



**ELTON JOHN  
AIDS FOUNDATION**



## **Opportunity Announcement**

# **RADIANT Unmet Need Fund**

**July 2021**



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## I. LIST OF ABBREVIATIONS USED

CSO – civil society organisation  
EECA – Eastern Europe and Central Asia  
HTS – HIV testing services  
KPs – key populations  
MSM – men who have sex with men  
PLHIV – people living with HIV  
PWUD – people who use drugs  
STI – sexually transmitted infections  
SW – sex workers  
TB - tuberculosis  
TG – transgender people



## II. RADIANT

Elton John AIDS Foundation (“the Foundation”), in partnership with Gilead Sciences, launched the ground-breaking initiative “RADIANT” in September 2019, to meaningfully address new HIV infections and deaths from AIDS related illnesses in Eastern Europe and Central Asia (EECA). RADIANT focuses action, investment and resourcing to improve the quality of life, prevention and care for people at risk of or living with HIV in the region. The Elton John AIDS Foundation and Gilead have an established presence in EECA and extensive experience working effectively with key local stakeholders in the region, including through the EECA Key Populations Fund since 2017. RADIANT is the next stage in this partnership to reach some of the world’s most vulnerable people to ensure that no one is left behind in the fight to end the HIV epidemic.

Over 1.7 million people are living with HIV in Eastern Europe and Central Asia, and new HIV infections in the region have increased by over 40% since 2010<sup>1</sup>. Each day more than 400 people in EECA acquire HIV and 100 die from AIDS-related illnesses. The most vulnerable populations, including people who use drugs, men who have sex with men, transgender people, sex workers, and their sexual partners make up over 95% of new HIV infections<sup>1</sup>.

RADIANT is made up of two elements:

- The RADIANT Model Cities programme invests in targeted interventions that deliver measurable impact in the response to HIV in eligible cities and regions, as examples for other cities and regions in EECA seeking to end their own HIV epidemics;
- The RADIANT Unmet Need Fund supports local initiatives across EECA that focus on HIV prevention and care, education, community empowerment, and novel partnerships.

From 2020-2025, RADIANT will support local initiatives in up to 25 countries across Eastern Europe and Central Asia: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Estonia, Georgia, Kazakhstan, Kosovo, Kyrgyzstan, Latvia, Lithuania, Moldova, Montenegro, North Macedonia, Romania, Russian Federation, Serbia, Slovenia, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan.

Funding is provided through grants, which are assessed and administered by the Elton John AIDS Foundation. Gilead has no involvement in the selection and assessment of award applicants and winners.

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<sup>1</sup> UNAIDS (2020). UNAIDS Data 2020. Available at: <https://www.unaids.org/en/resources/documents/2020/global-aids-report> [Accessed June 2021].



### III. OPPORTUNITY ANNOUNCEMENT: Unmet Need Fund

#### CURRENT OPPORTUNITIES

RADIAN, with this announcement, is accepting concept notes for the **Unmet Need Fund**.

The Fund is looking to support sustainable, evidence-informed interventions that address the most significant and urgent unmet needs of Key Populations and people living with HIV. Supported interventions will measurably improve HIV-related outcomes; reduce stigma and discrimination experienced by people living with or most at risk of HIV; and document and disseminate learnings and results to help other cities, regions, and countries across EECA to end their HIV epidemic.

Applicants can apply for up to USD \$1,500,000 for projects lasting up to 36 months. Programmes may be implemented in Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Estonia, Georgia, Kazakhstan, Kosovo, Kyrgyzstan, Latvia, Lithuania, Moldova, Montenegro, North Macedonia, Romania, Russian Federation, Serbia, Slovenia, Tajikistan, Turkmenistan, Ukraine, or Uzbekistan.

Further details and application modalities are outlined in this announcement.



## IV. WHAT WE WILL FUND: UNMET NEED FUND

The Unmet Need Fund is inviting applications from non-governmental organisations for projects that aim to address significant HIV-related unmet need(s) in the above-listed countries of implementation. Projects can be local, regional, or national in scope within the implementation countries listed above.

Applicants should identify the most significant HIV-related problem(s) within one or more of the Key Populations (KPs) who are most affected by HIV/AIDS: people who use drugs (PWUD), sex workers (SW), men who have sex with men (MSM), and transgender people (TG). Sexual partners of individuals from these communities are also a priority.

Proposals should address all of the Fund's four objectives:

1. **Significantly improve HIV-related health outcomes in one or more Key Populations and/or PLHIV;**
2. **Have a lasting impact on HIV-related health outcomes, including by sustainably improving existing systems to provide HIV services more effectively for Key Populations and/or PLHIV;**
3. **Reduce stigma and discrimination experienced by Key Populations and/or PLHIV;**
4. **Document and disseminate project interventions, learnings, and results to help other cities, regions, and countries across EECA to end their HIV epidemics.**

Applicants should provide an objective analysis of the context in the proposed location(s) of implementation to demonstrate the scope and urgency of the identified problem(s), and why the identified problem(s) are not adequately addressed through existing government or non-governmental programmes. Priority will be given to concept notes for projects that serve territories and/or populations with high HIV incidence, and no alternative government or donor resources available to implement the proposed interventions.

Each of the Fund's objectives are further detailed below.

**Under Objective 1**, projects should address the identified problem(s) to improve one or more specific HIV-related health outcomes in the city/region/country of implementation. Illustrative interventions could include, but are not limited to, the following:

- **Improving ART linkage rates** by shortening the time to ART initiation, decentralizing ART sites, providing peer navigation services, establishing networks of trusted doctors, or creating low-barrier "green channel" lab and clinical specialist services;
- **Improving ART retention** through multi-month dispensing, decentralized ART dispensing and viral load testing services, peer support, patient access to electronic medical records, and other digital solutions for PLHIV;
- **Searching for PLHIV who have been lost to follow up** or who have dropped off ART, and providing psychosocial services to ensure linkage and ART adherence/retention, including outreach, peer navigation and support services;
- **Providing differentiated prevention services** tailored to the needs of specific KPs and their networks, such as harm reduction through needle and syringe programmes, abscess care, hepatitis B and C testing, STI screening, PrEP and PEP dispensing, contraceptive services and female hygiene items, condom distribution, and other services;



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- **Reducing all-cause mortality in KPs and PLHIV** by providing overdose prevention and treatment interventions for PWUD; screening for TB and referral to TB treatment for PWUD, PLHIV, and prisoners; evidence-based drug treatment services, and other interventions;
- **Establishing integrated one-stop HIV, TB, STI, and narcological service sites** for KPs (government, non-government or joint services) spanning from prevention and screening to treatment, rehabilitation and support;
- **Engaging hard-to-reach sub-groups** of KPs through creative outreach approaches combined with traditional physical outreach, such as online, social media and peer outreach;
- **Increasing accessibility to HIV testing services (HTS)** by decentralizing HTS systems to rural areas, providing community-based and mobile rapid HTS, and implementing creative HIV testing approaches, such as home-based rapid self-testing, or HTS in prisons and other closed settings while ensuring confidentiality and voluntary consent;
- **Improving HIV case finding** in HTS systems by implementing behavior risk screening, PLHIV partner notification and testing, index testing, social network testing strategy, recency testing, enhanced peer outreach, optimized case finding and other interventions.

**Under Objective 2**, projects should have a lasting impact on the problem(s) identified, including by sustainably improving existing systems to provide HIV services more effectively for Key Populations and/or PLHIV. Proposals **must cover both of the following areas**: system changes and CSO capacity, but they are not limited to them. Illustrative interventions include:

- **Achieving system changes** in the health, social service and other relevant systems through documented improvement of one or more of the following system elements:
  - **Human resources**, or the number of people available to provide quality services for PLHIV and KPs, and their knowledge and skills; sharing project staff with government institutions; institutionalizing project staff positions and their functions by transferring them to government institutions;
  - **Finance**, or the amount of funding available to pay salaries, purchase medicines and other commodities, and support facilities and equipment for PLHIV and KP services; state funding of CSO services for KPs;
  - **Governance**, or the basis on which decisions are made and services are provided (e.g. strategies), as well as mechanisms of how the decisions are made (e.g. the existence of patient boards at the facility level, or improving KP representation in coordinating councils at the country level);
  - **Information** for the allocation of resources and other decision-making, e.g. availability of an electronic patient record system, or availability of biobehavioral data on the needs of KPs;
  - **Supply chain**, or the processes to procure, transport, store and distribute ART and other commodities to service providers, to reduce bottlenecks and other logistical issues; and,
  - **Service delivery**, or the kinds of services, their quality, accessibility and coverage among PLHIV and KPs; co-locating services for KPs in government facilities; and employing other creative approaches.
- **Strengthening CSO technical and organizational capacity** through systematic capacity assessment, planning and implementing capacity strengthening activities, including CSO governance, succession planning, program and financial management, seeking alternative sources of government or private donor funding, innovative financing mechanisms, delivery of KP and PLHIV-friendly services, and other aspects of CSO capacity.



**Under Objective 3**, projects should reduce stigma and discrimination experienced by Key Populations and/or PLHIV. Illustrative interventions could include, but are not limited to, the following:

- **Objectively assessing the levels of stigma and discrimination** experienced by KPs and PLHIV in service settings, and exhibited by service providers and other relevant stakeholders, to develop and implement activities to reduce these levels;
- **Addressing structural barriers to HIV services for KPs and PLHIV** by mobilizing the community, engaging into dialogue with stakeholders, and participating in accountability and decision-making mechanisms at different levels;
- **Reducing stigma and discrimination towards KPs and PLHIV** by service providers through tailored training and mentoring to improve their knowledge of client health and psychosocial needs, co-locating peer and professional services in the same facilities, or sharing staff between government and CSO services;
- **Providing community representation in facilities** in the form of patient advocates and community advisory boards to protect the rights of KPs and PLHIV.

**Under Objective 4**, projects should document and disseminate interventions, learnings and results to help other cities, regions, and countries across EECA to end their HIV epidemics. Illustrative interventions could include, but are not limited to, the following:

- **Documenting project models and results for professional audiences** in the form of standard operating procedures, algorithms, service standards, methodological recommendations, handbooks, etc., for the purpose of dissemination and replication. To be replicable, documented models should describe the required resources, service methodologies, and expected outcomes of the interventions.
- **Documenting strategic information**, which is not otherwise available, that can be used for decision making to improve HIV outcomes in Key Populations. Such strategic information may include population size estimates, HIV prevalence or incidence in Key Populations, prevalence of HIV knowledge and risk behaviours in Key Populations, quality of life and levels of stigma and discrimination experienced by Key Populations and PLHIV, etc.
- **Reproducing successful project models and results** in another location (replication), or **expanding project coverage** (scaling up). Replication and scaling up can be done by the same or a different implementing partner as part of the proposed or a different grant project funded by another donor. Proposed replication or scaling up activities should commence before the end of the proposed project.
- **Disseminating successful project models and strategic information** through professional print or electronic publications, staff training, conference presentations, and other means of communication.





## V. ELIGIBILITY REQUIREMENTS

All Concept Notes and Applications will be reviewed for eligibility before they are assessed against the evaluation criteria. The eligibility review is a pass/fail test and covers both non-financial and financial considerations. Once eligible, Concept Note and Application selection will be based on our selection criteria listed below.

Eligibility criteria for funding are:

- **Implementation Location:** We welcome applications for projects implementing in any one of the following countries: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Estonia, Georgia, Kazakhstan, Kosovo, Kyrgyzstan, Latvia, Lithuania, Montenegro, Moldova, North Macedonia, Romania, Russian Federation, Serbia, Slovenia, Tajikistan, Turkmenistan, Ukraine, or Uzbekistan. Applicants must have presence in the country of implementation or partner with a local organisation with in-country presence. **We are not welcoming applications for multi-country projects in this funding round. Applicants may implement their project in one or more cities or regions in the country of implementation.**
- **Type of applicant:** We encourage applications from non-profit, academic and research organisations. Ineligible entities include individuals and governments.
- **Consortia:** Applications are welcomed from consortia – or groups of partners working together to achieve the objectives - where each consortium partner brings unique strengths to achieve the expected results. Consortia should designate a lead applicant organisation to submit the concept note. Applications are equally welcomed from solo applicant organisations.
- **Registration and Bank Account:** The Applicant must be a registered entity and must have an active organisational bank account. Unregistered community groups with a strong track record of achieving results are welcome to apply, but must apply in consortium with a fiscal agent, which must be an officially registered entity.
- **Project Timetable:** The proposed grant should be implemented and all funds disbursed within three years from the date the grant agreement is signed with the Applicant or by September 30, 2025, whichever is earlier.
- **Budget and Eligible Costs:** Each application can request up to \$1,500,000 USD. The Foundation will assess each application's budget in relation to the proposed results. Unmet Need grants are open to supporting all costs that are justified in relation to achieving project objectives. Grant funds cannot be used to purchase or procure essential medicines (e.g. antiretroviral therapy) or to pay government employee salaries.
- **Completeness and Language:** All Concept Note and Application information and supporting documentation must be submitted in English or Russian; any other language will be considered ineligible. Written submissions must be completed in full to be considered eligible for review; incomplete submissions will be considered ineligible.
- **Number of Applications:** Applicants with more than one project idea may submit multiple Concept Notes. Please note each idea requires a separate Concept Note and applicants may submit no more than two Concept Notes.



## VI. SELECTION CRITERIA

After eligibility review, the Foundation will score each Concept Note holistically, using the below selection criteria. While the Concept Note and Application will use the same criteria, the level of detail requested from the Applicant at the Application stage will be greater. Applicants should reflect on the below questions when considering their solution's competitiveness and crafting their submission. While selection criteria will be used to objectively assess each Concept Note, the Foundation reserves the right to make final award decisions to ensure an optimal portfolio of awardees and solutions.

### SELECTION CRITERIA: UNMET NEED FUND GRANTS

#### Strategic Alignment and Impact

- **Alignment:** Is the applicant proposing to improve HIV-related health outcomes in Key Populations and/or PLHIV by tackling the most significant and urgent unmet needs and sustainably improve existing systems to provide HIV services more effectively for Key Populations and PLHIV?
- **RADIAN Strengths:** Is the project focused on territories and populations with the highest demonstrated HIV-related needs and where few other donor resources are available?
- **Theory of Change:** Is there a clear idea of what the applicant is looking to change? Is there a clear strategy for how the project would have significant impact on the HIV epidemic in the location of implementation?
- **Evidence-informed Impact:** Does the applicant understand the HIV epidemic in the location of implementation? Is there evidence showing that the desired impact is likely through the suggested intervention?
- **Proof of Concept:** Is the proposal likely to create lessons for, and improve programming in the wider EECA region? Is there a clear strategy to produce and disseminate learnings and findings to a wide set of stakeholders?
- **Incremental Value:** Are additional funds for the specific type of activity, population, city and country needed? Will the proposed activity complement rather than duplicate existing activities? Do the proposed activities differ substantially from those that other actors, such as the local government and health system, or international donors and NGOs are already undertaking?
- **Risks:** How high are the risks of the proposed project? Are appropriate risk mitigation measures identified?

#### Effectiveness

- **History of Performance:** Does the applicant have a history of delivering promised outcomes?
- **Expertise & Relationships:** Does the applicant possess deep domain expertise, relationships and knowledge in the necessary and relevant areas, including partnerships with the communities, government, and healthcare organisations required for success?
- **Organisational & Financial Capacity:** Does the applicant have the resources to deliver outcomes on time and on budget? Does the grantee have strong financial and management systems?
- **Transparency:** Does the applicant have a strong history of transparency and accountability?
- **Cost Effectiveness:** Is the project cost-effective in delivering outcomes relative to similar programmes in comparable regions?



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- **Budget:** Is the budget reasonably estimated, with actual costs likely to be close to budgeted costs?
- **Monitoring, Evaluation and Learning Strategy:** Are the right outcomes/metrics identified and ready to be tracked? Will there be any reporting issues?

### Sustainability

- **Sustainability:** Is there a strategy to have a lasting impact beyond the life of the grant? Will the project have a significant lasting impact on the HIV epidemic in the location of implementation?

## REVIEWERS

A review panel will be created to review all Concept Notes and Applications. In addition to subject matter experts, submissions may be reviewed by a panel with broad expertise and a track record in working with Key Populations. Some of these reviewers may not be deep domain experts in an applicant's particular field; as such, applicants should describe their solution in clear language without the use of jargon.



## VII. HOW TO APPLY

### TIMELINE

The application process for this round of RADIANT grants has two stages, first a Concept Note stage, followed by an Application stage. Applications will be invited from those organisations submitting the most relevant Concept Notes, as defined by the eligibility and selection criteria.

At the point of the release of this opportunity announcement, the first stage, we are inviting Concept Note submissions. Concept Notes should outline a high-level vision for a potential solution, with a clear narrative of how this solution will achieve the Fund's objectives. Compared to the full Application stage, implementation and financial planning can be at a higher level.

An expected timeline is below.

Preliminary timeline (subject to change):

Opportunity announcement

Concept Note portal opens at [www.eltonjohnaidsfoundation.org/radian](http://www.eltonjohnaidsfoundation.org/radian)

Webinar for Applicants (register at [www.eltonjohnaidsfoundation.org/radian](http://www.eltonjohnaidsfoundation.org/radian))

July 2021

July 2021

August 3<sup>rd</sup> 2021

11:00 (London) /

13:00(Moscow)

**Deadline for Concept Notes**

**September 16 2021**

**by 13:00 GMT**

Applications invited (subject to change)

November 2021

Application deadline (subject to change)

February 2022

Notification to awardees

April 2022

Negotiation and Terms of Agreement

April 2022

Implementation start

May 2022

### CONCEPT NOTES

All Concept Notes must be submitted through our application portal on [www.eltonjohnaidsfoundation.org/radian](http://www.eltonjohnaidsfoundation.org/radian) by **September 16, 2021 at 13:00 GMT**. It is the sole responsibility of the Applicant to update or correct information provided through the application portal on the website. The Foundation is not responsible for human error, theft, destruction, or damage to Concept Notes or Applications, or other factors beyond its control. Applications will be invited from those organisations submitting the most relevant Concept Notes, as defined by the eligibility and selection criteria.



## CONCEPT NOTE REQUIREMENTS FOR UNMET NEED FUND GRANTS

Concept Notes for Unmet Need Fund grants will require the following information:

- **General information about your project:** Organisation or Consortium name; project country; project summary; project cost; project duration.
- **Answers to the following questions:**
  - Executive Summary: What are the main expected results and activities of your project? Please provide a brief summary of what your project will be achieving and how. (150 words)
  - What is the problem related to HIV in Key Population(s) in your city/region/country that you are proposing to address? Please provide objective information justifying the urgency and the scale of the problem. Why is it crucial to address this problem to end the HIV epidemic in your city/region/country? (250 words)
  - How do you propose to resolve the problem? Describe the specific results you will achieve to improve HIV-related outcomes in Key Populations and/or PLHIV, and what are the activities you will implement to achieve them. What is the evidence that the intervention(s) will be effective? How will you complement and build on existing services and activities in your city/region/country rather than duplicating or replacing them? (400 words)
  - It is important that your project has a significant lasting impact. How will you ensure the results achieved in your project are sustained? This should include improving existing systems to provide HIV services more effectively for Key Populations and PLHIV, strengthening CSO capacity and other sustainability approaches. (300 words)
  - How will your project reduce stigma and discrimination towards people living with and/or most at risk of HIV? How will you measure your results in reducing stigma and discrimination? (200 words)
  - How will your project document and disseminate interventions, learnings and results to help other cities and countries across EECA? (150 words)
  - Why can your proposed intervention(s) not be funded by other funders present in your country/region/city (national and local government, local private donors, Global Fund, PEPFAR, other international donors)? (100 words)
  - Organisational background: Why are you (and your consortium partners, if relevant) best placed to undertake this work? Please be specific about results that your organisation (and consortium partners, where relevant) has achieved to help end the AIDS epidemic and/or other similar goals. (300 words)
  - Consortium partners and other stakeholders: Please list consortium partners (if any) and other key stakeholders, and their roles in the project. How will the principal grant recipient manage consortium partners to ensure activities achieve results and maintain sound financial management? (Up to 150 words)
  - What are the key risks to project success and how will you mitigate these? (150 words)
- **A provisional USD budget** (Each concept note can request up to \$1,500,000 USD; the Foundation will assess each concept note's budget in relation to the proposed results)
- **Names and contact details for two referees** from well-known organisations who can attest to your track record of achieving results
- **Applicant details:** contact details; type of applicant; charity registration details; organisational income and number of employees; address



## **SUPPORT WITH CONCEPT NOTES**

All applicants have the opportunity to ask clarification questions about this opportunity announcement and the selection criteria used to evaluate applications. All such requests must be made in writing via email to [radian@eltonjohnaidsfoundation.org](mailto:radian@eltonjohnaidsfoundation.org).

## **APPLICATIONS**

Applicants whose Concept Notes are selected to move forward to the Application stage will be notified by the Foundation and will be requested to submit an Application with further details on their solution. Selection of your Concept Note does not obligate you to submit an Application. As with the Concept Note, all Applications will be submitted through the Foundation's application portal. The Foundation may provide feedback to applicants to help further hone their Applications. The Application will require information such as additional detail on the proposed project, monitoring & evaluation (M&E) framework, and proposed implementing partners that will receive funding under this grant. A detailed budget will also be required, as well as references and financial documentation. We will provide further information on this in the invitation to apply.