



**Despite efforts to slow the spread of HIV worldwide, the number of people newly infected with HIV continues to grow. An estimated 33.4 million people are living with AIDS; more than two-thirds live in sub-Saharan Africa.**

**Antiretroviral medicines are dramatically improving and prolonging people's lives. In Asia, however, fewer than 37 percent of people needing this treatment receive it, and in sub-Saharan Africa, fewer than 42 percent do.**

*MSH is improving the lives of people affected by HIV & AIDS through its work in 35 countries. MSH's comprehensive approach is to deliver quality, integrated, and sustainable HIV & AIDS services by strengthening health systems at the household, community, district, regional, and national levels. Because we believe strengthening health systems is the best way to transition from emergency response to a sustainable chronic care model, MSH assists decision-makers and health providers in managing and delivering HIV & AIDS services. MSH links HIV & AIDS prevention, care, and treatment programs with existing primary health care services, focusing primarily on tuberculosis, family planning, reproductive health, and maternal and child health programs. MSH works to increase the availability of services by:*

### **Managing People**

MSH collaborates with decision-makers at all levels to address policy issues and strengthen human resource management so HIV & AIDS services can be delivered without compromising basic health care. We help build leadership, management, and governance skills among health personnel to increase staff retention and governance and improve health outcomes.

### **Managing Medicines**

Through global projects that include the Supply Chain Management System and Strengthening Pharmaceutical Systems, MSH works with health care managers, pharmacists, policymakers, and service providers to ensure that HIV-positive clients receive the full course of appropriate, high-quality drugs at the lowest possible cost and that clients take the medicines correctly.

### **Managing Money**

MSH works with AIDS program managers to improve financial management to maximize return on donor investments. MSH helps organizations secure funding and make informed decisions by building sound financial systems and using proven tools to diagnose and resolve financial issues. We support local organizations to enable them to receive and manage donor funds.

### **Managing Information**

MSH works with program managers and providers at all levels to improve how organizations collect, use, and report information about HIV & AIDS. MSH supports countries' efforts to strengthen their health information systems and promote a single national monitoring and evaluation framework.

## Comprehensive HIV/TB Services in Ethiopia

The USAID-funded Ethiopia HIV/AIDS Care and Support Program, a national expansion of services for 30 million people, offers comprehensive HIV/TB services using an approach based on case managers, outreach, training, and district and health center strengthening. By the end of 2009, more than 7,000 community volunteer outreach workers have been trained in community and household HIV prevention, care, and treatment. During 2009, over 2 million people received counseling and testing and received their results, of which nearly 250,000 were pregnant women. Around 270,000 affected and infected people were provided basic palliative care, and over 1 million were reached through HIV-related community mobilization.

Of the 550 health centers supported in 2009, 350 provided antiretroviral therapy, with the number of individuals on antiretroviral therapy rising from 33,979 to 58,245 in just one year. While the national rate of patients lost to follow-up exceeds 20 percent, this program has maintained a rate of around 8%—a dramatic difference.

## Progress in Caring for Women and Children in South Africa

Through the Integrated Primary Health Care Project, MSH has introduced an innovative program to support the expansion of community-based services for orphans and vulnerable children. By providing grants to 23 community-based organizations across five provinces, MSH expanded comprehensive services for children from 6,000 in the first year of the program in 2006 to more than 17,000 before the end of 2009.

To prevent mother-to-child transmission of HIV, the project has tested more than 24,000 pregnant women for HIV and provided more than 4,600 with antiretroviral prophylaxis through the end of 2009.

Using clinic youth mentors, MSH has increased service provision to youths, more than 5,000 of whom have been tested for HIV. The project has also provided family planning information to nearly 165,000 youths and contraceptives to 35,500 females.

## Performance-Based Financing Underpins Scale-Up of Services in Rwanda

From 2005 to the present, the Rwanda HIV/Performance-Based Financing Project has achieved impressive results in the areas of health finance reform, quality assurance, capacity-building, and monitoring and evaluation in both district health centers and the Ministry of Health. Performance-based financing is an approach to health care financing that shifts attention and funding from resources used to results achieved.

During 2006–07, participating health centers in Rwanda's Gicumbi District increased the number of HIV tests administered by 155 percent (on average) to 7,670. The US Government paid less than \$6.14 for each HIV test in Gicumbi, a savings of \$7.16 per test.



### Highlights

#### PEOPLE:

**Malawi**—Training and mentoring of hospital, district, and facility workers and community-based distribution agents have increased demand for and utilization of services for HIV, family planning, and child health.

#### MEDICINES:

**Worldwide**—The Electronic Dispensing Tool, which MSH has installed at more than 530 sites, provides valuable data that help improve the care and treatment of AIDS patients in 7 countries.

#### MONEY:

**Worldwide**—MSH provided assistance that contributed to the awarding of grants totaling \$482 million to three countries from the Global Fund to Fight AIDS, Tuberculosis and Malaria from 2008 to 2009.

#### INFORMATION:

**Rwanda**—A Web-based system for collecting and analyzing performance data in Rwanda has helped increase the efficiency, accuracy, and transparency of the health care financing system and resulted in reporting of data by 100 percent of facilities providing HIV & AIDS services.

For additional information, go to [www.msh.org](http://www.msh.org), or contact **Daraus Bukenya**, Global Technical Lead, HIV/TB, at [dbukenya@msh.org](mailto:dbukenya@msh.org).