



# ELTON JOHN AIDS FOUNDATION

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## Request for Proposals: Evaluating US Access to HIV Care in Key Communities

### Overview and Context

#### HIV in the U.S.

Approximately 1.2 million people in the US are living with HIV and 1 in 7 do not know their status<sup>1</sup>. Only 66% of those who are diagnosed receive some HIV care and only 56% are virally suppressed<sup>2</sup>. HIV continues to have a disproportionate impact on certain populations including Black/African Americans<sup>3</sup>, Hispanic/Latino people<sup>4</sup>, young people<sup>5</sup>, people who inject drugs<sup>6</sup>, and gay, bisexual, and other men who have sex with men<sup>7</sup>. The US south experiences the highest rates of new HIV cases

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<sup>1</sup> CDC HIV Surveillance Report 2019

<sup>2</sup> CDC HIV Surveillance Report 2019

<sup>3</sup> In 2020: 42% of new HIV diagnoses in the US were amongst Black/African Americans; 40% of people living with HIV were Black/African American; 43% of deaths amongst people with an HIV diagnosis were amongst Black/African American people. (CDC HIV Surveillance Report 2020).

<sup>4</sup> In 2020: 27% of new diagnoses in 2020 in the US were amongst Hispanic/Latino people; 24% of people living with HIV were Hispanic/Latino people; 19% of deaths amongst people with an HIV diagnosis were amongst Hispanic/Latino people (CDC HIV Surveillance Report 2020).

<sup>5</sup> Across age groups, the number of new HIV diagnoses was highest among people aged 25 to 34 CDC HIV Surveillance Report 2019.

<sup>6</sup> In 2020, persons who inject drugs account for about 1 in 15 HIV diagnoses in the United States. In recent years, the opioid (including prescription and synthetic opioids) and heroin crisis has led to increased numbers of PWID. HIV diagnoses among PWID have increased (CDC HIV Surveillance Report 2020).

<sup>7</sup> In 2020, MSM accounted for 71% (20,758 MMSC and 1,109 MMSC and IDU) of the 30,692 new HIV diagnoses in the United States.



## ELTON JOHN AIDS FOUNDATION

and HIV-related deaths<sup>8</sup>; in 2019, nine southern states representing 29% of the U.S. population accounted for nearly 44% of all new HIV diagnoses<sup>9</sup>.

Effective prevention and treatment options are available in the US, but access remains sub-optimal, perpetuated by inefficiencies, complicated payment structures, culturally-inappropriate care, and other US health system challenges. Further, within communities, access is hindered by longstanding stigma and discrimination as well as the interconnected socio-economic issues faced by people living with or at risk of HIV such as mental health, substance use, and housing instability.

### **EJAF US Community-Level Portfolio**

To address these challenges, the Elton John AIDS Foundation (EJAF) made key investments to increase access to HIV services among key communities, especially in the US South. EJAF sought to fund innovative solutions to address specific needs of key groups, by supporting local community organizations who are testing and implementing new or enhanced models to improve access to high-quality, compassionate HIV prevention and care. Key intended outcomes included:

1. Increasing the accessibility, demand and uptake of HIV prevention and treatment services tailored to specific community needs, including pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), HIV testing and/or treatment services, syringe services programs (SSPs), and other supportive services.
2. Building capacity for health care workers and other community leaders to provide high-quality, compassionate care in their communities.
3. Reducing stigma around HIV and discrimination against people with HIV or other barriers that hinder uptake of HIV prevention, testing, and treatment services.

### **About EJAF**

The Elton John AIDS Foundation is committed to ensuring everyone has access to high-quality, compassionate HIV care. Working to overcome the stigma, discrimination, and neglect that fuels the spread of HIV, we harness local expertise and mobilize networks of public and private supporters and partners to build love, compassion, and dignity for people living with or at risk of HIV and a future for young

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<sup>8</sup> HIV in the U.S. Deep South: Trends From 2008–2019, Southern AIDS Coalition.

<sup>9</sup> HIV in the U.S. Deep South: Trends From 2008–2019, Southern AIDS Coalition.



## ELTON JOHN AIDS FOUNDATION

people free from AIDS. We meet people and communities where they are to prevent new infections and ensure access to care, treatment, and support. Since its founding in 1992, the Foundation has pursued its vision of an AIDS-free future for everyone, emerging globally as a foremost organization fighting HIV/AIDS. EJAF believes that ending AIDS among specific populations and geographical areas is achievable through collaboration to eliminate social, economic, and health disparities while ensuring equity and inclusion for all.

### Purpose & Audience

The evaluation will focus on ~4-5 of EJAF's community-level grantee partnerships which have been active since 2023, some of which may continue into 2026. The overall purpose is to assess the effectiveness of these programs thus far when it comes to improving access to high-quality, compassionate HIV care across key communities in the US.

EJAF is seeking an external evaluation partner to help us achieve key evaluation objectives:

1. Articulate what has been achieved so far by this portfolio of grantees
2. Identify which models, components and/or combinations were most effective at advancing intended outcomes, and how context matters
3. Assess the potential drivers and pathways for sustaining grantee efforts beyond the duration of EJAF's grant.
4. Generate a set of learnings to inform future grantmaking strategies as well as the broader field.

The intended audiences / use case for this evaluation include:

- The primary audience, EJAF US team and other Foundation leaders/program staff will use these findings for a deeper understanding of grantee achievements and context, to better inform future grantmaking strategy
- EJAF partners will have the opportunity to engage with and draw their own learnings from these findings to inform their programming and partnerships
- Key learnings will be shared with the broader HIV field via publications or presentations on relevant platforms, to enhance understanding of on-the-ground realities and explore opportunities to sustain or expand successful program models



## Key Evaluation Questions

Through this evaluation we seek to address the following broad areas of inter-related inquiry – which may be refined as we advance this work:

### **Grantee Model Performance**

1. What did the grantees set out to achieve, and what key actions did they take toward those goals?
2. How were the grantees uniquely positioned to address their intended outcomes/impact?
3. What results have grantees achieved so far?
4. Which models/components/combinations of components have been the most effective at advancing outcomes, across relevant settings/contexts/populations?
5. What were the most significant barriers faced by grantees, and how were they addressed?
6. Have there been any unintended consequences from the funded interventions?

### **Sustainability**

1. How likely are grantee efforts to be sustained? Which attributes are most likely to be sustained?
2. What possible players, pathways, barriers and facilitators to sustainability can be identified?
3. How likely are these models to be taken up and replicated elsewhere?
4. How likely are these models to scale to new, broader, and/or different populations? What additional resources or partnerships would be needed to scale successful interventions?

### **Community Engagement & Ecosystem**

1. To what extent did the award management teams involve community members, specifically those disproportionately affected by HIV, in the design, implementation, and monitoring of the proposed solution?



2. What methods for engaging community members were most effective at contributing toward impactful program implementation?
3. To what degree did grantee efforts influence a supportive environment for people disproportionately affected by HIV?
4. To what extent have lessons from these projects been shared with relevant stakeholders?

## Possible Stages of Work & Deliverables

By the end of 2025, EJAF envisions the evaluation to be completed across roughly three interconnected phases, with efforts likely to include:

### Phase 1: Descriptive Analysis

- Review of relevant literature
- Secondary data analysis of existing program reports and documentation, including quantitative grantee performance indicators reported to EJAF
- Synthesis of available information and identification of evaluation / learning gaps to inform Phase 2 plan

### Phase 2: Thematic Analysis\*

- Primary data collection using surveys, interviews, focus groups, etc. (TBD as determined in Phase 1)
- Mixed methods analysis

### Phase 3: Analysis & Writing

- Comprehensive data synthesis and analysis, incl. connections drawn to external data, where relevant
- Final evaluation report including consolidated findings and recommendations
- Brief presentation (e.g., PPT) highlighting key takeaways for stakeholders

*\*Note: Phase 2 will likely involve ~2-3 brief in-person site visits to grantee partners in the US South, which should be incorporated into budget proposals.*

Expected Deliverable	Time Period
High-Level Evaluation Plan	June
Findings from Phase 1	July



Phase 2 Plan	August
Interim Findings ( <i>if possible, a summary of available learnings thus far to align with internal EJAF strategic conversations</i> )	September
Draft Version of Evaluation Report	October
Final Evaluation Report + Presentation	November

## Selection Criteria

The evaluator(s) should possess the following:

- Demonstrated experience evaluating HIV prevention, testing, treatment, and/or stigma reduction programs, particularly in the US; preferably in key areas like the South.
- Strong public health background, particularly HIV prevention and care.
- In-depth understanding of the US health sector and political landscape related to HIV/AIDS, particularly in the South.
- Expertise in qualitative and quantitative research/evaluation methods.
- Excellent analytical, writing, and presentation skills.
- Ability to distill learnings from complex information and communicate findings effectively to diverse audiences, e.g., funders, grantees, policymakers, community organizations

## Proposal Submission Guidelines

Interested parties are requested to submit their proposals by **May 9, 2025**. Proposals should include the following and be no more than 3 pages:

- A proposed approach including a high-level evaluation plan, key methodological components, timeline
- A description of the evaluator(s) qualifications and relevant experience
- A financial proposal

The anticipated budget for this evaluation is \$50,000; if your proposal exceeds that amount please provide a justification. **Please submit proposals to <mailto:laura.hollod@eltonjohnaidsfoundation.org>.**