

8/3/18



Innovating for HIV Impact: The South African HIV Innovations Accelerator

Solicitation Number: SA-HIV-INNOVATIONS-2018

Agency: Agency for International Development

Office: Washington D.C.

Location: USAID/Washington

Addendum 01 to the USAID Global Health Broad Agency Announcement for Research and Development (2018)

I. Background

South Africa has the largest HIV burden globally, with an estimated 7.2 million people living with HIV (PLHIV), and a projected increase to 7.5 million PLHIV by 2020. Approximately 82% of this HIV burden is in 27 of the country's 52 districts, and about 31% is in the four biggest metropolitan areas. While South Africa has the largest HIV treatment program in the world, with more than 4 million on antiretroviral therapy (ART), in February 2018 the President of South Africa announced a bold plan to put an additional 2 million people on ART by 2020. This major investment to accelerate epidemic control sits in the context of continued high rates of HIV infection, especially among adolescent girls and young women, and substantial challenges to HIV-related health service delivery. In addition, demand for HIV services is weak, with reluctance among PLHIV to get and stay on ART, despite the fact that ART prevents HIV-related illness and HIV transmission. The legacy of apartheid and significant income inequality pose additional challenges to the HIV response, compounded by gaps in service delivery and strategic information in the public sector. Moreover, the national HIV response is complicated by complacency and a need for new approaches to generate sustained individual and organizational engagement throughout the country.

II. Solutions Sought

Through the *South African HIV Innovations Accelerator*, USAID, together with its partners PEPFAR-South Africa and the South Africa National Department of Health (NDoH), seeks to catalyze the development of innovative approaches and technologies that will enable South Africa to mitigate the spread and impact of HIV and ultimately reach HIV epidemic control. Promising solution concepts will leapfrog current approaches in an effort to fill critical gaps in the response and make rapid progress towards epidemic control. Through this Addendum, USAID and its partners will support the further development/refinement, adaptation, testing, introduction, and/or scale-up of innovative solutions that will improve our ability to reach HIV epidemic control in South Africa.

Solutions should address a clearly articulated gap related to initiating and maintaining an additional 2 million people on ART in South Africa. Some priority gaps are outlined below. *However, this is not a comprehensive list, and solutions to identified gaps that fall outside of the following categories are encouraged.*

GAP: IDENTIFYING PLHIV WHO ARE NOT ON ART

- **HIV Testing Innovations:** New data indicate that almost 90% of females in South Africa (15-64 years) know their HIV status. However, only 78% of males are aware of their HIV status. Testing coverage is low among adolescents and among adult men who are less likely to access healthcare services for HIV testing.
- **Finding PLHIV who are not on ART:** An estimated 1.9 million PLHIV in South Africa are aware of their status but do not access HIV treatment services. These PLHIV are either lost in the system between testing and sustained HIV treatment, or they actively opt out of ART. A large proportion of these PLHIV began ART but have since stopped treatment.

GAP: MOTIVATING PLHIV TO INITIATE AND STAY ON ART DESPITE FEELING WELL

- **Treatment Marketing:** An estimated 42% of PLHIV in South Africa are not on ART. Many South Africans, including PLHIV, have incomplete knowledge of HIV and HIV treatment. There is a limited tradition of health-seeking behavior for those who do not feel sick or who do not routinely access the healthcare system.
- **Early Treatment:** Early treatment improves the long-term health of the patient and substantially reduces the risk that the patient will pass on infection to others. But in South Africa PLHIV continue to start treatment late, when they are already quite sick. For example, in 2016/2017, 24% of patients initiating ART in Gauteng Province had a CD4 count under 200.
- **Community engagement:** There are excellent examples in South Africa of communities that play a crucial role in supporting HIV epidemic control, including advocacy, patient support, speedy dissemination of critical information, engagement to support health services, and de-stigmatization. However, in many communities a lack of meaningful community engagement has led to distrust of the health system, the proliferation of inaccurate information, and a population reluctant or unable to adopt behaviors that contribute to epidemic control.
- **Healthcare worker effectiveness, efficiency, motivation and attitude:** Healthcare workers are the foundation of the health system, and optimized health service delivery is dependent on their effectiveness and efficiency. To maximize service delivery impact, the health system needs the right healthcare workers in the right places, and with appropriate management and supervision. The motivations and attitudes of healthcare workers on the frontlines of HIV prevention and treatment can make or break an individual's engagement with the healthcare system, resulting in either patient commitment to care or substantial barriers to accessing care.
- **Access to services among men and young women, populations with large treatment gaps:** Specific populations, and especially men and young people, do not regularly access public health facilities due to a range of existing financial and system constraints (cost, transportation, facility operating hours, waiting times) and psychosocial barriers (stigma, lack of support or disclosure, perception of facilities as female spaces, or spaces not friendly to youth). These barriers severely limit South Africa's ability to reach epidemic control.

GAP: LEVERAGING PRIVATE HEALTH SECTOR CAPACITY TO INITIATE AND MAINTAIN PLHIV ON ART

- **Unique contributions of the private health sector:** Total health expenditure in South Africa is estimated to be about 9% of the Gross Domestic Product. A large proportion of this spending occurs in the private health sector, which caters to an estimated 16% of the total population. The private health sector is an untapped resource that can contribute more to HIV epidemic control for all South Africans.

GAP: ENGAGING COMMUNITY, PRIVATE SECTOR, POLITICAL, FAITH-BASED AND TRADITIONAL LEADERSHIP IN MAINTAINING MOMENTUM TOWARDS HIV EPIDEMIC CONTROL

- ***Private Sector approaches***: The current scale of South Africa's epidemic is too great for one sector to solve alone. Private sector capabilities and resources can be leveraged to increase the reach, efficiency, effectiveness and sustainability of a range of innovative solutions to HIV epidemic control in the country. For example, among many potential contributions, private sector approaches can include data, demand creation, technology, innovation, workplace interventions, and health workforce management and training. Contributions can support the national HIV response by effectively testing and scaling sustainable solutions, improving the speed, quality and cost-efficiency of health services including supply chain, and financing innovative solutions that can result in greater impact.
- ***Community Structures***: In South Africa, faith-based organizations, community and traditional structures play an important yet underutilized role in mobilizing and shaping community perceptions and behaviors that influence HIV prevention, care and treatment, including health-seeking behaviors, gender norms and countering stigma and discrimination. Community organizations are well positioned to identify barriers to accessing HIV services, whether the barriers be financial, geographic, interpersonal or individual, and to identify local solutions rapidly to address those barriers.

WHAT WE ARE LOOKING FOR

Generally, we are looking for expressions of interest that clearly demonstrate the following attributes:

- Innovation, including creativity of the given approach and clear differentiation from existing approaches
- Low cost and suitability for South African settings, particularly the 27 highest HIV-burdened districts
- Ability to be scaled rapidly and cost effectively in the South African context
- Strong likelihood of achieving a substantial impact
- Deployable to make significant improvements in the near-term (several months of initial investment)

WHAT WE ARE NOT LOOKING FOR

- Research that does not provide a clear path to development and testing of intervention strategies
- Solutions that are less efficacious than current technologies or approaches
- Proven approaches that are already in use in the field
- Basic research, clinical trials or laboratory-intensive research. Basic research is defined as research directed towards fuller knowledge or understanding of the fundamental aspects of phenomena and of observable facts without specific applications towards processes or products in mind
- Discovery science, capacity-building-only initiatives, ongoing programmatic funding or infrastructure development

III. Eligibility to Apply

For the purposes of this Addendum, USAID seeks to tap into new ideas and perspectives of partners with a range of expertise and experiences in the health and private sector innovation spaces, and engage them in co-creation.

Private sector entities are encouraged to apply. The private sector is defined as for-profit entities at the local, national or multinational level, and refers to the following organizations and actors:

- Private for-profit entities, such as a business, corporation, or private firms
- Private equity or private financial institutions, including private investment firms, mutual funds or insurance companies
- Private investors (note that individuals are not eligible to apply)
- Private business or industry associations, including but not limited to chambers of commerce and related types of entities
- Private grant-making foundations or philanthropic entities.

While partnership with the private sector is not required, it is **strongly preferred**. Other types of organizations that can catalyze the work of private sector entities are also encouraged to apply. These include but are not limited to non-profits, social enterprises, and universities. All organizations must be formed and legally incorporated, have the capacity to successfully execute the activities in their respective areas of expertise, and be capable of receiving and administering award funding. Sole proprietorships are not eligible for funding. Current PEPFAR primary (directly funded) partners are not eligible to apply, although they can be part of a consortium led by another entity.

All organizations or consortia submitting an Expression of Interest must include at least one partner with a strong understanding of the social, political, and economic context in South Africa.

A project can have only one Project Lead, who must be affiliated with the institution from which the Expression of Interest is being submitted. A Project Lead may only be listed on one (1) Expression of Interest to this Broad Agency Announcement. An institution may be the applicant on multiple applications, provided all Expressions of Interest have different Project Leads.

IV. Submission Instructions

All applications for the South African HIV Innovations Accelerator must be submitted through the online application platform under “Programs” (<https://sa-hiv-innovations.smapply.io/>).

*Submissions will **NOT** be accepted via email. Applicants must first register their intent to apply, and if eligible submit an Expression of Interest. Further participation in the co-creation workshop is by invitation only and based on evaluation of the Expression of Interest.*

1. Registering Intent to Apply

To access the application process, all potential applicants must register their intent to apply. The registration process includes screening questions to ensure that the applicant is eligible to apply for the opportunity.

The following questions apply to the organization submitting the Expression of Interest, either independently or as the Lead Organization of a Consortium.

1. Is your organization a registered legal entity (for-profit or not-for-profit)?
2. Does your organization currently receive direct funding from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR)?

3. Does your organization or consortium include at least one member with a strong understanding of the social, political, and economic context in South Africa?

2. Submitting an Expression of Interest

To submit an Expression of Interest, applicants must complete the following processes on the application platform (access provided to those registered and who meet applicant eligibility criteria):

- A. Complete online Application Summary Information (**Appendix 1**).
- B. Upload Expression of Interest (carefully following guidance and requirements included as **Appendix 2**).
- C. Upload Supporting Information:
 - i. Optional 1-page (maximum) graphic, **submitted as a .pdf file**.
 - ii. Brief biographical information of the key people who will contribute to the development and execution of the project, **submitted as a single .pdf file**.
 - iii. Letter(s) of Intent from partners (if relevant), **submitted as a single .pdf file**.
 - iv. DO NOT SUBMIT A BUDGET at the Expression of Interest stage.

3. Evaluation Criteria

All applications from organizations eligible to apply, and that are complete and comply with application requirements, will be evaluated using the following criteria.

Criterion 1. Idea/Approach:

- Innovation
- Creativity, including for example how the solution integrates science and low-cost technology, service delivery and demand
- Soundness
- Advantages relative to existing practice, approaches or products
- Relevance to the Solutions Sought (Section II)
- Potential for rapid deployment
- Appropriateness for South African settings, particularly the 27 HIV highest burdened districts (including where appropriate how the solution addresses underlying determinants of behavior, service uptake, services or systems)

Criterion 2. Team Capacity and Value (applies to the applicant's organization or consortium)

- Creative, technical and/or domain strengths and their relevance to the idea/solution proposed
- Experience and expertise in South Africa and relevance to the idea/solution proposed
- Capacity to manage the proposed project (leadership, administrative and financial systems)
- Potential to make a unique contribution to epidemic control in South Africa

Criterion 3. Sustained Impact:

- Potential cost-effectiveness
- Potential scalability
- Potential to achieve groundbreaking impact, and/or to become a true game changer in the field.

Applicants that proceed to further rounds of review will be asked to provide additional detail on their proposed activity, an estimated budget and budget narrative, and past performance references.

V. Information Protection

USAID's goal is to facilitate the research that is required to lead innovative, and potentially commercially viable, solutions. Understanding the sensitive nature of submitters' information, USAID will work with organizations to protect intellectual property.

Expressions of Interest should be free of any intellectual property that the submitter wishes to protect, as the Expressions of Interest will be shared with USAID partners as part of the selection process. However, once submitters have been invited to engage in further discussions, submitters will work with USAID to identify proprietary information that requires protection.

Therefore, organizations making submissions under this Addendum hereby grant USAID a royalty-free, non-exclusive, and irrevocable right to use, disclose, reproduce, and prepare derivative works, and to have or permit others to do so to any information contained in the Expressions of Interest submitted under this Addendum. If USAID engages with the organization regarding its submission, the parties can negotiate further intellectual property protection for the organization's intellectual property. Organizations must ensure that any submissions under this Addendum are free of any third-party proprietary data rights that would impact the license granted to USAID herein. This Addendum falls under the USAID Global Health Broad Agency Announcement for Research and Development (2018).

Expressions of Interest must include all required information. Only complete Expressions of Interest will be considered by the Review Committee.

USAID may, at any time and at its sole discretion, modify eligibility criteria with respect to individual applicants, and/or Project Leads, to the extent that such modifications do not materially undermine the review process.

VI. Selection Process

USAID and partners will review and select Expressions of Interest submitted in accordance with the guidelines and criteria set forth in this Addendum. USAID and partners reserve the right to disregard any Expressions of Interest that do not meet the requirements. *All applicants may not progress to the proceeding stages.*

Stage 1 (Posting Announcement/Receiving Expressions of Interest): Organizations will submit their Expressions of Interest by the due date stated in Section VII of this Addendum. *All potential partners may not move forward to Stage 2.*

Stage 2 (Co-Creation and Development of the Concept Paper): Selected organizations or consortia will be invited, individually or in combination, to discuss their Expressions of Interest and to collaboratively further develop their concept with USAID and its partners at a co-creation workshop. *All potential partners may not move forward to Stage 3.*

Stage 3 (Review Board): Concept papers submitted to USAID will be reviewed by the Peer and Scientific Review Board for selection. Approved concept papers will proceed to an award process. *All potential partners may not move forward to Stage 4.*

Stage 4 (Determination and Award): Organizations will be notified if a concept will be funded at this stage after review.

VII. Timing and Expectations

All submissions will be accepted starting on August 8, 2018, and can be submitted via the application platform found at <https://sa-hiv-innovations.smapply.io/> by the close date of September 18, 2018 at 5:00 p.m. SAST.

Questions can be submitted to Questions-SAHIVInnov@usaid.gov. Responses will be posted within two business days to the [FAQ link](#) on the application platform. Note that the deadline for submitting questions is August 24, 2018 at 5:00 p.m. SAST.

USAID intends to select apparently successful partners as quickly as possible within Quarter 2 of the 2019 Fiscal Year. Awards are planned to be in the range of \$200,000 to \$1.5 million (USD). The partners anticipate awarding an estimated 10 awards in the \$200,000-\$500,000 range, and an estimated 2-4 awards in the \$800,000-\$1.5 million range. The award size will ultimately depend on the scope of the concept. Note that this is only an estimated range, and the amounts could be smaller or greater depending on the concept.

USAID is not obligated to issue a financial instrument or award as a result of this Addendum. Any award is subject to the availability of funding and issued at the discretion of the United States Government.

Contracting Office Address:

1300 Pennsylvania Avenue, NW
Room 7.10-006
Washington, District of Columbia 20523
United States

Place of Performance:

South Africa

United States

Primary Point of Contact:

Innovating for HIV Impact: The South African HIV Innovations Accelerator
SAHIVInnov@usaid.gov

Appendix 1. Application Summary Information

The following information is required of all Applicants. The information is **completed online** using the form provided to eligible applicants who register their intent to apply.

SECTION 1. APPLICANT INFORMATION

1. Name and address of applicant organization
2. Point of contact (name, telephone, email)
3. Partner organizations participating in the application, country where registered, and type of organization. *Multidisciplinary/cross-sector teams are encouraged, where necessary, to ensure relevant scientific, social, and business expertise.*
4. Name, email and nationality of the Project Lead. *Where joint partnerships include innovators from South Africa or Southern Africa, we strongly encourage the partnership to designate the South African or Southern African partner as the Project Lead.*
5. Does the Project Lead's institution currently receive direct funding from the President's Emergency Plan for AIDS Relief (PEPFAR)?

SECTION 2. SUMMARY OF PROPOSED ACTIVITY

6. Concise title of proposed activity/activities (maximum of 15 words).
7. Concise rationale of proposed activity/activities – what problem will the solution address (maximum of 50 words)?
8. Concise objectives of proposed activity/activities (maximum of 50 words).
9. Concise description of approach planned to address the problem (e.g., science/technology, demand creation, service delivery, strategic interventions) (maximum of 50 words).
10. Short description of what the HIV Innovations funding will achieve if successful (end point, impact). Please note here if any additional funding sources will be leveraged to contribute to the expected achievement (maximum of 50 words).
11. Short description of what makes this project innovative and a significant improvement upon standard practice (maximum of 100 words).
12. Outcome and/or output metrics to be measured (if applicable).
13. Provinces where the proposed activities will be implemented/where direct beneficiaries reside (check all if national-level activity; there are no high-HIV-burden districts in Northern Cape)
 - a. Eastern Cape
 - b. Free State
 - c. Gauteng
 - d. KwaZulu-Natal
 - e. Limpopo
 - f. Mpumalanga
 - g. North West
 - h. Western Cape

14. Location (check all that apply):

- a. Rural
- b. Urban

SECTION 3. OTHER SUMMARY INFORMATION

15. Stage of innovation:

- a. Idea/Prototype (*proposed solution has not yet been tried*)
- b. Pilot testing/validation phase (*proposed solution has been piloted and is being evaluated/validated*)
- c. Transitioning to scale (*proposed solution is refined, rigorously tested*)

16. Population focus of proposed activity: Check all that apply (*list is not exhaustive; please specify 'other' as needed*).

- a. Community
- b. Consumers of public health facilities (primary health care, community health care)
- c. Health care workers
- d. Private sector health care providers
- e. Business/Industry
- f. Workers
- g. Adolescent girls and young women
- h. Adolescent boys and young men
- i. Adult women
- j. Adult men
- k. Faith-based organizations
- l. Traditional healers or traditional leaders
- m. Other (describe)

17. Technical focus of proposed activity: Check all that apply (*list is not exhaustive; please specify 'other' as needed*).

- a. Data/Big Data
- b. Demand creation/social and behavioral change
- c. Financing
- d. Gender/social norms/male engagement
- e. mHealth/eHealth
- f. Service delivery
- g. Social marketing
- h. Stigma/bias
- i. Technology
- j. Other (specify)

Appendix 2. Guidance for 3-page Expression of Interest

Requirements for Expressions of Interest (non-compliant applications will not be reviewed):

- a. Written in English
- b. No more than 3 pages (not including references and supplemental material)
- c. Times New Roman, no smaller than 11-point font, single spaced
- d. Submitted in .doc or .docx format, formatted for 8.5"x11" or A4 paper with 1-inch margins
- e. Includes a header with the following information:
 - Applicant/Consortium Name and Contact Information
 - Solution Title
 - Addendum Opportunity Number and Associated BAA: *Addendum 01 SA-HIV-Innovations-2018 to the USAID Global Health Broad Agency Announcement for Research and Development (2018)*

Content of Expression of Interest:

There are no specific requirements for the content of the Expression of Interest.. However, the following guidance should be used, together with the evaluation criteria found on page 5 of this document, to submit a competitive proposed activity. The Expression of Interest should include the three sections described below. If an applicant chooses to include tables or figures, place them within the appropriate section. The sections below, including the use of charts and graphs, cannot exceed three pages. References are not included in the page limitations, and should begin on page 4 of the Expression of Interest.

SECTION 1. INNOVATION: WHAT IS YOUR IDEA?

Use this section to briefly describe your idea and approach. Make sure that your idea addresses clear identified gaps and supports potential solutions. Present evidence wherever possible.

- Indicate in one or two sentences **in bold** the essence of your idea.
- Describe the specific gap you are addressing.
- Describe your proposed solution, how it will be delivered, and who the primary beneficiaries are.
- Explain how your idea is substantially different from other approaches to address the stated gap and how it improves upon the best existing alternatives. If alternatives exist, please provide specific examples for comparison.
- Describe the contextual relevance of your idea – explain how your idea is designed to address the context of South Africa.
- Explain why the solution should be a top priority in the South Africa context.

SECTION 2. SUSTAINED IMPACT: HOW DOES YOUR SOLUTION DEMONSTRATE ITS POTENTIAL TO SCALE AND SUSTAIN HEALTH AND DEVELOPMENT IMPACTS?

Briefly describe your project's potential for scale and sustainability. Sustainability is defined both as cost-effectiveness and impact on epidemic control.

- Describe your vision for success in the context of the funding and in the longer term. If selected and successful, what is the expected end result?
- Describe how the idea could be evaluated, and if found successful could be scaled (e.g., describe the steps needed to move the innovation along a causal pathway to impact).
- Describe the costs and the potential or real cost-effectiveness of your idea.

SECTION 3. TEAM CAPACITY AND PARTNERSHIPS: WHO WILL LEAD YOUR WORK?

Use this section to briefly describe your team's capacity to perform the work proposed.

- Explain the team's capacities and resources to execute on the proposed work and describe how your partnerships contribute expertise relevant to the project. Identify any known needs/expertise to be filled.
- Describe the team's experience and expertise in South Africa, and how this will contribute to the success and impact of the proposed work.
- Describe the role of key team members in the design, implementation, and evaluation, where relevant, of the proposed work.