

The Next **GENERATION** Response

A Compendium of Abt Associates' Work in HIV and AIDS Worldwide





The Next Generation Response

Abt Associates is unwavering in its commitment to meaningfully respond to the tragic, ever-shifting HIV epidemic both at home and abroad. For nearly three decades, we have delivered rigorous research findings, bold, original thinking, effective interventions, and systematic program evaluations. Ever mindful of the social urgency of preventing and controlling the spread of the disease, **Abt's work supports the humanitarian goal of enhancing the wellbeing of people living with HIV and AIDS.**

Our responses to the epidemic cover a broad spectrum of activities—from identifying and locating previously undiagnosed HIV-positive men who have sex with men and getting them tested and into care, to strengthening health systems that support HIV prevention and AIDS treatment programs, to linking persons in jail to medical care and ancillary services in their communities, to assessing the effectiveness of a rapid HIV testing model available in community pharmacies.

As the challenges of the HIV epidemic have mounted, Abt has worked even harder to lessen the painful impact on individuals and communities, reduce its spread, and provide hope for the future.

A list and description of our current and recent HIV and AIDS projects can be found on the following pages.



STROKE
HEALTHCARE

- 1. What is the most common cause of stroke?
- 2. What is the most common cause of stroke?
- 3. What is the most common cause of stroke?
- 4. What is the most common cause of stroke?
- 5. What is the most common cause of stroke?



Any risk, however small,
is standing up against HIV.
We're staying strong and informed.
We get tested.

Let us help you understand better how you
can protect your health.



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Program Design and Evaluation

Ryan White HIV/AIDS Program Outcomes within the Context of the ACA

PROJECT DIRECTOR: Michael Costa

FUNDING AGENCY: Health Resources and Services Administration (HRSA)

The United States is undergoing dramatic changes in its health care system. For people living with HIV/AIDS, the Affordable Act (ACA) has increased the options for health care coverage and people living with HIV/AIDS must now navigate a more complex health care system. Abt, together with its partners, is conducting a study to evaluate the effect of the ACA on the health outcomes, service utilization, and gaps in care for HIV-positive persons. The study, conducted from 2015 through 2017 will assess how Ryan White HIV/AIDS

Program provider sites meet the needs of clients under the variety of health care coverage options and their effect on the health care needs of persons living with HIV/AIDS. The study will utilize data from medical records, provider interviews and site surveys and build upon a prior study assessing the effect of the ACA on health care outcomes for people living with HIV/AIDS.

Scaling-Up HIV testing Among African American and Hispanic MSM: The MSM Testing Initiative (MTI)

PROJECT DIRECTOR: Chanza Baytop

FUNDING AGENCY: Centers for Disease Control and Prevention (CDC)

In the United States, men who have sex with men (MSM), and particularly minority MSM, have the highest rates of HIV. In an effort to address this critical public health issue, the CDC funded Abt (2011 – 2015) to provide HIV testing and linkage

services throughout the United States. In this four-year project begun in 2011, Abt and our academic and research partners and more than 20 community based organizations provided HIV testing and linkage services to reach more than 70,000 men who have sex with men, diagnosed 2,200 men with previously undiagnosed infection, linked more than 1,500 men into care, and assessed the cost effectiveness of different testing strategies. As part of this initiative, Abt and our partners used five distinct and innovative approaches including: venue based testing strategies; in-home internet-based testing; a couples HIV counseling and testing component; a social network strategy; and large scale community testing events. This project will assist CDC in identifying best practices for HIV testing and linkage.

Assessing Emerging Issues Related to ACA Implementation: The Future of Ryan White Services: A Snapshot of Outpatient Ambulatory Medical Care

PROJECT DIRECTOR: Michael Costa

FUNDING AGENCY: Health Resources Services Agency (HRSA)

This study assessed the status of Ryan White HIV/AIDS Program (RWHAP) services during the early and later stages of implementation of the ACA. This research involved sampling 30 Ryan White provider sites, analyzing service utilization and clinical outcomes data, and conducting interviews with clinical and other care providers to assess the impact of the ACA on RWHAP providers and their Ryan White clients. Abt's study (2013 – 2015) was designed to help HRSA better understand the programs and services provided to people with HIV and how these programs are affected by the ACA.

SAMHSA HIV/AIDS Evaluation

PROJECT DIRECTOR: Liza Solomon

FUNDING AGENCY: Substance Abuse and Mental Health Services Administration (SAMHSA)

Research has shown that individuals with behavioral health problems, including mental health issues or alcohol or drug dependency are at increased risk for HIV. To address this issue, SAMHSA promoted the implementation and delivery of integrated HIV, substance use, primary care, and mental health treatment and prevention systems to reduce the impact of HIV/AIDS in the metropolitan statistical areas (MSA's) most impacted by HIV/AIDS. In support of this effort, SAMHSA initiated the Minority AIDS Initiative Integrated Behavioral Health and Primary Care Network Cooperative Agreement (MAI-TCE) Program. The program facilitated the development and expansion of culturally sensitive and effective integrated behavioral health and primary care service networks that offer HIV services and medical treatment in 11 of the 12 U.S. cities most heavily impacted by HIV/AIDS. Abt was awarded a four year contract to evaluate the implementation and effectiveness of the MAI-TCE program (2011 – 2015). The goals of the project were to ensure that individuals who are at high risk for or already have a mental and/or substance use disorder, and who are most at risk for or are living with HIV/AIDS, obtained access to and received appropriate services, including HIV testing, prevention, and treatment.

SAMHSA HIV/AIDS Consolidated Evaluation

PROJECT DIRECTOR: Douglas Fuller

FUNDING AGENCY: Substance Abuse and Mental Health Services Administration (SAMHSA)

Individuals with behavioral health problems, including mental health issues or alcohol or drug dependency are at increased risk for HIV. However, many HIV/AIDS and behavioral health programs do not coordinate their services across care providers, which may increase the barriers individuals face in obtaining the services they need. To address this issue, SAMHSA is promoting the delivery of integrated treatment and prevention systems across 152 grantees providing HIV/AIDS care through the Targeted Capacity Expansion (TCE-HIV) and the Continuum of Care (CoC) programs. The expected outcomes for these programs are reducing the impact of behavioral health problems, HIV risk and incidence, and HIV-related health disparities in minority communities. Abt has been awarded a four-year contract (2015 – 2019) to conduct a comprehensive multi-site evaluation of the implementation and effectiveness of these programs. In addition, Abt is conducting an evaluation of a pilot of the Violence Intervention to Enhance Lives (VITEL) Supplemental Grant Program. The goals of the VITEL program are to facilitate positive change through the reduction of intimate partner violence, substance use, and HIV risk behaviors among racial/ethnic women offered services through TCE-HIV programming. The evaluation will provide important data on the impact of intimate partner violence and its relationship to risk behaviors associated with HIV and substance use.



Qualitative Inquiry Methods to Understand Issues in HIV Prevention, Care, and Treatment Experienced by HIV Care Providers

PROJECT DIRECTOR: Cynthia Klein

FUNDING AGENCY: Centers for Disease Control and Prevention (CDC)

Undiagnosed and untreated HIV infections remain critical challenges in efforts to address the HIV epidemic in the United States. HIV care providers play an important role in improving health outcomes of HIV-positive patients at all stages of the continuum of care. Abt, in partnership with Atlas Research, conducted a qualitative research project with HIV care providers (2013 – 2015) to better understand the issues they experience in providing HIV care and treatment to populations at greatest risk for HIV. The findings highlighted the importance of understanding and treating patients holistically. Improving support systems and patients' abilities to navigate these systems may enhance patient engagement in care. The results also illustrate the importance of the role of providers in effectively reducing the gap in continuous and consistent HIV care and treatment.

Barriers and Facilitators to HIV Prevention, Care and Treatment Among Transgender Women

PROJECT DIRECTOR: Alex Mijares

FUNDING AGENCY: Centers for Disease Control and Prevention (CDC)

Although HIV incidence is higher among transgender women than other populations, little research has been conducted to understand the unique complexities surrounding transgender women's experiences related to HIV prevention, care, and treatment. This qualitative study (2015 – 2017) aims to 1) increase comprehension of barriers and facilitators experienced by transgender women at an individual, interpersonal and structural level; and 2) increase comprehension of the role that healthcare providers can play in engaging transgender women in protective behaviors and HIV care. Abt, in partnership with Atlas Research, will conduct in-depth interviews with 20 HIV positive transgender women, 20 HIV negative transgender women and 10 healthcare providers in Atlanta, Baltimore and Washington, D.C. to better understand the HIV risk and protective factors of this population.



Link Into Care Study (LINCS)

PROJECT DIRECTOR: Liza Solomon

FUNDING AGENCY: National Institute on Drug Abuse (NIDA)

HIV positive individuals who are released from corrections are at increased risk for disruptions in HIV care that can jeopardize their health and contribute to HIV transmission. This NIDA funded project, a collaboration between Abt and Miriam Hospital of Providence, Rhode Island, seeks to determine the level and adequacy of linkage to HIV care for HIV-positive individuals recently released from incarceration. The study, conducted from 2010 through 2016, is examining linkage to care following incarceration and exploring ways to create a national system to monitor linkage to care following release from incarceration.

LEAP: A Case Study of Local Jurisdiction Providing HIV Services for MSM

PROJECT DIRECTOR: Alex Mijares

FUNDING AGENCY: Centers for Disease Control and Prevention (CDC)

The purpose of the Local Effectiveness Assessment Project (LEAP) is to increase understanding of local jurisdictional trends and needs for HIV prevention among men who have sex with men (MSM). Our team conducted a pilot case study to better comprehend successes, challenges, and possible solutions that would improve the HIV epidemic among MSM in a single jurisdiction with proportionately high HIV rates (study conducted from 2014 – 2016). In partnership with Atlas Research, we conducted key-informant interviews at the public policy level (e.g., HIV control program staff), community level (e.g., staff working in CBOs that serve MSM), and individual/social network levels (e.g., HIV-positive MSM).

Along with this, our team conducted structured observations of local dating websites and HIV prevention events to geo-map these data to the provision of HIV testing services and local HIV epidemiological data. Results from the triangulation of interview and mapping data results suggest that there are notable areas in which MSM are engaging in high risk behaviors, yet these areas were not being prioritized or few HIV prevention and testing efforts were taking place in these areas.

Evaluation and Support Center for the Initiative on Enhancing Linkages to HIV Primary Care in Jail Settings

PROJECT DIRECTOR: Liza Solomon

FUNDING AGENCY: Health Resources and Services Administration (HRSA)

Incarcerated individuals are significantly more likely to be infected with HIV than the general population. This Special Project of National Significance (SPNS) Program of HRSA's HIV/AIDS Bureau, supported the evaluation of 10 demonstration sites whose goal was to increase the number of HIV-infected persons identified in jails, and link them to HIV care and other social services while in jail and in the community after their release. The Evaluation and Support Center (ESC) was a collaboration between Abt and Emory University's Rollins School of Public Health. The ESC analyzed data on program services as well as client characteristics and health outcomes (project conducted from 2006 through 2012). This initiative demonstrated the feasibility of providing voluntary HIV testing in jails, and in successfully linking individuals to care following release from incarceration.



Training and Capacity-Building Activities

Health Policy Initiative (HPI) in Vietnam

PROJECT DIRECTOR: Theodore Hammett; Gioi Tran
FUNDING AGENCY: U.S. Agency for International Development (USAID)

USAID's Health Policy Initiative (USAID/HPI) in Vietnam was a five-year project (2008 – 2013) funded under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and implemented by Abt in partnership with the government of Vietnam, civil society organizations, and other stakeholders. Objectives were the adoption of sustainable HIV/AIDS laws, policies, and programs based on scientific evidence and international best practice that protect the rights of all and draw on the growing capacity of civil society and people living with HIV/AIDS.

USAID/HPI carried out diverse legal and policy development tasks working with government and stakeholders to develop legal documents on HIV/AIDS and related topics of drug control/treatment, sex work, and the role of civil society. The project assisted the government of Vietnam in developing their Renovation Plan moving away from detention and compulsory detoxification of drug users toward a system of voluntary, community, and evidence-based drug treatment. USAID/HPI supported legal assistance for people who experience HIV/AIDS-related discrimination, which was integrated into existing general-purpose legal aid programs. Activities also included monitoring implementation of the HIV/AIDS law including development of national survey-based estimates of prohibited discriminatory acts. The project contributed to developing a supportive legal and policy framework for Vietnam's first 100% condom use program for sex workers in entertainment establishments.

4th Sector Health: Alliances and Exchanges in Latin America and the Caribbean

PROJECT DIRECTOR: Elizabeth Macgregor-Skinner
FUNDING AGENCY: U.S. Agency for International Development (USAID)

4th Sector Health, funded by USAID's Latin America/Caribbean Regional Bureau (2007 – 2013), promoted and developed public-private partnerships and strengthened local capacity in health through south-to-south exchange. The project brokered partnerships between multinational and national corporate entities, business associations, and local implementing organizations to leverage corporate and USAID funding bringing additional resources and solutions to health issues of the poor. 4th Sector Health developed 10 regional alliances in 14 countries with partners such as Green Mountain Coffee Roasters, Proctor and Gamble, Johnson & Johnson, Ericsson, and Claro. The project leveraged more than \$18 million in additional resources from 21 corporate partners, which benefitted and built capacity of more than 730 local institutions in the region. The project worked with corporate HIV councils to strengthen HIV workplace programs among four multinationals in Mexico, and engaged greater corporate participation in the region by promoting dialogue on HIV among companies at regional HIV conferences.

Locations of Abt Associates' Work in HIV and AIDS

Abt in the Americas

Program Design and Evaluation

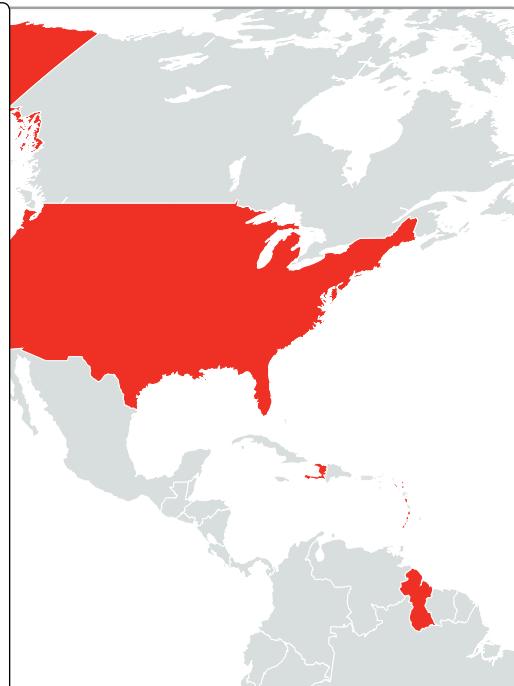
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Training and Capacity-Building Activities

- 4th Sector Health: Alliances and Exchanges in Latin America and the Caribbean
- Strengthening and Improving the HIV Care Continuum within Ryan White HIV/AIDS Program (RWHAP) Part A Jurisdictions
- HIV/AIDS Bureau Technical Assistance Center
- Data and Reporting Technical Assistance
- Technical Assistance and Support for Global HIV/AIDS Monitoring and Evaluation Activities
- Federal Black MSM Inventory: HIV/AIDS and Viral Hepatitis
- Minority Serving Institutions' (MSI) HIV/AIDS Demonstration Initiative and Sustainability Project
- Staff Development, Training, and Technical Assistance Contract for the Ryan White HIV/AIDS Program

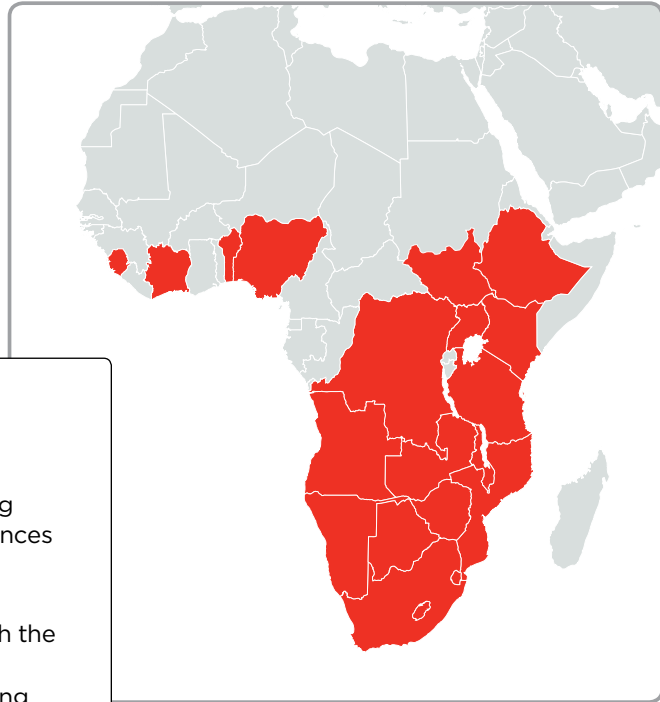
Strengthening Health Systems and Delivering Products and Services

- Strengthening Health Outcomes through the Private Sector
- Health Finance and Governance (HFG) Project
- Health Systems 20/20 (HS 20/20)



The Next **GENERATION** Response

Photo by Jessica Scranton



Abt in Africa

Strengthening Health Systems and Delivering Products and Services

- Clinical HIV/AIDS Services Strengthening Project in Sofala, Manica, and Tete Provinces
- Ethiopia Private Health Sector Program
- Health Systems 20/20
- Strengthening Health Outcomes through the Private Sector
- Zambia Integrated Systems Strengthening Program
- Health Finance and Governance Project
- Cross-Border Health Integrated Partnership Project
- Strengthening Health Outcomes through the Private Sector Cote d'Ivoire
- Sustaining Health Outcomes through the Private Sector (SHOPS) Plus
- Clinical and Community HIV/AIDS System Strengthening Project
- Strengthening High Impact Interventions for an AIDS-Free Generation

Abt in Central and Southeast Asia

Training and Capacity-Building Activities

- Health Policy Initiative in Vietnam

Strengthening Health Systems and Delivering Products and Services

- Health Systems 20/20
- Strengthening Health Outcomes through the Private Sector
- Quality Health Care Project for Central Asia
- Health Finance and Governance Project



Strengthening and Improving the HIV Care Continuum within Ryan White HIV/AIDS Program (RWHAP) Part A Jurisdictions

PROJECT DIRECTOR: Michael Costa

FUNDING AGENCY: Health Resources and Services Administration (HRSA)

Although more individuals with HIV infection are receiving HIV testing and access to treatment, individuals throughout the HIV care continuum experience disruptions in care. Abt, together with its partners and expert consultants, will develop a virtual learning collaborative to provide training and technical assistance to support Ryan White funded Part A jurisdictions. This project which will be conducted from 2016 through 2019, will develop tailored, innovative approaches to improve population health and specific HIV outcomes throughout the HIV care continuum.

HIV/AIDS Bureau Technical Assistance Center (HABTAC)

PROJECT DIRECTOR: Jennifer Davis

FUNDING AGENCY: Health Resources and Services Administration (HRSA)

Agencies providing services for people living with HIV/AIDS must constantly assess and refine their programs to ensure that their programs are providing the highest level of care. To assist these agencies, Abt, in partnership with Global Evaluation & Applied Research Solutions (GEARS), Inc., evaluated the technical assistance (TA) provided to Ryan White HIV/AIDS Program grantees through the HABTAC. The objectives of the evaluation (2010 – 2014) were: to assist the agency in implementing continuous quality improvement for the TA services provided; determine

grantees' ability to identify and focus their TA requests; determine the grantees' response to the individual consultants providing TA; assess the level and quality of the TA provided; and document the effect the TA had on grantee program operations. To facilitate rapid assessment and response to the evaluation results, Abt developed a web-based dashboard reporting system that allowed federal funders to monitor the on-site TA evaluation results in near "real time."

Data and Reporting Technical Assistance (DART)

PROJECT DIRECTOR: Michael Costa

FUNDING AGENCY: Health Resources and Services Administration (HRSA)

Abt, in collaboration with Cikatelli Associates, provides training and technical assistance to Ryan White HIV/AIDS Program grantees, HIV/AIDS Bureau (HAB) staff, and state agency staff to support HRSA/HAB's Ryan White Services Reporting (RSR) and AIDS Drug Assistance Program Data Reporting (ADR) system (2008 through 2019). This system is the primary data collection and reporting mechanism for HAB's nationwide network of grant recipients that provide HIV care services and medications. Abt built upon its experience supporting HAB in the development of the RSR. The DART Team provides multiple webcast presentations for all Ryan White grantees and providers and conducts in-person trainings for all Ryan White project officers and division staff.

Technical Assistance and Support for Global HIV/AIDS Monitoring and Evaluation Activities

PROJECT DIRECTOR: Ted Hammett

FUNDING AGENCY: Centers for Disease Control and Prevention (CDC)

Increasingly, PEPFAR supported countries are required to conduct robust monitoring and evaluation to meet the requirements for strategic information. Abt is providing technical advice, assistance, and training to support CDC initiatives with planning, monitoring, and evaluating global HIV/AIDS activities and programs (project conducted from 2015 through 2016). Abt is working to build the capacity of in-country staff to better conduct M&E and strategic planning of their PEPFAR-funded HIV/AIDS programs. Additionally, Abt is responding to headquarters-, regional-, and country-specific requests for strategic information. Such requests include: offering technical support in the development, review, and analysis of agency; and interagency Country Operational Plans (COP), Semi-Annual Program Results (SAPR) and Annual Program Results (APR).

Federal Black MSM Inventory: HIV/AIDS and Viral Hepatitis

PROJECT DIRECTOR: Alex Orr

FUNDING AGENCY: U.S. Department of Health and Human Services (HHS) Office of HIV/AIDS and Infectious Disease Policy (OHAIDP)

For the Office of HIV/AIDS and Infectious Disease Policy, Abt, in partnership with Atlas Research developed an inventory of federal HIV and viral hepatitis activities focused on or serving black men who have sex with men (MSM). The goal of this project which was conducted from 2014 through 2015, was to create a comprehensive inventory and descriptive analysis of all recent federal HIV/AIDS and viral hepatitis programs, initiatives,

policies, research, and activities serving or significantly impacting black gay, bisexual, or other MSM. By creating such an inventory, Federal officials and other stakeholders are able to access current resources and promote new efforts where needed. Additionally, through the process of conducting the inventory, information about best or promising practices for averting new HIV or viral hepatitis infections or improving treatment and care outcomes for these men will be available.

Minority Serving Institutions' (MSI) HIV/AIDS Demonstration Initiative and Sustainability Project

PROJECT DIRECTOR: Liza Solomon

FUNDING AGENCY: U.S. Department of Health and Human Services (HHS) Office of HIV/AIDS and Infectious Disease Policy (OHAIDP)

Minority youth are increasingly vulnerable to HIV/AIDS, and few programs target this population on college campuses. In order to advance new strategies to increase HIV prevention activities for minority youth, HHS/OHAIDP awarded a three-year contract (2009 – 2012) to Abt to administer the MSI HIV/AIDS Prevention Sustainability Demonstration Initiative. Abt, in partnership with the National Minority AIDS Council and the National Native American AIDS Prevention Center, provided training and technical assistance to minority serving institutions to increase their capacity to address the sexual health needs of minority college and university students, and encourage and promote new partnerships for HIV prevention activities. Funded MSIs included four Historically Black Colleges and Universities, one Hispanic Serving Institution, and two Tribal Colleges. Additionally, as part of this initiative, Abt supported OHAIDP in activities designed to advance implementation of the National HIV/AIDS Strategy.



Clinical HIV/AIDS Services Strengthening Project in Sofala, Manica, and Tete Provinces (CHASS-SMT)

PROJECT DIRECTOR: Mario Almeida
FUNDING AGENCY: U.S. Agency for International Development (USAID)

The five-year CHASS-SMT Project (2011 – 2015), led by Abt, aimed to improve HIV clinical services in Sofala, Manica, and Tete provinces in Mozambique within a strengthened comprehensive primary health care system.

USAID/Mozambique tasked CHASS-SMT with pivoting support to the HIV and AIDS response in the Mozambique's central provinces from an emergency response under the President's Emergency Plan for AIDS Relief (PEPFAR) I, to focus on improving sustainability by strengthening local health systems under PEPFAR II.

CHASS-SMT worked to strengthen Mozambican health systems and institutional capacity to provide high-quality services; improve integration of HIV and related primary health care services and linkages between the community and the health system; increase demand, use, and provision of high-quality HIV services; and increase coverage of HIV care and treatment and prevention of mother to child transmission (PMTCT) services. CHASS-SMT achieved these objectives by implementing a district-focused approach, strengthening District Health Directorates' capacity to manage and provide quality health services. The project provided technical and material assistance to strengthen management of key district and facility functions, such as human resources, financial management, supply chain and logistics, health information, community outreach, and service delivery.

Primary life-of-project achievements include:

- Opening 129 new antiretroviral therapy (ART) sites
- Placing 162,707 new patients placed on ART, of which 16,700 (10%) are children
- Placing 101,253 new HIV+ pregnant women on elimination of mother-to-child transmission treatment
- Recovering 41,223 lost-to-follow-up patients back into ART through active outreach
- Raising the percent of TB/HIV+ patients on ART from 22 to 81.

Staff Development, Training, and Technical Assistance Contract for the Ryan White HIV/AIDS Program

PROJECT DIRECTOR: Michael Costa
FUNDING AGENCY: Health Resources and Services Administration (HRSA)

The goal of this project was to create a Training and Technical Assistance Institute to support the professional development of HRSA's HIV/AIDS Bureau (HAB) staff. From 2010 through 2013, Abt built upon its own expertise, as well as that of its partner consultants, to develop a Community of Practice and Learning (CPL) that employed an integrated training curriculum designed to enhance HAB staff expertise. Areas of training included organizational transformation, leadership and management skills, and specific HIV-related content areas. The CPL served as the framework for delivering training and technical assistance events and supported the professional development of HRSA staff.



Strengthening Health Systems and Delivering Products and Services

Health Systems 20/20 (HS 20/20)

PROJECT DIRECTOR: Ann Lion

FUNDING AGENCY: U.S. Agency for International Development (USAID)

HS 20/20 was USAID's flagship project for strengthening health systems worldwide for six years (2006 – 2012). By supporting more than 50 countries to improve their health financing, governance, operations, and institutional capacities, HS 20/20 helped eliminate barriers to the delivery and use of priority health care, including HIV/AIDS services. To boost health system performance, HS 20/20 HIV/AIDS-specific project activities included:

1. HIV/AIDS Program Sustainability Analysis Tool (HAPSAT). HAPSAT was developed and used in 14 countries to assess the financial and human resources required to deliver, sustain, and/or scale up a comprehensive portfolio of HIV/AIDS services, thus assisting governments and donors with the development of HIV/AIDS policies and implementation plans. In Guyana, HAPSAT data served as a resource for the implementation of the PEPFAR Partnership Framework and guided development of efficient utilization strategies of health workers providing HIV/AIDS services.
2. Costing of national strategic plans for HIV/AIDS. HS 20/20 assisted six countries to cost their national strategic plans for HIV/AIDS helping to translate broad strategic objectives into specific targets and activities to which unit costs could be attached. In Angola and Papua New Guinea, this costing supported Round 10 Global Fund proposals, which were ultimately approved for a combined total of \$119 million over five years.

3. Output-based Financial Reporting (OBFR) methodology. As a part of the project's costing work, HS 20/20 developed the OBFR methodology to help funders and implementers of HIV programs understand the specific services delivered and how much these services cost per unit. The OBFR methodology enables stakeholders to routinely carry out costing analyses and utilize results to monitor efficiency. In Mozambique, the Abt-supported OBFR supported refinement of the national strategy and provided deep insights into the efficiency of using alternative program structures and the costs of capacity building.

Health Finance and Governance (HFG) Project

PROJECT DIRECTOR: Bob Fryatt

FUNDING AGENCY: U.S. Agency for International Development (USAID)

A flagship project of USAID's Office of Health Systems, HFG is a five-year (2012 – 2017), global project designed to improve health finance and governance systems in partner countries, leading to expanded access to health care and improved health outcomes. In the area of HIV/AIDS, HFG recognizes that many countries have witnessed significant reductions in the disease burden as a result of international support, and yet face another impending challenge: the significant decrease in funding from international donors. In collaboration with USAID's Office of HIV/AIDS, missions and country partners, the HFG Project supports partner countries to lead, manage, coordinate, and increasingly finance the efforts needed to achieve an AIDS-free generation, and meet the new mandates of the global HIV community like the 90-90-90 goals.



Photo by Melinda Ojermark

In Botswana, Vietnam, Namibia, and Nigeria, the HFG Project is helping to improve financial sustainability through domestic resource mobilization and increasing efficiencies of national HIV/AIDS programs. HFG works with national governments and partners to:

- Examine how to expand fiscal space and develop transitional financing plans
- Develop HIV/AIDS resource mobilization strategies
- Generate costing data for HIV/AIDS services
- Conduct efficiency and cost effectiveness studies of existing service delivery models
- Support these countries to pursue grants from international financing institutions, such as the Global Fund.

In Kenya and Tanzania, the HFG Project is helping to improve understanding of the cost and benefits of new and emerging technologies, such as:

- Viral load testing at point-of-care
- Integrated service delivery models, which aim to improve efficiencies and reduce the burden of HIV/AIDS for women and couples.

Ethiopia Private Health Sector Program (PHSP)

PROJECT DIRECTOR: Tesfai Gabre-Kidan (PHSP)

FUNDING AGENCY: U.S. Agency for International Development (USAID)

The Private Health Sector Program (PHSP), (2009 – 2015) funded by the President's Emergency Plan for AIDS Relief (PEPFAR) through USAID and implemented by Abt, worked in collaboration with both the public and private health sectors in Ethiopia. The overarching goal of the project was to enable the Federal Ministry of Health (FMOH) and Regional Health Bureaus (RHBs) to effectively partner with private sector health providers to deliver public health services previously delivered only by public sector providers, while improving the quality and affordability of these services for Ethiopians.

PHSP's engagement with the private sector resulted in improvements in access to key public health services including comprehensive HIV care. Through public-private partnership, PHSP enhanced the availability and quality of HIV and AIDS services. Over the life of the program, PHSP supported 327 private facilities to counsel and test 1,345,810 clients, and enrolled 7,263 HIV-positive individuals in chronic HIV care.

Ethiopia Private Health Sector Program (PHSP)

PROJECT DIRECTOR: Mesfin Haile Teferi
FUNDING AGENCY: U.S. Agency for International Development (USAID)

The Private Health Sector Project (2015 – 2020), funded by USAID, builds on and continues the successes of PHSP. The project's overarching goal is to contribute towards the mitigation of impact of diseases of public health importance in Ethiopia. To achieve this, the project works to sustainably expand services provided by an increasing number of private sector providers, improve their quality, and strengthen support and oversight of the private sector by both government and private sector associations.

To scale the provision of comprehensive HIV care in the private sector, PHSP is supporting private providers with the identification of new sites for the provision of ART, training, and on-site-and-in-service mentoring for continuous quality improvement. This will help reduce the burden of care on public sites, and strengthen opportunities for cross sector referrals. By working closely with the FMOH, RHBs, Private Health Facility Associations, and private clinic owners, the project is supporting private health facilities in PEPFAR target regions to deliver quality HCT, PMTCT, and ART services, and will ultimately reach over one million people with HIV testing and thousands with care and treatment. The project is also working to increase access to resources for private health facilities providing HIV/AIDS services by supporting a Development Credit Authority loan guarantee, and conducting operational research and strengthening the use of data for decision-making to improve program effectiveness.



Photo by Jessica Scranton

Strengthening Health Outcomes through the Private Sector (SHOPS) Cote d'Ivoire Private Sector Health Project

PROJECT DIRECTOR: Caroline Quijada
FUNDING AGENCY: U.S. Agency for International Development (USAID)

The Private Sector Health Project (PSHP) in Cote d'Ivoire is a five-year (2015 - 2020), USAID-funded project led by Abt that aims to increase the reach and capacity of the private provider network piloted under the previous project, Strengthening Health Outcomes through the Private Sector (SHOPS) from 2014 – 2015. The PSHP private provider network includes 33 clinics in Abidjan and Yamoussoukro and is managed by Abt's partner, the Association of Private Clinics in Cote d'Ivoire (ACPCI). The goal of PSHP is to expand access to and provision of high quality, integrated HIV and family planning (FP) services in the private health sector and support local ownership and oversight.

SHOPS is providing a package of targeted technical support to network providers that includes government-certified trainings on HIV care and treatment, on-site provision of HIV commodities and logistics support for HIV testing, in-service mentoring, monitoring for quality improvement, and support for data collection and reporting to the Ministry of Health and the President's Emergency Plan for AIDS Relief (PEPFAR). PSHP is also working to integrate FP service provision into the private sector by linking network providers to commodity suppliers, with a focus on long-acting methods.

Complementary activities on PSHP include targeted demand creation activities to increase the use of private sector HIV and other health services such as outreach activities at private companies to increase their awareness of the services that are available through the network clinics. PSHP will also facilitate improvement of the enabling environment and legislative reforms for the provision of HIV, FP and other health services in the private sector.

Achievements since the beginning of the SHOPS project pilot include: 19,108 people tested and counseled in the private sector; 3,656 women attending their first antenatal care (ANC) visit; 1,437 persons testing positive, and 912 new patients enrolled in antiretroviral (ARV) treatment. After two quarters, PSHP has met 96% of its target of 25 new persons on ART for the current year.

Quality Health Care Project for Central Asia

ACTING PROJECT DIRECTOR: David Elkins
FUNDING AGENCY: U.S. Agency for
International Development (USAID)

Abt implemented the five-year (2010 – 2015) USAID-funded Quality Health Care Project (the Quality Project) in Central Asia to strengthen services for



Photo © Jessica Scranton

HIV, tuberculosis, maternal and child health care, and other public health threats. This project continued and expanded the company's transformational work under the "Zdrav" series of projects (ZdravReform, ZdravPlus, and ZdravPlus II), which made significant progress in strengthening health systems and improving the quality of health services throughout the region. Now adding HIV to the list of target areas, the Quality Project used PEPFAR funding to provide technical assistance that improved both access to and quality of care for Central Asia's key populations at higher risk, including people who inject drugs, sex workers, and men who have sex with men. Abt partnered with the APMGlobal Health (formerly AIDS Project Management Group) to implement the Quality Project's HIV activities.

In collaboration with both the government health sector and established and emerging civil society organizations, the Quality Project worked to link key populations to health care services and to strengthen harm prevention interventions and to strengthen the

capacity of health care facilities and local governments to support improved HIV prevention and treatment services through the establishment of multisectoral coordination councils.

The Quality Project also worked to increase access to testing and knowledge of status by supporting roll-out of rapid testing by civil society organizations, with Global Fund procurements. The Quality Project was instrumental in leveraging domestic resources in Kazakhstan to support civil society in outreach to key populations, through advocacy efforts to encourage government social contracting of NGO services, a first for the region.

Strengthening Health Outcomes through the Private Sector (SHOPS)

PROJECT DIRECTOR: Susan Mitchell
FUNDING AGENCY: U.S. Agency for International Development (USAID)

The SHOPS project (2009 – 2016), aimed to increase the role of the private sector in the sustainable provision of quality family planning, HIV, and child health information, products, and services. The SHOPS HIV/AIDS portfolio was guided by the reauthorization of the President's Emergency Plan for AIDS Relief (PEPFAR), which emphasizes health systems strengthening, country ownership, and sustainability of national HIV responses. SHOPS conducted country assessments to document private sector contributions to health and identify opportunities for increased public-private engagement.

SHOPS also explored innovative financing for HIV/AIDS, improved continuity of care, and increased affordability and access to HIV/AIDS services through the private sector. For example, in Namibia, SHOPS worked with private health insurers to increase private

financing of HIV prevention efforts. Working with local partners, SHOPS introduced a health insurance tariff for male circumcision as an HIV preventive benefit and, as a result, nine out of the ten private insurers adopted the tariff. Through efforts of the SHOPS project in sub-Saharan Africa, more than 200,000 people have access to expanded HIV benefits as part of their insurance package.

Sustaining Health Outcomes through the Private Sector (SHOPS) Plus

PROJECT DIRECTOR: Susan Mitchell
FUNDING AGENCY: U.S. Agency for International Development (USAID)

The SHOPS Plus project (2015 – 2020), aims to harness the full potential of the private sector and catalyze public-private engagement to improve health outcomes in family planning, HIV/AIDS, and maternal and child health and other health areas. The project supports the achievement of U.S. government priorities including an AIDS-free generation. By increasing the participation and effectiveness of the private health sector, SHOPS Plus seeks to improve the equity and quality of the total health system. Abt Associates leads the \$150 million project.

To achieve this objective, SHOPS Plus will increase use of priority health services through a range of approaches that include: improving the enabling environment for the private health sector; expanding access for underserved populations; increasing effective public-private engagement; sharing private sector models; and applying a total market approach. For example, in Tanzania, SHOPS Plus is addressing the problem of inadequate access to quality health services, including HIV/AIDS, along with the lack of qualified health professionals, and challenges in health financing. The team is developing a clinical

practicum program aimed at strengthening practical pre-service clinical skills for nursing and midwifery students from private medical training institutions. The program includes protocols for the prevention, care, and treatment of those with HIV, and focuses on the prevention of mother-to-child transmission B+.

Zambia Integrated Systems Strengthening Program (ZISSP)

PROJECT DIRECTOR: Kathleen Poer
FUNDING AGENCY: U.S. Agency for International Development (USAID)

ZISSP (2016 – 2019) funded by USAID, worked closely with the Ministry of Health (MoH) and the Ministry of Community Development, Mother and Child Health (MCDMCH) at national, provincial, district, and community levels to strengthen skills and systems for planning, management, and delivery of health services. ZISSP also supported community-level activities designed to foster participation in health planning and to increase the use of health services. ZISSP interventions focused on strengthening health services in the high-impact areas of HIV/AIDS; malaria; family planning; maternal, newborn and child health; and nutrition.

ZISSP sought to increase the use of high-impact health services through a health systems strengthening approach.

One example of this was project support for Quality Improvement Committees in health facilities to implement quality improvement projects. More than 9,000 clinical mentoring sessions were conducted through this activity, resulting in improved health outcomes for clients in targeted facilities. ZISSP exceeded the majority of its quantitative targets. Across all program intervention areas, ZISSP support enabled production and/or revision of guidelines, training packages, job aids, evaluations, program assessments and other documents and tools for the MOH and MCDMCH, accomplished largely by working through the respective Ministries' Technical Working Groups. As a result of ZISSP interventions, more families and individuals in selected districts in Zambia will utilize the services and receive the information required for them to attain and maintain good health. This work continues under the new Systems for Better Health project in Zambia, awarded to Abt in October 2015.



Photo © Jessica Scranton

Cross-Border Health Integrated Partnership Project (CB HIPP)

PROJECT DIRECTOR: Dorothy Muroki (FHI360), Catherine Thompson (Abt)

FUNDING AGENCY: U.S. Agency for International Development (USAID)

CB-HIPP (2014 – 2019), funded by the President's Emergency Plan for AIDS Relief (PEPFAR) through USAID, led by FHI360, supports the provision of integrated HIV and AIDS, sexual and reproductive health, tuberculosis, maternal, newborn and child health, and nutrition services to key and vulnerable populations including: people living with HIV; women of reproductive age; mothers and their children; and youth who are not in school in border areas and along select inland transport corridor sites in East, Central and Southern Africa. As a key partner on this initiative, Abt provides expertise, thought leadership and organizational resources to achieve the outcomes in Result Area 2: Alternative health financing models identified, implemented and tested to strengthen the long-term sustainability of networked health and HIV/AIDS service delivery.

More specifically, Abt's work aims at implementing three solutions:

1. Instituting a means for coordinating intergovernmental groups to focus on financing health services for cross-border communities and mobile populations
2. Strengthening the sustainability of health facilities operating in cross-border areas and transport corridor hotspots
3. Designing health-financing schemes that promote willingness and ability to pay for the use of health services among diverse segments of cross-border communities and mobile populations.

Clinical and Community HIV/AIDS Systems Strengthening Project (CHASS)

PROJECT DIRECTOR: Joaquim Fernando (FHI360), Daniel Lee (Abt)

FUNDING AGENCY: U.S. Agency for International Development (USAID)

The three-year CHASS Project (2015 – 2018), led by FHI360, aims to improve the quality, coverage, and effectiveness of high-impact, evidence-based HIV/AIDS interventions in four provinces in Mozambique: Sofala, Manica, Tete, and Niassa. To contribute toward HIV/AIDS epidemic control in Mozambique, CHASS seeks to:

1. Increase coverage of antiretroviral treatment (ART) to 90 percent
2. Increase retention on ART to 80 percent and 70 percent at 12-month and 36-month follow-up, respectively
3. Increase the average CD4 count at initiation of ART from 350 to 500 cells per cubic millimeter
4. Complete tuberculosis (TB) treatment for 90 percent of people living with HIV diagnosed with TB
5. Operationalize viral load testing.

Abt, a partner on CHASS, works to strengthen key district health system functions that are essential for effective service delivery: governance and planning; finance; human resources; and logistics and supply chain management. Abt employs the methodology developed and tested under the Abt-led Clinical HIV/AIDS Services Strengthening Project in Sofala, Manica, and Tete (CHASS-SMT, 2011 – 2016), based on systematic self-assessments of district management capacity in those key functions. This approach fosters a quality improvement culture, targets project technical assistance to the weakest areas, and quantitatively monitors progress. Abt also leads a public-private partnership initiative that is for the first time engaging the private corporate sector in the fight against HIV/AIDS in Mozambique.



Strengthening High Impact Interventions for an AIDS-Free Generation (AIDSFree) Project

PROJECT DIRECTOR: Jackie Sakett (JSI), Catherine Thompson (Abt)

FUNDING AGENCY: U.S. Agency for International Development (USAID)

The \$250M AIDSFree project (2014 – 2019) funded by the President's Emergency Plan for AIDS Relief (PEPFAR) through USAID, led by JSI, aims to improve the effectiveness of high-impact, evidence-based HIV interventions (e.g., prevention of mother-to-child transmission, voluntary medical male circumcision) and accelerate the speed these interventions are brought to scale. As a program partner, Abt concentrates primarily on private sector interventions to improve access to HIV prevention, testing, care and treatment services.

Through a buy-in in Namibia, AIDSFree leverages and continues work done by Abt's SHOPS/Namibia project to provide targeted assistance to private for-profit health providers and stakeholders to increase access, affordability, and quality of HIV services, with emphasis on Voluntary Medical Male Circumcision (VMMC), HIV testing

services (HTS) services, and antiretroviral treatment (ART) services. Activities carried out by AIDSFree support Namibia's partnership between the Government of the Republic of Namibia (GRN) and PEPFAR to support control of Namibia's HIV epidemic. With centrally provided funds, Abt is leading the following activities:

- Studies/assessments in South Africa, Zimbabwe, Zambia, Kenya and Nigeria that will provide evidence to guide development of total market approaches for the condom market in support of the Condom '20x20' initiative:
 - Studies to assess consumers' willingness to pay for male condoms
 - Review of the price history of social marketed (SM) brands of male condoms
 - Assessment of the total market for male condoms
- Development of a plan for, and now implementation of a public-private alliance for, rapid scale-up of pediatric care and treatment. The Public Private Alliance for pediatric care and treatment in Kenya has been formed and private providers are being identified for scale-up

The implementation plan highlights the creation of a public private alliance platform for dialogue/ joint planning, training/mentorship and scale-up of private sector provision of pediatric C&T, a community component to generate demand, commodity and diagnostic inputs, and robust monitoring

- Implementation of a private sector Prevention of Mother-to-Child Transmission (PMTCT) of HIV activity in Zimbabwe focusing on task-sharing PMTCT and lifelong maternal ART to rural nurses and midwives
- Creation of a brief highlighting global efforts to scale-up the provision of PMTCT services via the private sector and other non-state actors. The brief highlights models from several high prevalence settings, reveals success and challenges, and recommends innovative ways to further leverage private actors in reaching universal coverage of PMTCT services.
- An evaluation of service delivery models for PMTCT looking at the cost and effectiveness of providing PMTCT services in public, private, and civil society organizations.



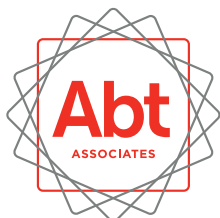
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