

Although remarkable progress has been achieved in HIV control over the past three decades with significant advancements in treatment and prevention, HIV remains a complex global public health challenge. More than 39 million people are living with HIV today, requiring stable supplies of antiretroviral (ARV) medicines and chronic disease care, and incidence rates of new HIV infections are on the rise in some populations and locations. Closing equity gaps through local solutions and integrating HIV programs with primary health care based in strong health systems are crucial to achieving the ambitious Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 goals: 95% of people living with HIV (PLHIV) diagnosed, 95% of diagnosed PLHIV on antiretroviral therapy (ART), and 95% of PLHIV currently on ART virally suppressed.

For more than 50 years, Management Sciences for Health (MSH) has focused on the people at the heart of the health system—from health ministries to communities, private sector to civil society—in each environment in which we work, serving as trusted advisors to make foundational changes that support the whole health system. Since the early stages of the HIV and AIDS epidemic, MSH has used a health systems approach to enable local partners and communities deliver tailored, gender-sensitive, and high-quality services to vulnerable populations in countries across the globe. We foster approaches that help our partners more effectively manage their **medicines**, **finances**, **workforce**, and **information** and promote communities as the leaders of disease prevention and response.

I. https://cdn.who.int/media/docs/default-source/hq-hiv-hepatitis-and-stis-library/j0294-who-hiv-epi-factsheet-v7.pdf





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# WHERE MSH WORKS TO FIGHT HIV AND AIDS

Over the past few decades, MSH has worked with partners to introduce, scale, optimize, and sustain HIV and AIDS services and technologies in Africa (including Angola, Benin, Cameroon, Democratic Republic of the Congo, Ethiopia, Kenya, Madagascar, Malawi, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia) and Latin America (including Brazil, Guatemala, Haiti, and Panama), as well as Afghanistan, the Philippines, Vietnam, and Ukraine.

# INCREASING ACCESS TO ARVS

Through the USAID Strengthening Supply Chain (SSCS) Activity, MSH worked with the Government of Uganda to enhance supply chain coordination and planning, develop and implement strategic plans, strengthen capacity of medicines and therapeutics committees, and improve the electronic logistics management information system. As a result, ARV availability in National Medical Stores increased from 76% to 93%. These measures also enabled the US President's Emergency Plan for AIDS Relief (PEPFAR)supported health facilities in Uganda to dispense over 19 million ARV bottles to patients over 12 months, up from 5 million in the previous year. Public pharmacies also improved their engagement in multimonth dispensing. Of Tenofovir Disoproxil, Lamivudine, and Dolutegravir (TLD) ARV packs dispensed by health facilities, 87% are 90-day packs (as opposed to 30-day packs), increased from 59% one year earlier.



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# STRONG LOCALLY LED SUPPLY CHAINS

In **Ukraine**, with support from USAID, MSH is helping ensure **last-mile availability of HIV**, **TB**, and hepatitis medicines, even in **conflict areas**, while supporting long-term **supply chain**, procurement, and regulatory reforms.

#### SUSTAINABLE FINANCING

In **Cameroon**, with USAID/PEPFAR support, MSH is supporting the government to include HIV prevention and treatment services in the national universal health coverage (UHC) program launched in April 2023, ensuring sustainable financial coverage of services for PLHIV and those at risk. As of March 2024, more than **267,000** PLHIV have enrolled, reaching **60%** of the target for phase I of Cameroon's UHC program rollout.

# INNOVATIONS BROUGHT TO SCALE

In Haiti, through the Reaching Impact, Saturation, and Epidemic Control (RISE) project, we partnered with the AIDS Control Program and Faculté de Médecine et de Pharmacie de l'Université d'Etat d'Haïti, the leading medical university, to create a training manual for service providers that addresses topics such as stigma and discrimination, interpersonal communication for HIV and AIDS care providers, adapting service delivery to the needs of PLHIV, and human rights in HIV contexts. By close in 2023, the AIDS Control Program adopted the person-centered HIV curriculum into national guidelines, and the university integrated it into the standard curriculum, ensuring that Haiti's health workforce will be trained on person-centered principles during pre- and in-service training into the future.

# INTEGRATED, PERSON-CENTERED SERVICES

In **Malawi**, we helped reach more than **2.1 million people** in hard-to-reach areas, including more than **305,000** adolescents and youth, with HIV and AIDS counseling and testing and other essential health services, through integrated health outreach clinics.

As a global leader in health financing, health systems strengthening, and pharmaceutical and supply chain systems strengthening, MSH partners with countries to adapt science-based solutions for local health system challenges that will sustain the delivery of equitable, high-quality, people-centered primary health care. These principles are crucial to sustaining effective HIV and AIDS treatment and prevention programs.

### **Strong Locally Led Supply Chains**

A robust HIV and AIDS response requires that people have reliable access to medical products such as tests and treatments no matter where they live. A strong health and pharmaceutical system that includes an efficient supply chain ensures this lifesaving access. MSH has strengthened supply chain and commodity management systems in dozens of countries via 12 multi-country and 5 bilateral supply chain and commodity management projects and laboratory systems. Recently awarded an indefinite delivery, indefinite quantity (IDIQ) contract under USAID's Global Health Supply Chain NextGen Comprehensive Technical Assistance, MSH is poised to continue helping countries strengthen their pharmaceutical supply chains.

### **Sustainable Financing**

A sustainable HIV and AIDS strategy requires integrating cost-effective prevention, care, and treatment services into broader primary health care and UHC efforts. MSH works to support countries in their self-determined path to UHC by strengthening institutions and processes to mobilize resources for health and to spend them more effectively through health technology assessments, costing, and strategic priority setting.

### A Capable, Person-Centered Health Workforce

A health system that is responsive to the unique needs of PLHIV relies on caring, well-trained, sensitive health care providers. Whether working with a ministry of health to develop a comprehensive health workforce task-sharing plan, regulatory framework, and continuing professional development modules or strengthening the leadership development of management teams, MSH is ensuring that today's health workforce is equipped to lead the way in advancing progress toward the 95-95-95 goals.

### **Integrated, Person-Centered Services**

Effective HIV and AIDS prevention and response cannot take place in a silo. Integrating HIV and AIDS into primary health care, where appropriate, and addressing comorbidities such as TB is the best way to reach clients with the range of comprehensive services they may need, when and where they need them.

For more information about MSH's work in xxx, visit www.msh.org or email us at