Accelerating Progress Toward HIV Epidemic Control

An estimated 37 million people are living with HIV globally, yet only half have access to the treatment they need to live productive lives. With over a decade of experience accelerating the global response to HIV/AIDS, our network of health experts share a simple value: those who have the least deserve our best. We pursue a higher standard every day to help communities achieve long-term results toward HIV epidemic control.

Our Work
Progress against HIV requires integrated approaches that take into account the economic, sociocultural, political and environmental factors that contribute to the spread of the disease. As a multidisciplinary organization, we leverage our crosscutting in-house expertise to design innovative solutions that control the spread of HIV. Working hand-in-hand with national governments and communities, we build the capacity of partners to introduce, lead, and institutionalize HIV services in local contexts. The result is locally-driven, accessible, cost efficient, and sustainable approaches that prevent the spread of HIV/AIDS, and improve the lives of those infected around the world.

Strengthening Global Health Supply Chains to Procure, Deliver, and Monitor HIV Commodities
Through the USAID Global Health Supply Chain Program – Procurement and Supply Management (GHSC-PSM) project, we are working to ensure uninterrupted supplies of essential HIV commodities to save lives, improve lives, and achieve progress towards global 95-95-95 goals. GHSC-PSM provides technical assistance to ensure the procurement and delivery of vital commodities for HIV, including antiretroviral medicines, medicines to prevent and treat opportunistic infections, condoms, voluntary medical male circumcision kits, and viral load and early infant diagnosis reagents.

SUPPLY CHAIN ACHIEVEMENTS

- **417K**
  Number of people living with HIV/AIDS in Kenya WE SUPPORTED WITH ARVs

- **22**
  Number of countries we helped transition to the new FIXED-DOSE COMBINATION (TLD) as HIV patients’ first-line regimen

- **$534M**
  in ARVs for HIV TREATMENTS procured globally
To date, Chemonics has supported the direct procurement of HIV/AIDS commodities in 26 countries and provided health systems strengthening support with HIV/AIDS funding for 30 countries. We have delivered enough ARVs to provide 2.5 million person-years of HIV treatment globally. We use in-depth analysis of market dynamics to inform strategic contracts for major HIV/AIDS commodities and will continue to use market-based approaches to support local governments to achieve innovative, cost-effective, and efficient solutions for HIV services. In support of achieving epidemic control, we work with governments and other stakeholders to accurately forecast and quantify HIV rapid diagnostic test kits and self-test kit requirements, actively support the transition to the treatment combination tenofovir/lamivudine/dolutegravir (TLD) regimen, and optimize laboratory networks to scale-up viral load testing.

Developing a Strong Health Workforce

A strong health workforce is essential to reaching sustained control of the HIV epidemic. Through the USAID Human Resources for Health in 2030 (HRH2030) program, we are supporting countries as they develop a health workforce with the right skills in the right places to combat HIV/AIDS. Working closely with local governments, the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), and the Global Fund to Fight AIDS, Tuberculosis, and Malaria, we are helping countries assess the composition, workload, and functions of community-based workers to be able to understand how to create efficiencies, strengthen community-facility linkages, and identify ways to sustain the role of community-based workers in HIV service delivery. In Uganda and Cameroon, we piloted a user-friendly tool to help facility managers who are adopting “Test and Start” to maximize the use of their health workforce and to roll out differentiated service delivery models. In Tanzania, activities focus on assisting PEPFAR and the country determine how to sustainably transition donor-supported health workers to government systems.

Building Local Capacity for the HIV Response

At Chemonics, building the capacity of local stakeholders and communities to effectively respond to the HIV epidemic is a key tenet of our programming. We believe the pathway to achieving epidemic control of HIV/AIDS lies with increasing country ownership and shared accountability of the HIV response. This means ensuring local governments have the data, tools, information, health workforce, financing, and high-impact, evidence-based service delivery models needed to attain and effectively sustain the HIV response.

— In Malawi, which faces a critical shortage of health workers to support the more than one million Malawians who are HIV-positive, we are helping the government recruit, train, place, and then absorb into the national health budget nearly 300 health workers by 2020.

— In Uganda, we worked with local government ministries to strengthen the capacity of community-based organizations to achieve and sustain results in the country’s fight against HIV.

— Our work in Madagascar increased demand for and access to HIV/AIDS commodities and services through collaborating with local health authorities to form partnerships among the public health sector, private sector, civil society, and households.

CASE STUDY
Success in Botswana

In Botswana, we are supporting system-level adaptations to how HIV services are delivered to the people who need them. We support the government to adapt proven models of care to ‘deliver differently,’ closing critical health systems gaps, strengthening patient-centered care, and reducing the high-cost and burden associated with existing models of care. We are currently working with the government of Botswana to:

— Operationalize new models of differentiated service delivery
— Develop strategies and guidelines to better organize health workers for innovative service delivery models

— Conduct costing analysis to gather evidence to support policy decisions that strengthen service delivery and sustainability
— Spur targeted quality improvement methods to support community health workers to provide high-quality, patient-centered HIV care and prevention.