PROGRAM ANNOUNCEMENT

DEPARTMENT OF DEFENSE (DoD)

Defense Health Agency

Title: Department of Defense HIV/AIDS Prevention Program

Announcement Type: Initial Announcement

Funding Opportunity Number: W81XWH-22-DHAPP

Assistance Listing Number: 12.350 -- Department of Defense HIV/AIDS Prevention Program

Key Dates: This announcement will be **open to receive applications continuously** until 5:00 p.m. Eastern Time (ET), 18 September 2027, at which point all applications must be received.

Issued: September 2022
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A. Program Description

Background: The United States Government has a long history and extensive network of international collaboration and partnerships in the fight against HIV/AIDS, providing funding, technical assistance, and program support. These collaborations increase the fundamental understanding of HIV transmission and provide an evaluative basis for prevention and intervention success. The HIV/AIDS epidemic is devastating and Militaries, in particular, have been identified as a high-risk population.

DoD HIV/AIDS Prevention Program (DHAPP) works as part of the U.S. Government's effort to save lives, prevent HIV infections, and accelerate progress toward achieving HIV/AIDS epidemic control in more than 50 countries around the world. DHAPP is positioned within the Defense Health Agency (DHA) and located at the Naval Health Research Center (NHRC) in San Diego, California.

DHAPP has successfully engaged over 80 countries in efforts to combat HIV/AIDS among its respective military services. DHAPP is the Department of Defense's military to military implementing arm of the President's Emergency Plan for AIDS Relief (PEPFAR) collaborating with the U.S. State Department (DoS), U.S. Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC), the U.S. Agency for International Development (USAID), the Peace Corps, and other federal agencies. Working closely with U.S. Department of Defense, U.S. Unified Combatant Commanders, Joint United Nations Program on HIV/AIDS (UNAIDS), university collaborators, and other non-governmental organizations, DHAPP assists countries in establishing HIV/AIDS prevention, care and treatment programs in strengthening their capabilities to combat HIV.

DHAPP continues to rely upon the vital support of various partners such as local and international non-governmental organizations (NGOs) including faith-based organizations to implement HIV prevention, care and treatment programs across the globe. A customized plan is needed to assist militaries as they implement HIV/AIDS programs capable of reaching our shared goals for HIV epidemic control.

Applicants for an award should be aware of the country specific military's HIV control activities and propose a plan that builds on the country specific military's activities without duplicating efforts, creating parallel systems, or conflicting activities. The overall program manager for PEPFAR is the Department of State's Office of the U.S. Global AIDS Coordinator (OGAC). DHAPP provides support for military-specific programs. Country HIV programs supported by PEPFAR funds can be found on the OGAC website: http://www.state.gov/s/gac/

DHAPP provides technical assistance, management, and administrative support to the HIV/AIDS prevention, care, and treatment for foreign militaries through support to implementing partners. In addition, DHAPP provides HIV program execution and monitors outcomes with staff that include country specific active duty military, civil service, and contractor personnel.

Program Objective: DHAPP's objective, through the PEPFAR program, is to save lives, prevent HIV infections, and accelerate progress toward achieving HIV/AIDS epidemic control and to support the development of interventions and programs in military health systems that address these issues. DHAPP works with militaries of foreign countries to devise plans based on the following process:

- Meet with key partners in country to determine provisional major program areas and other technical assistance needs.
- Adapt DHAPP support to a country's need for prevention, care and/or treatment of its HIV/AIDS situation based on an assessment of the country's epidemic, and more specifically, in that country's military.
- Strengthen the military capacity for ownership and behavioral changes over the long term.
- Consider program design by leveraging assets with other country partners who have/had successful prevention, care, and/or treatment efforts.
- Focus on prevention, care and/or treatment impact aligned with national implementation plans.
- Implement and monitor programs to ensure accountability and sustainability.

Countries and their militaries need strong evidenced based HIV programs with measurable courses of action that demonstrate the following specific attributes. Priorities for DHAPP include the following but are subject to change.

- Support and ownership from the military sector.
- Development of plans of action and support for military policies that further HIV epidemic control.
- Alignment with PEPFAR and national strategies and priorities.
- Testing and treatment expansion to meet 2020 goals of 90-90-90 and 2030 goals of 95-95-95 for people living with HIV. (The first goal is identifying 90/95 percent of all HIV-positive individuals in the population; the second goal is linking 90/95 percent of all those identified HIV positive people to consistent antiretroviral treatment; and the last goal is reaching 90/95 percent of all those on antiretroviral treatment to attain viral suppression.)
- Care and treatment plans should use the "Treat All" approach with differentiated models of care including tuberculosis (TB), hepatitis, cervical cancer in HIV positive women, other sexually transmitted infections (STI) other opportunistic infections, and care for those with advanced HIV disease.
- Reduction of mother-to-child transmission of HIV.
- Combination prevention using biomedical, behavioral and structural support for sexual transmission of HIV and other STI.
- Prevention packages for specific populations including a comprehensive package for Key Populations (KP), Priority Populations, and prevention interventions for young people.
- Stigma and discrimination reduction associated with HIV infection.
- Program monitoring to collect and report on PEPFAR indicators, ensure quality of service delivery using clinical and laboratory monitoring tools and to take rapid corrective action based on results.

- Strengthen HIV data collection systems for improved clinical decision making and program management.
- Promoting sustainability through capacity building of the military partner.

Transition to Local Partners: **Local partners are encouraged to apply to this announcement**.

- To sustain epidemic control, it is critical that the full range of HIV prevention and treatment services are owned and operated by local institutions, governments, and community-based and community-led organizations – regardless of current antiretroviral (ARV) coverage levels. The intent of the transitioning to local partners is to increase the delivery of direct HIV services, along with non-direct services provided at the site, and establish sufficient capacity, capability, and durability of these local partners to ensure successful, long-term, local partner engagement and impact.

B. Federal Award Information

The following information applies to awards issued under this announcement:

- Funding Amount: For each country where funding is available, Attachment 1 (Country Specific Narrative) will contain a description of the work that is needed, along with the program areas and an approximation of the available funding. It should be noted that while dollar amounts are listed, this should be taken as an estimate of the funding for an effort whether a single amount or range is listed. Changes to Attachment 1 will be provided in the form of amendments to this announcement.
- Anticipated number of Federal awards: The anticipated number of awards for this program in FY23 will range from approximately 10 to 20, with the number of awards being determined based on the rigor and transformative potential of the proposals received, as well as the availability of funds. All funding decisions are final.
- The Period of Performance for these awards is 4 years.
- Information regarding program funding amounts as well as total cost limitations within the application can be found in the country specific narrative outlined in Attachment 1.
- Investigators on collaborative projects should each write and submit separate, unique proposals, and provide the name and title of their collaborator's proposal within the project narrative of the application.
- Awards will be made on an open continuous basis. Refer to your country specific narrative in Attachment 1 for more details. Cooperative agreements will be awarded under this announcement.

C. Eligibility Information

Eligible Applicants: All responsible sources from academia, industry, and non-governmental organizations may submit proposals under this announcement. No grants, contracts or cooperative agreements may be awarded directly to foreign military

establishments. **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 submission of their proposals.**

Other information:

- The Federal Assistance Certifications Report (completed as part of the SAM registration) is a required attestation that the entity will abide by the requirements of the U.S. laws and regulations; therefore, as applicable, you are still required to submit any documentation, including the SF LLL Disclosure of Lobbying Activities (if applicable), and informing DoD of unpaid delinquent tax liability or a felony conviction under any Federal law. If applicable, the SF LLL should be submitted with the SF 424 form. See Section F. Federal Award Information for additional information.
- DoD required certifications: By checking "I agree" in block 17 of the SF 424 (see below) and signing the application as the authorizing official, you are certifying that your institution will be in compliance with these additional requirements:
    - Institutions of higher education must certify compliance with 10 U.S.C 983, *Institutions Of Higher Education That Prevent ROTC Access Or Military Recruiting On Campus: Denial Of Grants And Contracts From Department Of Defense, Department Of Education, And Certain Other Departments And Agencies*, and 32 C.F.R. 216 *Military Recruiting And Reserve Officer Training Corps Program Access To Institutions Of Higher Education.*
    - Recipient will not require any of its employees, contractors, or sub-recipients seeking to report fraud, waste, or abuse to sign or comply with internal confidentiality agreements or statements prohibiting or otherwise restricting those employees, contractors, sub-recipients from lawfully reporting that waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

D. Application and Submission Information

Submitting a Proposal: DoD will only accept proposals submitted through Grants.gov on or before the date specified in the country specific narrative provided in Attachment 1. Read the instructions below about registering to apply for DoD funds. Applicants should read the registration instructions carefully and prepare the information requested before beginning the registration process. Reviewing and assembling the required information before beginning the registration process will alleviate last-minute searches for required information.

Organizations must have a Unique Entity Identifier (UEI) Number, active System for Award Management (SAM) registration, and Grants.gov account to apply for grants. If individual applicants are eligible to apply for this funding opportunity, then you may begin with step 3, Create a Grants.gov Account, listed below.

Creating a Grants.gov account can be completed online in minutes, but UEI and SAM registrations may take several weeks. Therefore, an organization's registration should be done in sufficient time to ensure it does not impact the entity's ability to meet required application

submission deadlines. Note: Failure to allow enough time for the systems to complete the registration is not considered a valid explanation for why grants.gov did not accept the proposals.

Complete organization instructions can be found on Grants.gov at: https://www.grants.gov/web/grants/applicants/organization-registration.html

1) *Register with SAM*: The applicant organization must be registered as an entity in SAM (https://www.sam.gov/SAM/) and receive confirmation of an "Active" status before submitting an application through Grants.gov. As published in the Federal Register, July 10, 2019, (https://www.federalregister.gov/documents/2019/07/10/2019-14665/unique-entity-id-standard-for-awards-management), the UEI for awards management generated through SAM will be used instead of the Data Universal Numbering System (DUNS) number as of April 2022. All federal awards including, but not limited to, contracts, grants, and cooperative agreements will use the UEI. USAMRDC will transition to use of the UEI beginning with FY22 announcements and utilize the latest SF424, which includes the UEI. The DUNS will no longer be accepted. Applicant organizations will not go to a third-party website to obtain an identifier. During the transition, your SAM registration will automatically be assigned a new UEI displayed in SAM. (For more information, visit the General Services Administration: https://www.gsa.gov/about-us/organization/federal-acquisition-service/office-of-systems-management/integrated-award-environment-iae/iae-information-kit/unique-entity-identifier-update.) Current SAM.gov registrants are assigned their UEI and can view it within SAM.gov.

2) *Create a Grants.gov Account*: The next step is to register an account with Grants.gov. Follow the on-screen instructions or refer to the detailed instructions at https://www.grants.gov/web/grants/applicants/registration.html

3) *Add a Profile to a Grants.gov Account*: A profile in Grants.gov corresponds to a single applicant organization the user represents (i.e., an applicant) or an individual applicant. If you work for or consult with multiple organizations and have a profile for each, you may log in to one Grants.gov account to access all your grant applications. To add an organizational profile to your Grants.gov account, enter the UEI Number for the organization in the UEI field while adding a profile. For more detailed instructions about creating a profile on Grants.gov, refer to: https://www.grants.gov/web/grants/applicants/registration/add-profile.html

4) *EBiz POC Authorized Profile Roles*: After you register with Grants.gov and create an Organization Applicant Profile, the organization applicant's request for Grants.gov roles and access is sent to the EBiz POC. The EBiz POC will then log in to Grants.gov and authorize the appropriate roles, which may include the Authorized Organization Representative (AOR) role, thereby giving you permission to complete and submit applications on behalf of the organization. You will be able to submit your application online any time after you have been assigned the AOR role. For more detailed instructions about creating a profile on Grants.gov, refer to: https://www.grants.gov/web/grants/applicants/registration/authorize-roles.html

5) *Track Role Status*: To track your role request, refer to: https://www.grants.gov/web/grants/applicants/registration/track-role-status.html

Electronic Signature: When applications are submitted through Grants.gov, the name of the organization applicant with the AOR role that submitted the application is inserted into the signature line of the application, serving as the electronic signature. The EBiz POC **must** authorize people who are able to make legally binding commitments on behalf of the organization as a user with the AOR role; **this step is often missed, and it is crucial for valid and timely submissions.**

Proposal Narrative: All proposals must be submitted in English or they will be rejected.

Formatting Requirements:

- Font: Times New Roman, 12 point
- Margins: 1 inch on all sides
- Paper size: 8 ½ by 11"
- Single-spaced

Required Documents: All elements and forms listed below are required, except as stated, for a proposal to be determined complete and must be submitted in English.

Technical Narrative (Not to exceed 45 pages):

Cover Page - Should include the words "Technical Narrative" as well as the following:

1) Funding Opportunity number
2) Targeted Country
3) Title of Proposal
4) Identity of Prime Respondent and complete list of subcontractors, if applicable
5) Technical Contact (name, title, address, phone, fax and e-mail)
6) Administrative/Business Contact (name, title, address, phone, fax and e-mail)
7) Duration of effort
8) Table of Contents: Section, Title and page numbers are required

Project Abstract – Concise, single-spaced abstract, not to exceed 4000 characters, summarizing the proposed program effort, including the name of the Offeror institution/organization, anticipated public benefit, type of substantial involvement by the Government objectives, assessed need, and anticipated impact and results. ***Applications with abstracts exceeding 4000 characters will be withdrawn from consideration.***

The project abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible, understandable to the technically literate lay reader. This abstract must not include any proprietary/confidential information.

Section I: Technical Approach. The following items shall be addressed:

Executive Summary (Not to exceed two pages). Brief description of proposed activities, goals, purposes, and anticipated results. Briefly describe technical and managerial resources of your organization. Describe how the overall program will be managed. State the bottom line funding request. The Executive Summary shall not copy the abstract.

Background Information (Not to exceed two pages). Provide contextual information relevant to setting goals and technical approaches. Include general background information about the host country and its military, including conditions and issues that have relevance to HIV transmission and HIV prevention programs. This information should include data on HIV prevalence. Other possible information to include: population size, economic conditions, political conditions, conflicts and border disputes, country infrastructure, and host nation military HIV program accomplishments or priorities to date and other donors, resources leveraged, etc. Information provided in this section should demonstrate awareness of the conditions and needs within the country and it's military.

Goal and Objectives (Not to exceed five pages). Provide high level goals/aims of programming to include outcomes and impacts in target populations (including sub-populations and sub-national geographies), as well as strategies and approaches to achieve this (including theory of change). Describe (a) the overall program goal of the project, and (b) the specific objectives that are measurable and time phased, consistent with the objectives and numerical targets that are described in the program narrative. See DHAPP current Priority activities in Section II. A. Program Description for reference.

Work Plan (Not to exceed six pages). Provide expanded detail on activities contributing to approach and sequencing. Clearly detail the scope and plan of the effort. Describe the specific methods (e.g., surveys, interviews, surveillance, etc.) you will use to accomplish the proposed objectives. All anticipated work must be aligned with the national guidelines of the host country. If the plan includes a training/education program or other intervention, please describe these in detail. Training should be aligned with national standards where possible. It is anticipated that the proposed plan will be incorporated as an attachment to the resultant award instrument. To this end, such proposals must include a severable self-standing plan without any proprietary restrictions that can be attached to the agreement award.

Data Management Plan (Not to exceed two pages). Data Management Plan should include:

a) The types of data, guidance, physical data collections, software, training materials, and other materials to be used or produced in the course of the project;
b) The standards to be used for data and metadata format and content (where existing standards are absent or deemed inadequate, this should be documented along with any proposed solutions or remedies);
c) Data governance policies for access and sharing including provisions for appropriate protection of privacy, confidentiality, security, intellectual property, or other rights or requirements; in cases where Personal Health Information is collected, identify appropriate national/international standard to be used for data protection. Data is considered property of the military partner.
d) Policies and provisions for re-use, re-distribution, and the production of derivatives; and
e) Plans for archiving data and other information products (reports), and for preservation of access to them.

f) A valid Data Management Plan may include only the statement that no detailed plan is needed, as long as the statement is accompanied by a clear justification.

Monitoring and Evaluation (Not to exceed five pages, inclusive of table of indicators). State how you will demonstrate that the proposed program will have an impact on military members and/or their families and state the specific PEPFAR Monitoring, Evaluation, and Reporting (MER) indicators of performance that will be used. Indicators of performance and associated targets need to be specific and measurable (e.g., 100 military members will receive Voluntary Counseling and Testing (VCT) counseling, 2 laboratories will be established). Also, state how you will collect this information.

Schedule and milestones (Not to exceed two pages). Provide a schedule and description of major milestones or tasks to be accomplished in the proposed program by quarter (e.g., by 3-month period). No set number of milestones is required; the number and nature of the milestones will depend on your program and objectives. This section should include the sequencing of key activities.

In-Country Participation (Not to exceed four pages). Describe the involvement of the host country's military and its leadership in: (a) the development of the proposal (and/or the ideas presented in the proposal), and in (b) the planned execution of the proposed program bearing in mind the long term sustainability and host country military ownership of the program. Include how local/national institutions and stakeholders contributed to the development of goals, objectives and strategies proposed and what their roles will be in the program (*Letters of support from all stakeholders mentioned should be included as addendums to the proposal).

Relevance of the Program (Not to exceed two pages). (a) Describe the relevance of the proposed program to the needs, priorities and circumstances of the host country's military; (b) describe how the proposed program fits into the overall HIV strategy for the country and/or the country's military. If the respondent has previously performed and accomplished HIV prevention, treatment, or system strengthening efforts involving the host country's military, it should describe its past and current efforts.

Section II: Management and Qualifications Approach

Management Approach (Not to exceed fifteen pages). The Management Plan will provide a clear description of how the cooperative agreement will be managed, including the approach to addressing potential problems. The plan shall outline, where applicable, which organization/sub-awardee will carry out the various tasks specified in the technical approach. The prime partner will be responsible for all technical activities regardless of the activities implemented by the sub-partner or other member of the team. The application team (including home office support and other sub-partners) needs to describe the role of each staff member named under key personnel, technical experience and expertise, and estimated amount of time he or she will devote to the program. Given the funding limit of the award and the broad scope, applicants may want to propose innovative ways to reduce managerial costs of sub-partners such as sharing office space, vehicles, etc. It is expected that sub-partners will not set up separate offices and separate managerial units, but instead offer specialized technical support under the prime partner.

The application shall discuss proposed technical, managerial and other personnel as deemed appropriate to implement the tasks described above, inclusive of a coordination plan for other partners working in the district or sub-district. Such staff should have played important technical and country-level support roles in the past and current health and HIV and AIDS programs. The staffing plan shall elaborate what and how long-term and short-term technical and management assistance will be provided to the program to accomplish tasks and objectives.

The application shall provide summary role descriptions, responsibilities and qualifications of all key personnel relevant to successful implementation of the proposed technical approach. The application may include CVs of key personnel as addendums to the proposal package.

In proposing the overall staffing plan, the applicant should ensure that experience in implementing similar programs of focus and scale in the country is represented. In particular, the application should consider:

g) Program Director: The applicant is required to appoint a Program Director. The Program Director should have demonstrated capabilities in management, institutional capacity building, high-level strategic visioning and leadership, and experience in working effectively with district, provincial and national government authorities. Prior experience in senior level management of similar programs is required. Demonstrated experience is required in coordination and collaboration with broad set of stakeholders, including multi-lateral and international donors and local and international Non-Governmental Organizations (NGO). The Program Director must have background and experience in more than one technical area of the program and experience or familiarity in management in an integrated, comprehensive, clinic-based program environment. Written and oral communications skills in English must be demonstrated.
h) Other Personnel: Applicant has the discretion to determine the proper number and mix of additional key personnel, short-term technical staff, and others to meet award requirements.
i) Consultants: Applicant may propose a mix of international and local advisors and specialists to cover the full range of objectives and activities. The management plan shall also demonstrate how the applicant will use in-country experts and resources. All personnel must demonstrate written and oral communications skills in English. Familiarity and demonstrated experience with the political, social, economic and cultural context of the country is required.

The application should support the organization's effectiveness and provide partnership arrangements. The applicant should propose how they will coordinate with the host country military as well as with other district partners and/or PEPFAR partners working across program areas. If the applicant intends to develop institutional partnerships/teaming arrangements for implementation of the cooperative agreement (sub-recipients or alliances), the application must specify the nature of organizational linkages. This includes their relationships between each other, lines of authority and accountability, and patterns for utilizing and sharing resources. Applicants that intend to utilize sub-awards should indicate the extent intended, the method of identifying sub-awardees, and the tasks/functions they will be performing. Applicants that plan to team up with other organizations, or government agencies for the implementation of the agreement should outline the services to be provided by each agency or organization and should discuss how the

collaboration with these partners fits into the Applicant's proposed management plan. Applicant should state whether or not they have any existing relationships with the proposed partners and, if so, should include the Memoranda of Understanding (MOUs) in the Attachment/Annex. It is not expected at this time that offerors should include host country military letters of support or MOUs as these will be negotiated after award once district and sub-district allocation are finalized.

The Organization's Qualifications (Not to exceed five pages) - In this section, the applicant should describe its organizational knowledge, capability and experience in managing similar programs. Include the organization's history, mission and structure of organization. This includes activities in institutional capacity building, HIV and AIDS policy development and implementation, delivery of integrated, comprehensive district-based HIV-related services for care and treatment and collaborations with donors, host country governments, and NGOs to strengthen health and HIV and AIDS systems. Offeror shall also describe its organizational capability in collaborating with the host country military, donors, and NGOs to strengthen health and HIV/AIDS systems, and to improve the quality and use of data for decision making and advance organizational capacity building. The Applicant should also describe the organizational knowledge, capability, and experience of the other proposed team members (sub-contractors and/or grantees) in successfully managing similar programs.

Current and Pending Support (Not to exceed five pages) – The applicant must provide information on all current and pending projects, including subsequent funding in the case of continuing contracts, grants and other assistance agreements and proposals that involve the proposed Technical Program Manager. All current project support from whatever source (e.g., Federal, State, local or foreign government agencies, public or private foundations, industrial or other commercial organizations) must be listed.

The information must also be provided for all pending proposals already submitted concurrently to other possible sponsors, including DHA. Concurrent submission of a proposal to other organizations will not prejudice its review by DHA. Provide a chart relaying the following information for all current and pending support:

- Title of award or project title;
- Source and amount of funding (annual direct costs; provide award numbers for all current awards);
- Percentage effort devoted to each project;
- Technical contact (name, address, phone, e-mail);
- Administrative/Business contact (name, address, phone, e-mail);
- Period of performance;
- The proposed project and all other projects or activities requiring a portion of time of the proposed Technical Program Manager and other proposed senior personnel must be included, even if they receive no salary support from the project(s); The total award amount for the entire award period covered (including indirect costs) must be shown as well as the number of person-months or labor hours per year to be devoted to the project, regardless of the source of support;
- Commitment proposed for the Technical Program Manager in terms of person-months per year for each year.

All submissions will be protected from unauthorized disclosure in accordance with applicable law and DoD regulations. You are expected to appropriately mark each page of the submission that contains proprietary information.

Statement of Work (SOW) File: Proposals must include a supplementary document for Statement of Work. In the Excel workbook provided by the program office, provide a summary of the planned activities for each program area or intervention requirement indicated in the Program Announcement for each year. A sample Statement of Work template for Year 1 and Years 2-4 is available on Grants.gov with this Program Announcement.

The following SF 424 forms and attachments, as applicable are required for all applications:

SF-424 Research and Related, Application for Federal Assistance - (included in the application package available on grants.gov posted with this Program Announcement). This form must be sent as the cover page for all proposals. Complete all required fields in accordance with the "pop-up" instructions on the form and the following instructions for specific fields. Please complete the SF-424 first, as some fields on the SF-424 are used to auto-populate fields on other forms.

SF-424 Research and Related Budget - included in the application package available on grants.gov posted with this Program Announcement. **Please ensure there is a submission for each budget year**.

Budget Narrative Attachment Form – Attach the Budget justification the SF424 R&R as required under Section L of the SF424 (R&R) form.

SF-424B, Assurances - Nonconstruction Programs - (included in the application package available on grants.gov posted with this Program Announcement).
The program described in Section I above includes non-construction elements. Therefore, the mandatory forms for non-construction programs must be completed. Non-construction activity costs should be included on the SF-424A.

Project Abstract Form – The project abstract must identify the problem and objectives, technical approaches, anticipated outcome of the effort, if successful, and impact on the DoD capabilities. Use only characters available on a standard QWERTY keyboard. Spell out all Greek letters, other non-English letters, and symbols. Graphics are not allowed and there is a 4,000-character limit including spaces.

Do not include proprietary or confidential information. The project abstract must be marked by the applicant as "Approved for Public Release". Abstracts of all funded projects will be posted on the public DTIC website: https://dodgrantawards.dtic.mil/grants

Any modifications to the Project Narrative or Budget Form require submission of a changed/ corrected Grants.gov application package to Grants.gov prior to the application submission deadline.

Submission Dates and Times: Applications must be received by 5:00 p.m. Eastern Time (ET), on the date specified in the country specific narrative in Attachment 1.

Applicants are responsible for submitting their applications in sufficient time to allow them to reach Grants.gov by the time specified in this announcement. If the application is received by Grants.gov after the exact time and date specified as the deadline for receipt, it will be considered "late" and will not be considered for review. Acceptable evidence to establish the time of receipt by Grants.gov includes documentary evidence of receipt maintained by Grants.gov.

To avoid the possibility of late receipt, which will render the application ineligible for consideration, **it is strongly recommended that applications be uploaded at least 24-48 hours days before the deadline.** This will help avoid problems caused by high system usage or any potential technical and/or input problems involving the applicant's own equipment.

DHAPP cannot make allowances/exceptions to its policies for submission problems encountered by the applicant organization using system-to-system interfaces with Grants.gov. If an emergency or unanticipated event interrupts normal federal government processes so that applications cannot be received by Grants.gov by the exact time specified in this announcement, and the situation precludes amendment of the announcement closing date, the time specified for receipt of applications will be deemed to be extended to the same time of day specified in this announcement on the first work day on which normal federal government processes resume.

Application Receipt Notices: After an application is submitted to Grants.gov, the Authorized Representative (listed in Block #19 of the SF-424) will receive a series of three e-mails from Grants.gov. The first e-mail will confirm receipt of the application by the Grants.gov system. The second e-mail will indicate that the application has either been successfully validated by the system prior to transmission to DoD or has been rejected due to errors. This second email will also determine if the proposal is late based on the aforementioned receipt time. The third e-mail should be received once DoD has confirmed receipt of the application usually within 10 days from the application due date. The last e-mail will indicate that the application has been received and provide the assigned tracking number. Applicants can track the status of their applications at https://www.grants.gov/web/grants/applicants/track-my-application.html.

Funding Restrictions:

Information regarding funding restrictions can be found in the country specific narrative in Attachment 1.

Other Submission Information:

Applicant Support*:* Grants.gov provides applicants 24/7 support via the toll-free number 1-800- 518-4726 and email at support@grants.gov. For questions related to the specific grant opportunity, contact the number listed in the application package of the grant you are applying for.

If you are experiencing difficulties with your submission, it is best to call the Grants.gov Support Center and get a ticket number. The Support Center ticket number will assist the DoD with tracking your issue and understanding background information on the issue.

Timely Receipt Requirements and Proof of Timely Submission:

The AOR who submitted the application will receive an acknowledgement of receipt and a tracking number (GRANTXXXXXXXX) from Grants.gov with the successful transmission of their application. This AOR will also receive the official date/time stamp and Grants.gov tracking number in an email serving as proof of their timely submission.

When DoD successfully retrieves the application from Grants.gov, and acknowledges the download of submissions, Grants.gov will provide an electronic acknowledgment of receipt of the application to the email address of the AOR who submitted the application. Again, proof of timely submission shall be the official date and time that Grants.gov receives your application.

Applicants using slow internet, such as dial-up connections, should be aware that transmission can take some time before Grants.gov receives your application. Again, Grants.gov will provide either an error or a successfully received transmission in the form of an email sent the AOR attempting to submit the application. The Grants.gov Support Center reports that some applicants end the transmission because they think that nothing is occurring during the transmission process. Please be patient and give the system time to process the application.

Application Withdrawal: An applicant may withdraw an application at any time before award by written notice or by email. Notice of withdrawal shall be sent to the Grants Officer identified in this announcement. Withdrawals are effective upon receipt of notice by the Grants Officer.

E. Application Review Information

Review Criteria:

Proposals will be selected through a technical and business decision-making process with technical considerations being most important. The following scored criteria are listed in descending order of importance.

a. Technical Approach
   - Goals and Objectives. The proposal clearly states the overall goal(s) of the program and has specific, measurable objectives. The proposal is relevant to established DHAPP priority activities
   - Work Plan: The proposal contains sound scientific methods, an appropriate work plan described in sufficient detail and appropriate deliverables.
   - Methodology for monitoring and evaluation procedures. The proposed plan includes a description of how the program will have an impact on the country's military and clearly states the indicators of performance that will be used to

monitor effectiveness.

- Schedule and milestones. The proposed plan for HIV prevention efforts is feasible and contains concrete, achievable schedule and milestones.
- Relevance to the host country's military. The proposal clearly describes the involvement of the host country military and the relevance of the proposed program to the needs, priorities, and circumstances of the host country's military.

b. Qualifications

- Key Personnel are qualified and eligible to perform the work.

In addition, the following **unscored** criteria will also contribute to the overall evaluation of the application:

Whether the applicant qualifies as a local partner. To be considered a local partner, the applicant must submit supporting documentation demonstrating their organization meets at least one of the criteria listed below at the time of application. In the below definition, a region is defined as one of the 2020 State Department / ForeignAssistance.gov Sub Regional groupings

A. Individual: an individual must be a citizen or lawfully admitted permanent resident of, and have his/her principal place of business in the country served by the PEPFAR program with which the individual is or may become involved, and a sole proprietorship must be owned by such an individual; or
B. An entity (e.g., a corporation or partnership): Entity of a sole proprietorship (such as, a corporation or not-for-profit) must meet all three areas of eligibility:
    - Must be incorporated or legally organized under the laws of, and have its principal place of business in, the country served by the PEPFAR program with which the entity is or may become involved; or
      Must exist in the region where the entity's funded PEPFAR programs are implemented.
    - Must be at 75% beneficially owned by individuals who are citizens or lawfully admitted permanent residents of that same country; or
      At least 75% of the entity's staff (senior, mid-level, support) must be citizens or lawfully admitted permanent residents of that same country
    - Where an entity has a Board of Directors, at least 51% of the members of the Board must also be citizens or lawfully admitted permanent residents of such country.

Review and Selection Process: Proposals will not be evaluated against each other but will be scored based on the criteria listed above. DHAPP's intent is to review proposals as soon as possible after they arrive; however, proposals may be reviewed periodically for administrative reasons.

The ultimate recommendation for award of proposals is made by DHAPP or other technical experts. Recommended proposals will then be forwarded to the U.S. Army Medical Research Acquisition Activity (USAMRAA). Any notification received from USAMRAA indicating the Applicant's proposal has been recommended does not ultimately guarantee an award will be made. This notice indicates that the proposal has been selected in accordance with the evaluation criteria stated above and has been sent to the USAMRAA Grants Division to conduct cost analysis, determine the Applicant's responsibility, to confirm whether funds are available, and to take other relevant steps necessary prior to making the award.

Anticipated Announcement and Federal Award Dates: Decisions are expected to be announced by acceptance/declination letters via email. All awards are expected to be in place as specified in the country specific narrative in Attachment 1.

Recipient Qualification: The Office of Management and Budget (OMB) has issued final guidance implementing section 872 of the Duncan Hunter National Defense Authorization Act for Fiscal Year 2009 as it applies to grants. As required by section 872, OMB and the General Services Administration have established the Federal Awardee Performance and Integrity Information System (FAPIIS) as a repository for government-wide data related to the integrity and performance of entities awarded federal grants, cooperative agreements, and contracts. This final guidance implements reporting requirements for recipients and awarding agencies; requires awarding agencies to consider information in FAPIIS before awarding a grant or cooperative agreement to a non-federal entity; and addresses how FAPIIS and other information may be used in assessing recipient integrity.

a. Federal awarding agencies must report information to FAPIIS about any termination of an award due to a material failure to comply with the award terms and conditions; any administrative agreement with a non-federal entity to resolve a suspension or debarment proceeding; and any finding that a non-federal entity is not qualified to receive a given award, if the finding is based on criteria related to the entity's integrity or prior performance under federal awards.

b. Federal awarding agencies, prior to making award to a non-federal entity, must review information in FAPIIS to determine that entity's eligibility to receive the award.

c. Recipients of federal contracts, grants, and cooperative agreement awards with a cumulative total value exceeding $10,000,000 are required to provide information to FAPIIS on certain civil, criminal, and administrative proceedings that reached final disposition within the most recent five year period and that were connected with the award or performance of a federal award; and to disclose semiannually the information about the criminal, civil, and administrative proceedings described in section 872(c).

d. Notice of funding opportunities and federal award terms and conditions to inform a non-federal entity that it may submit comments to FAPIIS (https://www.fapiis.gov) about any

information the federal awarding agency had reported to the system about the non-federal entity, for consideration by the awarding agency in making future awards to the non-federal entity.

F. Federal Award Administration Information

Federal Award Notices: Notification of selection of all applications will be e-mailed by the USAMRAA Grants Officer.

The notification e-mail regarding a successful application must not be regarded as authorization to commit or expend DoD funds. An award signed by the USAMRAA Grants Officer is the authorizing document. Applicants whose applications are recommended for negotiation of award will be contacted by a USAMRAA Grant Specialist to discuss any additional information required for award. This may include representations and certifications, revised budgets or budget explanations, or other information as applicable to the proposed award. The award start date will be determined at this time.

Administrative and National Policy Requirements: Each cooperative agreement awarded under this announcement will be governed by the general terms and conditions in effect at the time of the award that conform to DoD's implementation of OMB guidance applicable to financial assistance in 2 CFR part 200, "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards."

Awards made under this announcement are subject to the Department of Defense Directive 6485.02E which can be found here: https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodd/648502E.pdf?ver=2018-06-01-130040-790

A. Certification

Certification of compliance with the national policy requirement regarding lobbying activities is required from all recipients of awards over $100,000. Submission of this certification is required by 31 USC 1352 and is a prerequisite for making or entering into an award over $100,000.

Complete SFLLL (Disclosure of Lobbying Activities), if applicable, and attach to Block 18 of the SF424 (Application for Federal Assistance) Form.

Certification for Contracts, Grants, Loans, and Cooperative Agreements

By signing an application, the applicant certifies, to the best of his or her knowledge and belief, that:

(1) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee

of Congress, or an employee of a member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, and the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federally appropriated funds have been paid, or will be paid, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit SFLLL (Disclosure of Lobbying Activities), in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 1352 USC 31. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

B. Representations

All extramural applicants are required to complete the representations below and submit with each application. The form for completion and submission is posted in eBRAP (https://ebrap.org/eBRAP/public/Program.htm). Upload the form into Grants.gov under Attachments.

Representations Regarding Unpaid Federal Tax Liabilities and Conviction of Felony Criminal Violations Under Any Federal Law

At the time of application submission, the applicant organization represents that it:

(1) Is_____Is not_____a Corporation ("Corporation" means any entity, including any institution of higher education, other non-profit organization, or for-profit entity that has filed articles of incorporation). If the organization is a corporation, complete (2) and (3) below.

(2) Is_____Is not_____a Corporation that has any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability.

(3) Is____Is not_____a Corporation that was convicted of a criminal violation under any
Federal law within the preceding 24 months.

NOTE: If the applicant organization responds in the affirmative to either (2) or (3) of the above representations, the applicant is ineligible to receive an award unless the agency suspension and debarment official has considered suspension or debarment and determined that further action is not required to protect the Government's interests. The applicant organization therefore will be required to provide information about its tax liability and/or conviction, upon request, to the Grants Officer, to facilitate completion of the required consideration before award decisions are made.

In accordance with DoD appropriations, the following representation is required. The applicant, by its signature on the SF424, represents:

Representation Regarding the Prohibition on Using Funds Under Grants and Cooperative Agreements with Entities That Require Certain Internal Confidentiality Agreements.

By submission of its application, the applicant represents that it does not require any of its employees, contractors, or subrecipients seeking to report fraud, waste, or abuse to sign or comply with internal confidentiality agreements or statements prohibiting or otherwise restricting those employees, contractors, or subrecipients from lawfully reporting that waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information. Note that (1) the basis for this representation is a prohibition in Section 743 of the Financial Services and General Government Appropriations Act, 2015 (Division E of the Consolidated and Further Continuing Appropriations Act, 2015, Public Law 113-235) and any successor provision of law on making funds available through grants and cooperative agreements to entities with certain internal confidentiality agreements or statements; and (2) Section 743 states that it does not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

C. National Policy Requirements

The recipient must comply with the following requirements, as applicable. The full text of National Policy Requirements is available at https://www.usamraa.army.mil/Pages/Resources.aspx. Awards will incorporate the most recent set of National Policy Requirements available at the time of award.

Reporting:

1) FINANCIAL REPORTING
(a) Interim Federal Financial Report (SF 425) shall be submitted within 30 days following the end of each calendar quarter and must include in the remarks the location of financial records and a

point of contact for the Government to obtain access to the financial records associated with this award. The following reporting period end dates shall be used for interim reports: 3/31, 6/30, 9/30, and 12/31.
(b) Final Federal Financial Report (SF 425) is required within 120 calendar days of the completion date for the term of this award and must include in the remarks the location of financial records and a point of contact for the Government to obtain access to the financial records associated with this award.
(c) Annual report of Implementing Partners Budget and Projected Expenditures will be required for awards funded with PEPFAR funding and will follow PEPFAR guidance for submission.
(d) Annual Expenditure Reporting will be required for awards funded with PEPFAR funding and will follow PEPFAR guidance for submission.

Financial Reporting Format Instruction:

• **Attach the Quarterly Financial Report Spreadsheet with the SF 425.** Submit in excel format along with SF425 in order to monitor expenditures according to the PEPFAR program area(s). The report template will be provided by the Government Program Office/DHA. Submit 30 calendar days after each reporting period (3/31, 6/30, 9/30, and 12/31). The Recipient shall provide the Quarterly Financial Reporting Spreadsheet in accordance with the template provided by DHA.

2) 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: 3/31, 6/30, 9/30 and 12/31. The Recipient shall provide reports in accordance with the guidance and template provided by DHA.

DHAPP Strategic Information Reporting Requirements: The grantee is expected to promptly prepare and submit data results that accurately reflect the contributions of those involved, and all significant findings from work conducted under DHAPP awards. Data reporting deadlines and requirements are clearly communicated by DHAPP to all grantees on a routine basis.
DHAPP award recipients are required to:

• If applicable, submit routine program indicator targets and results (e.g. Monitoring, Evaluation and Reporting (MER) Indicators) that reflect expected and achieved results through activities supported by DHAPP awards. Military program indicator data at the Implementing Mechanism level (not at a military site-level) are to be submitted on a quarterly, semi-annual and annual basis into the OGAC hosted system Data for Accountability Transparency and Impact Monitoring (DATIM), within the deadlines established by OGAC. **Instructions will be provided after award.** Military program indicator data at the site-level must also be submitted to DHAPP, using the required DHAPP templates, within the deadlines established by DHAPP. DHAPP will provide all orientation and training related to the reporting of site-level data.

• Implementing Partners are responsible for ensuring the quality of data from the point of data collection through report submission, and should make every attempt to either fix or document and communicate to DHAPP data quality issues.

• Implementing Partners are responsible for following the standards defined in the Site Improvement through Monitoring System (SIMS) and are required to participate in program quality assurance and improvement activities, per guidance provided by OGAC and DHAPP.

3) FINAL TECHNICAL REPORT
Within 120 calendar days of completion or termination of this Agreement, the Recipient shall submit a Final Report addressing the technical achievements of the program. The report should provide a synopsis of the accomplishments made under the Agreement. No proprietary or classified information shall be included in the final report as it is subject to public release.

4) PROPERTY REPORT
Recipients shall submit annually an inventory listing of federally-owned property in their custody. Upon completion of the award, Title to all property and equipment acquired under this grant shall revert to the host nation at the end of the performance period.

You are responsible for adhering to any additional PEPFAR reporting requirements implemented during the life of this award. These requirements can be found at:
https://datim.zendesk.com/hc/en-us/categories/200342209-PEPFAR-Guidance

The Award terms and Conditions will specify if more frequent or other special reporting is required. Should OGAC require additional or different reporting requirements during the award period of performance, awards will be modified to include these requirements.

Awards resulting from this Program Announcement will incorporate additional reporting requirements related to recipient integrity and performance matters. Recipient organizations that have Federal contract, grant, and cooperative agreement awards with a cumulative total value greater than $10,000,000 are required to provide information to FAPIIS about certain civil, criminal, and administrative proceedings that reached final disposition within the most recent 5-year period and that were connected with performance of a Federal award. Recipients are required to disclose, semiannually, information about criminal, civil, and administrative proceedings as specified in the applicable Representations

G. Federal Awarding Agency Contacts

Questions regarding program policy, program content, or technical issues should be directed prior to the date indicated in the country specific narrative in Attachment 1 to:

DHAPP Program Manager
Dr. Braden Hale
DHAPP Division Chief
Braden.r.hale.civ@health.mil

Questions regarding administrative issues or grant administration should be directed to:

USAMRAA Grants Officer
Ebony Simmons

Grants Officer
ebony.s.simmons.civ@health.mil

H. Other Information

Applications must not include any information that has been identified as classified national security information under authorities established in Executive Order 12958, Classified National Security Information.

Applicants are advised that employees of commercial firms under contract to the government may be used to administratively process applications. By submitting an application, an applicant consents to allowing access to its application(s) by support contractors. These support contracts include nondisclosure agreements prohibiting their contractor employees from disclosing any information submitted by applicants.

Freedom of Information Act Requests: The FOIA (5 USC 552) provides a statutory basis for public access to official Government records. The definition of "records" includes documentation received by the Government in connection with the transaction of public business. Records must be made available to any person requesting them unless the records fall under one of nine exceptions to the Act (www.usdoj.gov/oip/index.html).

When a FOIA request asks for information contained in a successful application that has been incorporated into an award document, the submitter will be contacted and given an opportunity to object to the release of all or part of the information that was incorporated. A valid legal basis must accompany each objection to release. Each objection will be evaluated by DoD in making its final determination concerning which information is or is not releasable. If information requested is releasable, the submitter will be given notice of DoD's intent to release and will be provided a reasonable opportunity to assert available action.

J-1 Visa Waiver: Each organization, including organizations located outside of the United States, is responsible for ensuring that the personnel associated with any application recommended for funding are able to complete the work without intercession by the DoD for a J-1 Visa Waiver on behalf of a foreign national in the United States under a J-1 Visa.

Note: The Federal Government will not provide funds to support scientists from countries meeting the criteria for designation as a State Sponsor of Terrorism (https://www.state.gov/j/ct/list/c14151.htm). Additional information on J-1 Visa Waivers can be located at the following Department of State website: travel.state.gov/visa/temp.

Rejection Criteria

- Missing Budget.
- Missing Narrative.
- Missing Data Management Plan.
- Proposals not submitted in English.

- Project Abstract exceeds 4000 characters.

Please note: Noncompliance of “Not to exceed” page limits will result in the excess pages being deleted prior to application review by the Program Office.

Attachment 1. Country Specific Narratives

Applications may be submitted in accordance with country specific narratives. These narratives can be found as standalone documents in the Country Specific Narratives folder on Grants.gov within this announcement (W81XWH-22-DHAPP). Please note that submission deadlines vary across each narrative.

Vietnam

Vietnam: DHAPP—Vietnam Military Medical Department (MMD) Partnership for Sustainable HIV Epidemic Control

NOTE: Application submissions for this narrative are due by 12pm EST on January 24, 2025. Submissions received after the deadline will not be considered for funding.

Call for Proposals

Proposals are requested to support Vietnam's MMD to reach sustainable control of the HIV epidemic through the lens of PEPFAR's 2022 Strategic Direction as well as the UNAIDS HIV Treatment 95-95-95, Combination Prevention 95, Reproductive Health 95, and Vertical Transmission 95 targets; TB prevention 90 and Integrated Health 90 targets; and the Inequalities 10-10-10 targets. Recipients should be familiar with these strategic guidance documents and include means of addressing them in submitted proposals. **Please see base Program Announcement section D for complete detailed list of application, format and submission requirements. Proposal Technical Narrative not to exceed 45 pages.**

Introduction

The HIV/AIDS epidemic has been devastating and has negatively affected many militaries and other uniformed organizations worldwide by reducing military readiness, limiting deployments, causing physical and emotion al decline in infected individuals and their families, posing risks to other military personnel and their extended communities, and impeding peacekeeping activities. As HIV management improves, many of these impacts are much reduced; however, militaries now need to sustain life-long HIV treatment for their HIV-infected beneficiaries in addition to managing other long-term chronic diseases. Moreover, given the well-known biobehavioral risk factors among uniformed personnel, reducing HIV acquisition and transmission in this population is an essential component for reaching epidemic control.

The U.S. Government (USG) has a long history of international collaboration and partnerships in the fight against HIV/AIDS, providing funding, technical assistance, and program support. These collaborations all contribute to HIV epidemic control.

Over the years, the United States Department of Defense (DoD) HIV/AIDS Prevention Program (DHAPP) has successfully engaged over 80 countries to control the HIV epidemic among their respective military services. DHAPP is the DoD implementing agency collaborating with the US Department of State, the Health Resources and Services Administration, Peace Corps, US Agency for International Development (USAID), and the Centers for Disease Control and Prevention (CDC), in the US President's Emergency Plan for AIDS Relief (PEPFAR). DHAPP receives funding for its programs from two sources: a congressional plus up to the Defense Health Program (DHP) and funding transfers from the Department of State for PEPFAR. Working closely with DoD, U.S. Unified Combatant Commanders, Joint United Nations Programme on HIV/AIDS (UNAIDS), university collaborators, and other nongovernmental organizations (NGOs), DHAPP's mission is to build capable military partners through military-specific, culturally focused, HIV/AIDS cooperation and assistance.

In the Defense Security Cooperation Agency guidance, the US Secretary of Defense has identified

HIV/AIDS in foreign militaries as a national security issue. Pursuing HIV/AIDS activities with foreign militaries is an important part of maintaining security interests, regional stability, humanitarian concerns, counterterrorism, and peacekeeping efforts due to the impact of HIV/AIDS as a destabilizing factor in developing nations. DHAPP employs an integrated bilateral and regional strategy for HIV/AIDS cooperation and security assistance. DHAPP implements bilateral and regional strategies in coordination with respective Combatant Commands (CCMDs) and Country Support Teams to offer military-to-military HIV/AIDS program assistance using country priorities set by the US Under-Secretary of Defense for Policy and by the Department of State Office of the Global AIDS Coordinator (SGAC). DHAPP provides technical support to defense forces in HIV prevention, care, treatment, and information systems and data use for HIV-infected individuals and their families.

PEPFAR adopted the United Nations Programme on HIV/AIDS (UNAIDS) global 95-95-95 (formerly 90-90-90) goals that state by 2030: 95% of people with HIV are diagnosed, 95% of them are on antiretroviral therapies (ART) and 95% of them are virally suppressed. Despite tremendous efforts, the global 90-90-90 goals were not reached by 2020. Therefore, UNAIDS developed the Global AIDS Strategy 2021-2026: End Inequalities. End AIDS. This bold approach uses an inequalities lens to close the gaps preventing progress and outlines 2025 targets. These targets are 10-10-10 (less than 10% of persons living with HIV (PLHIV) and key populations (KP) experience stigma and discrimination (S&D); less than 10% of PLHIV, women and girls, and key populations at heightened risk for HIV experience gender-based inequalities and Gender-Based Violence (GBV); and less than 10% of countries have punitive laws and policies). In addition to the above-mentioned 95-95-95 treatment goals, there are three more 95% goals including: 95% of people at risk of HIV use combination prevention; 95% of women access sexual and reproductive health services; and 95% coverage of services for eliminating vertical transmission. Lastly, the UNAIDS Global AIDS Strategy established two 90% goals including: 90% of PLHIV receive preventive treatment for TB and 90% of PLHIV and people at risk are linked to other integrated health services including mental health services.

The 2022 PEPFAR Strategic Direction, the Global AIDS Strategy 2021-2026, and the 2021 Global Fund Strategy are aligned strategically and meant to optimize complementarity, value for money, and impact. The new PEPFAR Strategy supports the international community's efforts to put countries on track to reach the Sustainable Development Goal 3 target of ending the global AIDS epidemic as a public health threat by 2030, through the attainment of key milestones by 2025.

The Strategic Pillars and Enablers outlined in the 2022 PEPFAR Strategic Direction, referred to as the 5X3, are meant to ensure we reach epidemic control and build the capacity of host country governments to sustain the response. All proposals must align with the Strategic Direction.

Strategic Pillars

1. Health Equity for Priority Populations "Know and close your gaps"
    - Reduce the prevention and treatment gaps for (a) adolescent girls and young women, (b) children, and (c) key populations
2. Sustainability "Sustaining the response"
    - Strengthening national and local political, programmatic, financial and community leadership
3. Health Systems & Security "Leveraging our assets"

- Utilizing the PEPFAR platform to broader disease surveillance and public health programming

4. Partnerships "Impactful partnerships"
    - Designing new partnerships with key private, public, and multi-sector entities that can complement existing programs and expand reach
5. Science "Follow the science"
    - Investing in the scale-up of cutting edge behavioral, and implementation science to bend the curve on new infections

The three Strategic Enablers are Innovation, Leading with Data, and Community Leadership

Local Partners

Local, non-governmental partners are encouraged to apply to this announcement. To sustain epidemic control, it is critical that the full range of HIV prevention and treatment services are owned and operated by local institutions, governments, and community-based and community-led organizations – regardless of current antiretroviral (ARV) coverage levels. The intent of the transitioning to local partners is to increase the delivery of direct HIV services, along with non-direct services provided at the site, and establish sufficient capacity, capability, and durability of these local partners to ensure successful, long-term, community engagement and impact.

All respondents must demonstrate the active support of the in-country military in the planning and execution of their proposals. This should be done by attaching an appropriate letter of support.

DHAPP supports 47 active programs in FY 2024, mainly through military-to-military cooperation in addition to support to external organizations to assist with specific program requirements or components of proposed programs. In FY 2024, DHAPP works with 28 unique partners working in 42 countries.

Additional Submission Guidance:

1. Review all documents within the package to ensure consistency in information, budgets, targets, and numbering
    a. Use numbered lists, including numbered or alphabetized sub-lists, for activities for easier reference and monitoring, especially the SOW Narrative column
2. Ensure all activities in the Technical Narrative are also listed <u>concisely</u> in the SOW
3. Activities must be specific; Do not write "ensure" or "support" or a similar verb as a narrative activity without defining what that means. Each activity must say specifically what the IP will be doing. It must be measurable and answer the questions Who? What? Where? How? How many? How often? Etc.
4. Delineate between a training (i.e.: one time class or series of classes where attendees are gathered in a conference room, away from regular duties) and onsite supervision (on the job mentoring while recipient is performing regular duties) and specify as many of the following details as possible for both: how many attendees or sites, how often, how many days, where, specific topics/skills covered, expected outcomes & how they align with program goals, etc.
5. Please note this project budget cannot include:
    a. Large budget allocations toward World AIDS Day (WAD) events/campaigns
    b. Prizes, hats, or t-shirts

c. Flyers
d. Employment or payments made directly to active-duty foreign military.

Budget

PEPFAR activities and services and corresponding budgets and expenditures are uniformly organized into a classification structure referred to as PEPFAR Financial Classifications. PEPFAR's financial classifications are a structure to organize funding for budgeting and reporting purposes. In this structure, similar activities are grouped together and classified by program area, targeted beneficiary, and interaction type. The combination of program area + targeted beneficiary + interaction type is called an "intervention," which represents PEPFAR's primary method to articulate the purpose and intent behind its funding. As the activities for this award are implemented, awardees will track each intervention's spending and use the cost categories to report expenditures. Financial classifications are not regulations governing allowability of federal awards. Nothing in this guidance should be interpreted to mean that costs or activities that are unallowable or excluded under the terms of an award are permitted by virtue of being described herein. All awards are subject to the applicable cost principles and terms set forth and conveyed in the award made. The below link contains the PEPFAR Financial Classifications Reference Guide and summaries of these classification definitions.
https://datim.zendesk.com/hc/en-us/articles/360015671212-PEPFAR-Financial-Classifications-Reference-Guide The **estimated** budget for this program announcement in the format of the PEPFAR Financial Classifications is as follows. Final authorized budget will be confirmed and communicated at time of official award execution.

Estimated Budget to be used as a Framework

Intervention Number	Program Area	Beneficiary	Phase 1	Phase 2	Phase 3	Phase 4	Award Total
PM	*PM: IM Program Management-NSD	Non-Targeted Populations	$ 131,154	$ 131,154	$ 131,154	$ 131,154	$ 524,616
1	ASP: Health Management Information Systems (HMIS)	Military	$ 20,400	$ 20,400	$ 20,400	$ 20,400	$ 81,600
2	ASP: Human resources for health-NSD	Military	$ 242,500	$ 242,500	$ 242,500	$ 242,500	$ 970,000
3	ASP: Laboratory systems strengthening-NSD	Military	$ 120,000	$ 120,000	$ 120,000	$ 120,000	$ 480,000
4	ASP: Management of disease control programs-NSD	Military	$ 116,972	$ 116,972	$ 116,972	$ 116,972	$ 467,888
5	C&T: HIV Clinical Services-NSD	Military	$ 10,115	$ 10,115	$ 10,115	$ 10,115	$ 40,460
6	HTS: Facility-based testing-NSD	Military	$ 84,469	$ 84,469	$ 84,469	$ 84,469	$ 337,876
7	PREV: Non-Biomedical HIV Prevention	Military	$ 148,750	$ 148,750	$ 148,750	$ 148,750	$ 595,000
*Program Management Budget Estimate is NOT TO EXCEED AMOUNT			$ 874,360	$ 874,360	$ 874,360	$ 874,360	$ 3,497,440

Approaches to Reaching Sustainable Epidemic Control

Proposals are requested to support Vietnam's MMD to reach sustainable control of the HIV epidemic and focused on the latest PEPFAR guidance and UNAIDS HIV Treatment 95-95-95, Combination Prevention 95, Reproductive Health 95, and Vertical Transmission 95 targets; TB prevention 90 and Integrated Health 90 targets; and the Inequalities 10-10-10 targets.

In 2023, DHAPP supported the Partner Military in conducting a Military Sustainability Index (MilSID). Findings indicate the military health system in Vietnam must provide greater support in the following sustainability elements:

- Access to information
- Resource mobilization

The Recipient will be responsible for supporting the Partner Military in conducting a MilSID each year of the award, ensuring all stakeholders are present (please include as an SOW activity).

The Recipient will support the military/MoD in collaborating with other in-country stakeholders to create the Sustainability Roadmap (once initiated) and implement the high-level objectives within the military program as applicable. The Recipient will ensure the needs of the MOD are accurately represented in the Roadmap and that they are working closely with the MOD to ensure ongoing capacity building is occurring and the program progressively becomes sustainable.

In 2024, DHAPP conducted a review of Core Standards These core standards are defined on pp. 122-125 in PEPFAR guidance found at https://www.state.gov/wp-content/uploads/2023/07/PEPFAR-2023-Country-and-Regional-Operational-Plan.pdf . Findings indicate the military health system in Vietnam must provide greater support in the following core standards:

- (#1) Offer safe and ethical index testing to all eligible people and expand access to self-testing.
- (#15) Increase partner government leadership.

The Recipient's program should emphasize capacity building across all supported activities and technical areas. All proposals should detail how the Recipient will engage the partner military leadership as well as 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 military to conduct these activities. Within the proposal, the Recipient will need to clearly demonstrate effective capacity building activities that lead to annual transitions of specific programmatic capabilities to the military throughout the life of the award. Please specify which SOW activities the Recipient is supporting the military to take ownership of (showing increasing military ownership).

The Recipient must work in complete coordination with all relevant officials in the partner militaries' HIV prevention and health services, as well as the DHAPP/DoD Program Manager based at the U.S. Embassies in these countries, and other DHAPP supported Recipients working within the country or regionally supporting the country, other bilateral and multilateral agencies with similar objectives and the DHAPP Headquarters Team.

Technical Narrative & Scope of Work (SOW)

In alignment with the UNAIDS Global AIDS Strategy, WHO Guidelines, and the PEPFAR Strategy and Guidance, and coupled with DHAPP's vision to build the capacity of military health systems through military-specific and culturally appropriate services, the recipient will address the technical approach to each area. The Recipient, through capacity building activities with the host military, will be responsible for providing the following in close collaboration with other DHAPP-funded Recipients.

Technical Module Building Blocks

The Recipient will work closely with the Ministry of Defense and its medical leadership to make progress on the Core Standards outlined in PEPFAR guidance: https://state.gov/2023-Country-and-Regional-

Operational-Plan-Guidance-and-Technical-Considerations

1. Combination Prevention

The Recipient will ensure that the partner military is providing client-centered, standardized, evidence-based interventions that are designed to promote the adoption of HIV prevention behaviors and service uptake for all military, their beneficiaries and other uniformed services, including civilians served at military hospitals and clinics, as well as other key populations (KP) and priority populations (PP) served by the military health services. These KP should include men who have sex with men (MSM), people who engage in sex work and their clients, transgender women and people who inject drugs (PWIDs). The PP are military and other uniformed services, adolescent girls and young women (AGYW), adolescent boys and young men (ABYM), adult men, clients of sex workers, displaced persons, fishing communities, mobile populations and non-injecting drug users. The recipient will bring to scale sustainable trainings that support warm and welcoming client-centered services, KP sensitivity, anti-discrimination and KP-competence in all healthcare settings serving PLHIV and those at-risk. If the Recipient will report on PP_PREV, please specify that all prevention packages meet the MER Indicator minimum requirement definition.

The Recipient will ensure that the following interventions for adults and adolescents include:

- People at a higher risk of acquiring HIV must be directly and immediately offered a wide variety of prevention services aimed at keeping them HIV-free, including PrEP and post-exposure prophylaxis (PEP) (PEFPAR Core Standard #3). People at higher risk should also be screened for mental health concerns and appropriate services or referrals provided.
- Promotion of relevant adult- and youth-friendly prevention and clinical services and demand creation to increase awareness, acceptability, and uptake of these services;
- Information, education, and skills development to reduce HIV risk and vulnerability; correctly identify HIV prevention methods; adopt and sustain healthy behavior change; and promote gender equity and supportive norms and stigma reduction;
- Targeted referral to or provision of HIV testing; facilitated linkage to care and prevention services including mental health services; and/or support services to promote use of, retention in, and adherence to care;
- Condom and lubricant promotion, skill building, and facilitated access to condoms and lubricant through direct provision or linkages to social marketing and/or other service outlets; and
- Proven effective programs targeting adults to increase knowledge of HIV risks for young people, promote positive parenting and mentoring practices, and enable effective adult-child communication about sexuality and sexual risk reduction.
- Oral pre-exposure prophylaxis (PrEP) for HIV-negative individuals at high risk for HIV transmission, such as anyone reporting multiple sexual partners and inconsistent condom use, key populations, people in serodiscordant (sero-different) couples (at least until the PLHIV is undetectable) and pregnant and breastfeeding women living in settings where HIV incidence is greater than three per 100 person–years . Current guidance is to offer PrEP widely and provide to anyone who asks for it. Differentiated and simplified service delivery for PrEP is encouraged, such as event-driven PrEP (ED PrEP), community delivery, and the use of HIV self-tests (HIVST) for PrEP services.

- As long-acting Cabotegravir (Cab-LA) injectables, long-acting Lenacapavir injectables, the Dapirivine vaginal ring (DVR), and the dual prevention pill become available, like oral PrEP, beneficiaries should be presented with thorough information on all available HIV prevention options, including each method's relative efficacy and safety, as well as counseling and adherence support, allowing for an informed client choice regarding a biomedical HIV prevention option.
- Post-exposure prophylaxis (PEP) for HIV-negative people who have had a possible exposure to HIV such as sexual violence, condom breakage, no condom used, or a needlestick. PEP to PrEP or PrEP to PEP approaches should be considered for at risk populations.
- If any of the above-mentioned prevention interventions are not available in-country or are not being offered at military facilities, the recipient will partner with the military and PM to advocate with necessary stakeholders (possibly MoH or military leadership) to update guidelines, gain necessary approvals, and start implementation at military facilities. This advocacy is critical, given that biobehavioral risks in the military population justify its prioritization for the most efficacious HIV prevention measures

2. HIV Testing Services (HTS)

Finding the remaining persons who are living with HIV (PLHIV) is the first priority for reaching HIV epidemic control. Current epidemiology shows that most of those who do not yet know their infection status are men, adolescents, pediatrics and key populations. The Host Military HIV/AIDS program is strategically placed to reach men; therefore, the Recipient will work closely with the Host Military on HTS, testing for both prevention and diagnosis. Those who test negative should be provided with HIV prevention messages (including referral to VMMC where relevant), skills, condoms, and educated on U=U (Undetectable = Untransmittable). For those who test positive, activities should include education about HIV, and all should be offered safe and ethical index testing and offer self-testing for family members that may not be able to access a site (sexual partners and children under 19 years old. In an effort to achieve the "first 95" for military personnel: 95% of all Host Military personnel living with HIV know their status while simultaneously working with the beneficiaries and civilians cared for at all military sites. Recipient will ensure they and the Host Military follow PEPFAR's Guidance on Implementing Safe and Ethical Index Testing and use the training materials created by the HTS team and available on PEPFAR solutions (new training materials with 10-Steps will be available by fall 2023).

HTS will focus primarily on prevention activities, skills for remaining negative and U=U messaging. For those positive, education regarding HIV. Safe and ethical index testing provides high positivity rates to those most at risk for infection. The local epidemiology and situational analysis should guide other testing methods to identify those living with HIV. PEPFAR Core Standard 1 says: Offer safe and ethical index testing to all eligible people and expand access to self-testing. Ensure that all HTS are aligned with WHO's 5 Cs. Index testing services should include assessment of and appropriate follow-up for intimate partner violence. Offer HIV testing to every child under age 19 years with a biological parent or biological sibling living with HIV.

Where possible, a rapid test for recent infection (RTRI) should be conducted for all individuals found

to be newly positive. Those who test positive are classified as "probable recent HIV infections" until viral load results are available. The index testing of these persons should receive high priority, and robust efforts should be made to reach all contacts. Note that DHAPP plans to support RTRI only in Burundi, Democratic Republic of Congo, Eswatini, Lesotho, Uganda and Zambia so proposals for other country programs should not include it.

Provider-Initiated Testing and Counseling (PITC) will continue at military facilities for both the military and civilian cohorts. PITC should focus within clinical areas that have shown a high yield, such as inpatient wards and tuberculosis (TB) and STI clinics.

Per WHO guidelines (https://www.who.int/publications/i/item/9789240031593 pp. 31, 33, 108), all people newly diagnosed with HIV should be retested to verify their HIV status prior to starting ART using the same testing strategy and algorithm as the original diagnosis.

The Recipient should work to achieve 100% linkage of HIV-positive individuals identified and to fully implement "test-and-start" policies across all age, sex, and risk groups. Over 95% of people newly identified with HIV infection should experience direct and immediate linkage from testing to uninterrupted treatment (PEFPAR Core Standard #2) Ensuring that any persons with positive results identified are linked to HIV care and treatment is essential to the success of the Host Military program. The Recipient will monitor HIV testing yield, modifying as necessary the strategies or locations that are not identifying cases and/or linking significant numbers of HIV-positive persons to care and treatment and other relevant integrated services (e.g. mental health services).

The Recipient will be responsible for providing technical assistance (TA) for:

- HTS to military bases and facilities:
    - Diagnosing HIV with at least 95% of those diagnosed linked to HIV care while striving for 100% linkage to treatment services and receiving same day initiation of antiretroviral therapy (ART);
    - Index-case testing for all sexual partners of HIV-infected military personnel and civilians (with at least 1.5 contacts identified);
    - Index-case testing and documentation of HIV status for all children under 19 years of age with mothers living with HIV; and
- Offering self-testing for partners of index clients if they do not volunteer for partner notification.
- Quality improvement and quality assurance for all Host Military HTS sites, including continuous training and mentoring and supervision visits, at least quarterly.
- Self-testing should be made available for military personnel, adolescent girls and young women (AGYW) and their partners, male partners of antenatal care (ANC) clients, people who engage in sex work, MSM, and other key and priority populations (e.g., young men and at-risk males) who face high levels of stigma and discrimination. Following self-testing, facility referral and the regular diagnostic algorithm can be used according to national standards. It is also vital to engage community groups to advocate for, design, implement, and analyze the success of HIV Self-Testing (HIVST).
- Conducting proficiency testing for all HTS sites and individuals.

- Tracking PLHIV from HTS to clinical care and treatment services to ensure linkage and retention, including Viral Load Suppression (VLS).
- Linking all HIV-negative persons to prevention services, including access and distribution of condoms, mental health services (if identified as needed through screening) increasing prevention knowledge, PrEP, and PEP services as appropriate.

In Vietnam, many civilians seek services at mil medical facilities in both rural areas and urban centers. Vietnam's military medical facilities account for 10% of Vietnam's total public medical facility systems. Additionally, in remote areas, MOD is often the sole provider of medical/health services for both military and civilians. This includes rural areas around Vietnam's border, islands, and the military industrial zones. The cumulative catchment population in these areas is large and presents an opportunity. DHAPP is requesting that the applicant develop an innovative and feasible plan for the expansion of case finding within military facilities and surrounding communities that seek their services. The plan must prioritize (1) index testing; (2) treatment and other services within the military health system; and (3) patient linkage of patients to civilian and community health systems. Lastly, a critical part of this strategy will be to accurately demonstrate its impact, so the applicant must include a plan for collecting results.

3. HIV Treatment

ART optimization is the cornerstone of PEPFAR policy, which stipulates that all PLHIV should have access to the most effective, convenient therapy with minimal or no side effects. Optimal ART is critical to lifelong continuity of care and viral load suppression. Moreover, long-term viral load suppression prevents onward transmission and is the cornerstone of HIV prevention. The following issues should be considered in supporting the treatment of PLHIV in military populations.

- Dolutegravir (DTG)-containing regimens are the preferred first-line ART due to superior efficacy, tolerability and higher threshold for resistance compared to efavirenz (EFV)-containing regimens (PEPFAR Core Standard 6).
- PEPFAR recommends use of tenofovir disoproxil fumarate/lamivudine/dolutegravir (TLD) as the preferred option for ART for both first- and second-line treatment of adolescents and adults living with HIV ≥ 30kg. The fixed-dose combination (FDC) of TLD is currently priced as the least expensive option, and it is expected that prices will go down as generic manufacturing scales up. DHAPP recommends TLD as the preferred option for ART, and further recommends that DHAPP-supported programs switch over to TLD as soon as possible in a coordinated fashion as supply becomes available.
- The Panel on Treatment of Pregnant Women with HIV Infection and Prevention of Perinatal Transmission recommends DTG as a Preferred ARV for pregnant and breastfeeding women (PBFW) and also recommends DTG as a Preferred ARV for women who are trying to conceive. This decision was based on updated data showing that that the increased risk of neural tube defects associated with DTG use is small and on the advantages of DTG - including once-daily dosing, being well tolerated, and producing rapid, durable viral load suppression - which are important for maternal health and for prevention of perinatal HIV transmission. The Recipient must work with the military to provide adequate education to military clinicians & patients alike to make their own decisions but with the information that transitioning DTG regimens is recommended
- Starting in COP20 (FY21), programs are expected to provide DTG-based ART to all PLHIV (≥ 4

weeks of age and who weigh ≥ 3 kg).TLD is the preferred regimen beginning at 30kg.

- A priority of HIV programs is to prevent the development of TB in PLHIV as well as to diagnose and treat PLHIV with tuberculosis (TB) disease and ensure that they become non-infectious. In addition, all TB infected individuals should be tested for HIV.
    - Routinely screen all people living with HIV for TB disease. Standardized symptom screen alone is not sufficient for TB screening among people living with HIV and should be complemented with more-sensitive and setting-specific, WHO-recommended screening tools. Ensure all people living with HIV who screen positive for TB receive molecular WHO-recommended diagnostic and drug susceptibility testing, all those diagnosed with TB disease complete appropriate TB treatment, and all those who screen negative for TB complete TB Preventive Treatment (PEFPAR Core Standard 9).
    - For all those who do not have active tuberculosis, prevention of TB is a priority using nationally approved TB preventive therapy (TPT). The Global AIDS Strategy has set the target of 90% of people living with HIV to receive preventive treatment for TB, thus TPT must be scaled up for all PLHIVs as an integral part of the clinical care package. Recipients are expected to increase the use of TB diagnostic testing within DHAPP-supported HIV care and treatment facilities and promote the use of TPT as a routine part of HIV care. In short, all newly diagnosed HIV-positive persons should be offered TB treatment or preventive therapy, and all persons assessed for TB should be tested for HIV. Pregnant women living with HIV are at high risk of progression from TB infection to disease; thus, it is imperative that PMTCT programs continue to screen for active TB during clinical encounters and ensure linkage to diagnostic testing, treatment, and household screening. Treatment guidelines generally recommend the same regimens and dosing for PBFW as for other PLHIV.
    - Programs should have clear policies and/or guidelines for the use of TPT, and should plan for programmatic and clinical trainings, procurement and supply management, adequate diagnostic capacity (including specimen transportation) and development of appropriate data collection systems. In Global Fund high-impact countries implementing joint TB/HIV grants, Recipients should also seek opportunities to support effective joint program implementation. Additionally, Recipients should implement TB infection prevention and control activities to minimize the risk of TB transmission and provide a safe health seeking environment. This is critical in DHAPP-supported settings where clients at high risk for TB and HIV often co-mingle. It also puts health care workers at increased risk of contracting TB disease. Activities aimed at preventing transmission at facility-level should include administrative and environmental controls, as well as the availability and use of personal protective equipment.
- Cervical cancer screening for women living with HIV should be integrated into routine HIV treatment services in each country program. According to COP 24 Technical Considerations, all PEPFAR supported countries with UNAIDS 2021 HIV prevalence above 5.0% among women in the 15-49-year-old age group are expected to provide at least one life-time cervical cancer screen for women living with HIV (WLHIV) receiving ART. A “screen-and-treat” approach is recommended for the management of precancerous lesions to maximize opportunities for immediate cryotherapy or thermal ablation treatment for eligible women without the need for diagnostic pathology confirmation and to reduce interruptions in treatment.
- The Recipient should work with the partner military to offer most clients (adults, children,

adolescents/youth, pregnant and breastfeeding women, members of key populations, and foreign nationals) at ART treatment sites 6 months of multi-month dispensing (MMD), or at least 3MMD (PEFPAR Core Standard 8). Other drugs that the client requires, such as TPT, CTX, family planning commodities and drugs for other conditions should be provided whenever possible for the same duration of dispensing as ARVs. Supply chain support and forecasting should be adjusted accordingly for these medicines as well.

- The Recipient should work with the partner military to establish decentralized drug distribution (DDD), which is a client-centered initiative aimed at reducing ART interruptions, decongesting public facilities, and improving client-centered care, with both clinical and supply chain implications. Programs can achieve greater efficiency, increase convenience for clients, and reduce stigma by integrating a wide array of non-HIV commodities into decentralized sites (e.g., condoms and other family planning commodities, TPT). DDD models can also be used for decentralized PrEP distribution to improve uptake and continuation (PEPFAR Core Standard 8).
- Judgement-free screening for family planning (FP) should be integrated into the comprehensive clinical package for every PLHIV client (female and male). FP is defined as both preventing unwanted pregnancies through a wide variety of methods and planning safe, spaced pregnancies that prevent any further HIV transmission (with emphasis on U=U education and VLS for PBFW living with HIV). If a client is interested in FP services, facilities must either offer services or have a "warm handshake" model for confirmed linkage to quality FP services.
- Integration of mental health and psychosocial support with HIV services and interventions, including those led by communities, is one of the key priority actions included in the Global AIDS Strategy 2021–2026: End Inequalities, End AIDS and the 2021 United Nations Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030. These documents and the UNAIDS 2022 Integration of Mental Health and HIV Interventions – Key Considerations emphasize the need for person-centered and context-specific integration of services for HIV, mental health, psychosocial support, and other services across the life span, with a focus on people living with HIV and KPs. Furthermore, the COP 23-24 Guidance outlined the requirements for integrating screening, diagnosis and care for mental health and substance use conditions into the HIV service continuum. There are many valid symptom-based screening tools used in diverse contexts including The Physician Health Questionnaire-9 Items (PHQ-9) for depression and anxiety and the Alcohol Use Disorders Identification Test (AUDIT) to identify harmful/hazardous alcohol use. These should be included with the other screening tools already integrated into the continuum of services. If a patient screens positive for mental health needs, they must receive services through the facility or through referral. If no services are available, the IP will work with the MOD in Mental Health Promotion and Advocacy. Through training and task shifting, interventions and services that are context-specific will be developed (see UNAIDS 2022 Integration of Mental Health and HIV Interventions for guidance on interventions and models of implementation).
- Diagnose and treat people with advanced HIV disease (AHD). People starting treatment, re-engaging in treatment after an interruption of > 1 year, or virally unsuppressed for >1 year should be evaluated for AHD and have CD4 T cells measured. Accordingly, the Recipient should be working with host country military and public health leaders to ensure that CD4 testing is available. All children <5 years old who are not stable on effective ART are considered to have advanced HIV disease. The WHO-recommended and PEPFAR-adopted package of diagnostics and treatment should be offered to all individuals with advanced disease (PEPFAR Core Standard 10).

4. Viral Load (VL) Suppression

Sustained viral suppression of all PLHIV is the key to HIV epidemic control. DHAPP's priority is access to critical HIV treatment monitoring, which is accomplished via VL testing that should be conducted at least once annually for stable patients and more frequently for new, unstable, and pediatric patients. To this end, the Recipient will work closely with the Ministry of Defense in Vietnam to scale up VL testing coverage and VL suppression to achieve 95-95-95 goals for military personnel. Targets for HIV/AIDS care and treatment will focus on generating significant progress towards the third 95: 95% VL suppression among PLHIV taking ART. CD4 testing should not be used to determine eligibility for ART, and only should be used for assessment of immune status, i.e. identification or ongoing monitoring of patients with advanced HIV disease.

The Recipient should ensure that the partner military has access to timely VL testing and that capacity exists to test at least 90% of persons currently on ART annually. To ease logistical challenges associated with the transport of whole blood specimens, the WHO has prequalified dried blood spots (DBS) for VL testing as an alternative specimen type to plasma to increase access to routine VL monitoring. DBS are easy to collect and store under field conditions, with no phlebotomist required for collection. Further, they are easy to transport to centralized laboratories with reduced costs associated with collection materials and transportation under ambient temperature. The DBS technology is applicable to both adult and pediatric populations, with the small volume of blood required for preparing DBS making it especially suitable for pediatric populations.

The use of point of care (POC) platforms in the interim to test and deliver quick results to avoid patient or sample movement should be considered as well. Since POC testing is already being used within the same setting for VL testing among PBFW, extending this use for VL testing among infants and children will satisfy family-centered testing, as well as improved optimization and effective use of these instruments. Considering this, it is recommended that in COP23, POC should be used for VL testing among PBFW, infants, and children. Recipient must work with military and MoH network (as necessary) to implement and monitor WHO VL testing schedule for PBFW and HIV-exposed infants (HEI), which differs from the WHO VL testing schedule of non-PBFW HIV+ adults. POC platforms may also be appropriate for low volume remote DHP military sites (approval will be needed for PEPFAR sites).

The Recipient will ensure that VL results are available to providers/clients in a reasonable amount of time (goal is within 2 weeks) to both the health care provider and the client. These results should be available to ensure that those who are not virally suppressed are linked to adherence support and close follow-up leading to either suppression or ART modification as needed. Those who are suppressed should be encouraged to stay suppressed and should be offered differentiated models of care, including multi-month dispensing of supplies of ART and fast-tracking, to minimize inconveniences associated with health system access.

HIV viral suppression is not only critical to improve individual health, but also to prevent sexual transmission, and reduce perinatal transmission. There are three key categories for HIV viral load measurements: unsuppressed (>1000 copies/mL), suppressed (detected but ≤1000 copies/mL) and undetectable (viral load not detected by test used). People living with HIV who have an undetectable viral load using any WHO-prequalified combination of sample and testing platform, including dried blood spot samples, and continue taking medication as prescribed have zero risk of transmitting HIV to their sexual

partner(s) (Undetectable=Untransmittable, or U=U). People living with HIV who have a suppressed but detectable viral load and are taking medication as prescribed have almost zero or negligible risk of transmitting HIV to their sexual partner(s). HIV viral load test results can be a motivation for adhering to treatment and achieving the ultimate goal of being undetectable. Emphasizing and strengthening adherence counselling during antiretroviral therapy initiation and throughout treatment are essential, including communicating about the prevention benefits of viral load suppression to all people living with HIV. HIV programs should offer activities that help people understand the facts about HIV infection, treatment, and viral load. The Recipient must work with the military to ensure updated and accurate Undetectable=Untransmittable messaging and other messaging that reduces stigma and encourages HIV testing, prevention, and treatment reaches all PLHIV, the general population and health care providers (PEPFAR Core Standard #13).

5. Health System Strengthening

DHAPP is working to enhance the ability of militaries and Ministries of Defense to manage their HIV epidemic, respond to broader health needs impacting their communities, and address new and emerging health concerns. Recipients should describe how they will increase partner government leadership. A sustainable HIV response requires coordinated efforts that enable governments to take on increasing leadership and management of all aspects of the HIV response—including political commitment, building program capacities and capabilities, and financial planning and expenditure (PEPFAR Core Standard #15).

The procurement of supplies, support and equipment should use government and other donor sources when possible (Global Fund, etc.). Activities include the following:

- Nursing leadership and capacity building initiatives
- Hospital infection prevention and control for HIV and new and re-emerging infectious diseases
- Laboratory capacity building

  The Recipient will be responsible for:
  - Inventory control, forecasting, and ensuring the procurement of laboratory reagents to ensure that laboratory services are uninterrupted;
  - Supporting and facilitating military participation in national quantification exercises, ensuring that military commodity needs are incorporated into national forecasting;
  - Regularly monitor turnaround time (TAT) of Viral Load, TB, and other critical tests, to assure that sufficient capacity is available to provide test results to patients and providers within a reasonable period of time;
  - Procurement of service maintenance contracts, calibration of equipment, and training of the laboratory staff on use of the equipment;
  - Ensuring quality improvement of laboratories using Site Improvement Monitoring System (SIMS), Strengthening Laboratory Management Toward Accreditation (SLMTA) and Stepwise Laboratory Quality Improvement Process Towards Accreditation (SLIPTA) to reach full International Organization for Standardization (ISO) 15189 accreditation of main laboratories and quality improvement of all satellite laboratories and HIV test sites;

- Monitoring laboratory quality and adherence to quality systems, method validation, provision of proficiency testing panels for rapid HIV testing, VL, CD4, TB, STI and other tests critical to HIV epidemic control;
- Conducting routine visits to laboratories to assess achievements, review/evaluate activities, and provide recommendations for the development of improvement plans to resolve any identified problems; and
- Linking Host military laboratory services to other laboratory resources at the district, provincial, and national levels.
- Optimize diagnostic networks for VL/EID, TB, and other coinfections. In Coordination with other Donors and National TB Programs, complete diagnostic network optimization (DNO) and transition to integrated diagnostics and multiplex testing to address multiple diseases. Ensure 100% EID and VL testing coverage and return of results within stipulated turn-around time (PEPFAR Core Standard #11).

6. Stigma and discrimination (S&D) reduction

The Global AIDS Strategy: End Inequalities. End AIDS, in recognition of not meeting the global 90-90-90 targets, identifies the barriers, primarily inequalities, stigma, and discrimination, to ending the AIDS epidemic and provides targets for 2025. These inequalities targets include: less than 10% of PLHIV and KP experience S&D, less than 10% of PLHIV, women and girls, and KPs experience gender-based inequalities and GBV, and less than 10% of countries have punitive laws and policies. The comprehensive, ongoing, multi-level, and multi-component package that DHAPP has adapted directly support these UNAIDS goals. In its 2023 Guidance, PEPFAR has incorporated the UNAIDS 10-10-10 targets in Core Standard #6: "Eliminate harmful laws, policies, and practices that fuel stigma and discrimination and make consistent progress toward equity. Programs must consistently advance equity, repudiate stigma and discrimination, and promote human rights to improve HIV prevention and treatment outcomes for key populations, adolescent girls and young women, children, and other vulnerable groups. This progress must be evidence-based, documented, and included in program evaluation reports." The DHAPP S&D guidance outlines overall implementation of these comprehensive S&D activities and the recipient, in collaboration with the Host Military and the DHAPP Subject Matter Expert (SME), will design a comprehensive S&D program based on the specific needs of the military.

The Recipient, in collaboration with the Host Military, will be responsible for the following S&D activities:

- Support the facilitation of ongoing multi-level S&D reduction participatory training of trainer workshop. Follow-on activities will continue and be incorporated into ongoing workforce trainings. Participatory techniques will be used in the delivery of S&D reduction. Ongoing monitoring through SIMS and other stigma specific tools will be used to determine if changes in the uptake of healthcare by military members changes as a result of these interventions and policy changes.
- Reinforcement workshop will be conducted 6-9 months' post the initial Training-of-Trainers Participatory Workshop.

7. Virtual Communities of Practice/ECHO Platform

The Recipient should support the development and maintenance of virtual communities of practice (vCoP) using the ECHO platform. These evidence-based, virtual, face-to-face health workforce development and collaborative problem-solving platforms, serve to create ongoing dialogue and collaboration among key staff in the military health care systems. They provide a consistent platform for conducting low-dose, high-frequency learning and collaboration sessions. The goal is to build one or more vCoP/ECHO Hubs (a Hub is the location where a particular ECHO session is organized) and Spokes (Spokes are usually hospitals or clinics where services are delivered and can include deployed locations inside and outside of the country) for each partner military where DHAPP works in collaboration with DHAPP HQ, field staff and other Recipients working in that country.

DHAPP has collaborated with the ECHO Institute (https://hsc.unm.edu/echo/) to lever their vast experience with vCOPs/ECHOs. Key requirements are equipment and connectivity as well as personnel who can coordinate, manage and lead regular vCoP/ECHO sessions. These roles may need to be performed by the Recipient until they can be transitioned to the partner military. More information is available at https://hsc.unm.edu/echo/get-involved/start-a-hub/ and by contacting the DHAPP ECHO Coordinator, Mr. Jorge Martins. Please be specific with ECHO activities in the SOW narrative (ie: who? How many? Which sites?); any ECHO equipment purchases listed in the workplan/SOW must be reviewed and approved by the DHAPP ECHO Team.

8. Commodities

The Recipient will assist the military in developing and implementing a supply chain management strategy that aligns with PEPFAR's goals of ensuring sustainable HIV commodity supply and improving regional self-reliance. This strategy should include, where applicable to a site or sites, as many of the following principles as practical:

- A written supply chain risk management plan for sites with a history within the prior two years of critical supply stockouts. Plans may be specific to a site or group of similar sites.
- Identification and training of supply chain points of contact within each facility on topics to include where applicable, but not limited to:
    - Accurate use of the commodities request system (typically the national system)
    - Completion of necessary paperwork/electronic forms
    - Stockout and overstock mitigation strategies
    - Inter-site commodity movement procedures
    - Establishing relationships with commodities counterparts within the military and national systems, both regionally and nationally
    - Quantification and forecasting
- Implementation of NextGen supply chain design principles, including product and supply chain segmentation, leveraging private sector logistics partnerships where appropriate, and establishing end-to-end supply chain visibility using global standards (GS-1).
- Adoption of decentralized drug distribution (DDD) models, such as home deliveries, use of community or private pharmacies, and automated lockers, to improve client convenience and maximize product availability.
- Collaboration with relevant stakeholders to conduct Diagnostic Network Optimizations (DNOs) to inform laboratory supply chain refinements.

- Development of accurate forecasts that capture total program needs, including considerations for optimized testing and treatment. These forecasts should inform regular (at minimum quarterly) supply plan updates.
- Establishment of systems for increased data visibility and reporting of HIV commodities availability, including granular-level reporting of quantities dispensed and stock availability.
- Active participation in collaborative efforts with partner governments and other stakeholders to ensure data-informed decision-making and mitigate stock risks.
- Development of a plan for increasing local oversight and utilizing private sector capabilities, where appropriate.
- Implementation of a risk management and monitoring system, which may include third-party monitoring for assessment and oversight of supply chain programs, if required.
- Design and implementation of capacity building initiatives to increase supply chain literacy and fluency across partners and human resources for health.

The Recipient should work towards ensuring a sustainable supply chain, and improved regional self-reliance where feasible. This includes ensuring the military is connected to the national procurement system and other already existing procurement systems and resources in-country to avoid creating parallel procurement systems.

9. LIVES & Child Safeguarding

The Recipient will ensure that all IP & military health facility staff are trained in and implementing both the DHAPP LIVES and Child Safeguarding interventions; to include re-training all trained staff every 3 years and training all new staff as part of their hiring process. Records for who has been trained and when must be kept by IP and/or military and accessible upon request.

Targets and Benchmarks

Progress towards epidemic control will be successfully measured, in part, through an effective strategic information framework that monitors not only program outputs as compared to planned targets, and benchmarks but also key outcomes and programmatic impact.

Collection and use of disaggregated data that characterizes the populations served in the smallest geographic areas where HIV services are being provided is critical in understanding current program performance and planning for future performance. Consequently, the MER indicators continue to evolve in order to reflect the progression of USG support and global HIV response guidelines. Measuring the impact of support at national and regional above-site levels down to direct services at the site-level is paramount to DHAPP's program implementation and monitoring approach.

MER indicators are not an exhaustive list of all metrics that should be monitored by DHAPP-supported programs. DHAPP also collects custom indicators. All programs should continually monitor and assess any acute programmatic issues and collect additional data to inform program improvement. More frequent data collection may be requested based on program progress.

The indicators listed below support a patient-centered program monitoring approach. Per the 2017 WHO

Consolidated Guidelines on Person-Centered HIV Patient Monitoring and Case Surveillance, person-centered monitoring refers to a shift from monitoring measuring services (e.g., the number of individuals tested or people on treatment) to monitoring people at the center of their access to linked HIV and health services. In essence, this marks a shift to better support the clients accessing services by focusing more on their individual health outcomes.

The proposal will address approaches to reaching the following targets and benchmarks for military and civilian populations. Targets are listed using the associated PEPFAR Monitoring, Evaluation, and Reporting Indicator. Please see the most recent Monitoring, Evaluation, and Reporting Indicator Reference Guide for more detail at https://datim.zendesk.com/hc/en-us/articles/360000084446-MER-Indicator-Reference-Guides . Benchmarks are listed based on programmatic needs.

Technical Area Indicators (Year 1)				
Program Area	**Indicator Name**	**Description**	**Frequency**	**Target**
HTS	HTS_INDEX	Number of individuals who were identified and tested using Index testing services and received their results	Quarterly	100
HTS	HTS_TST	Number of individuals who received HIV Testing Services (HTS) and received their test results	Quarterly	30000
HTS	HTS_TST_POS	Number of individuals who received HIV Testing Services (HTS) and received a Positive test result	Quarterly	300
HTS	HTS_LINK_DOD	Percentage of adults and children who tested HIV-positive by the MOD and were newly enrolled on antiretroviral therapy (ART)	Quarterly	100%
Prevention	PP_PREV	Number of 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	Semi-Annual	50000
TB	TB_PREV (N)	Among those who started a course of TPT in the previous reporting period, the number that completed a full course of therapy (for continuous IPT programs, this includes the patients who have completed the first 6 months of isoniazid preventive therapy (IPT), or any other standard course of TPT such as 3 months of weekly isoniazid and rifapentine, or 3-HP)	Semi-Annual	50

TB	TB_PREV (D)	Number of ART patients who were initiated on any course of TPT during the previous reporting period	Semi-Annual	55
TB	TX_TB (N)	Number of ART patients who were started on TB treatment during the semiannual reporting period.	Semi-Annual	
TB	TX_TB (D)	Number of ART patients who were screened for TB at least once during the semiannual reporting period.	Semi-Annual	398
TX	TX_NEW	Number of adults and children newly enrolled on antiretroviral therapy (ART)	Quarterly	57
TX	TX_CURR	Number of adults and children currently receiving antiretroviral therapy (ART)	Quarterly	340
TX	TX_PVLS (N)	Number of ART patients with a **suppressed** viral load (VL) result (<1000 copies/ml) documented in the medical or laboratory records/laboratory information systems (LIS) within the past 12 months	Quarterly	344
TX	TX_PVLS (D)	Number of ART patients with a VL result documented in the medical or laboratory records/LIS within the past 12 months	Quarterly	361

Monitoring and Evaluation

PEPFAR Monitoring, Evaluation, and Reporting (MER) indicators (Click here) are used to set targets, report programmatic results, and to efficiently use data to drive decision-making and focus HIV programming. All DHAPP programs (DHP and PEPFAR funded) use MER indicators and narratives to describe program progress. DHAPP collects MER indicator results on a quarterly, semi-annual, and annual basis. Depending on the indicator, data are reported at the site (or above site) level into our online data collection system, DC2, and then reports and visualizations are made available to the IP, military leadership, and DHAPP. These data allow military health systems to analyze and evaluate gaps in programming and achievement and identify needs for shifts to reach our shared goals. Due to security sensitivities regarding military site locations, site-level data are analyzed by DHAPP and shared with military partners and IPs and are not reported beyond DHAPP headquarters. National military aggregated data, by implementing partner, is reported by the recipient to the Global Health Security and Diplomacy Bureau (GHSD) through DATIM, so that other USG implementing agencies can review military program results.

Site Improvement through Monitoring System (SIMS)

The purpose of SIMS is to provide a standardized approach and set of tools for monitoring program

quality at DHAPP-supported sites and entities that guide and support service delivery. SIMS assessment results are used to strengthen alignment with global and national standards and facilitate program improvement as a component of an overall quality management strategy. SIMS is also used to identify performance issues that may impact patient outcomes or the integrity of reporting for MER targets or disaggregates. Low final scores (reds and yellows) from these core essential elements (CEEs) highlight potential issues with service delivery, site performance or oversight, and/or documentation of patient results. Site-level triangulation of MER and SIMS data can be used to contextualize performance and could be useful to determine if performance challenges at a site are due to issues related to the underlying quality of service provision.

Site Improvement through Monitoring System (SIMS) aims to:

(1) facilitate improvement in the quality of DHAPP-supported services and technical assistance,
(2) ensure accountability of U.S. government investments, and
(3) maximize the impact of U.S. government investments on the HIV epidemic.

SIMS assessment results confirm compliance to minimum quality assurance standards and identify areas where improvements in DHAPP-supported programs can be made.

The Recipient should make sure that all supported sites are familiar with SIMS standards and make sure that all efforts are taken to be in compliance with these standards. DHAPP encourages Recipients and partners to conduct reviews of program performance using the latest SIMS tools which are freely available. USG personnel will conduct "official" SIMS assessments in accordance with DHAPP guidance and Recipients are responsible for taking corrective action for items within the Recipient SOW and per discussion with DHAPP USG staff within 6 months of identifying any red or yellow scores. Please ensure SIMS activities are included in the SOW narrative.

SIMS is one strategy available for programs to adhere to PEPFAR Core Standard #12: Integrate effective quality assurance (QA) and CQI practices into site and program management. Program management must apply ongoing program and site standards assessment—including the consistent evaluation of site safety standards and monitoring infection prevention and control practices. PEPFAR-supported activities, including IP agreements and work plans should align with national policy in support of QA/CQI.

Client, Patient, and Program Data Monitoring

Successful collection, evaluation, and use of client/patient level data is critical to good patient care and to the success of the partner military HIV program's ability to monitor progress towards epidemic control. The Recipient will work with the partner military and Ministry of Health (MOH), Ministry of Communications, and other organizations, as appropriate, 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 partner military leadership.

The Recipient will be responsible for:

- Staffing, support, and mentoring of existing partner military staff for paper and electronic data collection
- Timely, accurate reporting of all indicators required by the partner military and DHAPP

- Ensuring confidentiality and security of data, in line with Ministry of Defense (MOD), Ministry of Health (MOH), and national guidelines through the whole data lifecycle from clinic, to storage, to dissemination and destruction.
- Securing all patient-level and site-level data from dissemination outside of the partner military and DHAPP without prior approval from the partner military and from DHAPP
- Support for paper and electronic data entry, cleaning, reporting, and use
- Ensuring data quality

Data Quality

Ensuring high data quality is a critical component of all Host Military programs and the Recipient should include a strategy for conducting baseline, periodic, and ongoing data quality assessments (DQA). In this way, DHAPP, and the Host Military, can have confidence in the data that it relies on for both target setting and measurement of progress towards programmatic goals. The Recipient should plan on conducting DQAs at the highest volume sites comprising 80% of the total number of people living with HIV and conducting DQA's of non-treatment technical programs, too.

Protocols for DQAs will be reviewed by Host Military, DHAPP HQ, DHAPP PM, and as deemed appropriate by the PM and DO, MOH and local health department staff. A DHAPP DQA template is available upon request. Protocols should start at the point of client/patient contact and follow the client through the workflow and data lifecycle. Both paper and electronic systems must be assessed in the DQA. Discrepancies found during DQAs should be rectified per the DQA protocol at the site and in the systems and reporting.

Work Plans

The Recipient must submit annual, programmatic and financial, work plans to the DHAPP Program Manager and DHAPP HQ (budget breakdown per activity and for program management is required). Work plans should include an Activities Implementation Timeline as well as Monitoring and Evaluation Timeline. A full list of reporting requirements can be found in the base Program Announcement and will be disclosed in the award terms and conditions.