



PHOTO CREDIT: MOVING MINDS

When Grace Mathunda heard about index case testing through family testing days she decided that her other two children and husband should find out their HIV status as well. Her second son tested positive and her first child and her husband were negative. Mathunda's HIV-infected son was started on ART.

Since its peak in 2005, the rate of AIDS-related deaths has been cut by nearly half, falling from 1.9 million in 2005 to 1 million in 2016. Today, nearly 20 million people—more than half of all those living with HIV—are accessing lifesaving antiretroviral treatment (ART).¹ More countries are now paying for HIV treatment themselves. And new technologies—such as HIV self-testing, expansion of Pre-exposure Prophylaxis and Post-exposure Prophylaxis (PEP), and other biomedical prevention tools—hold promise to achieve the end of the AIDS epidemic.

Sustainable Prevention, Care, Treatment, and Management of HIV and AIDS

Strengthening health systems is the core of Management Sciences for Health's (MSH) response to HIV and AIDS. We build the capacity of public and private sectors worldwide to prevent, treat, and manage HIV and AIDS and build systems for health that deliver gender-responsive, high-quality HIV services that are adapted to the populations we serve. We build partners' abilities to more effectively manage their medicines, finances, and information and promote communities as the front line of disease prevention and response. Our technical teams guide policy reform by developing approaches to testing, care, and support that increase efficiencies and result in better person-centered care.

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ELIMINATING HIV AND AIDS

MSH is dedicated to expanding HIV prevention, care, and treatment to reach marginalized, hard-to-reach populations in the most affected countries. In 2016 alone, our work in four countries, Democratic Republic of the Congo (DRC), Uganda, Malawi, and Nigeria, helped:

1,535,664 individuals

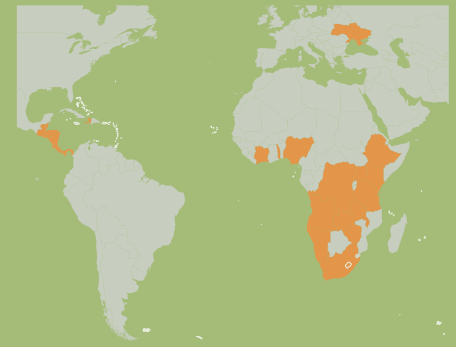
receive HIV testing and counseling services and learn their test results.

39,681 adults and children

enroll in ART for the first time.

271,634 adults and children

receive ART.



MSH HAS WORKED TO ELIMINATE HIV AND AIDS IN THE FOLLOWING COUNTRIES: Angola, Belize, Costa Rica, Cote d'Ivoire, DRC, El Salvador, Ethiopia, Haiti, Guatemala, Honduras, Kenya, Lesotho, Malawi, Namibia, Nicaragua, Nigeria, Panama, South Africa, Tanzania, Togo, Uganda, Ukraine, Zambia, and Zimbabwe

MSH works shoulder to shoulder with countries and communities to save lives and improve the health of the world's poorest and most vulnerable people by building strong, resilient, sustainable health systems. For more than 45 years in 150 countries, MSH has partnered with governments, civil society, the private sector, and thousands of health workers to expand access to medicines and services; improve quality of care; help prevent and control epidemics; support inspiring leadership and transparent governance; and foster informed, empowered, and healthier communities.



Stronger health systems. Greater health impact.

¹ Ending AIDS: progress towards the 90–90–90 targets, UNAIDS 2017

Working toward the 90-90-90 goals

To advance global targets that call for 90 percent of people living with HIV to know their status, 90 percent of those diagnosed to be on treatment, and 90 percent of those on treatment to be virally suppressed (90-90-90) by 2020, MSH works with partners to identify people living with HIV and help enroll them in treatment. Once people are on antiretrovirals (ARVs), we support their adherence to ART.

- In Malawi, **we used index case testing to successfully improve our efficiency** in reaching those affected by HIV. By focusing on partners and family members of HIV-positive individuals, we've increased the number of those tested. In support of Malawi's national strategy to identify people living with HIV and AIDS, **20,000 family members were tested in 90 facilities** from October 2016 to November 2017. This approach was key to identifying new HIV cases, and the **positive test rate (22 percent)** was much higher than the national average of 4 percent.
- **MSH-supported clubs for adolescents with HIV** have improved adherence to treatment. In Malawi, **1,550 adolescents (aged 10–19) were enrolled in teen clubs** at 18 supported facilities between January 2015 and July 2017. **Retention of ART among teen club members was 96 percent**, higher than in the general population (77 percent for adults and children after 12 months on ART). Teen club members (83 percent) were also more likely to suppress virally than non-members (69 percent not enrolled).

For more information about MSH's work on HIV and AIDS, please contact communications@msh.org.

Integrated, quality service delivery

MSH integrates sustainable and cost-effective HIV and AIDS services with our maternal and child health, family planning and reproductive health, tuberculosis, malaria, mental health, gender-based violence, and cancer screening and treatment services. We focus on improving a country's existing systems for prevention, community outreach, clinical services, and medicines and supplies for HIV-related programs to increase access to preventive care and lifesaving treatment.

- In **Uganda, Nigeria, and Angola**, MSH and our partners have worked to provide care for people experiencing gender-based violence. We mentor case managers, peer educators, counselors, and members of the local police force to identify signs of gender-based violence, and empower them as leaders in HIV care, so that referrals can be made to health facilities and other institutions. In Angola, in one year, our **HIV-prevention activities reached 15,390 female sex workers, men who have sex with men, and transgender people**.
- In **Malawi**, where 80 percent of cervical cancer cases are fatal, we have integrated cervical cancer screening with antenatal and HIV services to stem the tide of the top cancer killer of women in low-income countries. Between 2015 and 2017, more than **5,000 women were screened**.
- In **Democratic Republic of the Congo (DRC)**, as a result of our work, every health facility in the country that provides HIV services now offers integrated family planning. The percentage of women attending at least **four antenatal care visits increased from 9 to 56 percent** in 2017.

Improving use of data for decision-making

MSH builds public and private health-sector capacity to provide consistently available, quality HIV medicines by improving the collection and use of pharmaceutical supply chain data for forecasting and purchasing. We help countries develop health data collection systems to streamline reporting and improve accuracy.

- In **Uganda**, we worked with the ministry of health to strengthen the supply chain system through stronger policies, strategies, and implementation capacity, resulting in increased access to essential medicines. The **web-based ARV Ordering System** has significantly improved reporting rates from facilities and enhanced the visibility of site stock levels and consumption.
- In **Namibia, Togo, and seven other countries**, MSH pioneered the **Electronic Dispensing Tool (EDT)**, a cutting-edge information system that uses the patient as the focal point and captures critical information needed to make decisions about an individual's drug regimen, as well as stock inventory and aggregate patient statistics.

Transition and sustainability planning

To enhance national HIV program sustainability, MSH works with governments and civil society to ensure greater country ownership of HIV programs and greater local technical and financial management of national HIV activities.

- In **Nigeria**, MSH strengthened the country's public, private, and community sectors to **deliver sustainable HIV and AIDS and TB services at 41 treatment centers in five states**. Through MSH support, Kwara became the first state in Nigeria to budget for taking over services previously funded by the US President's Emergency Plan for AIDS Relief (PEPFAR).
- In **Panama**, we worked with the ministry of health and stakeholders to assess the long-term costs and benefits of implementing "test and treat." The recommendation, issued by the World Health Organization in 2015, expands ART eligibility to all people living with HIV, regardless of CD4 count, and recommends universal lifelong treatment. We assisted with modeling and financial analysis for anticipating costs, benefits, and returns of initiating test and treat. As a result, Panama was able to make the decision to **fully implement**.