical HIV prevention you currently offer and for each, the number of clients served with this method in 2022	○ Oral PrEP ○ PEP ○ Prevention of vertical transmission for infants ○ Voluntary medical male circumcision ○ None
9.[For information purposes only] Do you offer antiretroviral therapy (ART) to people living with HIV?	○ Yes ○ No ○ If yes, how many clients in 2022?
10.[For information purposes only] If you have conducted research activities	

in the last five years, please provide examples.	
11. [For information purposes only] In your country, which ethics committees must review research studies?	
12. [For information purposes only] Do you have experience submitting research proposals to the required ethics committees?	
13. If your organization has a website or online presence, please provide links	
Section 2: For those interested in being consortium leads, please answer the following questions (these are required for determining eligibility of consortium leadership)	
14. What was your 2022 income in USD?	
15. Have any of your audits in the last two years been qualified? [A qualification means that the auditors found substantial discrepancies when conducting the audit.]	
16. Please state your current grants and income pipeline for the period 2022-2023 in USD	