Request for submissions
Call for HIV differentiated service delivery model adaptations in response to COVID-19

Proposals will be received until 2 September 2020, 23:00 (CET)

Did you have to adapt or expand your HIV differentiated service delivery antiretroviral therapy programme due to COVID-19?

Did you adapt an HIV differentiated service delivery programme to reach children, adolescents, key populations and for people living with HIV who have co-infections or co-morbidities?

Did you adapt a differentiated model of HIV prevention (including PrEP), testing, antiretroviral therapy initiation and/or treatment?

Do you support differentiated service delivery outside of sub-Saharan Africa?

If you answered yes to one or more of the above questions, you may be eligible for a small grant to document and permit the IAS to publicize your differentiated service delivery model adaptation as a global example of best practice. Read below to learn more.

1. About the International AIDS Society:

The International AIDS Society (IAS) leads collective action on every front of the global HIV response through its membership base, scientific authority and convening power. Founded in 1988, the IAS is the world’s largest association of HIV professionals, with members in more than 170 countries. Working with its members, the IAS advocates and drives urgent action to reduce the impact of HIV. The IAS is also the steward of the world’s most prestigious HIV conferences: the International AIDS Conference, the IAS Conference on HIV Science, and the HIV Research for Prevention Conference.

The IAS promotes and invests in HIV advocacy and research on key issue areas through our strategic programmes, initiatives, and campaigns that advocate for urgent action to reduce the global impact of HIV, including increased investment in HIV cure research; optimizing treatment and care for infants, children and adolescents with HIV in resource-limited settings; preventing and treating HIV-related co-infections; and expanding access to prevention, treatment and care for key populations vulnerable to HIV acquisition – such as men who have sex with men, people who inject drugs, sex workers and transgender people – including protecting their human rights by combatting punitive laws and discriminatory policies.

More information on the IAS can be found at www.iasociety.org.
2. About Differentiated Service Delivery

Differentiated service delivery, also known as differentiated care, is a client-centred approach that simplifies and adapts HIV services across the cascade to reflect the preferences and expectations of various groups of people living with HIV while reducing unnecessary burdens on the health system. By providing differentiated service delivery, the health system can reallocate resources to those most in need.

Differentiated service delivery aims to enhance the quality of the client experience. It puts the client at the centre of service delivery. It also ensures the health system functions in both a medically accountable and efficient manner. The central driver to adapting service provision is the client's needs.

Differentiated service delivery applies across the HIV continuum to all three of the 90-90-90 targets (90% of people living with HIV should know their status; 90% who know their status should be on antiretroviral therapy; 90% of those on antiretroviral therapy should be virologically suppressed). Differentiated service delivery includes models of care appropriate/suited to testing people unaware of their HIV status to viral suppression of HIV clients enrolled in care.

More information on this initiative can be found at http://www.differentiatedservicedelivery.org

3. Purpose:

The COVID-19 pandemic is straining health systems worldwide. The IAS is looking to compile and publicize adaptations to HIV service delivery during COVID-19 in order to generate evidence on which adaptations should be sustained following the pandemic.

With rapidly increasing demands placed on health facilities and health care workers, many HIV programmes have been adapted to limit HIV service delivery demands and protect people living with HIV from the risk of coronavirus infection by limiting interactions in facilities and with health care workers. Good practice examples of these adaptations are not well documented. The purpose of this request for submissions is to gather good practice examples of how programmes have adapted their HIV service delivery models in response to the COVID-19 pandemic. Examples could be across any or all aspects of the HIV care cascade including service models for prevention, testing and linkage, antiretroviral therapy initiation and retention in care. In addition to the small grant, successful recipients will have their work promoted via www.differentiatedservicedelivery.org showcasing their work to a broad global audience as well as encouraging and supporting further DSD adaptations.

4. Deliverables:

Small grants of $USD 5,000 will be awarded to local organizations to document, analyze and disseminate best practice examples of differentiated service delivery adaptations as a result of COVID-19. Best practice examples should focus on
• Describing what changed and why this change was put in place, how the change was initiated and implemented, as well as any lessons learned about the impact on the HIV Programme in response to COVID-19 (the model of adaptation).

Further, submissions should:

• Outline the specific target population of the model, including:
  1. Adults, noting the age group (25-34, 35-54, 55-74, 75+)
  2. People with advanced HIV disease,
  3. Children and/or adolescents,
  4. Key populations, and
  5. People living with HIV who have co-infections and/or co-morbidities,

• Document where a cross the HIV care cascade (i.e. prevention including PrEP, testing and linkage, antiretroviral therapy initiation, treatment retention and suppression) the model focuses,

• Define where the programme is located, either within or beyond sub-Saharan Africa.

Selected grantees will be asked to describe and share the background, methodology and results of their HIV differentiated service delivery model adaptation during the COVID-19 pandemic as well as lessons learned and any tools to support broader implementation. The key outputs of the grant, due 10 November, will be:

1. A summary, comprehensive report of the model.
   a. This will be done in a report of approximately 8-10 pages. A template for the report will be provided to the selected grantee.

2. A completed slide deck summarizing your DSD model, the adaptations made during COVID-19, the reasons for and impact of the adaptations.
   a. A template for the slide deck will be provided to the selected grantee.

As annexes to your report and slide deck, you may also be asked to submit:

- Training materials, guidelines, standard operating procedures (SOPs) or other relevant documents you have related to the service delivery model
- Quotes from clients or providers about preferences, attitudes or experiences with your differentiated service delivery model
- Photos of your model in action

All content submitted may be uploaded, along with your report and slide deck, to [http://www.differentiatedservicedelivery.org/](http://www.differentiatedservicedelivery.org/)

Selected grantees will receive the template report and slide deck upon receiving the award. The IAS will provide an overview of the templates via webinar. A draft of the slide deck will be due a month before the final submission deadline (10 October) and a draft of the report two weeks before the final submission deadline (26 October) so that the IAS can provide input and feedback ahead of the deadline.

5. **Period:** 14 September to 13 November 2020.
6. **Proposal Requirements:**

The proposal should clearly outline how project deliverables (see point 4) will be met.

The proposal should be no longer than three (3) pages in length including:

1) A brief overview of the organization,

2) A general description of the differentiated service delivery model, including the population reached, where in the HIV care cascade the model focuses and the implementation location.

3) The adaptation(s) made as a result of COVID-19 (was the eligibility criteria changed? was the location/frequency of visits/providers changed?) including the rationale (for example: lockdown, drug supply challenges, closed/limited health services, limited healthcare workers, prevention of COVID-19 transmission) and the impact,

4) A rationale for why funding is required to document the example and how the funding will be used to document the example and

5) A dissemination plan for sharing experiences with local stakeholders. A budget and timelines can be included as annexes.

The total budget for proposals should not exceed $5,000 USD.

7. **Submission Details:**

Proposals should be addressed via e-mail at dsd@iasociety.org with the subject heading “HIV DSD adaptation during COVID-19”. The deadline for submission is **2 September 2020, 23:00 (CET)**.