|  |  |  |
| --- | --- | --- |
| **Title of proposal:** | |  |
|  | |  |
| **Lead Organization legal name:** | |  |
|  | |  |
| **Consortium organization(s) legal name(s), if any:**  *If more than one partner, list on separate lines* | |  |
|  | |  |
| **Primary contact person for the proposal:** | |  |
|  | |  |
| **Primary contact postal address:** | |  |
|  | |  |
| **Primary contact e-mail address:** | |  |
|  | |  |
| **Primary contact telephone number:** | |  |
|  | |  |
| **Total budget including co-funding (in USD):**  *As per section 5*  *Round to the nearest 100 USD* | |  |
|  | |  |
| **Budget to be funded by Unitaid (in USD):**  *As per section 5*  *Round to the nearest 100 USD* | |  |
|  | |  |
| **Target country(ies):** | |  |
|  | |  |
| **Proposal timeframe:**  *Total number of months* | |  |
|  |  | |
| Signature of duly authorized party to validate submission of proposal | *Enter full name, date and signature* | |

**Annex 1**

**Call for Proposals:**

**Cost-effective and high impact rollout of lenacapavir for HIV prevention**

**Project Plan**

**Version number: [e.g. 0]  
Version date: [e.g. 01 July 2025]**

|  |
| --- |
| *Please read notes/instructions provided (grey text boxes) before drafting content for all sections.*  *Please note that a target number of words is indicated in each section / sub-section; please adhere to the word limit (the Secretariat will limit their review to the word limit)*  *Please do not edit titles or content in pink boxes (pre-populated by Unitaid).*  *Please remove all section and sub-section notes (blue font, grey boxes) from this document prior to final submission.*  *Please refer to the Call for Proposals for further guidance.* |

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## List of abbreviations

|  |
| --- |
| *Please ensure that all abbreviations used in the Project Plan are listed in this section.* |

## Executive Summary

|  |
| --- |
| *Please provide a concise summary of the contents of this Project Plan.*   * *This section should not introduce any new information that is not covered elsewhere in the document.* * *1000 words max.* |

## Project design and implementation

### **Project Rationale**

|  |
| --- |
| *Please provide a concise summary of the rationale for the Project.*   * *This section should explain how the Project corresponds to the identified need (specifically referencing the Call for Proposals).* * ***750 words max. (including all sub-sections)*** |

|  |
| --- |
| 1.1 Unitaid CALL FOR PROPOSALS OBJECTIVE |
| *Please retain the text box summary (prepopulated content pasted below) of the relevant areas of work in the call for proposals, for reference.* |
| Unitaid’s Call for Proposals “Cost-effective and high impact rollout of lenacapavir for HIV prevention” is seeking to support implementation projects in sub-Saharan African countries for cost-effective, impactful **integration of lenacapavir in HIV prevention for underserved populations**. Proposals should aim to implement approaches that can reach sufficient numbers of people at high risk of HIV infection in high-burden geographies, and that can be scalable to break major cycles of transmission and achieve epidemic impact. Such proposed implementation projects must complement the national rollout of lenacapavir, reaching populations that face barriers to accessing available services for HIV prevention. They must be designed to document and establish cost-effectiveness and health impact metrics for target (sub)population(s) compared to the existing HIV prevention services. They must ensure meaningful and active collaboration with affected communities during program design and implementation, especially regarding treatment literacy and demand generation. **Please refer to the full call text for more information.** |

|  |
| --- |
| 1.2 project-specific rATIONALE |
| *Please clearly articulate the context-specific health challenges your project aims to address with a focus on sub-population(s) being targeted, and how this contributes to the objectives stated in the Call for Proposals and Theory of change (see below).* |

|  |
| --- |
| 1.3 project summary table |
| *Please complete the table below to summarize critical aspects of the proposed project and approach, as explained in Call for Proposals section on Additional information.*  ***Approximately 2 sentences each.*** |

|  |  |
| --- | --- |
| **Critical aspects of proposals** (please, refer to Call for Proposals, section on *Additional information)* | |
| **Readiness:**  Status of readiness to implement[[1]](#footnote-2) |  |
| **Innovation:**  Delivery approach(es) that complement facility-based roll out of lenacapavir with community-based and decentralized approaches. |  |
| **Cost-effectiveness (indirect during scale up):**  Hypothesis for the expected increase in cost-effectiveness of the proposed delivery approach in the target (sub)population(s) |  |
| **Size:**  Proposed number of individuals to be reached (and justification of size to demonstrate the yield and impact) |  |
| **Impact (indirect during scale up):**  Clear hypothesis on how the proposed delivery approaches for selected population and sub-geographies will be conducive of decreased HIV transmission and proposed ways to measure it. |  |
| **Community engagement:**  Strong and meaningful community engagement in all stages of project governance, design and implementation. (Brief summary, with further details to be provided in section 8.) |  |
| **Geographical scope:**  HIV burden and characteristics of proposed geographic area to be covered |  |
| **Government support**  Confirmation of the country’s intention to roll out lenacapavir in the near-term  (or justification of lack of) |  |
| **Experience:**  Demonstrated experience in implementation of HIV PrEP services and programs and associated implementation research. Community-based organizations participating in the project should also have demonstrated experience in the services required |  |
| **Co-funding:**  Potential (qualify likelihood) or secured sources (specify amount, duration) |  |

### **Expected results of the Project**

|  |
| --- |
| *This section should clearly articulate the strategic vision underpinning the project. Content should demonstrate clear alignment between the project, the overarching Theory of Change (see Figure 1: Unitaid’s Long-Acting PreP Portfolio-Level Theory of Change in Call for Proposals), and Unitaid’s broader Strategic Framework (2023-27)[[2]](#footnote-3). After laying this conceptual foundation in this section, the content of the next section (Outputs, activities, assumptions) will then map out the operationalization of that vision.*  *Unitaid defines impact as the result of* ***time-limited investments*** *that overcome critical access barriers to health products and catalyze their* ***scale-up*** *by countries and partners. The approach distinguishes between* ***direct impact****, achieved during the grant period using grant-specific funds, and* ***indirect impact****, which is realized as the innovations are scaled—starting during the grant or within at least* ***five years after project completion****—through the efforts of other funders and implementers. Impact is assessed across four key metrics:*   1. ***Public health impact****, measured by additional lives saved, deaths averted, or infections averted.* 2. ***Economic impact****, calculated as the net cost or savings to the health system by comparing treatment costs averted against the cost of implementation. It also includes assessing the* ***cost-effectiveness of different delivery models****, defined as the ratio between the* ***net cost of the intervention and the number of infections averted****, helping determine which models offer the best value for money.* 3. ***Equity impact****, reflecting benefits to underserved or vulnerable populations like children, pregnant women, or marginalized groups; and* 4. ***Strategic benefits****, which include broader positive externalities such as health system strengthening, greener manufacturing, pipeline acceleration, or integration across health services.*   ***1000 words max. (including all sub-sections)*** |

|  |
| --- |
| 2.1 Theory of Change (ToC) |
| **A common theory of change:** A Unitaid portfolio-level theory of change (see next page) was designed to present the public health problem, access barriers, outputs, outcomes, impact, and key risks of all projects under the HIV Prevention portfolio together. This approach was adopted because projects within this area will face similar challenges and risks and will contribute together to overcome the access barriers to achieve impact and address the public health need.  In addition, Unitaid requires each project to contribute to Unitaid’s Strategic Objectives as formulated in Table 2. |
| *Referencing the portfolio-level ToC presented on the next page, please use tables 1 and 2 below to:*   * *describe in bullet form how your project will contribute to the portfolio outputs and outcomes, as applicable (noting that it is understood that a single project may contribute only to a subset/component part of the portfolio-level vision): table 1* * *identify the outcome-level results that you expect to achieve through the project: table 2*   *In the* ***Gantt template (ANNEX 3)****, list the Outputs and related activities and activity details.* |

|  |
| --- |
| **Figure 1. Unitaid’s Long-Acting PreP Portfolio-Level Theory of Change** |

| **Table 1.**  **Portfolio Outputs**  [aligned with overall TOC, prepopulated by Unitaid Secretariat] | **Project-specific contributions** |
| --- | --- |
| **Portfolio Output 1: Delivery approaches**  Project implemented show strong impact for epidemic control and conditions for adoption established | **Output 1**: Adapted delivery approaches |
| **Portfolio Output 2: Evidence generated**  Real-world evidence e.g. cost-effectiveness, impact produced to inform further scale up, and support improved policies and guidelines | **Output 2 –** Evidence generated: Evidence on cost-effectiveness and impact of delivery approaches generated |
| **Portfolio Output 3: Stakeholder engagement** Stakeholders are meaningfully engaged | **Output 3 – Stakeholder engagement:** Relevant stakeholders—including countries, CCSE, donors, and partners—meaningfully engaged |

| **Table 2.**  **Portfolio Outcomes**  [aligned with Unitaid’s Strategic Objectives1] | **Project-specific contributions and expected results** |
| --- | --- |
| 1. **(Primary) Accelerated introduction and adoption of [specify categories of key health products] in LMICs** | ***Contributions (narrative):***   * Evidence on feasibility on high impact and cost-effective delivery generated to inform accelerated uptake |
| ***Expected results:***   * Coverage: Proportion of country-level PrEP-eligible population reached by the project * Affordability: Cost for PrEP delivery per person per year (by delivery approach) |
| 1. **(Supporting) Conditions in place for sustainable, equitable access to [specify categories of key health products]** | ***Contributions (narrative):***   * System-wide intervention to support adoption * Procurement arrangements (including secured funding) made to catalyze uptake |
| ***Expected results:***   * Dissemination: Generated evidence widely disseminated to promote uptake * Funded procurement plan in place after project end |
| 1. **(Supporting) Strengthened inclusive and demand-driven partnerships for innovation** | ***Contributions (narrative):***   * Relevant stakeholders engaged |
| ***Expected results:***   * Communities: communities are engaged in all levels of decisions * Country-stakeholders (HIV Program) and Partners: regular standing meetings are conducted |

### **Description of Project Design: Outputs, Activities and Assumptions**

|  |
| --- |
| 3.1 Outputs, activities, assumptions |
| *Please describe the project design, outlining the activities, assumptions and dependencies to achieve the outputs stated in Project Plan section 2.*   * *For each Output, please provide a summary table of activities (list) before elaborating on each individual activity.* * *In the individual activity narratives, provide details including assumptions, dependencies, roles and responsibilities, stage-gates / milestones, as relevant.*   ***750 words max. (including all sub-sections)*** |

| **Output 1 summary table** |
| --- |
| **Activity name** |
| 1.1 XXX |
| 1.2 XXX |

Narrative:

1.1: XXX

1.2: XXX

*(Repeat for all outputs)*

### **Governance structure of the Project**

|  |
| --- |
| ***500 words max (including sub-sections)*** |

|  |
| --- |
| 4.1 Org chart / governance structure |
| *Provide a brief description (or chart/ graph if relevant) of the organizational and governance structure for the Project (including any consortium members, sub-grantees, advisory committees, service providers/ sub-contractors and/or project partners). Where relevant, systematic and/or formal engagement of key stakeholders, e.g. communities through community advisory boards and/or reps on other groups, should be embedded within the governance structure.* |
| 4.2 roles & responsibilities |
| *If applicable:*   1. *Describe how the Grantee will be responsible for oversight of implementation by any sub-grantees and consortium members and how the Grantee will ensure compliance by all relevant third party recipients with the terms of the Grant Agreement.* 2. *Describe the roles and responsibilities of each consortium member. Each consortium member should have a clearly defined role with clear objectives which contribute to achieving the Goal and Outcome.* |

### **Budget overview**

|  |
| --- |
| ***500 words max. (including all sub-sections)*** |

|  |
| --- |
| 5.1 Budget by output and expense group |
| 1. *Using the* ***BUDGET template (ANNEX 2)****, please provide the summary table budget by Output and Expense Group. Please ensure budget is compliant with Unitaid Financial Guidelines.* 2. *Below, please provide a succinct narrative supporting the budget breakdown, describing key budget assumptions and cost drivers as well as the main sources of budgetary information.* |

| **Summary Budget by Expense Group & Output** | **Output 1** | **Output 2** | **Output 3** | **Cross-cutting** | **Total** |
| --- | --- | --- | --- | --- | --- |
| Health commodities & health equipment\* |  |  |  |  |  |
| Procurement and supply chain |  |  |  |  |  |
| Travel related |  |  |  |  |  |
| External professional services |  |  |  |  |  |
| Equipment other than health |  |  |  |  |  |
| Communications materials and publications |  |  |  |  |  |
| Project staff |  |  |  |  |  |
| Other project expenses |  |  |  |  |  |
| Grant financial audit |  |  |  |  |  |
| General administrative expense |  |  |  |  |  |
| Total |  |  |  |  |  |

*\*(Lenacapavir procurement is being considered separately -see section 6- and should not be included here*

Narrative:

|  |
| --- |
| 5.2 Budget by output and consortium members |
| 1. *Please complete the table below which should align with Annex 2 Budget.* 2. *Please provide below a brief narrative supporting the budget breakdown by consortium members/output and articulating the key budget considerations in terms of the respective output contribution and roles of the different consortium partners. Please ensure that any small grants and/or other CCSE-related costs are clearly visible.* |

| **Summary budget by Output and Consortium Members** | **Lead Implementer** | **Consortium Member 1** | **Consortium Member 2** | **Consortium Member 3** | **Total** |
| --- | --- | --- | --- | --- | --- |
| Output 1 |  |  |  |  |  |
| Output 2 |  |  |  |  |  |
| Output 3 |  |  |  |  |  |
| Cross-cutting |  |  |  |  |  |
| Total |  |  |  |  |  |

Narrative:

|  |
| --- |
| 5.3 Co-funding |
| *Please provide below a brief narrative (by the sources/donors) on the main purpose of the co-funding to the project.* |

|  |  |  |
| --- | --- | --- |
| **Summary table by co-funding donor** | | |
| **Source** | **Amount** | **Notes** |
| Unitaid |  |  |
| Donor A |  |  |
| Donor B |  |  |
| Total |  |  |

Narrative:

### **Procurement**

|  |
| --- |
| *Please complete the table below. In instances where you do not know the purchasing price and/or supply conditions of the product yet, please provide only the factors you know (e.g. quantity of lenacapavir that will be required)*  *Provide a brief narrative summarizing the procurement approach for the health technologies that will be procured and the funding source(s) targeted and/or secured.*  ***500 words max.*** |

| **Summary table of procurement needs** | | | | |
| --- | --- | --- | --- | --- |
| **Product** | **Quantity** | **Unit of measure** | **Unit price** | **Total cost estimate** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### **Risk Management**

|  |
| --- |
| *Please articulate the risks that could inhibit success of the project and the strategies your organization will use to mitigate the risks. (Please describe up to five key risks)*  ***500 words max.*** |

| Type of risk | Risk description | Mitigation strategy |
| --- | --- | --- |
| Strategic risks  *(What key assumptions could change and put at stake the relevance of the Project to Unitaid?)* | *e.g. Changing market assumption affecting relevance of identified market problem or solution* |  |
| *e.g. Duplication of intervention with other stakeholder* |  |
|  |  |
|  |  |
|  |  |
| Implementation risks  *(What key assumptions related to the project delivery and/or external environment could change and put at stake the successful implementation of the Project?)* | *e.g. Delays or shortage of supply for procurement* |  |
| *e.g. Delays due to technical failure* |  |
| *e.g. Political instability* |  |
|  |  |
|  |  |
| Sustainability/Scalability risks  *(What key assumptions related to the sustainability of the proposed approach could change and put at stake the transition & scale-up?)* | *e.g. Non-identification of transition partner* |  |
| *e.g. Lack of funding for scale up* |  |
| *e.g. Weak evidence (e.g., clinical, operational, cost effectiveness) to justify the wider rollout and use of a health product or approach.* |  |
|  |  |
|  |  |

### **COMMUNITY AND CIVIL SOCIETY ENGAGEMENT (CCSE)**

|  |
| --- |
| *Unitaid considers working with communities and civil society a critical part of generating demand and strongly encourages adopting inclusive approaches, and the early and continued meaningful engagement of communities towards improving the lives and health of the most vulnerable people.*   * *What is your project’s overall strategy for engaging both communities and civil society and why are these engagement approaches important for this project?* * *Who are the community and civil society partners that are or will be engaged and how are they expected to contribute to the project’s areas of work and to scalability?* * *Highlight use of established mechanisms, partnerships, or networks. Where relevant, list global and national partners.* * *What are the proposed engagement activities for the project for each group (communities and civil society)? How will they work both separately and together in order to achieve the project outcomes?* * *List the expected outcomes, potential risks and challenges of this work.* * *Include community representation in proposed project groups (i.e. project inception communities, programme advisory committees etc.).*   ***500 words max.*** |

1. **Protocol for cost-effectiveness and impact studies:** Proponents are encouraged to share draft protocols, if available, for cost-effectiveness and impact studies. Submitted protocols will be reviewed only by external experts, under confidentiality, to assess alignment with the objectives of this Call for Proposals; no recommendations or review will be performed on such protocols. Submitting protocols at this stage is **not** a requirement but will help indicate readiness to implement rapidly. [↑](#footnote-ref-2)
2. [Unitaid Strategy: 2023-2027](https://unitaid.org/assets/Unitaid_Strategy_2023-2027.pdf) [↑](#footnote-ref-3)