## AMENDMENT 0006

# FUNDING OPPORTUNITY ANNOUNCEMENT (FOA)
# Number N00244-17-S-FO01

# "FY17 – FY18 Department of Defense HIV/AIDS Prevention Program: Military Specific HIV/AIDS Prevention, Care, and Treatment Program for Non-PEPFAR (President's Emergency Plan for AIDS Relief) Funded Countries"

The purpose of this Amendment 0006 is to incorporate the following:

**DHAPP is accepting "Concept Papers" for Gabon as described below through 4 September 2018.**

*NOTE: Each narrative is a standalone effort and should not be combined with another narrative and all the program elements (tasks) in each specific narrative must be addressed in that concept paper submission.*

E-mail address for submission of Concept Papers: usn.nhrc.dhapp@mail.mil

The full solicitation is available at: http://www.grants.gov/

Eligible Applicants are requested to submit **Concept Papers** following the guidelines and format provided in the N00244-17-S-FO01, Section IV.

All respondents must demonstrate the active support of the in-country military and the DoD representative in the corresponding U.S. Embassy in the planning and execution of their proposals. The selected Grantee is the Implementing Partner and will be referred to as IP in this document.

**Gabon: DoD-GDSF partnership program for sustainable HIV epidemic control**

| No | Budget code | Phase 1 | Phase 2 | Phase 3 | Phase 4 |
|---|---|---|---|---|---|
| 1 | HVOP | $30,000 | $30,000 | $30,000 | $30,000 |
| 2 | HVCT | $50,000 | $50,000 | $50,000 | $50,000 |
| 3 | HLAB | $65,000 | $85,000 | $85,000 | $85,000 |
| 4 | HVSI | $30,000 | $30,000 | $30,000 | $30,000 |
| 5 | HTXS | $105,000 | $85,000 | $85,000 | $85,000 |
| **TOTAL** | | **$280,000** | **$280,000** | **$280,000** | **$280,000** |

Proposals are requested to support Gabon to reduce the number of new HIV infections and other sexually transmitted diseases among members of the Gabon Defense and Security Forces (GDSF), their families, and the civilian communities served by the GDSF and help the military reach the UNAIDS 90-90-90 goals. The TBD partner will work directly with the GDSF in the military HIV Prevention, Care and Treatment program and increase the GDSF's capacity to deliver comprehensive and quality HIV treatment and prevention in a sustainable and cost effective way. The Department of Defense HIV/AIDS Prevention Program (DHAPP) programming to support the GDSF will focus on the following technical areas: 1) HIV/AIDS Prevention; 2) HIV Testing Services (HTS); 3) HIV/AIDS Care and Treatment; 4) TB/HIV activities; 5) Clinical Laboratory Support; 6) HIV Clinical Monitoring Systems.
The TBD partner's program should emphasize capacity building across all activities and technical areas. All proposals should detail how the partner will engage the GDSF leadership as well as GDSF personnel at all levels in this work; and, specifically how the partner will utilize the organizational structure of the military to strengthen the internal capacity of the GDSF to conduct these activities. Within the proposal the partner will need to demonstrate transition of programmatic capabilities and capacity to the military over the life of the grant. The partner must work in complete coordination with the GDSF's HIV prevention and health services, as well as the DHAPP/DoD Program Manager based at the US Embassy in Libreville, Gabon and the DHAPP Headquarters Team at San Diego, USA. The Grantee is the Implementing Partner and will be referred to as IP in this document. Dollar amounts, budget codes, and implementing strategy are subject to change in alignment with the annual DHP Operational Plan (DOP) process.

**HIV/AIDS Prevention (HVOP: $30,000)**

| Technical Area Targets, Year 1 | | | | |
|---|---|---|---|---|
| **Indicator** | **Label** | **Military Only** | **Civilian** | **Total** |
| PP_PREV | Number of the priority populations (PP) reached with the standardized, evidence-based intervention(s) required that are designed to promote the adoption of HIV prevention behaviors and service uptake | 4,210 | 0 | 4,210 |

The IP will strategically target sub-populations within the military as defined by Gabon OU team in the COP process with a written plan for identifying the specific sub-populations. The intervention package for adults will include the following:
• Promotion of relevant prevention and clinical services, and demand creation to increase awareness, acceptability, and uptake of these services.
• Information, education, and skills development to: (1) reduce HIV risk and vulnerability, (2) correctly identify HIV prevention methods, (3) adopt and sustain positive behavior change, (4) promote gender equity and supportive norms and stigma reduction.
• Referral to or provision of HIV testing; facilitated linkage to care and prevention services; and/or support services to promote use of, retention in, and adherence to care.
• Condom and lubricant (where feasible) promotion, skills building, and facilitated access to condoms and lubricant (where feasible) through direct provision or linkages to social marketing and/or other service outlets.
Data collection requires reliable tracking systems that are designed to count the number of one-on-one encounters or participation in group interventions and that reduce double-counting of individuals in a reporting period. Data should be collected at every encounter/point of service and aggregated in time for DHP reporting cycles. This indicator only counts those interventions at the individual and/or group level.
Tracking systems must be able to reduce double-counting of individuals in a reporting period. If possible, a unique identifier should be assigned to program participants. Site facility level system should maintain accurate registers for each individual priority population, and sum these individual populations when reporting this indicator.

**HIV/AIDS Testing Services (HVCT: $50,000)**

| Technical Area Targets, Year 1 | | | | | |
|---|---|---|---|---|---|
| **No** | **Indicator** | **Label** | **Military Only** | **Civilian** | **Total** |
| 1 | HTS_TST | Number of individuals who received HIV Testing Services (HTS) and received their test results | 5,341 | 4,560 | 9,901 |
| 2 | HTS_TST_POS | Number of individuals who received HIV Testing Services (HTS) and received their POSITIVE test results | 339<br>6.3% | 370<br>8% | 709 |

The IP will work closely with the GDSF and DHAPP HQ to 1.) Target HIV testing to populations with high risk and high HIV seropositivity; 2.) Begin conversations to transition routine, low-risk HIV testing to the GDSF; and 3.) Regularly review (weekly) programmatic

data in order to constantly inform programming and refine strategy to identify more PLHIV. Each individual's HIV diagnosis must be confirmed using the nationally validated testing algorithm.

Ensure that any positives identified are linked to HIV care and treatment is essential to the success of the GDSF program. Therefore, the IP should work with the GDSF to create/maintain a system to follow-up and document successful linkages into care, even if the linkage is into the Ministry of Health (MOH) care system. The IP should work to achieve 95% linkage of HIV+ individuals identified for both GDSF members and civilians. The IP will ensure that Index testing, also referred as partner testing/partner notification services of an HIV-positive person are elicited and offered HIV testing services. The IP will monitor HIV testing yield; modifying strategies or locations that are not identifying and/or linking significant numbers of HIV positive persons to HIV care and treatment. The IP will ensure that all HTS is conducted via finger prick method.
The IP will work closely with the GDSF to ensure that all patients with presumptive TB or TB disease receive HIV testing and provide immediate access to ART for patients, with the goal of providing universal ART coverage among HIV-infected TB patients and universal TB screening for all HIV-infected individuals.
The IP will support all GDSF ART sites to ensure that 1) all pregnant women are aware of their HIV status during their first ANC; and 2) all infants born to HIV-positive women are receiving a first virologic HIV test by 12 months of age.

The IP will be responsible for:

- Targeted testing to geographic locations and populations with high risk and high HIV seropositivity
    - Utilize a risk screening tool to help identify high-risk individuals for testing
    - Index-case testing/partner notification for spouses, other sexual partners of HIV+ individuals
        - Training healthcare providers on partner notification
    - Index-case testing/partner notification for biological children under 15 years old of HIV+ females
    - 100% testing of all TB-infected clients (both military and civilian) treated in military health services
    - Routine opt-out HIV testing for partners (including partner notification options for all sexual partners) of pregnant women to identify HIV serodiscordant couples
    - Training healthcare providers on HIV self-testing (HIVST) (how to direct assisted and unassisted testing and in what modalities/circumstances it is most effective)
        - Creating HIVST resource package to be distributed with each self-test that has education and linkage information for military facilities
- Provider-Initiated testing and counseling within military health services for both military personnel and civilians who are at high risk with 95% of positives diagnosed through PITC linked to HIV care and treatment services
- Quality Improvement / Quality Assurance for all GDSF HTS including continuous training and mentoring
- Tracking PLHIV from HTS to clinical care and treatment services for same day initiation
- Transition Peace Keeping mission testing which contributes to low yield for military to the GDSF

- Supporting GDSF clinical services to screen all pregnant women attending military health services for HIV
- Quality Assurance / Quality Improvement of GDSF PMTCT services
- Routine Early Infant Diagnosis of exposed infants based on existing WHO guidelines to include EID virological testing at 4-6 weeks of age and serologic testing at 9 months of age
- Begin discussions to transfer PMTCT low yield testing to the GDSF

**Clinical Laboratory Support (HLAB: $65,000)**

Clinical laboratories for HIV care and treatment are present at Omar Bongo Ondimba Military Hospital and the Infirmary-Hospital Louembe in Military Region # 1 and in the Infirmary-Hospital of Port-Gentil Region #8, Mouila Region # 6, and Franceville Region # 2. The IP will work with GDSF clinical and laboratory staff in support of all HIV laboratory services.

The IP will be responsible for:

- Inventory control, forecasting, and procurement of laboratory reagents to ensure that laboratory services are uninterrupted
- Training of the laboratory staff on the use of the equipment
- Monitoring laboratory quality and adherence to quality systems guidelines through routine visits to each of the labs to assess achievements, review/evaluate activities, and provide recommendations with the development of improvement plans to resolve any identified problems
- Linking GDSF laboratory services to other laboratory resources at the district, provincial, and national levels
- Building capacity in the GDSF for GDSF staff to take full ownership of lab functionality
- Working with the military on an aggressive timeline towards full lab accreditation

**HIV Clinical Monitoring Systems (Strategic Information) [HVSI: $30,000]**

Successful tracking of patient level data is critical to the success of the GDSF clinical care and treatment program's ability to monitor progress towards epidemic control. The military is a highly mobile population. Clinical HIV monitoring systems, including patient level data, will be required to ensure that GDSF clinical staff and program managers at national and subnational levels have access to the right information at the right time in any location the patient may be seen. The IP will work with the GDSF to support the collection of patient-level data, the clinical and programmatic use of data, and the reporting of site-level data to DHAPP HQ and the GDSF leadership. All medical record (EMR) work should be coordinated and aligned with PEPFAR/DHP, MOH/MOD, clinical staff requirements, WHO SANTIA HIV software, and national/international standards. The IP should state what system they intend to use for HIV clinical care and treatment; how the data collected within this system will be accessed by the GDSF clinical staff and leadership; and, how the IP will responsibly protect military data from dissemination outside of GDSF and DHAPP.

The IP will be responsible for:

- Staffing support and mentoring of existing GDSF staff for data entry, information technology assistance, data managers, etc. to fill any gaps where the GDSF is unable to provide sufficient staff
- Training and on-the-job mentorship of GDSF clinical staff on the use of any clinical monitoring system at site and national/program levels
- Ensure confidentiality and security of data, in line with MOD, MOH, and national guidelines
- Quality Assurance / Quality Improvement for all data collection, reporting, and use
- Timely, accurate reporting of all indicators required by the GDSF and DHAPP disaggregated by military and civilian and all other MER 2.0 required disaggregation
- Securing all patient-level and site-level data from dissemination outside of GDSF and DHAPP without prior approval from GDSF
- Support for data entry, cleaning, reporting, analyzation, and use
- Implementation of clinical monitoring system, including maintenance of network infrastructure (if necessary)
- Developing HIV case-based surveillance

**HIV/AIDS Care and Treatment (HTXS: $105,000)**

| Technical Area Targets, Year 1 | | | | | |
|---|---|---|---|---|---|
| **No** | **Indicator** | **Label** | **Military** | **Civilian** | **Total** |
| 1 | TX_NEW | Number of adults and children newly enrolled on antiretroviral therapy (ART) | 353 | 375 | 728 |
| 2 | TX_CURR | Number of adults and children currently receiving antiretroviral therapy (ART) | 614 | 1,700 | 2,313 |
| 3 | TX_RET | Percentage of adults and children known to be on treatment 12 months after initiation of antiretroviral therapy (Note: reporting 24 and 36 months is recommended, but optional) | 553 | 510 | 1,063 |
| 4 | TX_PVLS | Percentage of ART patients with a viral load result documented in the medical record | 100% coverage<br><br>70% VLS | 100% coverage<br><br>50% VLS | 100% coverage<br><br>50% VLS |

| | | | | | |
|---|---|---|---|---|---|
| | | and/or laboratory information systems (LIS) within the past 12 months with a suppressed viral load (<1000 copies/ml) | | | |
| 5 | TX_TB | The proportion of ART patients screened for TB in the semiannual reporting period who are receiving TB treatment | 46/614 | 38/510 | 84/1,124 |
| 6 | TB_STAT | Percentage of new and relapse TB cases with documented HIV status | 61<br>100% | 0 | 61<br>100% |
| 7 | TB_STAT_POS | Percentage of new and relapse TB cases with documented POSITIVE HIV status | 37<br>100% | 0 | 37<br>100% |
| 8 | TB_PREV | The number of ART patients who completed a standard course of TB preventive therapy within the semiannual reporting period | 430 | 357 | 787 |
| 9 | TB_ART | The number of HIV-positive new and relapsed TB cases on ART during TB treatment | 37 | 0 | 37 |
| 10 | PMTCT_ART | Percentage of HIV-positive pregnant women who received ART to reduce the risk of mother-to-child-transmission (MTCT) during pregnancy | 43<br>100% | 100<br>100% | 143<br>100% |
| 11 | PMTCT_STAT | Percentage of pregnant women with known HIV status at antenatal care (includes those who already knew their HIV status prior to ANC) | 243<br>90% | 566<br>90% | 809<br>90% |
| 12 | PMTCT_STAT_POS | Percentage of pregnant women with a | 43<br>18% | 100<br>18% | 143<br>18% |

| | | | | | |
|---|---|---|---|---|---|
| | | POSITIVE HIV status at antenatal care (includes those who already knew their HIV status prior to ANC) | | | |
| 13 | PMTCT_EID | Percentage of infants born to HIV-positive women who received a first virologic HIV test (sample collected) by 12 months of age | 17<br>40% | 40<br>40% | 57<br>40% |

The IP will work closely with the GDSF to scale-up the HIV Care and Treatment program and increase the GDSF's capacity to deliver comprehensive and quality HIV care and treatment in a sustainable and cost effective way.
The IP will work closely with the GDSF to continue to provide quality and comprehensive HIV/AIDS care and treatment services at the Omar Bongo Ondimba Military Hospital, the Louembe Infirmary-Hospital, SMI Ntchoréré, SMI Gros-Bouquet, SMI Toulekima and SMI Garde Républicaine and the Peace Keeping Training Center [SMIs are antenatal care (ANC) sites]. The IP will practice Test and Start (starting ART immediately upon HIV diagnosis) for GDSF military personnel. The IP will work closely with GDSF to ensure that all TB/HIV military patients treated at the military hospital have access to TB preventive therapy to prevent progression to active TB disease among military PLHIV and their family members. Work closely with GDSF to ensure the successful linkage between TB and HIV programs.

The IP will be responsible for:

- Enrollment into HIV clinical care and treatment
  - Aggressive enrollment of HIV-infected military personnel nationwide, their family members and the local communities served by the GDSF in scale-up districts into clinical care and treatment
  - Passive enrollment of HIV-infected civilians and dependents into clinical care and treatment in non-scale-up districts

- Ongoing clinical support for all ART patients
  - Supporting the GDSF with multi-month scripting (minimum 3 months)
  - Clinical monitoring of all HIV+ positive patients including CD4 at baseline, viral load at baseline, first 6 months and then every 12 months thereafter, tuberculosis screening, screening for other opportunistic infections including cryptococcosis, etc.
  - Positive Health, Dignity, and Prevention (PHDP) services including STI screening and treatment, prevention of unintended pregnancies among women living with HIV, Nutritional assessment Counseling Support (NACS) of HIV+ patients, cervical cancer screening, etc.
  - Universal TB screening using standard TB questionnaire at least every 6 months for 100% of HIV-infected individuals in care.

- Close coordination with GDSF to track down and follow enrolled patients that are deployed or going on training, to ensure they have their meds and continue to receive regular viral load (SMS VL results and education) and other required lab checks and ensure that they are included in data reporting back to GDSF during deployment (ie: counted as part of TX_CURR cohort, VL result recorded, etc.)
- Medication adherence and retention support including treatment literacy, active tracing and peer support for HIV+ patients, and other evidence-based retention interventions for adults, children, and pregnant women on ART.

- Coordination of HIV clinical care and treatment services
  - Organize a comprehensive training program targeting officers from the EASSML "Ecole d'Application du Service de Santé Militaire de Libreville" (military medical school) in the view of enhancing their capacities for addressing HIV prevention, care and treatment activities once hired by Military Hospital and other military health facilities
  - Planning, logistics, and monitoring of ART clinics to reach military ART targets
  - Promoting ongoing communication and collaboration between GDSF clinical services and other district/provincial/national level care and treatment programs and/or government entities
  - Ensure the availability of essential HIV clinical commodities through support for forecasting, responsible use, stock management, and other activities critical to ensure a secure supply
  - Ensure HIV+ patients exhibiting immunologic failure on first-line ART receive adherence support and switched to appropriate second-line therapy (based on available population-level genotypic resistance data) when indicated and feasible
  - Transitioning first-line ART to Tenofovir Lamivudine Dolutegravir (TLD) in all GDSF facilities

- Conducting and documenting index patient testing for all HIV-infected clients
  - Index-case testing/partner notification for all sexual partners (not just spouses) and children under 15 of HIV-positive women
- Initiating all HIV-positive pregnant women on ART; with a focus on adherence and retention during pregnancy and post-partum
- Ensure post-partum neonatal ART prophylaxis per existing Option B+ guidelines
- Support PMTCT counseling and ancillary support to include breastfeeding
- Ensure retention through the breastfeeding period
- Routine opt-out HIV testing for partners (including partner notification options for all sexual partners) of pregnant women to identify HIV serodiscordant couples
- Begin discussions to transfer PMTCT low yield testing to the GDSF
- Ensure that military HIV-positive personnel on ART have received at least six months of isoniazid preventive therapy (IPT) or have completed another standard course of TB preventive therapy
- Ensure that active duty military patients who are taking a 6-month regimen of Isoniazid and Rifapentine will complete their therapy
- Ensure that all military HIV-infected TB patients are effectively linked to appropriate HIV treatment nationwide

## WORK PLANS

Grantee must submit annual, programmatic and financial, work plans to DHAPP Program Manager and DHAPP HQ (Budget breakdown per activity and for program management is required). Work plans include activities implementation timeline, including the M&E ones.

## REPORTING

- Quarterly Fiscal Reports: Grantee must submit quarterly programmatic and financial reports to DHAPP in order to monitor expenditures according to the program area(s) [HVAB; HVOP; etc.]. The report template will be provided by DHAPP. Submit 30 calendar days after each reporting period (3/31, 6/30, 9/30, and 12/31).
- Interim Progress: Indicator Report: This report shall summarize progress in relation to the approved Work Plan as well as monitor grant deliverables. The Grantee shall submit quarterly indicator reports in accordance with the format provided by the Program Office within 45 calendar days following the end of the reporting period: 12/31, 3/31, 6/30 and 9/30. The Recipient shall provide reports in accordance with the template provided by NHRC.
- Reports will follow DHAPP Headquarters and Country Team Templates.