

## REQUEST FOR PROPOSAL

**UNAIDS is dedicated to preventing the transmission of HIV, reducing the suffering caused by HIV/AIDS and countering the impact of the pandemic on individuals, communities, and societies.**

### **Assessment of the pathways to ART failure and development of solutions to optimize adherence**

**UNAIDS IRAN Country Office**  
**Duty Station: Tehran, Iran**

**Duration of contract:**

3 months (65 working days) during  
August ~ November 2024

**BACKGROUND/PURPOSE OF ASSIGNMENT:**

AIDS can be ended as a public health threat by 2030 through reaching the 95–95–95 targets<sup>1</sup>. Although the world is not currently on track to reach the 2025 global AIDS mortality target of no more than 350 000 annual AIDS related deaths, this target is nevertheless within reach. Timely HIV testing and initiation of antiretroviral therapy improve the health, well-being and life expectancy of people living with HIV.

AIDS related deaths have declined by 51% since 2010. Between 2015 and 2022, the proportion of people living with HIV who were virally suppressed increased from 40% to 71%. HIV treatment is a powerful prevention tool however inequalities in treatment coverage contribute to ongoing, preventable HIV transmission.

Accelerated scale-up of HIV treatment and prevention will lead to significant economic benefits in low- and middle-income countries. Achieving the Fast-track Targets would reduce future direct treatment expenditures by 43% as a result of new infections averted.

According to “Global AIDS Monitoring” by end of 2022, in Iran, 46000 people are living with HIV out of whom 16000 (37%) are receiving ART with a 33% viral load suppression. Estimated ART coverage in pregnant woman is 37 % and in children (0-14 years old) is only 44%.

Monitoring people on ART is important to ensure successful treatment, identify adherence problems and determine whether ART regimens should be switched in case of treatment failure. Assessment the pathways to ART failure is needed to develop solutions to optimize adherence to treatment.

Cascade analysis helps to identify trends, progress, gaps and bottlenecks in service delivery and to develop solutions and improvements.

<sup>1</sup> The 95–95–95 targets are that, by 2020, 95% of people living with HIV know their HIV status, 95% of people who know their HIV-positive status are accessing treatment and 95% of people on treatment have suppressed viral loads.

Monitoring and evaluation of HIV care and treatment helps programme managers to assess the effectiveness and uptake of interventions and establishes links between services along the cascade starting with HIV diagnostic testing and subsequently linking to treatment and care for HIV and associated conditions and is essential to assess the quality and impact of programmes.

Development of Country's treatment failure pathway allows for the continual reassessment and evolution of treatment interventions, programmes and policies as contexts and circumstances change and supports a national response to cover more PLHIV with treatment and to achieve its national targets for AIDS control.

To do so UNAIDS-Iran is commissioning the Assessment of the pathways to ART failure and development of solutions to optimize adherence.

#### **GOAL and OBJECTIVE(S):**

The main goal of the undertaking is to assess the country's HIV treatment pathway and its elements including its structural, financial and programmatic risks that need to be managed and mitigated, and identifying the blockages and barriers which, if overcome, will accelerate the HIV response.

#### **OBJECTIVES:**

- a- Provide robust and actionable information measuring ART programme functioning.
- b- Identify and characterize the gaps and bottlenecks in ART programme performance.
- c- Provide recommendations for treatment monitoring including early detection of treatment failure along with diagnostic considerations.
- d- Assess the current country algorithms for treatment and compare results obtained with expected results.
- e- Provide recommendations on implementation, interventions and clinical considerations for treatment monitoring.

#### **KEY ROLES AND RESPONSIBILITIES:**

- a. Identification, collation, and analysis of all the primary information required to complete the assignment.
- b. Timely development and delivery of inception, interim and final assignment reports, all of which should be of satisfactory quality as determined by UNAIDS and CDC
- c. Organisation and coordination of meetings with key informants, as necessary.
- d. Adequate preparation for and attendance of all debriefing sessions requested by UNAIDS and/or CDC.
- e. Submission of brief regularly updates by email to UNAIDS on progress or otherwise of the assignment.
- f. Taking every reasonable step to resolve implementation bottlenecks as and when they arise, and timely request from UNAIDS and/or CDC for administrative and/or political support, when needed.
- g. Responding promptly and constructively to technical feedback received on the inception, interim and final assignment reports from UNAIDS and/or CDC.

**KEY OUTPUTS:**

- i. Inception report, to include a review of formative documents, the conceptual framework, analytical framework, methodology, action plan and timeline and list of key informants to be interviewed.
- ii. Interim report, summary of pertinent information gathered from key informants and the literature review also the draft assessment, structured and formatted as described elsewhere in this document.
- iii. Final report, which will be the version of completed assessment including steps of the assessment, and the prioritized and sequenced high-level outcomes that has been reviewed and cleared by both CDC and UNAIDS, and clearly incorporates the feedback provided on the interim report (and any subsequent discussion) by these two entities.

**TIME & SCHEDULE:**

The assignment should be completed within 3 months (65 working days) during the period August ~ November 2024.

**REQUIRED DOCUMENTS FOR APPLICATION:**

- Person's CV or Company's Profile
- Technical Proposal
- Financial Proposal

**CONTENT OF THE PROPOSAL**

- A Bid shall consist of a single response with two components: the Technical and the Financial Components.
- The Technical Component will contain the Person/Company Profile, the competency of the company, and the proposed approach and work plan to deliver the services requested in this announcement.
- The Financial Component will contain detailed price information including number of units and costs per unit (Annex).
- Proposals shall be signed by the Bidder or a person or persons duly authorized to bind the Bidder to the contract.
- Also, the services being provided by the bidder should meet requirements for disability inclusiveness and accessibility for relevant products and services.

**QUALIFICATION & BACKGROUND**

- Speciality in infectious disease, epidemiology, health management.
- At least 5 years of research and/or field experience in health, and/or HIV programmes.
- Proven familiarity with the structure of the national HIV response in Iran, in particular with the NSP5.
- Ability to write academic, technical, and official study reports in Farsi and English
- Fluency in English and Farsi

**REPORTING AND WORK RELATIONSHIPS:**

- The contractual partner will undertake the work in close collaboration with the Centre for Communicable Diseases Control and the UNAIDS Country Office in Tehran, Iran.
- The contractual partner will not publish in any form the results of this assignment without prior written consent of the contractor, however, developing manuscript for peer review is encouraged under UNAIDS guidance.

- The contractual partner will be solely responsible for the professional quality of her work and the timely completion of the assignment.

The written outputs in hard copy and an electronic version will be submitted no later than 10 days after the end of the assignment.

**DEADLINE FOR SUBMISSION OF PROPOSAL:**

Bids must be received no later than COB 07-08-2024 (by e-mail in English) to the following address:

**To: iran@unaids.org**

**Subject:** Assessment of the pathways to ART failure and development of solutions to optimize adherence

**NOTE:** This consultancy position is only for Iranian nationals.

**REPORTING FORMAT:**

The contractual partner shall update UNAIDS regularly (in writing) on progress of the assignment, including the key outputs above. The final report should be in English. The contractual partner will provide the agreed final drafts by email in Word, Excel and PowerPoint format, as applicable.

The contractual partner shall undertake to keep all information regarding the reports and the content thereof confidential.

The interim and final reports will include, at a minimum:

1) Narrative section:

- a) Executive Summary
- b) Conceptual and analytical framework
- c) National context
- d) Methodology
- e) Inputs and assumptions
- f) Key findings, gaps
- g) Detailed solutions, transformation
- h) Monitoring and Evaluation
- i) Challenges, recommendations, and conclusions

2) References

3) Appendices:

- a) Gantt chart
- b) Project personnel (title, name, affiliation, function in project).
- c) Search strategy.
- d) List of interviewees, key informants (where applicable and prior written, informed consent obtained).

Electronic copy of project dataset (on a portable disc or drive, where applicable).

**Declaration of Contractual Partner:**

I have read the Terms of Reference (above) for this consultancy contract and fully acknowledge and agree to the Terms, conditions, deliverables, and target dates for submission of contracted work.

**Any amendments** to the contract, including, but not limited to, additional work, extended timeframe financial adjustments and/or deviation from the original Terms of Reference must be approved, in writing, by both parties, **prior** to the expiry of the current contract dates as stated above.

Should these amendments not be formally recorded prior to the original contract expiry, the conditions, substantive and financial, as outlined above, will remain the basis of the contractual agreement.

Annex:

Budget Table Temple

Item	# Working days <sup>2</sup>	# persons contributing <sup>3</sup>	Unit Cost in IRR	Total IRR
Activity 1 (Name of the activity)				
Activity 2 (Name of the activity)				
Activity 3 (Name of the activity)				
<b>TOTAL</b>				

<sup>2</sup> If your activity is based on number of days then please choose # of days column, no need to add number of hours. Please note # of working days is five days a week.

<sup>3</sup> Please fill in this column with the numbers of researchers, facilitators, note takers for each activity you have planned.