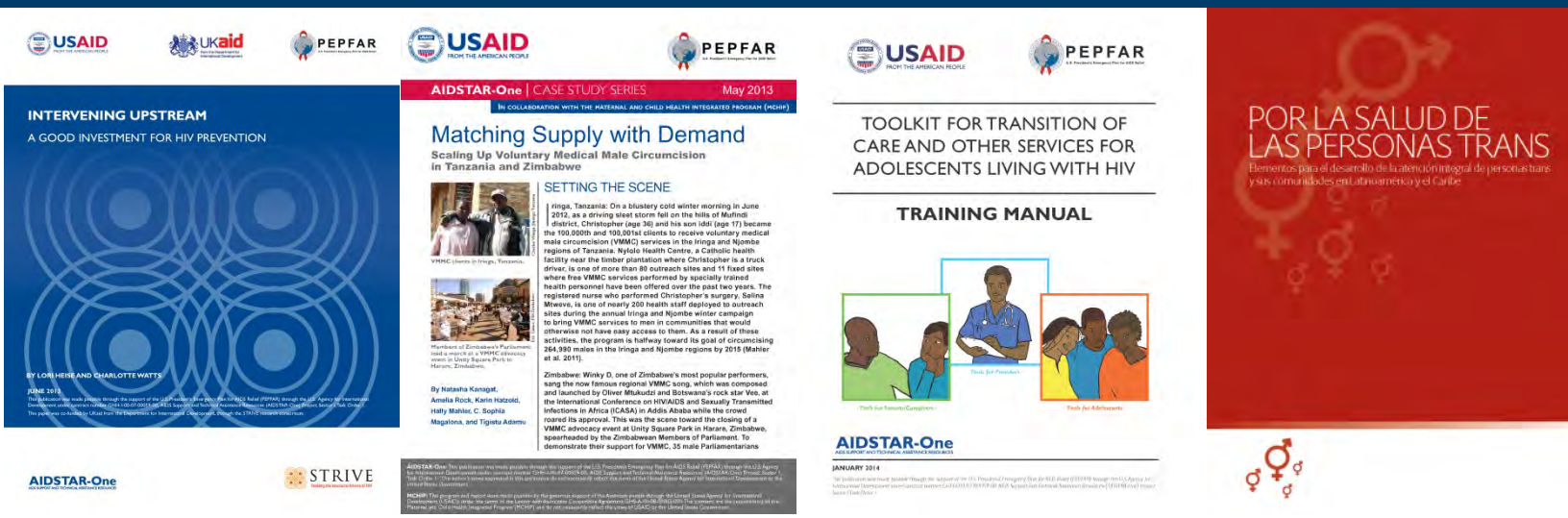
AIDSTAR-ONE FINAL PROJECT REPORT

2008-2014



AIDSTAR-One
AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES

MARCH 2014

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AIDS Support and Technical Assistance Resources Project

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AIDSTAR-One
John Snow, Inc.
1616 Fort Myer Drive, 16th Floor
Arlington, VA 22209 USA
Phone: 703-528-7474
Fax: 703-528-7480
E-mail: info@aidstar-one.com
Internet: aidstar-one.com

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PEPFAR REAUTHORIZATION:
In July 2008, Congress reauthorized the President's Emergency Plan for AIDS Relief (PEPFAR), marking a shift from an emergency response to a focus on developing sustainable country HIV programs, strengthening health systems, and improving health outcomes. PEPFAR was reauthorized again under the PEPFAR Stewardship and Oversight Act of 2013, showing the U.S. commitment to an AIDS-free generation.

AIDS-FREE GENERATION:
The *PEPFAR Blueprint for an AIDS-free Generation* focuses on saving lives, making smart investments, sharing responsibility, and furthering results-based science. It envisions a world where virtually no children are born with HIV, where adolescents and adults have access to a full range of prevention strategies, and where those living with HIV have access to treatment for their own health—halting the spread of the virus.

TREATMENT AS PREVENTION:
An important focus of the 2012 International AIDS Conference in Washington, DC was the results and policy implications of HIV Prevention Trials Network (HPTN) 052, which suggested that ART can be used effectively.

VOLUNTARY MEDICAL MALE CIRCUMCISION (VMMC) STUDIES:
Research in Uganda, Kenya, & South Africa, confirmed that VMMC has the potential to reduce men's risk of acquiring HIV by 60 %. This data led PEPFAR, WHO, UNAIDS, and others to recommend VMMC as a new HIV prevention tool and urge rapid scale-up.

STRUCTURAL HIV PREVENTION:
Although structural prevention has long been a key component of a comprehensive combination HIV prevention response, a *Lancet* series and several new PEPFAR guidance documents placed renewed focus on addressing structural barriers that put communities and individuals at higher risk for acquiring HIV.

OPTION B+:
WHO released an important update on the *Use of Antiretroviral Drugs for Treating Pregnant Women and Preventing HIV Infection in Infants*, recommending the use of a new strategy, B+, in which all pregnant women living with HIV are offered lifelong ART, *regardless of their CD4 count.*

ORPHANS AND VULNERABLE CHILDREN:
With the publication of the *United States Government Guidance for Orphans and Vulnerable Children Programming*, the *Action Plan on Children in Adversity*, and the *Resources for the Clinical Management of Children and Adolescents Who Have Experienced Sexual Violence*, services for vulnerable youth have shifted toward more holistic, family-centered approaches focusing on reducing children's vulnerability.

WHO TREATMENT GUIDELINE CHANGES:
Key recommendations from 2008, 2010, and 2013 updates encouraged earlier initiation of ART, the use of less toxic treatment regimens, and an expanded role for laboratory monitoring, including both CD4 testing and viral load monitoring and special considerations for testing and care for adolescents.

GENDER AND WOMEN-FOCUSED APPROACHES:
The *Program Guide for Integrating Gender-based Violence Prevention and Response into PEPFAR Programs* and the *PEPFAR Gender Strategy* encourage a nuanced understanding of gender dynamics in a robust HIV response.

KEY POPULATIONS:
The *Comprehensive HIV Prevention for People Who Inject Drugs Revised Guidance*, the *Technical Guidance on Combination Prevention*, and the *Por La Salud de Las Personas Trans* increased recognition of addressing the unique needs of key populations: people who inject drugs, men who have sex with men, transgender people, and commercial sex workers and their clients.

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ACRONYMS

AIDS	acquired immunodeficiency syndrome
ALHIV	adolescent living with HIV
ART	antiretroviral therapy
CHW	community health workers
DFID	Department for International Development (UK)
DRC	Democratic Republic of Congo
ECD	early childhood development
FMOH	Federal Ministry of Health
FY	fiscal year
GBV	gender-based violence
HBHTC	home-based HIV testing and counseling
HCWM	health care waste management
HIV	human immunodeficiency virus
HOP	Headquarter Operating Plan
HTC	HIV testing and counseling
ICT	information and communication technology
IPC	infection prevention and control
IQC	indefinite delivery contract
IS	injection safety
JSI	John Snow, Inc.
LGBT	lesbian, gay, bisexual, and transgender
LTFU	lost to follow-up
M&E	monitoring and evaluation
MNCH	maternal, neonatal and child health
MOH	Ministry of Health
MSM	men who have sex with men

NGO	nongovernmental organization
OVC	orphans and other vulnerable children
PAHO	Pan American Health Organization
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PITC	provider-initiated counseling and testing
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission
PWID	people who inject drugs
STI	sexually transmitted infection
SW	sex worker
TASO	The AIDS Support Organization
TG	transgender persons
TWG	Technical Working Group (PEPFAR)
USAID	U.S. Agency for International Development
VMMC	voluntary medical male circumcision
WHO	World Health Organization

FOREWORD

John Snow, Inc. and its partners—BroadReach Healthcare, EnCompass LLC, GMMB, the International Center for Research on Women, MAP International, mothers2mothers, Social & Scientific Systems, Inc., University of Alabama at Birmingham, The White Ribbon Alliance for Safe Motherhood, and World Education—are pleased to summarize our work from the past six years implementing the innovative AIDS Support and Technical Assistance Resources, Task Order One (AIDSTAR-One) Project. Funded under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), and designed and overseen by the Office of HIV/AIDS at the U.S. Agency for International Development (USAID), this ambitious project harnessed and made available relevant and actionable information which addresses the complexities of a comprehensive HIV response. Through its state-of-the-art knowledge management strategy and a responsive, nimble technical assistance approach, AIDSTAR-One was able to quickly identify and present a wide range of prevention, care, and treatment innovations that have and will continue to contribute to an AIDS-free generation.

The HIV field has evolved significantly since 2008 when AIDSTAR-One was awarded. In January of that year, as project activities got underway, elimination of mother-to-child-transmission was an aspiration. Voluntary medical male circumcision (VMMC) and treatment as prevention were still in trials. Prevention strategies were still very much focused on behavior change and the use of condoms. The focus of orphans and vulnerable children programs was often on the needs of the individual child. Many programs in generalized and concentrated epidemics were only beginning to understand the importance and nuance required when working with key affected populations—men who have sex with men (MSM), sex workers and their clients, people who inject drugs (PWID), and transgender persons (TG). There was limited, if any, discussion of the clinical and social service needs of adolescents living with HIV. Services across the continuum were rarely integrated with other public health and social efforts. Gender inequality, while recognized as an important driver in the epidemic, was rarely incorporated within programs.

It is clear today how far we have come in such a short time. Much of that success has been through an explosion of scientific findings, program innovation, and the rapid dissemination of information and adaption of best practices. AIDSTAR-One has been a critical part of that effort. We recognized that information is a powerful tool to combatting HIV. To be successful in translating information to action, we developed and implemented a strategy that pushed and pulled technical knowledge and provided tailored, rapid technical assistance at the global, country and community levels. We were able to quickly respond to the changing environment and meet the complex needs of people at risk for and living with HIV. Working in close collaboration with USAID, other U.S. Government (USG), stakeholders, and national and international partners, we used traditional and emerging technologies to stay focused on the horizon—the next big challenge.

It is impossible to capture six years of work in a single report. We have chosen to highlight contributions from AIDSTAR-One that have and will continue to contribute to achieving success under the PEPFAR Blueprint, creating an AIDS-free generation. We provide links to documents and tools within the report, so you can easily access materials on www.aidstar-one.com, which will remain active.

—Andrew Fullem
AIDSTAR-One Project Director

CHAPTER 1: INTRODUCTION

We live in exciting times. As of March 31, 2014, approximately one-third of more than 35 million people living with HIV have access to treatment, while new infections and AIDS-related deaths are starting to decline for the first time in more than 30 years (UNAIDS 2013). In the space of just over a decade through considerable individual, community, national and international efforts, we are witnessing a dramatic shift in the rhetoric around HIV. What was once seen as a situation without hope, we now talk about with optimism. We have moved beyond early steps in HIV prevention and treatment and have begun to respond to the epidemic with complex and multi-faceted approaches and engage a broader spectrum of stakeholders. The AIDS Support and Technical Assistance Resources, Sector 1, Task Order 1 Project—known as AIDSTAR-One—played an important role as a catalyst and change agent in these efforts. Over the course of six years (2008-2014), AIDSTAR-One identified and harnessed promising ideas, challenged the status quo, and helped shift the global HIV dialogue from one of basic survival and emergency response to a more optimistic, realizable, and sustained vision that will ultimately result in an AIDS-free generation.

Box 1. AIDSTAR-One Consortium

AIDSTAR-One was implemented through a consortium with JSI managing 10 partners representing the private, nongovernmental, South-to-South, faith-based, and academic communities:

- BroadReach Healthcare
- EnCompass LLC
- GMMB
- The International Center for Research on Women
- MAP International
- mothers2mothers
- Social & Scientific Systems, Inc.
- University of Alabama at Birmingham
- The White Ribbon Alliance for Safe Motherhood
- World Education

Funded by PEPFAR through USAID's Office of HIV/AIDS, AIDSTAR-One was implemented by John Snow, Inc. (JSI) and its consortium of international and regional partners (see Box 1) with tremendous experience in the global response to the epidemic. AIDSTAR-One's mandate was to serve as a flexible technical assistance partner working with USAID and other U.S. Government (USG) agencies, to promote innovative leadership in the global HIV response, and to support country-led programs to build effective and sustainable HIV programs that incorporated emerging best practices in alignment with the PEPFAR's strategic and technical priorities.

AIDSTAR-One was launched during the first year of PEPFAR II, at a time when PEPFAR was shifting from emergency-based responses to a long-term view of ensuring a sustainable HIV response with strong country ownership. This shift occurred during a period of unparalleled transformation in the scientific and policy underpinnings of the HIV epidemic (see page iv).

Box 2. PEPFAR and WHO Guidance Documents

AIDSTAR-One provided critical support to TWGs and PEPFAR in the development and dissemination of PEPFAR and WHO guidance across the HIV continuum of care.

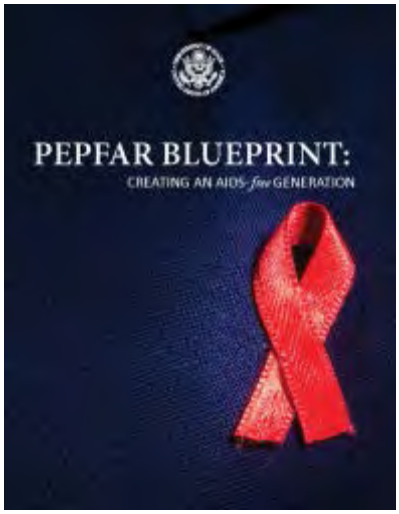
PEPFAR

- *Comprehensive Prevention for People Who Inject Drugs, Revised Guidance* (July 2010)
- *PEPFAR Guidance on Integrating Prevention of Mother to Child Transmission of HIV, Maternal, Neonatal, and Child Health and Pediatric Services* (January 2011)
- *Technical Guidance on Combination HIV Prevention (MSM)* (May 2011)
- *Guidance for the Prevention of Sexually Transmitted Infections* (August 2011)
- *Gender-based Violence and HIV: A Program Guide for Integrating Gender-based Violence Prevention and Response in PEPFAR Programs* (October 2011) **(developed by AIDSTAR-One)**
- *Use of Antiretroviral Drugs for Treating Pregnant Women and Preventing HIV Infection in Infants: Programmatic Update* (April 2012)
- *Guidance for Orphans and Vulnerable Children Programming* (July 2012)
- *Integrating TB Screening into PMTCT/Pediatric HIV Programs* (July 2012)
- *PEPFAR Blueprint for an AIDS-free Generation* (November 2012)
- *United States Government Action Plan on Children in Adversity* (December 2012)
- *Resources for the Clinical Management of Children and Adolescents Who Have Experienced Sexual Violence* (February 2013)
- *Gender Strategy* (December 2013)

WHO

- *Antiretroviral Therapy for HIV Infection in Adults and Adolescents: Recommendations for a Public Health Approach* (July 2010)
- *Guidance on Oral Pre-Exposure Prophylaxis for Serodiscordant Couples, Men and Transgender Women Who Have Sex with Men at High Risk of HIV* (July 2012)
- *Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents* (February 2013)

Following Secretary of State Hillary Clinton's call for global cooperation to achieve an "AIDS-free generation" in 2012, AIDSTAR-One became a catalyst for implementing the *PEPFAR Blueprint for an AIDS-free Generation*, focusing on the PEPFAR road maps for saving lives, smart investments, and shared responsibility along with other PEPFAR guidance (see Box 2). AIDSTAR-One helped PEPFAR achieve the transformation required to provide global leadership in the 21st century—a time of renewed energy and continuous challenge. This report illustrates and summarizes how AIDSTAR-One's technical leadership and knowledge management have contributed to the implementation of the PEPFAR Blueprint.



The *PEPFAR Blueprint for an AIDS-free Generation*

As its primary focus, AIDSTAR-One identified, created, and disseminated effective program approaches that addressed emerging challenging in the HIV response across a wide range of technical areas. Rather than focus solely on scale-up services, the project worked with USAID, USG partners, other donors, and implementing partners to systematically identify and address barriers to broader use of prevention, treatment, and support services. Through a variety of approaches, including case studies, technical briefs, original rapid research, curriculum and materials development, South-to-South exchanges, and consensus meetings, AIDSTAR-One significantly contributed to the conversation and the evidence base across multiple HIV technical areas. AIDSTAR-One also worked with governments and nongovernmental organizations (NGOs) to build in-country capacity and expand access to sustainable, country-managed programs. Over six years, AIDSTAR-One met or exceeded its goals to provide targeted short- and long-term technical assistance in best practice documentation, program implementation, technical leadership, and strategic planning to twelve USAID Mission programs and four USAID regions.[1]

Given the ambitious scope of the project and the desire to address PEPFAR's emerging priorities, AIDSTAR-One collaborated closely with PEPFAR Technical Working Groups (TWGs) to identify new evidence and innovative approaches in the HIV response. Together, AIDSTAR-One and the TWGs developed a range of technical consultations, materials, and six innovative pilot activities to assess, evaluate, and help implement these emerging ideas. The project captured these best practices in a state-of-the-art, online knowledge management library. The AIDSTAR-One website grew into a hub for information on promising practices across the full HIV continuum of care, featuring specific tools and studies on generalized, mixed, and concentrated epidemics. The project actively tapped into emerging social networks, such as Facebook and Twitter, to expand the reach of project development materials to new audiences across the globe. By the close of the project, users from over 190 countries had accessed resources on the website, including those from the project's own activities, as well as peer-reviewed journals, guidance from partner governments, and tools from

[1] Country-level assistance in Brazil, the Democratic Republic of Congo, Dominican Republic, Ethiopia, Guatemala, Honduras, India, Mexico, Nigeria, Swaziland, Tanzania, Uganda, and Zambia; also assistance to the regional bureaus of Africa, Latin America and the Caribbean, Caribbean Region, Europe and Eurasia, and Central Asia (for work in Kyrgyzstan).

collaborating agencies. Overall, AIDSTAR-One contributed substantially to the knowledge base on critical HIV issues, while supporting PEPFAR to provide leadership in the dynamic and rapidly-evolving global HIV context. Table 1 describes planned and actual achievements over the project's life.

Table 1. Selected AIDSTAR-One Benchmarks and Achievements, 2008-2014

	Targeted	Achieved	% of Target Achieved
Technical Support			
USAID Bureaus or Missions receiving assistance	14	14	100%
Evidence-based approaches to HIV prevention, treatment, and care developed and implemented in USAID countries	8	15	187.5%
Pilot interventions implemented	5	6	120%
Technical consultations and other events	15	47	313%
Knowledge Management			
AIDSTAR-One products produced and disseminated	70	519	741%
HIV prevention topics available on AIDSTAR-One website	21	29	138%
Total unique pageviews	110,000	808,536	735%
Websites linking to AIDSTAR-One.com	18	285	1583%

HOW AIDSTAR-ONE WORKED

In 2008, AIDSTAR-One Task Order 1 was awarded as a three-year contract under the AIDSTAR-One indefinite delivery contract (IQC). The project met or exceeded most of its three-year benchmarks and was extended to six years to conclude in 2014. The project framework featured mixed funding (core and field), lean staffing, and close, interdependent partnerships between TWG and field-funded activities. This flexible management and implementation approach enabled AIDSTAR-One to respond quickly during a period of rapid scientific, program, and policy changes, supporting PEPFAR's evolution in alignment with USG policies, international guidance, and emerging science and best practices.

Funding: AIDSTAR-One was financed with a base of core funding as determined through the Headquarter Operating Plan (HOP) process and worked in continuous consultation and collaboration with PEPFAR's multiagency TWGs. USAID Missions and Regional Bureaus also

contributed significant field funding to enlist AIDSTAR-One's support in responding to emerging needs.

Staffing: AIDSTAR-One maximized project investments by maintaining a small base of full-time staff and drawing in additional expertise from other JSI offices, consortium partners, and local and expatriate consultants on an as-needed basis (see Table 2). Field activities were managed by local staff with support from project headquarters. This approach strengthened the local relevance of in-country activities by empowering field-based teams to lead activities that aligned with both PEPFAR directives and the priorities of country ministries of health.

Table 2. Percentage of AIDSTAR-One United States- and Field-based Staff

	2008	2009	2010	2011	2012	2013	2014	Total
U.S.-based staff*	87%	90%	27%	34%	21%	30%	9%	31%
Field-based staff**	13%	10%	73%	66%	79%	70%	91%	69%

**Includes U.S.-based consultants (full and part-time staff)*
***Includes international consultants*

Partnerships: AIDSTAR-One built its success on a foundation of strong partnerships, forged over the life of the project. Partnership with the PEPFAR TWGs, with whom project staff met regularly, played a central role in shaping the project.[2] Annually, AIDSTAR-One technical teams worked with the TWGs to plan activities based on emerging science, best practices, and HOP priorities. Throughout the program year AIDSTAR-One met with Regional Bureaus and Missions to discuss technical implementation of funded activities. Strong relationships also emerged with governments, organizations, and other stakeholders in countries where TWGs funded field work and in those countries where AIDSTAR-One operated field offices.[3] Close collaborations with multilateral organizations—including United Nations agencies, the Pan American Health Organization (PAHO), and the World Bank—emerged over time, adding value through co-implementation of technical consultations, web-based events, and regional and country activities.

The strength of these partnerships enabled AIDSTAR-One to quickly act on TWG guidance and observations emerging from field-based efforts in order to initiate activities that further explored promising issues in HIV, such as integrating HIV and mental health care and working with transgender communities. Importantly, AIDSTAR-One's philosophy of collaboration enabled the project to work with and access activities implemented by other partners, which enriched the technical data available for dissemination.

AIDSTAR-One placed significant focus on building strong relationships with PEPFAR partners and other organizations implementing HIV programs through different funding sources. As the project

[2] AIDSTAR-One partnered with the TWGs focused on Prevention of Sexual Transmission in the General Population (including youth); Prevention of Sexual Transmission in High-Risk Populations; Adult Treatment; Prevention of Mother-to-Child Transmission and Pediatric AIDS; Counseling and Testing; Orphans and Vulnerable Children; Gender, and Care & Support.
[3] AIDSTAR-One established field offices in Brazil, Dominican Republic, Ethiopia, Honduras, India, Nigeria, and Uganda.

was tasked with working with these stakeholders to identify and document best practices in case studies, it was critical to establish strong working relationships with implementing partners, many of whom are often also competitors. Through close collaboration with USAID leadership, AIDSTAR-One developed protocols for the case studies that fostered a spirit of close collaboration with featured programs, so as to highlight successes and challenges. The project also teamed up with other centrally-funded USG programs, including the Maternal and Child Health Integrated Program (MCHIP), the Supply Chain Management Systems project (SCMS), and HIP/WASHplus to carry out assessments and develop tools.

AIDSTAR-ONE IN ACTION

AIDSTAR-One was implemented through two interdependent components—technical assistance leadership and knowledge management. These components were highly interactive, with one generating activities in the other. For example, three case studies on HIV treatment continuity in complex emergencies—developed in response to TWG priorities—included recommendations that could be used as evidence in policy development; in turn, these were widely disseminated through the project's robust knowledge management mechanism.

An Internal Displacement Camp in Kitgum, Uganda. Uganda was one of the three countries highlighted in AIDSTAR-One's case studies on HIV treatment continuity in complex emergencies. Photo courtesy of USAID.

Technical support and leadership: Responding to requests and input from USAID and the TWGs, USAID Mission, Regional Bureaus or project field offices, AIDSTAR-One provided short- and long-term technical support covering program inception through evaluation and follow-up, while emphasizing sustainability. AIDSTAR-One's centrally funded technical assistance work was organized around seven overarching topics:

- HIV prevention
- Pediatric and adult HIV treatment
- Prevention of mother-to-child transmission (PMTCT)
- HIV testing and counseling (HTC)
- Care & support
- Gender and HIV
- Orphans and other vulnerable children (OVC)

The project's field offices supported activities covering the HIV technical areas mentioned above, as well as injection safety, health care waste management (HCWM), monitoring and evaluation (M&E) systems, program evaluation, capacity building, country ownership, and sustainability. Centrally-funded activities, conducted in close collaboration with PEPFAR TWGs, addressed innovations, changing HIV priorities, and emerging issues, i.e.: gender-based violence (GBV), post-rape care,

mental health, HIV treatment in complex settings, voluntary medical male circumcision (VMMC), and home-based HIV testing and counseling (HBHTC). Furthermore, AIDSTAR-One's work on HIV epidemics among key populations—including MSM, PWID, TG, and sex workers—helped to refine and strengthen PEPFAR's ability to effectively target future investments.

Highlights of AIDSTAR-One's technical leadership include:

- Designed and led six pilot interventions in key emerging areas which provided critical information needed to make smart decisions about project scale up and support the sustainability of USG investments
- Organized and hosted 47 technical consultations and other events in conjunction with USAID, other USG agencies, and partner organizations. These consultations often brought to light new issues, to which AIDSTAR-One responded through country-based technical assistance and by developing case studies and technical briefs to provide further evidence on specific topics.
- Provided technical support in capacity building, country ownership, and sustainability to 18 USAID Missions and other USG agencies.

Knowledge management: AIDSTAR-One's robust knowledge base of effective program approaches across the HIV continuum was reflected in the project's increasing library of technical resources. AIDSTAR-One's knowledge management approach captured and shared knowledge gathered through its technical support activities and helped policymakers and program managers access and apply these new approaches to shape future HIV efforts. To multiply the potential reach of promising practices, lessons learned, and policy and scientific developments in HIV, AIDSTAR-One developed a comprehensive outreach system for knowledge exchange and sharing, with its online knowledge management platform serving as the foundation. This platform, www.aidstar-one.com, was launched in 2008, and was extensively and continuously revised in response to user feedback. AIDSTAR-One's online library offered a comprehensive panorama of current and cutting-edge topics in HIV, drawing from peer-reviewed literature, USG policy documents, and contributions from partners, as well as a rich body of the project's own studies, tools, and other resources.

In the pages to follow, learn how the AIDSTAR-One project expertly joined technical assistance and knowledge management to advance the global dialogue around best practices in the HIV response. The partners in the AIDSTAR-One consortium proudly supported PEPFAR and USAID's vision of an AIDS-free generation. The activities described in the subsequent chapters delineate how smart investments in innovative approaches and shared responsibility can help save lives now, and in the future.

CHAPTER 2: HELPING PEPFAR SAVE LIVES

Service provider who performed the 100,000th VMMC operation in Iringa, Tanzania (Charles Wanga for Jhpiego/Tanzania).

PEPFAR's road map for saving lives calls for expanded access to HIV prevention, treatment, and care services. The importance of exploring new, scientific approaches and taking those to scale are embedded within this goal. However, saving lives is about more than just increasing access. As the HIV response transitions beyond emergency, saving lives involves improving the quality of life for those individuals whose lives are being saved. Programs must identify the contexts and situations in which people live and thrive. Integrated holistic service models need to meet the needs of clients, rather requiring that people meet the demands of the programs. Efforts must also address the stigma and discrimination that can undermine an individual's confidence in seeking and utilizing services. AIDSTAR-One supported PEPFAR's objective of saving lives by supporting activities that emerged from new scientific and program finding, targeting those that directly addressed a broad range of individuals' interactions with the health and social support systems, with the idea that new approaches will lead to better health outcomes.

PREVENTING NEW INFECTIONS

Although prevention strategies have long been part of the HIV response, new approaches are critical in achieving an AIDS-free generation. Countries are challenged to employ combination approaches that can prevent new infections through improved treatment availability, sound structural strategies, and expanded access to other biomedical and behavioral interventions. AIDSTAR-One's activities supported PEPFAR's efforts to move countries toward the "tipping point"—at which the annual increase in the number of new patients on ART exceeds the HIV incidence.

VOLUNTARY MEDICAL MALE CIRCUMCISION

Voluntary medical male circumcision emerged during AIDSTAR-One's tenure as a highly effective intervention that offered tremendous preventive benefits to men, as well as to women. Economic modeling indicates that achieving 80 percent coverage of VMMC within 14 target countries in Africa

can avert an estimated 4 million infections.[4] From 2009 through 2012, AIDSTAR-One became a catalyst for the rollout of VMMC. The project identified best practices for consideration by high-priority countries in their efforts to scale up male circumcision interventions. By approaching the issue from multiple standpoints and targeting some non-traditional stakeholders—for example, Ministers of Finance and tribal leaders—with a variety of products, such as a documentary film, a case study, a prevention knowledge base entry, and regular updates from peer-reviewed research, AIDSTAR-One helped build groundswell of support for this issue and addressed criticisms of its uptake.

> *"I have used the VMMC case studies and research and articles to develop a proposal to look at the influence of message framing on decision making and uptake of VMMC among traditionally non-circumcising communities in Nyanza province, Kenya."*
>
> —AIDSTAR-One website survey respondent

AIDSTAR-One's 2011 film, "In it to Save Lives: Scaling up Voluntary Medical Male Circumcision for HIV Prevention for Maximum Health Impact," targeted decision-makers in the 14 high-priority African countries. The 15-minute film uses footage from Kenya and Swaziland to document the effectiveness of VMMC. The film premiere in Washington, DC[5] was attended by representatives of the USG, African governments, international organizations, and (by videoconference) participants in Kenya, Swaziland, and South Africa. The film was also distributed to 15 Mission and partner offices and was posted on the AIDSTAR-One website, where it was viewed over 2,000 times by users from over 140 countries. During the 2011 International Conference on AIDS and STIs (ICASA) in Addis Ababa, Ethiopia, AIDSTAR-One presented the video to the Ministry of Health and partners and supported the VMMC TWG in promoting male circumcision as a prevention strategy.[6,7] Simultaneously, AIDSTAR-One released a new prevention knowledge base entry[8]—which included new research from a special *PLoS Medicine* supplement[9] on VMMC, programmatic examples, and tools (2011).

AIDSTAR-One also collaborated closely with the VMMC TWG and MCHIP on a case study[10] that examined for the first time the dynamics and effects of promotional campaigns and factors supporting acceptance of VMMC. In Iringa, Tanzania—a high-prevalence area with the country's lowest rate of VMMC acceptance—acceptance increased from under 200 to over 120,000 between 2009 and 2012. The majority (80 percent) of new VMMC clients were brought in through campaign activities, including talk shows, road shows, and outreach by community organizers. The campaign increased the number of acceptors in its target group (men over age 20), but men under age 20 constituted the majority of acceptors. In Zimbabwe, a rural country with low circumcision rates and high HIV prevalence, VMMC acceptance increased from 2,685 to 36,744 between 2009 and 2011.

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[4] http://www.aidstar-one.com/focus_areas/prevention/resources/case_study_series/VMMC-Tanzania-Zimbabwe
[5] http://www.aidstar-one.com/focus_areas/prevention/resources/technical_consultation_materials/vmmc_video_premiere
[6] http://www.aidstar-one.com/focus_areas/prevention/resources/technical_consultation_materials/icasa2011_press_conference
[7] http://www.aidstar-one.com/focus_areas/prevention/resources/technical_consultation_materials/accelerating_vmmc_scale_up
[8] http://www.aidstar-one.com/focus_areas/prevention/pkb/biomedical_interventions/voluntary_medical_male_circumcision
[9] http://www.ploscollections.org/article/browseIssue.action?issue=info:doi/10.1371/issue.pcol.v01.i11
[10] http://www.aidstar-one.com/focus_areas/prevention/resources/case_study_series/VMMC-Tanzania-Zimbabwe

Common factors in the success of Tanzania and Zimbabwe's VMMC campaigns included vigorous demand creation, strong, multi-level collaboration between the public sector and community leaders, and routine use of evidence in decision-making. Importantly, acceptance of HTC was over 95 percent among those who accepted VMMC. Furthermore, the case study showed that in both campaigns, quality of services was critical; word of mouth was a significant factor in acceptance.

AIDSTAR-One's partnership with the PEPFAR TWGs, country stakeholders and implementing partners, joined by its strategic documentation and dissemination of emerging peer-reviewed and programmatic evidence helped to move this promising intervention forward and demonstrate how it can be taken to scale in other countries.

INFECTION PREVENTION AND CONTROL

Unsafe injection and improper disposal of health care products and effluents pose health risks to patients, communities, and providers. The World Health Organization (WHO) estimated that in 2000, unsafe injections caused 32 percent of new hepatitis B infections and 5 percent of all new HIV infections (WHO n.d.) AIDSTAR-One's field-based work included a range of activities to support improved medical hygiene, including infection prevention and control (IPC), injection safety (IS), and technical support for improved HCWM.

Ethiopia:[11] AIDSTAR-One worked with the Ethiopian government to strengthen IPC, to ensure the proper disposal of health care waste, and to facilitate the long-term sustainability of safer practices by integrating injection safety and waste management within the wider IPC frame. Working with the Federal Ministry of Health (FMOH), the project helped to develop and distribute national guidelines for HCWM, as well as guidelines for IPC.

The project also worked with the USG/Ethiopia staff to conduct interventions in over 800 private and public health care facilities in five regions and major urban areas. Innovative interventions included:

- Collaborating with 10 universities and health science colleges to incorporate core skills in IPC and IS into the pre-service education curricula—including building teaching skills for over 200 instructors.
- Working with the Federal Ministry of Health (FMOH) to improve management of IPC and injection safety supplies.
- Providing supportive supervision on IPC and HCWM at health facilities, including observation, discussion, support, and guidance of IPC program management, standard practices, equipment, supplies, and infrastructure.

Nigeria:[12] AIDSTAR-One assessed injection safety in five Nigerian states and provided key technical assistance in the development of a safe phlebotomy strategy for health facilities. The project provided technical assistance for the development of the national IPC policy and strategy, which was ratified and approved for use by all levels of care in 2013, and worked with the Federal Ministry of

[11] http://www.aidstar-one.com/about_aidstar_one/about_offices/ethiopia
[12] http://www.aidstar-one.com/about_aidstar_one/about_offices/nigeria

Environment and the Federal Ministry of Health to develop the national HCWM policy, which was approved in 2013. Additional innovative activities included:

- Mapping the location and condition of waste treatment equipment in health facilities
- Providing technical assistance to local manufacturing industries to produce safety boxes that meet international safety standards.
- Supporting an initiative with the PEPFAR through USAID-funded SCMS project to dispose of expired drugs and medical commodities through a "waste drive."

Uganda:[13] The project helped the MOH draft a multi-year HCWM strategy and develop policies on HCWM, including pre-service training, post-exposure prophylaxis (PEP), HCWM for safe male circumcision, and guidelines for disposing of pharmaceutical waste. Additional activities included providing or supporting training in HCWM to over 2,000 managers and health workers in over 400 health care facilities, and developed an in-service HCWM training curriculum.

In 2012 and 2013 AIDSTAR-One oversaw work with the MOH and a private waste handling company to develop a public-private partnership to build a centralized HCWM facility. The facility, which incorporated an environmentally-friendly, high-temperature incinerator, was operationalized in late 2012, and the project provided safety management training for its use. Public facilities from six districts in eastern Uganda transport their medical waste—a total of over 250,000 kg in FY 2013—for safe final disposal. AIDSTAR-One also supported Ugandan districts with training of health workers in HCWM. A follow-up assessment conducted in three districts showed significant improvements in facility-based HCWM, worker training, and safety practices.

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION

Globally, prevention of mother-to-child transmission (PMTCT) accounts for 90 percent of HIV infections among children (UNICEF 2011).[14] PMTCT not only drastically cuts the risk of vertical HIV transmission; it also functions as an important gateway to HIV prevention and treatment that can benefit mothers, children, and therefore entire families. AIDSTAR-One activities supported PEPFAR's goal to significantly reduce mother-to-child transmission in Africa. The project provided implementation

JSI

[13] http://www.aidstar-one.com/about_aidstar_one/about_offices/uganda
[14] http://www.unicef.org/esaro/5482_pmtct.html

guidance on the WHO four-pronged approach to comprehensive PMTCT,[15] and presented strategies for overcoming barriers to access and examples of promising practices for improving PMTCT outcomes. AIDSTAR-One contributed significantly to the global knowledge base on PMTCT, and the importance of providing a full continuum of care and support for pregnant women and their young children. Key foci included the integration of PMTCT and mother, neonatal, and child health (MNCH) services; integration of PMTCT within community-based services; research findings[16] on the risk of HIV transmission through breastfeeding, with and without antiretroviral therapy (ART).

INTEGRATING HIV AND MNCH

HIV and MNCH integration moves beyond the linkage of previously stand-alone services; it is a cross-cutting approach for building relationships between clinical settings (for medical care and HIV follow-up) and community-based settings (for social, legal, and psychosocial support) to provide a full continuum of care for pregnant women, mothers and their newborn and very young children AIDSTAR-One partnered jointly with the OVC, Treatment and Care, PMTCT and Pediatric TWGs to improve PMTCT integration services. In 2011 AIDSTAR-One produced a technical brief[17] that compiles evidence on MNCH and HIV integration and provides a systematic guide for policymakers and program planners interested in family-centered, integrated services. This technical brief summarizes various integration models and strategies, the evidence, and information surrounding the continuum of response, family-centered programs, and policy for MNCH and HIV integration. It also includes guidance for establishing a referral network linking health and social services.

Moving from documentation to application of emerging approaches around HIV and MNCH integration, AIDSTAR-One convened a meeting in 2011 of government representatives from 12 African countries[18]

Box 3. Integration Assessment Tool

AIDSTAR-One's PMTCT/MNCH integration tool measured integration in terms of protocols, staffing, training, service delivery, labs, infrastructure, and monitoring and evaluation. The project evaluated integration at 70 of the over 3,600 facilities in Tanzania that receive support from PEPFAR and other USG agencies. Recommendations from this assessment include:

- Integration levels were high overall, especially at the hospital level, and were correlated to higher quality of care. Prioritizing integration at lower levels would likely improve quality of care and uptake of PMTCT.
- Supplies of drugs and commodities were a consistent problem that may limit scale-up of high-quality services. Procurement and supply chain management may support improved service delivery and quality of care.
- Limited on-site CD4 testing is available, which may affect ART initiation and long-term retention in care. It might be advisable to prioritize rollout of CD4 testing at all levels.

[15] WHO's four-pronged approach to comprehensive PMTCT entails 1) primary HIV prevention among women of childbearing age; 2) prevention of unintended pregnancies; 3) prevention of HIV transmission from an HIV-positive mother to her infant; and 4) appropriate treatment, care, and support to HIV-positive mothers, their children, and their families.

[16] http://aidstarone.com/focus_areas/pmtct/HIV_transmission_through_breastfeeding. This document proved to be one of AIDSTAR-One's most popular resources, with 1,266 downloads.

[17] http://www.aidstar-one.com/focus_areas/pmtct/resources/technical_briefs/integrating_pmtct_mnch_services

[18] Cameroon, DRC, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Swaziland, Uganda, and Zambia.

in Addis Ababa, Ethiopia. "Meeting the HIV, MNCH & Social Support Needs of Mothers and Their Young Children"[19] brought together stakeholders for South-to-South sharing of promising practices in integrating HIV prevention, treatment, care, and support services for pregnant women, mothers and infants, and pre-school children. This consultation also presented an opportunity to present a conceptual model, the Integrated Care Pathway from Pregnancy through Early Childhood[20] (AIDSTAR-One, n.d.) which describes the comprehensive services pregnant mothers and their young children require. Building off information presented at the Ethiopia meeting, AIDSTAR-One developed a second technical brief on MNCH and HIV integration,[21] which provides evidence from models in African countries as well as practical guidance on integrating MNCH and HIV within the continuum of social services.

This integration work also led to the development of several additional AIDSTAR-One activities. In 2012, to contribute to the limited evidence base on the impacts of integrating PMTCT and MNCH, AIDSTAR-One developed a scale to measure facility-level PMTCT and MNCH integration and associated health outcomes, and tested it in 70 randomly selected facilities in Tanzania (see Box 3). Findings from the Tanzania assessment[22] were presented at the 2012 International AIDS Conference in Washington, DC.

The project also produced two case studies on integration:

- The Champion Communities approach in the Democratic Republic of Congo (DRC)[23] showed that a strategy combining community steering committees, community health workers (CHWs), and community caregivers not only increases available support for women needing PMTCT services, but also facilitates community self-advocacy. Additionally, the approach—entailing close partnership with the MOH and other government agencies—strengthened DRC's ownership of its response to the HIV epidemic.
- A community PMTCT follow-up register project in Zambia[24]—administered by CHWs and traditional birth attendants, with support from lay counselors—used a simple tracking system and extensive client follow-up to increase ART coverage to 90 percent of eligible women, well above the national average.

AIDSTAR-One's activities also showed how community-based services can support the continuum of care in remote regions. In 2012, AIDSTAR-One provided technical support to a six-month project testing the effects on PMTCT service uptake of trained CHWs in 10 rural sites in Tanzania's Kigoma region.[25] This project showed that deploying CHWs enhanced access to PMTCT services and uptake in remote regions. Additionally, results showed that the availability of supplies was

[19] http://www.aidstar-one.com/focus_areas/care_and_support/resources/technical_consultation_materials/mnch_needs
[20] http://www.aidstar-one.com/sites/default/files/Integrated_Care_Pathway.pdf
[21] http://www.aidstar-one.com/focus_areas/ovc/resources/technical_briefs/integrating_mnch_hiv_programs
[22] http://www.aidstar-one.com/focus_areas/pmtct/resources/report/integration_pmtct_mnch_tanzania
[23] http://www.aidstar-one.com/focus_areas/pmtct/resources/case_study_series/provic_drc
[24] http://www.aidstar-one.com/focus_areas/pmtct/resources/case_study_series/community_register_project_zambia
[25] http://www.aidstar-one.com/focus_areas/pmtct/resources/report/kigoma_tanzania

closely linked to health impacts, reflecting the critical importance of establishing and maintaining an effective supply chain.

HIV TESTING AND COUNSELING

HIV testing and counseling (HTC) is an important entry point into HIV treatment and care. Yet, in low- and middle-income countries, merely 20 percent of PLHIV, on average, know their HIV status (WHO 2008). AIDSTAR-One supported PEPFAR's goal of expanding access to and uptake of HTC by identifying public, private, and community-based approaches to testing and counseling and employing knowledge management and technical support to document and scale up best practices.

PROVIDER-INITIATED TESTING AND COUNSELING

In 2007, WHO guidance advocated for routine recommendation and provision of provider-initiated testing and counseling (PITC) as a strategy to expand uptake of testing and increase access to wider HIV and other health services. AIDSTAR-One helped build the knowledge base on PITC strategies, documenting how PITC is implemented and how the three C's of HTC–consent, counseling, and confidentiality–are preserved in countries with limited resources. Over the course of the project AIDSTAR-One documented and collected PITC study findings, review of country PITC policies, and assessment tools.[26]

HOME-BASED HIV TESTING AND COUNSELING

HBHTC is being explored as a strategy to improve uptake of HIV testing and services by bringing HIV testing to the clients' homes. AIDSTAR-One contributed to the HBHTC knowledge base through the development of an online tool that included relevant literature, tools, case studies,[27] and suggested program approaches.[28] AIDSTAR-One provided technical leadership on HBHTC beginning in 2009 by convening a technical consultation in Nairobi[29] to identify successful practices. The project followed up in 2010 by facilitating a South-to-South technical exchange on HBHTC, in which The AIDS Support Organization (TASO), a Ugandan NGO, provided training and guidance in Swaziland to prepare for a planned six-month pilot of HBHTC.[30] The project worked with TASO and the MOH to revise the HTC training materials and review the standard operating procedures in preparation for the pilot project, which was implemented in 2011. In a first phase, 34 counselors were trained and began providing HBHTC in two communities, with potential benefits to over 11,000 people. The activity led to the development of strong relationships between the TASO advisors and their Swazi collaborators, while building leadership and expertise in Swaziland.

[26] http://www.aidstar-one.com/focus_areas/hiv_testing_and_counseling/provider-initiated_hiv_testing_and_counseling
[27] http://www.aidstar-one.com/focus_areas/hiv_testing_and_counseling/resources/case_study_series/getting_in_the_door
[28] http://www.aidstar-one.com/focus_areas/hiv_testing_and_counseling/home-based_hiv_testing_and_counseling
[29] http://www.aidstar-one.com/focus_areas/hiv_testing_and_counseling/resources/technical_consultation_materials/HBHTC
[30] http://www.aidstar-one.com/focus_areas/hiv_testing_and_counseling/s2s_ta

HTC FOR KEY AFFECTED POPULATIONS

AIDSTAR-One conducted a range of activities on improving access to HTC for key populations, who are often excluded from public health due to a variety of social and structural barriers and disincentives. Project activities addressed groups experiencing a high HIV burden in PEPFAR countries, including MSM, PWID, sex workers, and TG.

> *"Rapid test and result was a big issue in Myanmar. After the consultation we had clear idea about rapid test and result so that we got a chance to talk with policymaker[s] and also put the rapid test in our program. Now most of the places rapid test method is ongoing."*
>
> —Survey respondent and attendee at AIDSTAR-One technical consultation

Rapid HIV Testing

Rapid HIV testing[31] enables quick results and linkages to care, and can be administered by a wide range of health staff. This approach is particularly relevant for increasing access to HIV services in low-resource settings, especially by vulnerable populations. AIDSTAR-One conducted several rapid testing activities in Thailand, where HIV prevalence is as high as 30 percent among some MSM groups. In 2009 the project carried out a situation analysis[32] that showed that community-based options for HTC are limited for MSM, and identified several community-based models for providing rapid HTC to MSM. With input from provincial and national stakeholders, AIDSTAR-One then developed an M&E plan for a USG-sponsored demonstration project on community-based HTC models targeting MSM. The project followed up by coordinating a PEPFAR-funded technical consultation in 2011[33] to discuss benefits and challenges of HIV rapid testing in the Asia-Pacific region. Country experiences showed that rapid testing is effective and reliable, and offers an opportunity to reach high-risk populations.

Community-based testing: Two case studies documented community-based approaches for providing rapid testing to MSM[34] and transgender clients[35] in Thailand. The findings supported the relevance of rapid HTC for key populations and also showed the importance of easy access to services, self-advocacy by vulnerable groups and their organizations, and support for clinicians who serve these groups.

CARE & SUPPORT

Comprehensive care and support services address the holistic health and social service needs of PLHIV and their families, so as to maintain their productivity and live productive and healthy lives. AIDSTAR-One supported the work of the PEPFAR Care & Support TWG to protect the health of PLHIV, maintaining links to supportive care, and enhancing quality of life.

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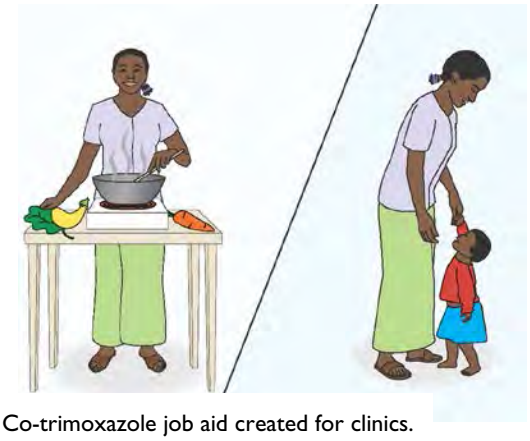
[31] http://www.aidstar-one.com/focus_areas/hiv_testing_and_counseling/rapid_testing
[32] http://www.aidstar-one.com/focus_areas/hiv_testing_and_counseling/resources/report/msm_thailand
[33] http://www.aidstar-one.com/focus_areas/hiv_testing_and_counseling/resources/technical_consultation_materials/rapid_testing
[34] http://www.aidstar-one.com/focus_areas/hiv_testing_and_counseling/resources/case_study_series/silom_clinic
[35] http://www.aidstar-one.com/focus_areas/hiv_testing_and_counseling/resources/case_study_series/sisters_thailand

CO-TRIMOXAZOLE

WHO recommends co-trimoxazole as an essential component of the HIV chronic care package and a key pre-ART medicine (2006). However, the use of the drug among PLHIV, especially among children is limited. In 2011 AIDSTAR-One conducted a desk review[36] of the drug's availability and use in 15 PEPFAR-supported countries in Africa, Asia, and the Caribbean; The review, identified lack of knowledge (among both providers and patients) as a barrier to wider use of co-trimoxazole in HIV care in lower-resource countries. The project then developed a set of low-literacy tools for facility- and community-based health workers to clarify the use of co-trimoxazole. The tools were piloted in Uganda in 2012 and were revised based on client and provider feedback. A follow-up assessment showed that although the tools' clear visual representations were useful to improve the quality of counseling, providers and clients continued to be frustrated by the absence of reliable co-trimoxazole supplies. Clients did comment frequently on their interest in taking home copies of the job aids and brochures to share with friends and family.



Co-trimoxazole job aid created for clinics.

MENTAL HEALTH AND HIV

PLHIV frequently suffer from depression and other mental health problems that affect their quality of life and their access to or continuity of care. AIDSTAR-One conducted a series of activities supporting PEPFAR's work in this area. A technical brief[37] on strategies for integrating HIV and mental health services led to the development of two case studies; Vietnam[38] and Uganda.[39] Findings from these studies highlighted the need to build integrated programs incrementally, using existing structures, to address the gender and structural issues (such as poverty and stigma) that exacerbate both HIV and mental health risks.

In 2011, AIDSTAR-One responded to a request by the Care & Support and Treatment TWGs to develop and pilot tools and standard operating procedures for integrating mental health and alcohol screening, along with appropriate stepped care, within HIV services. Findings from a situation analysis[40] (published in 2012), led to a two-phase pilot in partnership with the Ministry of Health and Child Welfare in Zimbabwe. The first pilot entailed training health and community-based partners (including traditional practitioners) in the basics of mental health, screening tools, and establishment of linkages for referrals. Screening during this intervention revealed mental health issues in nearly one-third of clients and alcohol co-morbidity in one-fifth. Second-phase activities focused on

[36] http://www.aidstar-one.com/focus_areas/care_and_support/resources/report/co_trimoxazole_management_and_availability
[37] http://www.aidstar-one.com/focus_areas/care_and_support/resources/technical_briefs/mental_health_and_hivaids
[38] http://www.aidstar-one.com/focus_areas/care_and_support/resources/case_study_series/mental_health_vietnam
[39] http://www.aidstar-one.com/focus_areas/care_and_support/resources/case_study_series/mental_health_uganda
[40] http://www.aidstar-one.com/focus_areas/care_and_support/resources/report/mentalhealth_zimbabwe

developing an SOP for integration, building community leadership and linkages, and strengthening attention to alcohol and substance use.[41,42] The Zimbabwe MOHCW adopted the SOP within its national strategy, and its mental health department has budgeted funding to scale up integration of mental health within HIV services.

> *"The technical assistance provided by AIDSTAR-One has an impact, in that it covers the neglected or the area in which government gave it less attention. For example, WASH in health institutions, WASH for PLWHA, maintenance of incinerators in health facilities for proper health facility waste disposal (including the ash pit), placenta pit construction. These may seem small, but it is very crucial."*
>
> —Participant in AIDSTAR-One technical assistance

WATER, SANITATION, AND HYGIENE (WASH)

Poor sanitation practices, at home and in facilities, pose significant health risks by exposing PLHIV, families, and communities to contaminated materials and unnecessary infection. In Africa, there is limited evidence of evidence of facility-based WASH interventions. AIDSTAR-One was asked to help address this critical gap by developing an adaptable curriculum for health facilities.

The project developed and piloted a curriculum on facility-based WASH in Kenya and Ethiopia in early 2011.[43] The curriculum was used to train health workers in facilities selected by the MOH and was revised based on trainer and trainee feedback. AIDSTAR-One conducted follow-up visits in each country one year post-intervention to assess the impact of the training.[44] [45] Health workers stressed the usefulness of the training; for most it was the first stand-alone WASH training they had received. Training attendees also exhibited higher levels of WASH knowledge than their untrained colleagues. A key outcome of the pilot was increased availability of handwashing stations. At a National Stakeholders Launch Meeting, the Kenyan MOPHS adopted the AIDSTAR-One WASH training as its national curriculum.

STRENGTHENING RETENTION IN CARE

Though PEPFAR prioritizes linking all eligible PLHIV to ART, loss to follow-up (LTFU) between a positive test result and treatment initiation is a significant issue. In 2010, AIDSTAR-One held a South-to-South learning meeting[46] with representatives from nine countries in Southern Africa to discuss pre-ART linkages to prevent LTFU. Participants agreed that high-impact programs enable clients to obtain care "where and how they want," and that communities play a significant role in addressing the stigma that impedes access to services. Attendees developed next steps for each country to strengthen linkages and retention in care following a positive HIV diagnosis.

AIDSTAR-One subsequently conducted a qualitative and quantitative study of 14 countries, examining factors contributing to pre-ART LTFU and recommending approaches for strengthening

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[41] http://www.aidstar-one.com/focus_areas/care_and_support/resources/report/zimbabweMHasst

[42] http://www.aidstar-one.com/focus_areas/care_and_support/mental_health_sop_training

[43] http://www.aidstar-one.com/focus_areas/care_and_support/WASH

[44] http://www.aidstar-one.com/focus_areas/care_and_support/resources/report/wash_assessment_ethiopia

[45] http://www.aidstar-one.com/focus_areas/care_and_support/resources/report/wash_assessment_kenya

[46] http://www.aidstar-one.com/focus_areas/care_and_support/resources/technical_consultation_materials/linkages_and_retention

retention of recently diagnosed individuals in care.[47] An online survey conducted as part of the study identified three best practices: 1) point-of-care services; 2) integration of HIV and MNCH services; and 3) use of peer counselors. Other recommendations included developing guidelines for linking PLHIV to care and minimizing stockouts of commodities and equipment, while scaling up access to co-trimoxazole. This study contributed to the limited evidence base on pre-ART retention, and PEPFAR has started to implement several of the recommendations.

PALLIATIVE CARE

Palliative care improves the quality of life of individuals living with HIV and other long-term illnesses through pain relief, support for patients and families, and bereavement counseling. Nearly 80 percent of those in need of palliative care services live in low- or middle-income countries (WPCA and WHO 2014).

AIDSTAR-One conducted an 11-country review on supplies of opiate and palliative drugs, which showed that pain relief substances were often unavailable and not included in HIV treatment guidance. Beginning in 2010, AIDSTAR-One provided technical assistance to the African Palliative Care Association (APCA), a pan-African nonprofit, and helped to develop the organization's strategic plan and strengthen its efforts to integrate palliative care within adult and pediatric care programs. The support included small grants for activities in palliative care in North and West Africa, scale-up of national palliative care programs, and e-learning in Kenya, Malawi, and Tanzania.

TREATMENT

The increasing number of PLHIV on treatment is a tremendous PEPFAR achievement; this figure continues to be a key indicator in PEPFAR's efforts to achieve an AIDS-free generation. AIDSTAR-One supported PEPFAR's work in advancing country-based efforts to implement effective treatment regimens through activities focused on improving pediatric care, ensuring continuity of care, and increasing access to testing and ART.

The project also produced documents on providing ART in a decentralized environment, including:

- Two technical briefs on decentralizing ART
- A technical brief on lessons learned from countries implementing the revised (2010) WHO guidelines on HIV treatment
- A crosswalk analysis of nine ART costing models and their impacts on policy[48]

PEDIATRIC HIV

The increasing number of children receiving HIV care or treatment spurred a need for guidance on caring for and counseling these children. Responding to PEPFAR's emphasis on pediatric care and treatment, AIDSTAR-One developed resources for parents, caregivers, and providers of children and young people living with HIV, and for the children themselves. Materials to address the

[47] http://www.aidstar-one.com/focus_areas/care_and_support/resources/report/PreART_Linkage_Retention

[48] http://www.aidstar-one.com/focus_areas/treatment/ART_costing_cross_walk

complex psychological and social stresses of growing up and living with HIV, dealing with serostatus disclosure, adhering to treatment, and negotiating age- and sex-related challenges as well as stigma. Key products for caregivers and HIV-positive children include the following:

- *Equipping Parents and Health Providers to Address the Psychological and Social Challenges of Caring for Children Living with HIV in Africa*[49] and the condensed version, *Foundation for the Future: Meeting the Psychosocial Needs of Children Living with HIV in Africa* (2011)[50], which cover promising practices to help parents and caregivers ensure the wellbeing of perinatally-infected children aged 0-12.
- A series of three age-appropriate booklets (ages 3-6, 6-12, and over 9 years) were developed for children living with HIV. For those over age 12, the six-part Teen Talk (available in English, French, Xhosa, and Portuguese), adapted for sub-Saharan Africa, covers a range of topics including ART, reproductive health, nutrition, exercise, and PMTCT. (See Chapter 3).[51,52]

AIDSTAR-One also developed a *Toolkit for Implementation of the World Health Organization's (WHO's) Pediatric Treatment Guidelines*[53]—intended to help program planners, country-level policymakers, and program staff to incorporate WHO's recommendations into their efforts. AIDSTAR-One's Knowledge Management Team also developed an interactive version of the toolkit can be downloaded from the website. An abstract describing the toolkit was accepted and presented at the International Conference on AIDS and STIs in Ethiopia in December 2011.

CONTINUITY OF CARE IN EMERGENCIES

According to WHO reports, over two-thirds of PLHIV (and one-third of the population in sub-Saharan Africa) live in countries experiencing acute or chronic emergencies. Emergencies damage health care systems and force migration, leaving patients without consistent access to ART and treatment. AIDSTAR-One worked to strengthen PEPFAR's emergency contingency plans for HIV care by examining approaches used in three African countries. A case study on Côte d'Ivoire[54] describes the country's efforts to ensure continuous ART access following the electoral violence of 2010, by including the MOH, PEPFAR, national drug and supply authorities, partners, and facilities in this response. A second study, carried out in post-civil war Uganda,[55] documents the country's strategy for HIV treatment continuity in emergencies and describes policy changes that followed the war. The third study from Kenya[56] describes the impact of the 2007 post-election violence on the health system, covering issues with access to HIV treatment, the response of government and partners, and new contingency plans developed since the crisis. Using data from these case studies, AIDSTAR-One developed recommendations for policy and planning regarding access to HIV treatment during emergencies.

[49] http://www.aidstar-one.com/focus_areas/care_and_support/resources/report/clhiv_pss_needs_africa

[50] http://www.aidstar-one.com/focus_areas/care_and_support/resources/technical_briefs/foundation_future

[51] This sub-Saharan Africa edition was adapted from a version published in 2010 by the Botswana-Baylor Children's Clinical Centre of Excellence Teen Club Program, and from the original version, which was published in the U.S. in 2004.

[52] http://www.aidstar-one.com/focus_areas/treatment/resources/pediatric_disclosure_materials

[53] http://www.aidstar-one.com/focus_areas/treatment/resources/pediatric_HIV_treatment_toolkit

[54] http://www.aidstar-one.com/focus_areas/treatment/resources/case_study_series/emergency_planning_ci

[55] http://www.aidstar-one.com/focus_areas/treatment/resources/case_study_series/treatment_access_uganda

[56] http://www.aidstar-one.com/focus_areas/treatment/resources/case_study_series/emergency_planning_for_art_kenya

CHAPTER 3: ADVANCING PEPFAR'S GOAL TO MAKE SMART INVESTMENTS

PEPFAR's Blueprint requires making smart investments in interventions that meet the urgent needs of people at risk for and living with HIV. To identify the most appropriate interventions, it is important to understand context, the people with the greatest need, who will benefit most, and the structural issues that impede service utilization. Smart investments require that programs follow HIV innovations, putting financial and technical resources into those programs that reach individuals at the greatest risk or with the greatest needs, and support technical efforts that will reduce morbidity and death. Equally important, these investments must address gender equality and look to the future supporting young people and adolescents. AIDSTAR-One's body of work focused on these smart investments, and provided tools for implementers and partners to advance their efforts in this area.

> *"Understanding how other countries are addressing the specific needs of key populations in a mixed epidemic has helped to hone our strategies to be more efficient and effective. Best practices and lessons learned from navigating hostile policy environments vis-à-vis MARPs have also been very useful to our program."*
>
> —Survey participant on AIDSTAR-One meeting on key populations

INCREASING ACCESS TO PREVENTION SERVICES

ROLLING OUT PEPFAR GUIDANCE ON COMBINATION PREVENTION

Over the course of six years, AIDSTAR-One employed technical leadership and knowledge management to evaluate new opportunities to advance the HIV response and identify novel strategies to reach known and emerging vulnerable populations. Prior to the release of PEPFAR's *Technical Guidance on Combination Prevention* in 2011, AIDSTAR-One worked with the TWGs to develop case studies[57,58] and technical reports[59] and to lead technical consultations[60] exploring the needs of the general population as well as most-at-risk-populations (as they were known in the early years of the project). Starting in February 2012, AIDSTAR-One then partnered closely with PEPFAR and USAID to roll out the technical guidance at a series of multi-partner meetings held in

[57] http://www.aidstar-one.com/focus_areas/prevention/resources/case_study_series/humsafar_trust_mumbai_india
[58] http://www.aidstar-one.com/focus_areas/prevention/resources/case_study_series/cepehrg_and_maritime_ghana
[59] http://www.aidstar-one.com/focus_areas/care_and_support/resources/report/mapping_key_services_kyrgyzstan
[60] http://www.aidstar-one.com/focus_areas/prevention/resources/technical_consultation_materials/prevention_for_marps

Africa,[61] Asia,[62] Latin America,[63] and Washington, DC.[64] The project further supported the adoption and implementation of the guidance by developing and disseminating a robust portfolio of products, including case studies, a podcast,[65] and technical reports that focused on combination prevention strategies that met the needs of key affected populations and those with the highest risk of acquiring HIV.

STRUCTURAL INTERVENTIONS

The PEPFAR Blueprint calls for scaling up combination prevention approaches and increasing key populations' access to HIV services. However, multiple factors—including social, educational, economic, punitive laws, and limited political will—create a web of structural barriers that limit scale-up and access to services, which in turn increase risk for HIV infection. Structural interventions are part of a broader effort to make HIV programs more effective and efficient; by considering the environmental contexts that put people at risk for infection in the development of prevention services, programs can strengthen their impact. AIDSTAR-One supported PEPFAR's progress toward an AIDS-free generation by advancing understanding of structural interventions along the HIV continuum of care. The project investigated approaches at the micro, meso, and macro levels for addressing the direct and indirect causes of increased HIV risk in a different communities and contexts.

In collaboration with the STRIVE research consortium, AIDSTAR-One developed five position papers and a draft tool[66] to address critical issues within the field of structural interventions for prevention of sexual transmission of HIV in general populations. The papers present both academic and field-based perspectives on key concepts and definitions, operational approaches, programmatic experience, and the current evidence base linking structural factors to HIV risk. AIDSTAR-One and STRIVE also produced an innovative tool to help HIV managers and decision makers with guidance on prioritizing and operationalizing structural programming. The document defines key concepts and outlines a six-step approach along with key considerations for achieving impact.

TRANSGENDER COMMUNITIES

AIDSTAR-One's transgender portfolio grew out of early meetings on key populations (India[67] and Guatemala,[68] 2009) during which participants noted that HIV programs were not having the desired impact within transgender groups. The limited data available on transgender populations suggested that this population experienced significant stigma, had HIV high prevalence, and were frequent victims of gender-based violence. Moreover, providers were often unprepared or unwilling to care

[61] http://www.aidstar-one.com/focus_areas/prevention/resources/technical_consultation_materials/msm_africa
[62] http://www.aidstar-one.com/focus_areas/prevention/resources/technical_consultation_materials/msm_thailand
[63] http://www.aidstar-one.com/focus_areas/prevention/resources/technical_consultation_materials/msm_tg_lac
[64] http://www.aidstar-one.com/focus_areas/prevention/resources/technical_consultation_materials/msmtgtech
[65] http://www.aidstar-one.com/focus_areas/prevention/resources/msm_transgender_podcast
[66] http://aidstarone.com/focus_areas/prevention/resources/structural_prevention_series
[67] http://www.aidstar-one.com/focus_areas/prevention/resources/technical_consultation_materials/prevention_for_marps
[68] http://www.aidstar-one.com/focus_areas/prevention/resources/technical_consultation_materials/latin_america_marps

for transgender patients, and programs often grouped transgender populations under services for men who have sex with men, without considering the nuances of treating this key population.

Because data on transgender groups was very scarce, AIDSTAR-One, working with Ministry of Health staff, transgender women, academics, and providers, began conducting a multi-country assessment in four countries in Central America—El Salvador, Guatemala, Panama, Nicaragua. Based on the findings, AIDSTAR-One developed and tested an innovative capacity building strategy to increase the ability of public- and private-sector providers to work effectively with TG persons. Providers and health educators attended trainings [69] in Panama and El Salvador to help develop their clinical skills in working with TG patients. Including transgender women as trainers was critical to this effort, because the trainings allowed them to interact as peers and professionals with the trainees and helped to increase their visibility. Skills developed in training were reinforced through supportive supervision, and trainees were asked to deliver the same sensitization training at their home facilities—in part, to prevent stigma against the trainees themselves. These activities significantly increased awareness of transgender communities and their needs while providing necessary guidance on how to meet those needs. The success of these efforts led AIDSTAR-One to partner with PAHO to craft a blueprint[70](See Chapter 4). AIDSTAR-One's LAC transgender materials have subsequently been used in reports and proposals developed by both TG groups and USAID missions.

MEN WHO HAVE SEX WITH MEN

Men who have sex with men (MSM) have often been neglected in HIV programming, frequently ignored in national strategies, and hidden in the face of intolerance, stigmatization, and punitive laws. In partnership with USAID's Key Populations TWG, AIDSTAR-One worked to identify creative approaches to connect MSM to critical services, while addressing structural barriers. In Ghana, AIDSTAR-One wrote a case study on the Accra-based Center for Popular Education and Human Rights, Ghana (CEPEHRG) and Maritime Life Precious Foundation (Maritime)[71] in Takoradi community-based organizations, which have been reaching MSM with prevention messages, condoms, and lubricant and increasing uptake of HIV-related services using cell phone-based communications. The project also reviewed HIV prevention efforts for MSM and sex workers in West Africa[72], where both populations face widespread stigma and discrimination and remain highly marginalized, making it challenging to measure and design effective HIV-related services. The review highlights the value of updating national strategic frameworks to better address those affected by the epidemic and the important role of strategic development partnerships—particularly with NGOs.

[69] http://www.aidstar-one.com/sites/default/files/AIDSTAR-One_LAC_Training_Manual.pdf
[70] http://www.aidstar-one.com/sites/default/files/Por_la_Salud_de_las_Personas_Trans.pdf
[71] http://aidstarone.com/focus_areas/prevention/resources/case_study_series/cepehrg_and_maritime_ghana
[72] http://aidstarone.com/focus_areas/prevention/resources/report/MARPS_Togo_and_Burkina

SUBSTANCE USE, INJECTING DRUG USE, AND HIV

Drug and alcohol use, including needle sharing and unprotected sex, are major contributing factors to HIV infection. Injecting drug use is a global phenomenon and a significant problem in South and Central Asia; the practice is nascent in Africa and Latin America. In many countries where drug use is widespread, HIV prevalence in people who inject drugs (PWID) is over 50 percent, while hepatitis C infection is even higher (IHRA 2008). Additionally, a growing body of epidemiological and social science research links alcohol consumption with sexual behaviors that put people at risk for HIV and other sexually transmitted infections. AIDSTAR-One's focused on helping partners characterize their substance-using populations, develop strategies to address the impact of drug and alcohol use on HIV, and initiate broader dialogue on these topics.

The project coordinated several technical consultations to support information-sharing and discussion of strategies. In 2012, the project hosted the PEPFAR-supported technical consultation "Substance Use and HIV Prevention, Care, and Treatment in Latin America" in Guatemala.[73] This meeting responded to findings from Latin America showing that substance use (especially cocaine and alcohol) and accompanying risk behaviors were prevalent among key populations including PLHIV. The event brought together national, USG, UN and PAHO stakeholders to share their knowledge and experiences and to discuss additional strategies that could be built using existing tools, such as PEPFAR's *Comprehensive HIV Prevention for People Who Inject Drugs* (Revised guidance, 2010).

In Namibia, AIDSTAR-One undertook formative research[74] to understand how bar owners, staff, patrons, and community members perceive the risks and benefits of alcohol consumption and to solicit ideas about approaches for mitigating the negative effects of alcohol. With this information, AIDSTAR-One conducted a three-year demonstration project[75] to reduce heavy drinking and risky sexual behavior among bar patrons in Windhoek and developed recommendations for future research and programming.

AIDSTAR-One also developed several case studies describing novel approaches for working with PLHIV who also have substance use problems. The studies highlight several programs using innovative strategies to address substance abuse and reduce risk of HIV infection. For example, the Stigma Foundation[76] works through community organization, advocacy, and networking to help HIV-positive PWID live healthier lives; and the Georgian Harm Reduction Network[77] adopted an evidence-based strategy for working with PWID, while mitigating legal structural factors that limit service access. The Phaphama ("Wise Up") program[78] in South Africa achieves positive impacts through one-hour, high-intensity alcohol risk counseling delivered to clients seeking STI treatment; and the Y.R. Gaitonde Center for AIDS Research and Education program uses a community

[73] http://aidstarone.com/focus_areas/prevention/resources/technical_consultation_materials/lac_substance_use
[74] http://www.aidstar-one.com/focus_areas/prevention/reports/alcohol_namibia
[75] http://www.aidstar-one.com/focus_areas/prevention/resources/reports/alcohol_namibia_intervention_report
[76] http://aidstarone.com/focus_areas/gender/resources/case_study_series/STIGMA_foundation
[77] http://aidstarone.com/focus_areas/prevention/resources/case_study_series/ghrn
[78] http://www.aidstar-one.com/focus_areas/prevention/resources/case_study_series/wising_up_to_%20alcohol-related_HIV_Risk

popular opinion leader approach within their peer education on alcohol-related HIV risk in Chennai, India.

TUBERCULOSIS (TB) AND HIV CO-INFECTION

Tuberculosis remains a major killer worldwide, and many countries are still struggling to reach global targets for integrated HIV/TB testing and treatment (WHO 2013). AIDSTAR-One's work with TB and HIV focused on addressing the needs of vulnerable groups.

Brazil

In 2011 in Brazil,[79] AIDSTAR-One initiated the "Social Tech" project in São Paulo, Rio de Janeiro, and nationally in Brasilia to increase understanding about and access to HIV and TB treatment among at-risk groups. This project was unique in that it addressed the needs of prison inmates, a large, vulnerable, and frequently underserved population. AIDSTAR-One collaborated with the Government of Brazil, state tuberculosis control offices, the São Paulo State Penitentiary System, and civil society leaders to implement a behavior change campaign, "*De Peito Aberto*" (With Open Arms), which used behavior change communication, social marketing and mobilization, and social research to increase awareness of HIV/TB co-infection risks, encourage treatment, and support adherence to directly observed treatment, short-course, or DOTS. A novel impact measurement scale, documented statistically significant improvements in knowledge, behaviors, and practices. The intervention was expanded to other sites, including Bangu Penitentiary, one of Brazil's largest, with over 20,000 inmates—the first to address HIV and TB co-infection at this site.

The work in Brazil also included grants to 12 NGOs serving youth, lesbian, gay, bisexual, and transgender (LGBT) groups, *favela* residents, and other vulnerable communities, who used the support to roll out the De Peito Aberto campaign and conduct social mobilization in their communities. Grants from AIDSTAR-One not only solidified the NGOs' organizational capacity, but also expanded their knowledge base by educating them about HIV/TB co-infection and bringing them into contact with prisoners and their families.

TB/HIV in India

A case study[80] conducted in the state of Karnataka illustrated the ongoing effects of a four-step process to strengthen integration of HIV and TB services in India—a country that began integrating HIV and TB in 2001. The model, implemented by the Samastha project,[81] includes 1) routine HIV testing for all new and registered TB patients, using Co-trimoxizole for those who test HIV-positive; 2) provider training on the HIV/TB package for all providers at participating clinics; 3) joint monitoring by TB and HIV providers, and monthly meetings of community workers in both specialties; 4) state-level training of trainers and subsequent district-level training for professional

[79] http://www.aidstar-one.com/resources/project_highlights/brazil

[80] http://www.aidstar-one.com/focus_areas/care_and_support/resources/case_study_series/positive_partnership

[81] Samastha is a USAID-supported project for comprehensive HIV services in Karnataka and Andhra Pradesh states. Samastha works in collaboration with national and state agencies.

and paraprofessional providers. This approach greatly expanded access to HIV/TB services and supported community-level linkages between HIV and TB programs.

GENDER

Addressing harmful gender norms, gender inequality, social stigma, and self-image are essential to reducing the risk of the vulnerability to HIV infection, to mitigate the impact of the epidemic, and to improve health outcomes. By evaluating and documenting existing approaches to gender integration, AIDSTAR-One contributed to PEPFAR's efforts to integrate five key gender strategies into USG programming:

- Increasing gender equity in HIV programs and services
- Reducing violence and coercion
- Addressing male norms and behaviors
- Increasing women's legal rights and protection
- Increasing women's access to income and productive resources, including education

INTEGRATING GENDER STRATEGIES INTO HIV PROGRAMS:

An early activity in the AIDSTAR-One gender portfolio was creating an online compendium[82] of 31 HIV programs in Africa that use a combination of one or more gender strategies to improve HIV services and reduce vulnerability to infection. The compendium provides examples of how strategies are combined, where gaps exist, lessons learned, and common experiences across programs.

THE ROLE OF GENDER IN DESIGNING PROGRAMS WITH KEY POPULATIONS

Understanding that PEPFAR's gender strategies could also be applied to programs for key populations, AIDSTAR-One wrote and disseminated a technical brief[83] on this topic. The project then developed nine case studies[84] that expand on the technical brief, providing an in-depth look at HIV programs working with and for key populations in South and Southeast Asia, Eastern Europe, Latin America, and the Middle East. AIDSTAR-One also developed a report[85] that includes recommendations that apply across all nine case studies. This body of work shed further light on the problem of violence and human rights violations against key populations.

GENDER-BASED VIOLENCE AND HIV

Reducing violence and coercion—one of the key PEPFAR gender strategies is an important structural intervention that can help improve access to services, not only for key populations, but for

[82] http://www.aidstar-one.com/focus_areas/gender/resources/compendium_africa
[83] http://www.aidstar-one.com/focus_areas/gender/resources/technical_briefs/gender_MARPs
[84] http://www.aidstar-one.com/focus_areas/gender/marps_concentrated_epidemics_series
[85] http://www.aidstar-one.com/focus_areas/gender/resources/reports/integrating_gender_marps

women and adolescent girls as well. AIDSTAR-One supported USAID's development of the *Program Guide for Integrating GBV Prevention and Response in PEPFAR Programs*[86], an online tool and guidance document that program managers can use to address GBV within their programs and plan for greater integration and coordination within country teams. To further demonstrate how programs are incorporating gender-based violence reduction strategies into their HIV response, AIDSTAR-One also developed three case studies,[87] a recommendations report,[88] an editorial on protecting adolescent girls,[89] and a technical brief.[90]

CHILDREN AND ADOLESCENTS

Children and adolescents, especially those orphaned by HIV and those living with HIV, are important new populations to consider in efforts to achieve an AIDS-free generation. Orphans and vulnerable children and adolescents living with HIV (ALHIV) are disproportionally at risk of abuse, exploitation, violence, and neglect. Furthermore, the transition of HIV from a life-threatening disease to a potentially chronic and manageable condition means that children born with HIV will live to see adolescence and adulthood. Fresh approaches will be required to ensure their future as healthy, productive members of communities. Yet medical systems in low- and middle-income countries are largely unprepared to address young people's complex needs as they transition into adult care. AIDSTAR-One's work on early child development (ECD), child protection, and addressing adolescents' needs contributed substantially to a previously limited knowledge base.

ORPHANS AND VULNERABLE CHILDREN

AIDSTAR-One focused on five areas in the context of OVC programming: child protection, early childhood development (ECD); food security and nutrition, and integration of MNCH and HIV services (a crosscutting area detailed in the chapter on Saving Lives). This work supported PEPFAR's directive to provide comprehensive care to mothers and young children, contributed to the evidence base across the range of OVC issues, and provided guidance on technical considerations for addressing the needs of adolescents transitioning into adult care, and on children and adolescents who have experienced sexual violence.

Child Protection

Protecting children from abuse, exploitation, violence, and neglect is essential to the success and sustainability of OVC programs. Child protection can also contribute to the achievement of several other key health and development goals. AIDSTAR-One collaborated with the United Kingdom-based organization Keeping Children Safe (KCS) and USAID to help PEPFAR partners develop child protection policies and procedures in response to call that all organizations should have such policies and procedures in place. The overall aim of the training was to increase understanding of the

[86] http://www.aidstar-one.com/focus_areas/gender/resources/pepfar_gbv_program_guide
[87] http://www.aidstar-one.com/focus_areas/gender/gbv_case_study_series
[88] http://www.aidstar-one.com/focus_areas/gender/resources/reports/gbv_series_findings_report
[89] http://www.aidstar-one.com/focus_areas/gender/resources/spotlight/evidence_based_approaches_protecting_adolescent_girls_risk_hiv
[90] http://www.aidstar-one.com/focus_areas/gender/resources/technical_briefs/gender_based_violence_and_hiv

problem of child abuse and enable participants to strengthen, develop, and implement child protection measures in their organizations. In 2011 and 2012, AIDSTAR-One and KCS provided training to over 350 participants in 10 countries.[91] AIDSTAR-One, USAID, and KCS also presented a workshop on child safeguarding during the 2012 meeting of the International AIDS Society,[92] aimed at building the skills of leaders in the HIV field to develop and implement strong child safeguarding policies within their organizations.[93]

The child-centered approach to care highlighted in AIDSTAR-One's work.

Post-Rape Care

AIDSTAR-One led groundbreaking work by helping PEPFAR develop critical guidance on management of post-rape care for children and adolescents. In 2012, AIDSTAR-One led the focus on child sexual violence by coordinating an expert meeting in Washington, DC[94] to develop technical guidance on post-rape care for those under age 18 at primary health centers. The meeting focused on developing key clinical recommendations, reviewing existing guidance, and technical considerations for PEPFAR and partners. The comprehensive document, *Resources for the Clinical Management of Children and Adolescents Who Have Experienced Sexual Violence*[95] describes all elements needed to deliver tailored post-rape care to children and adolescents, and includes five job aids and 15 annexes for doctors, nurses, and social workers on managing the clinical and psychosocial care required (available in English, French, Portuguese, Spanish, and Swahili).

Developing Country Policy

In late 2013, AIDSTAR-One organized the Building Capacity on Post-Rape Care for Children and Adolescents Technical Workshop[96] to help build capacity in Tanzania to develop a coordinated post-rape care response for children under age 18. Government representatives, national and international NGOs, academia, and bilateral organizations, discussed ways of implementing PEPFAR's guidelines for post-rape clinical management, and developed comprehensive recommendations and steps to take to update and revise policies and programs, and to build providers' capacity to provide post-rape care to adolescents.

[91] Democratic Republic of the Congo, Ethiopia, Haiti, Lesotho, Malawi, Mozambique, Nigeria, South Africa, Swaziland, and Tanzania.
[92] http://aidstarone.com/aids2012
[93] http://aidstarone.com/focus_areas/ovc/child_safeguarding_trainings
[94] http://www.aidstar-one.com/focus_areas/gender/resources/technical_consultation_materials/prc
[95] http://www.aidstar-one.com/focus_areas/gender/resources/prc_technical_considerations
[96] http://www.aidstar-one.com/focus_areas/ovc/resources/technical_consultation_materials/prc_tanzania

Additional work in post-rape care included:

- Conducting desktop studies and assessments in Mozambique[97,98] and Lesotho[99,100] to determine factors supporting care for children who have experienced sexual violence.
- Training forensic nurses experienced in post-rape care for children to serve as mentors to nurses in Swaziland.

Pediatric HIV Disclosure

How to Keep Healthy, one of the booklets developed for children living with HIV.

As ALHIV advocate Loyce Maturu (See Box 5) indicates, programs that can help children and adolescents learn their HIV status is a smart investment. Studies show that pediatric HIV disclosure at younger ages decreases mortality by half and can increase medication adherence by 20 percent. Although the process of pediatric disclosure is important it is also complex. Many children who are HIV-positive live with other family members who may or may not be living with HIV. This makes disclosure very sensitive and personal. Disclosure also makes a child's role in his or her own treatment important, and not all children are ready for this kind of responsibility. For these reasons, disclosure must be tailored to children's own understanding of their illness and its impact on their life.

In response, AIDSTAR-One adapted a set of pediatric and adolescent disclosure materials to help tailor the disclosure process to a child's specific needs. . They are interactive and encourage discussion among the child or teenager, his or her caregivers, and health professionals. The color booklets are easy-to-read and are suited for children and adolescents of varying ages. They are translated in French, Portuguese, and Xhosa. HIV programs can use these materials as guidelines for establishing HIV disclosure interventions for their own populations. The materials can be used by health care workers, parents, caregivers and children together, throughout the disclosure process to ensure disclosure is completed appropriately and supportively.

[97] http://www.aidstar-one.com/focus_areas/ovc/resources/report/mozambique_sexual_violence
[98] http://www.aidstar-one.com/focus_areas/ovc/resources/reports/prc_children_mozambique
[99] http://www.aidstar-one.com/focus_areas/ovc/resources/reports/desktop_study_lesotho
[100] http://www.aidstar-one.com/focus_areas/ovc/resources/reports/lesotho_situational_analysis

ADOLESCENTS LIVING WITH HIV

AIDSTAR-One developed accessible, comprehensive tools and guides for ALHIV and their caretakers. Illustration ©Align Graphic Design 2014.

AIDSTAR-One, working in close collaboration with the Africa Bureau and the Treatment TWG forged new leadership in this important area, focusing on the importance of ensuring that ALHIV are in care and transitioned to adult clinical and social support services

Transitioning of Care

A 2012 technical consultation in Botswana[101] informed the recommendations of a technical brief[102]: *Transitioning of Care and Other Services for Adolescents Living with HIV in sub-Saharan Africa.* In order to ensure that recommendations would be appropriate, AIDSTAR-One involved youth adults living with HIV in the consultation, pairing a youth speaker with a technical expert, and encouraging youth at the meeting to use social media to share their insights. The technical brief provided recommendations for facility- and community-based providers working with ALHIV, including policy considerations, specific clinical services, and psychosocial support to build the capacity of ALHIV to manage their health.

In response to a clear need for a practical tool that healthcare and community care providers, families, caregivers, and ALHIV could use to ameliorate the transition from pediatric to adult care, AIDSTAR-One created a ten-module toolkit in partnership with USAID's Africa Bureau.[103] The toolkit covers specific guidance on providing self-management support, including milestones and a framework for goal setting; and includes tools on a range of topics including sexual health, alcohol, and loss. The manual also gives providers a technical background explaining why services for ALHIV are important, and how to integrate the services into routine care. The tool was piloted in four facilities in Kenya; ALHIV participated in pilots and training exercises and provided comments and responses to questions. Following implementation of a technical working group on the tool in Mozambique, the MOH is considering integrating the toolkit within its national guidelines.

In each of the aforementioned activities, AIDSTAR-One noted that adolescents were requesting easily accessible services that were tailored to their specific needs. In response, AIDSTAR-One collaborated with PEPFAR, USAID, and UNICEF to conduct a mapping activity in order to identify HIV policies and services for adolescents in 10 sub-Saharan African countries: Kenya, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe. Findings,--including service gaps, innovative approaches, areas requiring programmatic prioritization, and potential areas for integration—are highlighted in a report and in an interactive online map.[104]

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[101] http://www.aidstar-one.com/focus_areas/care_and_support/resources/technical_consultation_materials/adolescent_transition

[102] http://aidstarone.com/focus_areas/care_and_support/resources/technical_briefs/alhiv_transitions

[103] http://www.aidstar-one.com/resources/tools_and_curricula/alhiv_toolkit

[104] http://aidstarone.com/focus_areas/care_and_support/resources/report/mapping_hiv_services

To share these resources with technical partners in Africa and spur dissemination, AIDSTAR-One presented an innovative series of four webinars packaging critical information on ALHIV: on the needs of ALHIV;[105] mapping ALHIV services in Africa;[106] creating adolescent-friendly transition policies and programs;[107] and the AIDSTAR-One transitioning toolkit[108] (see Box 7, Chapter 5).

Box 4. Loyce Maturu (webinar presenter, adolescent perspective)

Twenty-two-year-old Loyce Maturu is a peer counselor working as a community adolescent treatment supporter in her home community in Zimbabwe. She became an activist after losing both of her parents and her brother to AIDS, then learning that she, too, was HIV positive. Although her initial experiences in the health care system were miserable, she was ultimately referred to another clinic, where she receives supportive care from nurses. Through her new clinic, she was linked to community services at the Zvandiri program, where she now shares her struggles with her peers, receives training, and—as she puts it, "gained my confidence, self-esteem, happiness, beautiful smile and reason to live in life."

In December 2013, Loyce presented her perspective during an AIDSTAR-One ALHIV webinar (http://www.aidstar-one.com/events/needs_of_ALHIV_webinar). She recalled her first foray into HIV care, during a time when she was fearful, angry, and uncomfortable. "Transition is a very difficult period," she said. "We are being told our HIV status too late...it results in confusion, many questions, and non-adherence."

Care for ALHIV must address their need for safe, easily accessible services:

- Easy, free access to ARVs and other medicines
- Community-clinic linkages "so we don't fall through the cracks"
- Confidential services from friendly providers who have time to listen
- Correct, clear information
- Availability of consistent [known] health workers
- Consistent supply of medicine
- Sexual and reproductive health information and services: "We want relationships and families."
- Services for ALHIV with hearing and visual impairments
- Opportunities to interact with HIV-positive peers.

Loyce urged participants to find mechanisms to enable ALHIV to get tested and learn about their status early, and to immediately provide consistent, supportive, and comprehensive services. It is urgent, she said, to scale up effective interventions for adherence. "My peers are starting to fail [in] ART," she said. She added that adolescents also need guidance on how to help ALHIV move forward, find work, and integrate effectively into the community is highly needed.

[105] http://www.aidstar-one.com/events/needs_of_ALHIV_webinar
[106] http://www.aidstar-one.com/events/mapping_adolescent_services
[107] http://www.aidstar-one.com/events/alhivtb_webinar
[108] http://www.aidstar-one.com/events/adolescent_toolkit_webinar

Health Outcomes of Children and Adolescents Living with HIV

Another key highlight of AIDSTAR-One's adolescent portfolio included a unique activity in Zimbabwe, a country where 18 percent of young people aged 0 to 17 are orphans, and where HIV is the leading cause of morbidity and mortality among adolescents. AIDSTAR-One conducted a retrospective review[109] and cross-sectoral evaluation of over 2,000 charts detailing pediatric and adolescent outcomes (ages 0 through 19 years), including 1,200 young people on ART. The analysis showed that HIV care is often the first contact with health care for this cohort, and frequently, youth present in late stages of HIV. One-third of the group overall, mostly infants, are LTFU. Among adolescents, LTFU is 25 percent, and treatment failure occurred in 37 percent of individuals. The analysis also showed a strong need for psychosocial support, including support for disclosure. The Zimbabwe Ministry of Health is now considering new ways to offer improved viral load testing and increase ALHIV's access to testing. This work is one of the most comprehensive analyses of outcomes among children and adolescents receiving HIV care in a public HIV treatment program in Zimbabwe and underscores the importance of linkages to care and retention in care for children and adolescents globally. Furthermore, efforts to integrate care for children into their daily lives, including school and examination schedules, are smart investments for improving care and clinical outcomes.

[109] http://aidstarone.com/focus_areas/treatment/resources/report/Zimbabwe_Treatment

CHAPTER 4: SUPPORTING PARTNERSHIPS FOR SHARED RESPONSIBILITY

In the past decade, donors have increasingly recognized that in order for the HIV response in individual countries to be effective and sustainable it must be driven and owned by those countries. The 2008 PEPFAR Leadership Act, subsequently reauthorized in 2013, emphasizes the United States' strong commitment to support partner governments, civil society, and communities to build country ownership of HIV programs.[110] This objective also aligns with the transition of management articulated in the Accra Agenda for Action.[111] To advance PEPFAR's work in the transition to country-managed HIV response, AIDSTAR-One's technical assistance aimed to build the technical and management capacity of communities, the private sector, and governments; and to forge the relationships required to support lasting and sustainable national responses. The project also worked collaboratively with a number of multilateral organizations; over time, these relationships led to smart investments in a series of initiatives and guidance resources that will help save lives.

> *AIDSTAR-One acted as a catalyst for new [HIV] issues...the project has shown its ability to stay flexible, and that's much appreciated.*
>
> —Elizabeth Berard, Health Scientist Specialist, Office of HIV/AIDS, USAID
> AIDSTAR-One close-out presentation, January 2014, Washington, DC

STRENGTHENING COUNTRY OWNERSHIP

AIDSTAR-One developed technical documents, toolkits, assessments, and activities to build the capacity of communities, organizations and governments to develop policies, leverage public resources, and make smart investments to turn the tide on their HIV epidemics and contribute a global reduction in new infections and reduced morbidity and mortality. The project's work also helped PEPFAR to strengthen its position in the changing HIV context, as countries evolve from assistance partners to leaders and managers in the global campaign to end HIV.

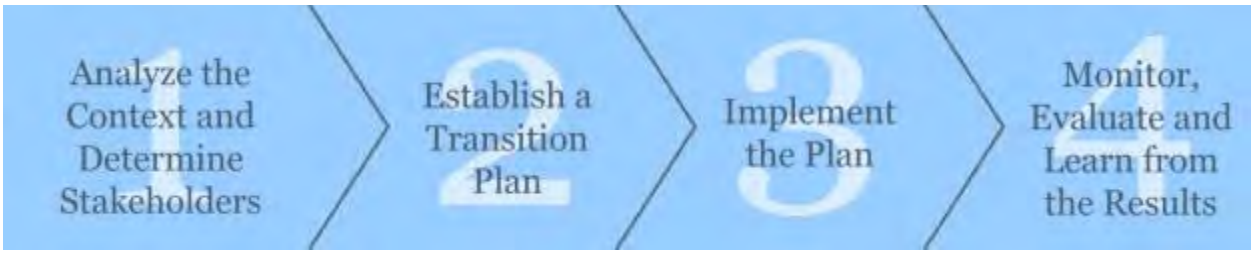
[110] https://www.govtrack.us/congress/bills/110/hr5501/text

[111] This agenda, articulated in 2008 at the Third High-Level Forum on Aid Effectiveness in Ghana, seeks to accelerate efforts to strengthen the transition to country-led management of the development agenda. http://www.oecd.org/dac/effectiveness/34428351.pdf

GUIDANCE ON TRANSITION OF OWNERSHIP

In 2011, AIDSTAR-One drafted a technical brief[112] on the transition of program ownership and management. The brief highlighted the common elements and approaches of successfully transitioned programs, describes lessons learned from several countries at various stages of transition, and outlines a four-step process for supporting transition of management to countries (see Figure 1).

Figure 1. Steps for Transition of Management



AIDSTAR-One also developed a three-part capacity assessment tool[113] to give PEPFAR program managers and implementers a set of guidelines to facilitate the transition of HIV care and treatment programs to national and local ownership. The tool, designed for use at the state and national levels, and identifies eight essential capacity domains.[114] In 2012, AIDSTAR-One pilot-tested the tool in Nigeria's Kogi State. State institutions, a local hospital, NGOs, and implementing partners, assessed the state's capacity to manage comprehensive care and treatment for HIV. Stakeholders found the tool useful, showing "a true picture of the state at-a-glance" and facilitating goal-setting[115]. Participants felt that the tool could be used annually at higher (state and national) levels to assess service readiness.

PEPFAR CARIBBEAN MIDTERM PROGRAM EVALUATION

In 2012 AIDSTAR-One was asked to conduct a midterm evaluation of the PEPFAR five-year program in the Caribbean[116,117], to more clearly articulate PEPFAR's Caribbean HIV strategy and measure progress toward shared responsibility and country ownership, following the four dimensions of political ownership as established under PEPFAR II: community ownership, technical/managerial capability, and mutual accountability. This was the first PEPFAR evaluation undertaken for a whole region, and was a complex undertaking. The PEPFAR Caribbean regional program is implemented in 12 countries[118] by six USG agencies,[119] each with its own mandates,

[112] http://aidstarone.com/focus_areas/treatment/resources/technical_briefs/transition_of_management
[113] http://aidstarone.com/focus_areas/treatment/resources/tools_and_curricula/capacity_assessment_tool
[114] Human resources, leadership, effective policy, operating systems, management systems, infrastructure and resources, fiscal management, and partnerships.
[115] http://www.aidstar-one.com/focus_areas/treatment/resources/reports/capacity_assessment_tool_nigeria
[116] http://aidstarone.com/sites/default/files/AS1CO_Caribbean_Midterm_Evaluation.pdf
[117] http://aidstarone.com/resources/reports/caribbean_regional_report
[118] Antigua and Barbuda, The Bahamas, Barbados, Belize, Dominica, Granada, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, and Trinidad and Tobago.

contexts, and priorities. Thus, AIDSTAR-One's evaluation required developing, for the first time, a process for evaluating an interagency, multi-country PEPFAR program.

> *Since [the Caribbean midterm evaluation] was groundbreaking, it has set the stage for other regional PEPFAR programs to support their own evaluations...In the case of the Caribbean regional program, the midterm evaluation was an important step in exploring how to move forward in the areas of country ownership and sustainability."*
>
> —Britt Herstad, Regional HIV Advisor, Office of HIV/AIDS, USAID, AIDSTAR-One close-out presentation, January 2014, Washington, DC

After developing the evaluation design with PEPFAR Caribbean Regional Program interagency team members, AIDSTAR-One led a highly participatory process, with input from the PEPFAR team, 25 regional counterparts and implementing partners, country Ministries of Health, civil society, and the private sector. The evaluators found that PEPFAR contributed to national HIV ownership in all four dimensions of country ownership, while also making positive impacts on knowledge, laboratory capacity, and health systems strengthening. Country partners expressed interest in clearer metrics to understand and assess the paradigm shift from assistance to capacity building and ownership. Partners also recommended improved coordination among USG agencies, so that PEPFAR presents "one face" with consistent messages. Priorities going forward include clearly articulating PEPFAR's regional approach; developing country-specific plans for ownership and sustainability (including regular evaluation toward targets); supporting civil society organizations to play a stronger role in national and regional decision-making; and requiring capacity-building plans from all technical assistance partners working with the Caribbean program and with countries. AIDSTAR-One's work set the stage for other PEPFAR programs to conduct similar evaluations, using the critical steps developed in the Caribbean program evaluation: setting aside funding for the work, and ensuring participation and buy-in by multiple stakeholders from the outset. A continued focus on both technical capacity and strategies to build sustainability will be critical to achieving an AIDS-free generation.

STRENGTHENING HIV POLICY IN HONDURAS

USAID/Honduras engaged AIDSTAR-One to provide technical assistance to the Health Secretariat of Honduras and the National Association of People Living with HIV/AIDS (ASONPVSIDAH), which collaborates with the Honduran government's efforts to develop a more client-centered national response.[120,121] The project also helped to update an integrated approach for addressing sexually transmitted infections (STIs) and HIV among key populations and the general population.

Assistance to the Health Secretariat: AIDSTAR-One's field-based assistance began in 2010 with an assessment of integrated HIV care centers. AIDSTAR-One collaborated with stakeholders to revise

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[119] The U.S. Centers for Disease Control and Prevention, USAID, the Peace Corps, the U.S. Department of Defense, the Department of Health and Human Services Resources and Services Administration, and the U.S. Department of State.

[120] http://aidstarone.com/resources/project_highlights/honduras

[121] http://www.aidstar-one.com/sites/default/files/Honduras%20assessment%20report%20FINAL.pdf

the national model for comprehensive HIV and STI care and to address specific service gaps; subsequently, the project worked with the Secretariat to obtain civil society and government endorsement for the new plan. Once the strategy was completed, AIDSTAR-One provided assistance planning for the piloting policy,[122] the National Strategy for Integrated Care for STI/HIV/AIDS, in five areas of the country. Assistance included defining a package for prevention, treatment, and support for general and key affected populations; helping to re-establish a ministerial team to implement the strategy; and tailoring approaches to assess the performance of 405 service providers carrying out the strategy. AIDSTAR-One also helped to update clinical guidelines for pediatric and adult care and treatment, PMTCT, and HTC.

Assistance to ASONAPVSIDAH:[123] AIDSTAR-One strengthened *ASONAPVSIDAH*'s organizational capacity and its bi-directional referral system. The project conducted an assessment of the NGO's clinical services, and used the findings to develop ASONAPVSIDAH's Third National Strategic Plan. AIDSTAR-One also helped strengthen and enhance the referral system linking ASONAPVSIDAH and public-sector clinics, developed new models for home visits and self-help group programs, and trained 44 facilitators for the self-help groups.

> *"While the tide cannot turn without clinical services, without the community, clinical services alone cannot turn with the tide."*
>
> —Roxana Rogers, Director, Office of HIV/AIDS, USAID Global Health Bureau, July 22, 2012, satellite session at the International AIDS Conference, Washington, DC.

BUILDING NATIONAL OWNERSHIP OF THE HIV RESPONSE IN INDIA

India is an important country in PEPFAR's portfolio, not only because its low overall prevalence (0.3 percent) belies the large number of PLHIV (2.4 million) and the challenges of meeting their needs, but also because the country serves as a model for shared responsibility. India developed a comprehensive response to its epidemic, completing three iterations of a national strategic plan outlining targeted goals to be achieved through decentralized services. This effort led to a 25 percent decrease in new infections over 10 years; and the country's relationships with assistance organizations has evolved and bolstered its response.

In India,[124] AIDSTAR-One worked closely with the National AIDS Control organization (NACO)[125] to prepare for the next five-year phase of the National AIDS Control Plan.[126] Working under the direction of NACO, AIDSTAR-One facilitated a series of theme-based working groups that obtained participatory input from representatives from local, state, national, NGO, private-

[122] AIDSTAR-One led the technical assistance necessary to prepare for the pilot testing of the strategy. The AIDSTAR Comprehensive HIV/AIDS Project, funded by USAID/Honduras, is now providing technical assistance during the piloting.
[123] http://www.aidstar-one.com/sites/default/files/Diagramacion_Reorte_Ejecutivo_del_Diatnostico_Arte_web.pdf
[124] http://www.aidstar-one.com/focus_areas/care_and_support/resources/case_study_series/Samastha_India_TA
[125] This organization was called NACO during the implementation of AIDSTAR-One, but is currently called DAC: the Department of AIDS Control.
[126] http://aidstarone.com/sites/default/files/AS1CO_India_AIDS_Control_Program_IV.pdf

sector, and international stakeholders. Additionally, the project managed regional consultations in five locations around India and oversaw the development of case studies and assessments (carried out by local agencies) to feed into the strategy. An AIDSTAR-One consultant worked within the team writing the new strategy, NACP4, which was implemented in 2014. AIDSTAR-One also provided short-term, targeted assistance to build the capacity of several State AIDS Control Societies (SACS) in planning, monitoring and evaluation, logistics, and reporting. A series of case studies[127] documented lessons learned from this work, namely, the potential for public-civil partnerships and the successes of NGOs advocating on behalf of key populations (see Box 6). A key lesson derived from the work in India was that it is feasible to obtain multi-sectoral input into national strategies. AIDSTAR-One's technical support played a major role in maintaining the scheduled timeline and ensuring the quality of the NACP4 strategy, allowing NACO to lead the process, demonstrating country ownership and attesting to the high value placed on the new strategy and the inclusive approach that led to its development.

Box 5. HIV, the Private Sector, and Innovation

The private sector is critical and often underutilized partner in the HIV response. Across an array of areas, from management, service delivery, and product innovation, they bring new solutions and energy to intractable problems. AIDSTAR-One tapped into that potential, identifying best practices from the private sector and also engaging them in improved services in selected countries.

- *Namibia:* A rapid assessment covered the availability and use of over-the-counter rapid test kits[i] in private pharmacies. The assessment found that the kits are commonly sold—representing an opportunity for expanding HTC access—but are not addressed in national guidance. The document includes recommended steps for regulating products, providing standardized training on rapid testing for pharmacists, and disseminating information on the availability of the kits.
- *Uganda:* AIDSTAR-One provided technical assistance to public- and private-sector partners to address waste generation and promote recycling of non-infectious plastics in sync with the proposed scale-up of HIV services. A partnership was formed between a Kampala hospital and a private facility to promote recycling of non-infectious waste. The facility made small payments for the materials, which the hospital can use to support aspects of the waste disposal program.[iv]
- *Kenya:* A case study described the impacts of an intervention to increase PITC[ii] within routine consultations. This study showed that training private-sector providers in PITC expands communities' access to HIV services, and strengthens relationships between the private and public sectors.
- *Uganda:* A case study described activities to provide private-sector HIV services as part of the Health Initiatives for the Private Sector (HIPS) project,[iii]. Among other findings, the study identified workplaces as important venues for delivering messages about prevention.

i: http://aidstar-one.com/focus_areas/hiv_testing_and_counseling/resources/report/namibia_otc_rtk

ii http://aidstar-one.com/focus_areas/hiv_testing_and_counseling/resources/case_study_series/pitc_private_sector_kenya

iii http://aidstarone.com/resources/case_study_series/HIPS

iv http://aidstar-one.com/about_aidstar_one/about_offices/uganda

[127] http://aidstarone.com/sites/default/files/aidstarone_projecthighlight_country_India.pdf

BUILDING CIVIL SOCIETY'S PARTICIPATION

AIDSTAR-One applied a set of strategies—including grants, case studies, and direct technical support—to help build the ability of civil society and the private sector (see Box 6) to engage in the response and advocate for appropriate services and care.

STRENGTHENING CARE FOR KEY AFFECTED POPULATIONS IN THE DOMINICAN REPUBLIC

AIDSTAR-One managed 12 grants to Dominican NGOs working in 13 provinces, targeting at-risk populations, including PLHIV, sex workers and their clients, and residents of sugar cane plantations. Grantees reached nine of ten PEPFAR targets during a one-year (2011-12) period. AIDSTAR-One also provided institutional strengthening and technical support to these NGOs. For example, two NGO grantees implemented two prevention programs, one for empowering bar servers and another assisting people with disabilities to protect themselves from HIV. AIDSTAR-One worked with the NGOs and other partners to establish strong linkages and referral systems with government facilities and other programs to ensure care for key populations by tapping into ongoing activities. In late 2012 AIDSTAR-One organized a national forum on sustainability, which brought together 120 participants from over 80 NGOs, government agencies, businesses, and international organizations to discuss global and local sustainability strategies for engagement of key populations.

BUILDING THE EVIDENCE BASE FOR GOVERNMENT-CIVIL SOCIETY COLLABORATION IN INDIA

In India, there is great interest in showcasing successful approaches of civil society and government collaboration to address HIV. AIDSTAR-One wrote a number of case studies highlighting a number of these successful innovative interventions. The Avert Society—an Indian government-civil society project—was launched jointly by USAID, NACO, and the Maharashtra SACS with a mandate to support HIV outreach, provide technical assistance, and implement the government's HIV strategy in Maharashtra. The Avert Society further sub-granted to local NGOs a variety of activities. One of these, the Integrated Care Program[128] built relationships among existing community and public institutions to decrease LTFU, increase enrolment by key affected populations, and link PLHIV to government schemes, including those for nutrition and economic support. In second initiative, (a mobile clinic scheme[129] supported by PEPFAR and NACO in coordination with the Maharashtra SACS), Avert Society partnered with NGOs to offer HIV and STI testing and treatment to vulnerable populations in five districts. This activity has been taken over by the state of Maharashtra. Avert Society also provided institutional strengthening[130] to community-based organizations to build their capacity for self-advocacy and help them address structural barriers such as legal prohibitions and stigma.

[128] http://aidstarone.com/focus_areas/care_and_support/resources/case_study_series/integrating_HIV_care_India
[129] http://aidstarone.com/focus_areas/hiv_testing_and_counseling/resources/case_study_series/htc_mobile_india
[130] http://aidstarone.com/focus_areas/care_and_support/resources/case_study_series/district_comprehensive_approach_india

COUNTRY-TO-COUNTRY SHARING AND LEARNING

South-to-South technical assistance is an important strategy in PEPFAR's efforts to foster country ownership. Several AIDSTAR-One activities embraced this strategy and used South-to-South approaches to build in-country experience and leadership capacity.

In 2011, AIDSTAR-One developed a toolkit,[131] *South-to-South Technical Exchange on Integrating PEPFAR Gender Strategies: Framework and Toolkit* (also available in Russian[132]), to guide South-to-South technical exchanges on gender activities in alignment with the five cross-cutting areas of the PEPFAR Gender Strategy.[133] This document, based on best practices in South-to-South exchanges, delineates how to plan, implement, assess, and ensure durability of the South-to-South activity. AIDSTAR-One coordinated a pilot of the toolkit (2012-13)[134] which took place in collaboration with PEPFAR/Botswana. PEPFAR/Botswana worked with the South Africa-based Sonke Gender Justice Network to provide technical assistance to a local Botswana partner, Stepping Stones International (SSI). The experience provided a number of useful lessons on the process of using the toolkit for South-to-South assistance—including the importance of knowing that South-to-South assistance is available as a resource—and the need to provide clear guidance on using the framework and tools. Early and direct contact among all partners, by phone or in person, was seen as important for ensuring common understanding of goals and preparing for the collaboration ahead.

STRENGTHENING COLLABORATION AMONG INTERNATIONAL PARTNERS

AIDSTAR-One's technical assistance supported PEPFAR's expansion of targeted, high-impact assistance in collaboration with national and international partners. As the project evolved, AIDSTAR-One established relationships with a number of international organizations. Synergies created by these relationships enabled AIDSTAR-One to contribute significantly to the knowledge base around critical new HIV issues, leading the way to the development of policies and programs to address these issues. Some examples follow:

UNITED NATIONS CHILDREN'S FUND

AIDSTAR-One's mutually beneficial collaboration with the United Nations Children's Fund (UNICEF) emerged from work focused on ALHIV. The four-way collaboration (AIDSTAR-One, UNICEF, USAID, and the U.S. Office of the Global AIDS Coordinator) on the ALHIV service mapping exercises offered opportunities to share and build on each partner's resources and contacts, resulting in a very comprehensive, multisectoral survey of services in the 10 countries,[135] as well as multiple innovative promising practices—such as generating service opportunities through sports

[131] http://www.aidstar-one.com/focus_areas/gender/facilitating_south_to_south

[132] http://www.aidstar-one.com/sites/default/files/AIDSTAR-One_S2S_Gender_Toolkit_RU.pdf

[133] These five areas are: 1) Increasing gender equity in HIV and AIDS programs and services; 2) preventing and responding to GBV; 3) engaging men and boys to address norms and behaviors; 4) increasing legal protection for women and girls; and 5) increasing women's and girls' access to income and productive resources, including education.

[134] http://www.aidstar-one.com/focus_areas/gender/resources/report/s2s_toolkit_framework_pilot

[135] http://www.aidstar-one.com/focus_areas/care_and_support/resources/report/mapping_hiv_services

events, schools, VMMC, and cross-sectoral collaboration—and identified new ways of integrating services. UNICEF and USAID also requested AIDSTAR-One to participate in the development of a WHO guidance document titled *HIV and Adolescents: Guidance for HIV Testing and Counselling and Care for Adolescents Living with HIV,* issued in 2013.

PAN AMERICAN HEALTH ORGANIZATION

AIDSTAR-One's pioneering work with transgender women in Central America coincided with PAHO's development of a draft *Blueprint for Comprehensive Services for Trans Communities in Latin America and the Caribbean*—a document that describes comprehensive elements of care, clinical services, programs, and policies needed to ensure the overall well-being of transgender individuals. AIDSTAR-One collaborated with PAHO on this draft by providing input from the project's Central America assessment; co-organizing consultations in the Caribbean, Latin America, and Central America; and sponsoring transgender women to attend the three meetings to share their perspectives.[136]

EMERGING ISSUES IN TODAY'S HIV RESPONSE DEBATE SERIES

The 2008 global economic crisis intensified the need to concentrate national and international HIV funding on the most effective approaches to address the evolving epidemic—require difficult decisions, but also offering new opportunities for dialogue. AIDSTAR-One contributed to a global, web streamed discussion of critical HIV issues by coordinating seven debates, co-hosted by the World Bank and USAID. [137] Speakers included world-renowned leaders in the field of HIV. In the tradition of formal debates, the speakers discussed current and emerging issues in the HIV field and were assigned to cite evidence defending "pro" or "con" positions on the following topics:

From left to right: Roger England, Mead Over, Richard Horton, Jeffrey Sachs, Michel Sidibé, and David Serwadda at "Funding Allocations for HIV/AIDS," July 2012.

- Test and Treat: Can We Treat Our Way Out of the HIV Epidemic?
- Behavior Change for HIV Prevention
- Discordant Couples and HIV Transmission
- Concurrent Sexual Partnerships
- The Ethics of Material Incentives for HIV Prevention
- Treatment as Prevention
- Funding Allocations for HIV/AIDS

Having speakers defend positions that often opposed their personal views challenged both speakers and audiences to consider each topic in new ways. This approach enabled rich dialogue and a frank discussion of HIV priorities within a world of conflicting, urgent priorities.

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[136] The digital document, *Por la salud de las personas trans: Elementos para el desarrollo de la atención integral de personas trans, y sus comunidades en Latinoamérica y el Caribe* (*For the health of transgender persons: Elements of integrated care for transgender persons and their communities in Latin America and the Caribbean*) is on the AIDSTAR-One website at http://www.aidstar-one.com/sites/default/files/Por_la_Salud_de_las_Personas_Trans.pdf. The English version is under preparation.

[137] http://www.aidstar-one.com/events/emerging_issues_todays_hiv_response_debate_series

CHAPTER 5: DISSEMINATING KNOWLEDGE UNDER AIDSTAR-ONE


World Bank 2011

Over the past three decades, organizations—from small rural community groups to large multi-national agencies—have tried and tested strategies to respond to the myriad of challenges presented by the HIV epidemic. AIDSTAR-One was encouraged to look to the horizon to not only *identify* innovative approaches, but also to *package* best practices and new discoveries so national, regional, and community groups could learn from and apply them to their own contexts. Getting the most relevant and appropriate technical and programmatic information to policymakers, program planners, and implementers when they need it is an important piece of the strategy to achieve an AIDS-free generation.

AIDSTAR-One's knowledge management strategy focused on accelerating the implementation of effective programming to meet PEPFAR's goals and by rapidly expanding the reach of USAID and PEPFAR guidance, as well as AIDSTAR-One's technical resources, to key stakeholders across the globe. To maximize investments and encourage further innovation, AIDSTAR-One documented its own research and programmatic findings and that of others, presented this information in accessible formats, shared resources with different target audiences, and measured the impact of the project's activities. AIDSTAR-One researched, published, and successfully disseminated a portfolio of over 500 products[138]—distilling cutting-edge HIV concepts and approaches into easy-to-use formats to over 216 countries. The project employed traditional and online outreach platforms—including social media—to strategically share insights and tools, while building capacity at the regional, country, and community levels to support the goal of an AIDS-free generation. These materials were posted to and were further enhanced on the project's open-source knowledge portal, which—through extensive online and

[138] Among the 519 products are databases consisting of hundreds of strategic plans, treatment and PMTCT guidance documents, and other tools. In sum, www.aidstar-one.com contains over 740 HIV resources. -

offline dissemination efforts—became a go-to resource for USAID's target audiences: program managers, policymakers, and activity implementers in PEPFAR-supported countries.

Specific components of AIDSTAR-One's knowledge management approach include:

- Creating high-quality, relevant, and usable tools for implementing technical approaches.
- Developing and enhancing an online open-source knowledge management platform.
- Disseminating technical materials electronically to PEPFAR partners and the HIV community by mobilizing web-based technology, including social media and blogs.
- Organizing in-person consultations and web-based events, including debates and webinars.
- Measuring the impact of all outreach and program activities.

AIDSTAR-ONE'S COMPREHENSIVE PORTFOLIO OF KNOWLEDGE MANAGEMENT RESOURCES

AIDSTAR-One's knowledge management efforts were closely tied to technical assistance activities to ensure that scientific research findings and models of successful HIV programs were translated into high-quality resources. Findings were presented creatively, and simply in order to maximize stakeholders' access to and use of information. Many of the resources were further enhanced on the project's website (see page 44). AIDSTAR-One products were developed in response to knowledge gaps and priorities within the HIV community; often, project-generated documents or events struck a chord within the wider HIV field, galvanizing attention around new issues or leading to the development of further project activities and dissemination opportunities.

Box 6. Feedback from Users about AIDSTAR-One Resources

Teen Talk: "*This is a really wonderful guide for adolescents. We organize adolescent sexuality workshops, and this is really going to help us.*" —South Africa

Adolescent Mapping Report: *"This will be an opportunity for us as Zambia to review our policy around HIV prevention services for the adolescents. The policy is there but there hasn't been much translation of it to programs or translating the provision in the policy in to deliverables of what the policy suggests... I hope this process will provide a road map in redefining our focus in health service for adolescent programming and also help us to establish youth-friendly systems in our health facilities."* —Zambia

WASH Training Curriculum: *"I am very grateful for this tool. I was going through it yesterday and thought it important, and something that is not discussed often. It is important to encourage health staff to improve WASH as well as very important issues such as adherence. Also it looks at ways to provide safe water to PLWHA. After attending the training I am trying to implement some of the key steps at my own facility."* —Kenya

Prevention Update: *"Thank you so much for this very important and up to date resources that will help us in programming and preparing EOI / proposals. Keep up the great work you are doing."* —Nigeria

Website: "*As a technical advisor on MARPs health issues I use very often the AIDSTAR-One site for guidance and update on best practices and vision on HIV arena.*" —2012 Survey Respondent

Each product was developed in accordance with high technical and editorial standards, consistently following a journalistic style and drawing out human interest components whenever possible. Products were closely scrutinized by technical and knowledge management experts, to ensure technical accuracy, clear language, and easy-to-read formats. Additionally, USAID Missions and TWGs frequently engaged AIDSTAR-One to translate some of the most popular resources into other languages; resources are also available in French (17 documents), Russian (13) Portuguese (12) Spanish (12), Swahili (2) and Xhosa (7), and Thai (2).

The Xhosa translation of Teen Talk. The publication was also translated into French and Portuguese to better serve AIDSTAR-One's multilingual audience.

Table 7 describes cumulative total resources by topic. Examples of different products include:

Case studies: These engaging narratives document how effective HIV programs work—from idea to intervention—and are intended to help program managers design, plan, and implement effective approaches and strategies to shape and improve their HIV programs. AIDSTAR-One's case study series yielded major findings and overarching recommendations for key contexts or populations in PEPFAR countries. The project produced 67 case studies across different focus areas.[139]

Technical briefs: AIDSTAR-One produced 21 technical briefs, summarizing core programmatic components and key considerations in emerging areas in HIV programming, across the HIV continuum of care. This robust collection of technical briefs, developed in collaboration with partner organizations, provides overviews on emerging approaches, outline programmatic considerations, discuss challenges to implementation, and offers recommendations for next steps.[140]

Reports: AIDSTAR-One reports included a wide range of assessments and technical documentation to help stakeholders better understand different country epidemics and the effectiveness of targeted interventions.[141]

Tools and curricula: A number of AIDSTAR-One's activities—including the WASH curriculum, the ALHIV transition toolkit, and the South-to-South efforts—focused on new topics in HIV. AIDSTAR-One developed 17 tools or curricula on emerging aspects of HIV prevention, treatment, and program management.[142]

Technical consultations: These two- to four-day events, held in Africa, Asia, Latin America, and the United States, brought together partners from USAID, OGAC, CDC, other PEPFAR partners, national government and local organizations, and program implementers to raise awareness about

[139] http://aidstarone.com/resources/case_study_series
[140] http://aidstarone.com/resources/technical_brief_series
[141] http://aidstarone.com/resources/reports
[142] http://aidstarone.com/resources/tools_and_curricula

emerging HIV issues. Technical consultations added value to PEPFAR's and AIDSTAR-One's work by providing evidence and lessons learned through South-to-South sharing between organizations implementing new approaches on the ground and partners facing similar challenges. They also built on, and generated, connections, contacts, and relationships that not only led to the development of AIDSTAR-One products, but also helped build momentum for specific initiatives within or outside of AIDSTAR-One. Presentations, meeting documents, summary and recommendations reports, and other related resources were collected, posted, and disseminated.[143]

Spotlight series: AIDSTAR-One produced nine *Spotlight* articles on HIV prevention and gender and HIV. Written by well-known authors and expert voices in HIV, the *Spotlight* articles offered scientific commentary on emerging issues.

Success stories: This series of resources were funded by the USAID Missions in Uganda, Nigeria, and Ethiopia and focus on achievements in injection safety and health care waste management, including integration of hygiene and safety programs within HIV programs.[144]

Table 3. Number of AIDSTAR-One Products Produced and Available for Dissemination

Focus Area	Cumulative Resources Available
Project General (Promising Practices and Highlights)	92
Prevention	141
Treatment	52
Care & Support	28
HIV Testing and Counseling	17
Prevention of Mother-to-Child Transmission	10
Orphans and Vulnerable Children	24
Gender	63
Private Sector	2
Field Support/Other	90
Totals	519

*Cumulative available: total products available for dissemination since the beginning of the project. Products include resources such as case studies, technical briefs, Prevention Knowledge Base entries, and HIV Prevention Updates, technical reports, and tools. Some of these products include databases consisting of hundreds of strategic plans, national guidelines, and other tools. There are over 740 resources on the website.

ONLINE, OPEN-SOURCE KNOWLEDGE MANAGEMENT PLATFORM

AIDSTAR-One designed and developed an extensive, interactive website (www.aidstar-one.com) that served as both a robust outreach platform and a comprehensive online library for technical resources addressing HIV. Launched in 2008, the website leveraged the open-source Drupal content management system, taking advantage of the latest trends in website development. The information

[143] http://aidstarone.com/resources/technical_consultation_materials

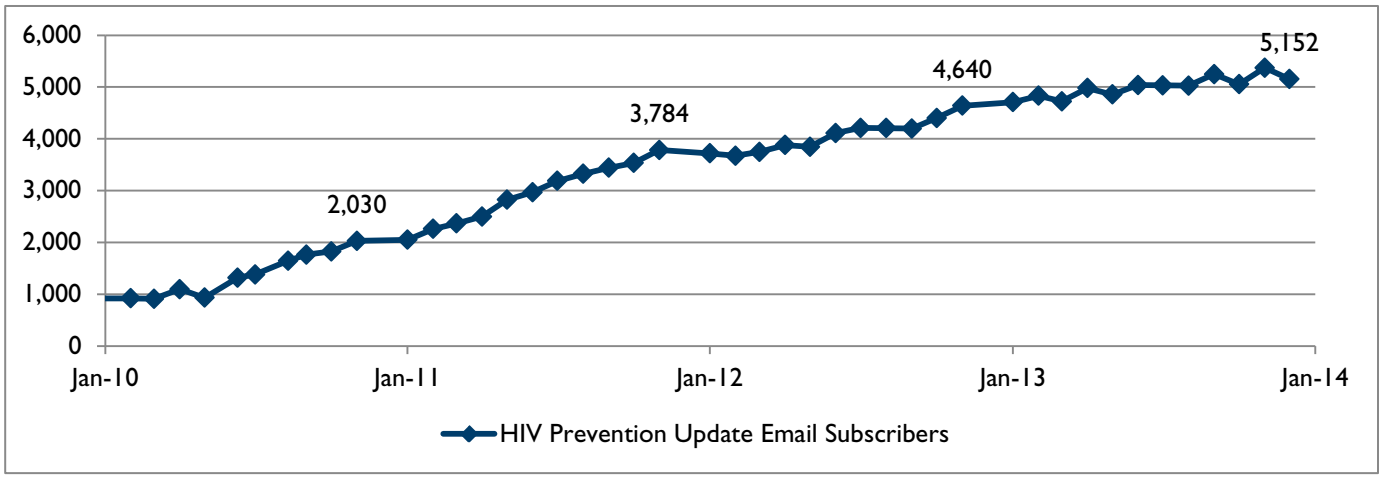
[144] http://aidstarone.com/resources/success_stories

architecture was organized by core- and field-funded activities in the seven AIDSTAR-One focus areas, corresponding to the investments made by the project's TWG partners. Some of the most popular and innovative resources on the website included:

Prevention Knowledge Base: The Prevention Knowledge Base (PKB) was a rich collection of salient research, program examples, and tools covering 29 topics across combination, biomedical, behavioral, and structural HIV prevention.[145] The PKB adopted different layout structures—tab views and accordion views—so that users in low or high-bandwidth settings could easily access the information most of interest to them. The PKB was the most frequently used area of the AIDSTAR-One website, with links from over 190 countries and drawing over 120,000 unique pageviews over the life of the project

HIV Prevention Update: The goal of this monthly editorial was to save users time by synthesizing and summarizing relevant HIV prevention information succinctly, so frontline health workers and policymakers could quickly access information.[146] The *Prevention Update* was one of AIDSTAR-One's most popular resources, and subscribership continued to rise each month. From its launch in August 2009, the *Update* readership grew steadily from year to year (see Figure 2) to reach over 5,000 subscribers by the 46th edition in December 2013.

Figure 2. Prevention Update Email Subscribers, January 2010–January 2014



Robust Databases: To support user access to a wide range of resources on HIV prevention, treatment, and care, AIDSTAR-One developed several searchable databases on programs and policies from around the world. These databases facilitated information-gathering and adaptation by managers and policymakers interested in implementing or adding to their own programs.

Promising Practices database: This interactive, comprehensive database included 78 established and emerging practices that users could search for lessons learned across the HIV continuum of care.[147] Practices were categorized based on available evidence on their effectiveness. Each practice also

[145] http://aidstarone.com/focus_areas/prevention/pkb

[146] http://aidstarone.com/focus_areas/prevention/resources/prevention_update

[147] http://www.aidstar-one.com/promising_practices_database

connected users with practical, cutting-edge, and relevant documentation, tools, and reports. This section was consistently among the top five resources on the website.

National strategic plans database: As part of AIDSTAR-One's prevention portfolio, this unique searchable database[148] was the only compendium of national strategic HIV plans from both PEPFAR and non-PEPFAR funded countries. A total of 164 strategic plans from Africa, Asia, Latin America and the Caribbean, Russia and Eastern Europe, Western Europe, and Oceania were available as of 2014. In user surveys, respondents frequently noted that they used the national strategic plan database to revise and develop of their own national strategies.

> *"We used published copies of strategic plans for HIV/AIDS programs to strengthen and improve the periodic review of the strategic plan of the national HIV/AIDS program."*
>
> —2012 survey respondent

National treatment guidelines database: A critical part of a sustainable national response is national guidelines which serve as a framework for HIV treatment. In an effort to share national treatment guidelines broadly so countries could learn from one another, AIDSTAR-One created a highly dynamic knowledge platform. Pediatric and adult treatment procedures and guidelines from 76 countries, as well as PMTCT guidance from 31 countries were searchable in this flexible AIDSTAR-One database.[149] The project conducted extensive on-line research and contacted ministries of health routinely to capture the most up–to-date treatment guidance. Updated annually, this platform included regimen summaries so users could easily drill down to access key components of the guidelines, such as initiation criteria and first and second-line regimens. This database was one of the most popular resources in the treatment section, with nearly 30 percent of unique pageviews within the treatment focus area.

Gender compendium: As described in the chapter on smart investments, AIDSTAR-One developed a program showing how 31 programs in Africa are using gender strategies to improve HIV services and reduce vulnerability to HIV infection. To ensure that users could easily navigate findings and recommendations while exploring the programs from even low-bandwidth settings, AIDSTAR-One utilized tabbed functionality and a searchable database.[150]

ENHANCED FUNCTIONALITY AND TOOLS

As AIDSTAR-One grew in scope, its knowledge hub and library expanded rapidly. Ensuring that users could continue to find relevant resources was very important to AIDSTAR-One's knowledge management strategy. The project developed a number of innovative tools to facilitate use and navigation of what quickly became a behemoth site.

[148] http://www.aidstar-one.com/focus_areas/prevention/resources/national_strategic_plans

[149] http://www.aidstar-one.com/focus_areas/treatment/resources/national_treatment_guidelines

[150] http://www.aidstar-one.com/focus_areas/gender/resources/compendium_africa

- Applying taxonomy functionality to all of AIDSTAR-One's online products, including individual summaries within the prevention update, so that users could easily click on a keyword of interest and see all of the topically-related resources.[151]
- Developing views of the most popular resources, so that users not familiar with PEPFAR's TWGs could find case studies and other documents sorted by HIV subject areas.[152]
- Adapting mapping technology to create a field activities map, demonstrating the depth and breadth of the project.[153]

DISSEMINATION AND ANALYTICS

The primary goal of AIDSTAR-One's dissemination efforts was to get new resources and information into the hands of the stakeholders who would use them to change policy and improve HIV programs. To accomplish this goal, the project needed to establish itself as a go-to resource for current, high-quality, and innovative HIV information. To this end, AIDSTAR-One adopted a nuanced, targeted approach to dissemination. By first identifying the online and offline spaces where users were discussing critical HIV topics and closely following those conversations, AIDSTAR-One staff were able to position new resources effectively within the HIV dialogue. To ensure that people would visit and use the project's resources, AIDSTAR-One's knowledge management team worked with technical advisors to draw out the most salient information to capture attention and then employed a number of marketing techniques to make sure that users could find the resources they were looking for, and that those resources were simply presented and easy to use. Examples of AIDSTAR-One's marketing channels included social media, email marketing, online listservs, blogs, podcasts, and discussion boards. AIDSTAR-One's social media push established important connections through Facebook, LinkedIn, and Twitter; launched in 2010, the project strategically used social media outlets to attract followers from more than 100 countries.

AIDSTAR-One used Google Analytics and other tools to regularly monitor use and track the success of the project's dissemination efforts. To ensure usefulness, the project obtained user feedback through a series of successful usability studies and user feedback surveys. The project teams used the feedback to further hone products, the website, technical meetings, and dissemination efforts.

As a result of these dissemination efforts, the traffic to the website far exceeded the project's objective, with 372,210 visits by absolute unique visitors[154] from 216 countries between November 2010 and January 31, 2014. The cumulative number[155] of unique pageviews,[156] 808,536, was nearly eight times higher than the target of 110,000. Highlights include:

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[151] http://www.aidstar-one.com/taxonomy/term/72

[152] http://www.aidstar-one.com/resources/case_study_series

[153] http://www.aidstar-one.com/field_activities

[154] Absolute unique visitors are unduplicated visitors, who are counted only once.

[155] This number excludes an approximately 8-month period (March 2009-November 15, 2010) in which unique pageviews were not tracked because the site's cookies were disabled.

[156] Unique pageviews count visits in which a specific page was viewed at least once.

- Nearly two-third (64 percent) of visitors accessed the site from outside the U.S., and 30 percent of visits were from Africa.
- Downloads of documents from the AIDSTAR-One website totaled 103,265. Top downloads included documents on PMTCT and breastfeeding, OVC, adherence and retention in care, adolescents, GBV, and structural approaches.
- Of the 15 "top visiting" countries, 10 were in sub-Saharan Africa.
- A total of 285 websites, including 35 American colleges and universities, linked to the AIDSTAR-One site.
- Over 6 percent (23,025) of visits were from users with browsers set to a non-English language, with Spanish, Russian, Portuguese, Afrikaans, and Chinese among the 10 most common.
- A series of 26 blogs by various USG-affiliated, public and private sector organizations, including the Bill & Melinda Gates Foundation, Sir Richard Branson of Virgin Airlines, USAID, and the Global Health Council, featured AIDSTAR-One activities.
- Visits from social media (Facebook, LinkedIn, and Twitter) totaled 17,397.

As Table 1 shows, the Prevention focus area garnered the largest number of pageviews.

Table 4. Number of Unique Pageviews by Focus Area

Focus Area	Cumulative
Prevention	230,629
Treatment	46,611
Care & Support	26,602
HIV Testing and Counseling	20,003
Prevention of Mother-to-Child Transmission	35,238
Orphans and Vulnerable Children	17,948
Gender	44,941

**Excludes the eight-month period when website tracking was disabled.*

EVENTS

Building on the surge in global adoption of mobile devices and rising interest in social media and e-medicine in the HIV community, AIDSTAR-One developed innovative strategies for using and promoting use of information and communication technology (ICT) in HIV programming. The project was committed to sharing its best practices and resources and used all available channels and technologies available to reach stakeholders.

ICT technical consultation: In 2013, AIDSTAR-One led a forum for key stakeholders in HIV research, programming, implementation, and evaluation to take stock of important ICT developments in the field and develop strategies to improve communication technology for enhanced HIV services. During the meeting—which was co-sponsored by USAID, the National Institute of Mental Health, and the American Foundation for AIDS Research—participants shared for the first time perspectives, programs, and research from the public and private sectors and learned about technological and programmatic examples from Africa, Asia, Latin America, Europe, Australia, and

the United States. This forum helped inform PEPFAR's strategy for reaching key populations. Participants developed a number of recommendations, including closely targeting ICT outreach (for example, conducting separate outreach for MSM and trans groups); promoting intersectoral cooperation; using ICT to demystify HIV services; and improving M&E of ICT programs. USAID is now using the findings from this meeting to develop a white paper on incorporating social media into HIV interventions.

Webinars: In 2013 and 2014, AIDSTAR-One used web broadcast platforms to lead a series of nine webinars on project activities, including adolescent transitioning, VMMC, mental health, and AIDSTAR-One contributions to the *PEPFAR Blueprint for an AIDS-Free Generation*. The use of webcast technology enabled participation in person or remotely for between 30 and 100 people per event, who subsequently accessed the AIDSTAR-One website to download materials.

Debates: The World Bank/USAID debate series enabled broad-ranging and often unconventional and controversial discussion of current HIV developments, with participation by well-known HIV leaders, high-ranking government and institutional officials, and PEPFAR and other USG representatives. The high online attendance and subsequent report downloads for these events—462 in FY 2013, by users in 64 countries—testify to the currency and lasting interest of the debates.

CONCLUSION

JSI and its partners have been honored to be part of USAID's and PEPFAR's response to the global HIV epidemic. Through our collaboration, we have helped contribute to a changed landscape where decisions are based on science and programmatic evidence; where there are fewer new infections and even fewer deaths; and where people, organizations, and governments alike share greater responsibility for the success of the response—all of which all contribute to greater hope. But there is still far to go. While AIDSTAR-One has closed, all of the nearly 500 resources developed under the project are still available. We encourage you to visit the website and download materials and use them to develop programs and interventions that will improve the lives of women, men, and children at risk for, living with, or affected by HIV.

We would like to thank a number of invaluable partners who have had a significant role in the project's tremendous success. The Office of HIV/AIDS has been a steadfast and true collaborator and support of the project from the start. In particular, we would like to thank Shyami DeSilva and Elizabeth Berard for their tremendous leadership. We would like to thank all of the TWGs who funded AIDSTAR-One activities and contributed invaluable technical guidance and support over the life of the project. Much of AIDSTAR-One's innovative work was funded and supported by USAID Missions and various Bureaus. We appreciate their confidence and constant collaboration. Without the active participation of national partners in government, NGOs, and civil society, this project's successes would not be possible. Also, to the wide array of international NGOs that agreed to be partners in case studies, technical briefs, and other activities, thank you for enriching our work and contributing to a better global understanding of how to make an AIDS-free generation a reality. Lastly, and most importantly, we would like to thank the many clients of HIV programs around the world who enthusiastically participated in AIDSTAR-One activities. Your voices and experiences added depth to our efforts and helped keep our work grounded in a belief that even cutting-edge science and the best programs must, first and foremost, meet the needs of clients.

—Andrew Fullem
AIDSTAR-One Project Director

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ANNEX 1.

PERFORMANCE MONITORING

Result Area 1: A knowledge base of effective program approaches in HIV prevention, care, and treatment synthesized and expanded, and utilization of good and promising programmatic practices increased among implementers.

R 1.1: NUMBER AND PERCENT OF AIDSTAR-ONE WEBSITE USERS WHO REPORT EMPLOYING AIDSTAR-ONE PRODUCTS

Result: 86% **Target: 25%**

Summary: AIDSTAR-One conducted its third annual online survey in February 2012. A request to participate was sent to 4,037 email subscribers, recipients of technical assistance, and conference attendees. There were 491 responses, representing a 12 percent response rate. Almost all web users reporting having used at least one product in 2012 (96 percent)—compared to 71 percent in 2011 and 70 percent in 2010; the cumulative percentage for the three years is 86 percent which exceeds the target.

The products most adapted by web users surveyed include the HIV Prevention Update (84 percent) and the Prevention Knowledge Base (59 percent).

Table 5. Use of AIDSTAR-One Resources by Web Users

	2011 (%) (n=146)	2012 (%) (*n* = 334)
HIV Prevention Update	49	84
Prevention Knowledge Base	30	59
Technical briefs	23	45
Case studies	10	42
Technical reports	-	33
National strategic guidelines	-	28
Conference/meeting reports	13	26
National treatment guidelines	17	24
Promising Practices	14	21

SR 1.1.1: WEBSITE WITH EVIDENCE-BASED INFORMATION AND PROMISING PROGRAMMATIC PRACTICES IN SEVEN HIV PROGRAM AREAS DEVELOPED AND OPERATIONAL

Result: Yes

Summary: The website was launched in September 2008. In October 2009, AIDSTAR-One conducted an informal usability study of the proposed revision of the homepage. Results of the study informed the final redesign of the entire website. The new homepage was launched in December 2009.

A more comprehensive usability study was conducted in July and August 2010 that examined the functionality of the redesigned site. Participants noted the breadth of information provided on the site and the effective search function.

Based on usability findings, several web design features and information architecture enhancements were added across the site, including breadcrumb navigation, keyword tagging taxonomy and visual signposts to orient users who find specific resources through search engines such as Google. These features were developed in FY 2011.

In FY 2012, web development was focused on enhancing usability of specific technical resources and improving the ability to share them through email and social media networks.

In FY 2013, web development focused on expanding the body of technical resources on the website and fine-tuning functionality to continually improve user experience.

SR 1.1.2 NUMBER AND PERCENT OF GOOD AND PROMISING PRACTICES WITH A GENDER COMPONENT

Result: 19% **Target: 50%**

Summary: Fifteen practices had a primary gender focus. AIDSTAR-One maintains the Promising Practices Database on the website; however they have not been updated nor promoted since September 2010, therefore, the results for this indicator have remained the same since 2010.

The Promising Practices Database continued to draw visitors, the database was the one of most visited resources on the AIDSTAR-One website. In the 2012 AIDSTAR-One Annual Survey, 14 percent of web users surveyed reported using or adapting resources from the Promising Practices database.

SR 1.1.3: NUMBER AND PERCENT OF GOOD AND PROMISING PRACTICES WITH A QUALITY ASSURANCE/QUALITY IMPROVEMENT (QA/QI) COMPONENT

Result: 41% **Target: 50%**

Summary: Thirty-two practices included a QI plan, at a minimum. Some provide results of an implemented QA/QI initiative. AIDSTAR-One maintains the Promising Practices Database on the website, however, the site has not been updated nor promoted since September 2010. Therefore, the results for this indicator have remained the same since 2010.

SR 1.1.4: NUMBER OF HIV PREVENTION RESOURCE TOPICS AVAILABLE AND UPDATED ON THE WEBSITE

Result: 29 **Target: 21**

Summary: The Prevention Knowledge Base covers 29 topics. Resources are available in one of four areas:

Combination approaches—Combining mutually reinforcing biomedical, behavioral, and structural interventions to build a comprehensive, lasting, and effective response to HIV:

- An Overview of Combination Prevention
- Enhancing the Reach & Effectiveness of MSM-Targeted Combination HIV Prevention Interventions
- Harm Reduction for Injecting Drug Users
- HIV Prevention for Serodiscordant Couples
- Positive Health, Dignity, and Prevention (PHDP)

Behavioral interventions—strategies that promote safer behaviors to prevent HIV:

- Comprehensive Condom Use Programs
- Comprehensive Sexuality Education
- Delayed Sexual Debut
- Mass Media and HIV Prevention
- Multiple and Concurrent Sexual Partnerships
- Partner Reduction
- Peer Outreach and Education
- Prevention of Alcohol-related HIV Risk Behavior
- Transactional and Age-disparate Sex in Hyperendemic Countries

Biomedical interventions—Medical approaches that block infection, decrease infectiousness, or reduce susceptibility:

- Antiretroviral Therapy as an HIV Prevention Strategy

- Blood Safety and Availability
- Contraception to Prevent Unplanned Pregnancies among Women with HIV
- Diagnosis and Treatment of Sexually Transmitted Infections
- HIV Testing and Counseling as Prevention
- Infant Feeding for Mothers Living with HIV
- Injection Safety
- Microbicides
- Oral Pre-exposure Prophylaxis (PrEP) for HIV Prevention
- Post-exposure Prophylaxis (PEP)
- Prevention of Mother-to-Child Transmission of HIV (PMTCT)
- Voluntary Medical Male Circumcision

Structural interventions—Efforts to address social, political, and economic factors that increase vulnerability to HIV:

- An Overview of Structural Approaches to HIV Prevention
- Interventions Addressing Policy Factors
- Workplace Interventions to Prevent HIV

SR 1.1.5: TOTAL NUMBER OF UNIQUE PAGEVIEWS BY FOCUS AREA

Result: 827,940 **Target: 110,000**

Summary: As AIDSTAR-One published more content on the website, the number of unique pageviews[157] continued to increase (see Table 6).

In total, the AIDSTAR-One website has received over 827,000 unique pageviews since October 2008 (plus an additional 8.5 months of unique pageviews that were not tracked as cookies were disabled from the AIDSTAR-One website).

[157] Unique pageviews are the number of visits during which the specified page was viewed at least once.

Table 6. Number of Unique Pageviews by Focus Area

Focus Area	FY 2009	FY 2010 (Oct.-Feb.)*	FY 2011 (Nov.15-Sept. 30)**	FY 2012	FY 2013	Cumulative
Prevention	5,081	8,416	59,145	80,711	77,276	230,629
Treatment	1,798	3,034	10,019	14,494	17,266	46,611
Care & Support	164	385	5,095	10,950	10,008	26,602
HTC	215	388	5,948	10,100	6,607	20,003
PMTCT	600	723	7,774	11,679	14,462	35,238
OVC	395	287	3,619	6,257	7,390	17,948
Gender	680	931	7,553	19,906	15,871	44,941

Note: Unique pageviews are the number of visits during which the specified page was viewed at least once. Note that not all pages are categorized by a Focus Area. The end of project result is all pages.
Note: Downloads are not included in this data.
** FY 2010 data includes October 2009-February 2010. Cookies were disabled March 1-September 30, 2010.*
*** FY 2011 data includes November 15, 2010-September 2010. Cookies were not enabled until November 15, 2010.*

FY 2010 data are not available from March 1 to September 30, 2010, and FY 2011 data are not available from October 1 to November 14, 2010, because transient cookies were disabled, resulting in no web traffic data during that period. Cookies were reinstalled on the AIDSTAR-One website on November 15, 2010, permitting the tracking of unique pageviews and other key website metrics.

SR 1.1.6: NUMBER OF WEBSITES THAT LINK TO AIDSTAR-ONE.COM

Result: 436 **Target: 18**

Summary: Approximately 11 percent of all visits to the AIDSTAR-One website were referred by external websites.[158] In total, 436 external websites that link to the AIDSTAR-One website generated visits; however, additional sites may have links to the AIDSTAR-One website. Most of the links to AIDSTAR-One are through HIV or health-related websites that link to a specific resource on the site. They include: malecircumcision.org, who.int, africanpalliativecare.org, GHDonline.org, k4health.org, comminit.com, pmtct.org, igwg.org, gbvnetwork.org, aidsalliance.org, and others. Partner organizations also link to AIDSTAR-One.com, including: jsi.com, encompassworld.com, and icrw.org.

University websites such as the Harvard University Center for AIDS Research, University of Connecticut Center for Health, Intervention, and Prevention, University of California San Diego Center for AIDS Research, HIV InSite – University of California San Francisco, Boston University, Harvard University Center on the Developing Child, University of Wisconsin Population Health Institute, UNC Gillings School of Global Public Health, University of Pennsylvania Medical School, and Boston University's Blackboard site also sent traffic to the AIDSTAR-One website.

[158] Search engines such as Google and Yahoo are not considered websites.

R 1.2: PERCENT OF INDIVIDUALS WHO RECEIVED TECHNICAL ASSISTANCE (TA) OR ATTENDED A TECHNICAL CONSULTATION WHO REPORT USING AIDSTAR-ONE INFORMATION IN THEIR PROGRAMS

Result: 99% **Target: 80%**

Summary: This indicator is based on annual survey data (2012) for TA recipients (n=79) and conference attendees (n=104). Respondents reported how they used TA or conference resources. Table 7 illustrates how AIDSTAR-One resources were used and what percentage of TA recipients and conference attendees reported that use.

Table 7. Use of AIDSTAR-One TA and Conference Information/Material

Use of TA/conference materials	% conference attendees (n=104)	% TA recipients (n=79)
Inform programs/program design	46	42
Service delivery	36	39
Inform policy	20	23
Develop/improve training	30	43
Write reports, proposals, articles	32	28
Public awareness campaigns	16	27
Inform curriculum development	11	20
Guide research agendas/methods	13	20

Another indicator of use and usefulness captured by the 2012 survey indicated that nearly all recipients of technical assistance (2012) reported being "very satisfied" (68 percent) or "satisfied" (28 percent) with the TA received. Of conference attendees in 2012, 77 percent reported being "very satisfied" and 20 percent reported "satisfied."

SR 1.2.1: NUMBER OF AIDSTAR-ONE RESOURCES PRODUCED AND AVAILABLE FOR DISSEMINATION BY TYPE AND CONTENT AREA

Result: 519 **Target: 70**

Summary: AIDSTAR- exceeded the target for the end of the project. In total, 519 AIDSTAR-One-developed products were produced and are available for dissemination (see Table 7).

Table 7. Number of AIDSTAR-One Resources Produced and Available for Dissemination

Focus Area	Cumulative Resources Available
Project General (Promising Practices and Highlights)	92
Prevention	141
Treatment	52
Care & Support	28
HIV Testing and Counseling	17
Prevention of Mother-to-Child Transmission	10
Orphans and Vulnerable Children	24
Gender	63
Private Sector	2
Field Support/Other	90
Totals	519

*** Resources include: case studies, technical briefs, Prevention Knowledge Base entries, and HIV Prevention Updates, technical reports, and tools.**

SR 1.2.2: PERCENT OF CLIENTS WHO RATED THE USEFULNESS OF MATERIAL ON THE WEBSITE AS GOOD OR EXCELLENT

Result: 96% **Target: 80%**

Summary: Of the 343 survey respondents (2012) who reported visiting the AIDSTAR-One website, 330 (96 percent) rated the usefulness of material on the website as "good" or "excellent." This was an increase compared to 91 percent (n=157) in 2011 and 92 percent (n=107) in 2010. This response exceeds the target of 80 percent—web users are highly satisfied with the usefulness of the material on the AIDSTAR-One website.

Result Area 2: The quality and sustainability of U.S. Government-supported HIV prevention, care, and treatment programs is improved.

R 2.2: NUMBER OF AIDSTAR-ONE PILOT INTERVENTIONS IMPLEMENTED

Result: 6 **Target: 5**

Summary: Six pilot interventions were implemented in seven countries.

1. Alcohol-related HIV risk in Namibia

AIDSTAR-One initiated a significant demonstration project on reducing alcohol-related HIV risk during FY 2010 to explore an approach to addressing alcohol-related HIV risk. AIDSTAR-One continued a program of activities to reduce alcohol-related HIV risk in a peri-urban community of Windhoek, Namibia through FY 2012 and conducted endline data collection towards the end of the fiscal year. The final demonstration project report based on endline data analysis is available on the

AIDSTAR-One website. The project hosted a workshop for USAID staff in January 2013 and The Office of the Global AIDS Coordinator hosted a webinar on the topic of alcohol and HIV in April 2013 where the project coordinator, Dr. Katherine Fritz, presented findings from the demonstration project.

2. Use of community health workers to promote PMTCT in Tanzania

AIDSTAR-One, in collaboration with the Jane Goodall Institute and the Ministry of Health and Social Welfare, implemented a demonstration project on prevention of mother-to-child transmission (PMTCT) of HIV in ten dispensaries in a rural district in Tanzania's Kigoma Region. The goal of the demonstration project was to pilot a service delivery model for ensuring a continuum of care in remote communities. The model was intended to improve the competency and motivation of community health workers as a way of increasing access to and uptake of PMTCT services and strengthening community linkages to facility-based PMTCT services in rural areas.

3. WASH curriculum pilot in Ethiopia and Kenya

AIDSTAR-One piloted its WASH training curriculum, *Improving the Lives of People Living with HIV (PLHIV) through WASH: Water, Sanitation, and Hygiene*, in Ethiopia in April 2011 and in Kenya in February 2011. Liaising with the Government of Ethiopia Ministry of Health and the Kenya Ministry of Sanitation and Public Health, AIDSTAR-One implemented two comprehensive 3-4 day training of trainers reaching 37 health care staff (16 in Kenya, 21 in Ethiopia) from 21 health facilities (8 in Kenya, 13 in Ethiopia). The three goals of the training were: 1) to field-test the new training curriculum and receive feedback from participants, 2) to build the capacity of individual health care providers to adopt WASH approaches, and 3) to provide guidance to program planners and administrators in developing facility-wide WASH approaches. An impact assessment in Kenya and Ethiopia was conducted in FY 2012. Following the impact assessments, AIDSTAR-One organized launches to share the curriculum and assessment results and to explore how the curriculum may be useful to a larger audience in Ethiopia and Kenya. In Ethiopia, a total of 26 attendees participated in the December 6, 2012 launch including representatives from USAID, CDC, WHO, the World Bank, the International Rescue Committee, Save the Children, GOAL Ethiopia, and the Ethiopia Federal Ministry of Health and Regional Health Bureaus. Approximately 60 participants attended the February 14 launch in Kenya, including representatives from the Ministry of Health as well as representatives from Jhpiego, Mount Kenya University, APHIA Plus, the Regional AIDS Training Network, AMREF, Haki Water, the Christian Health Association of Kenya, and the Kenya Medical Training College as well as the media. Mark Bor, Permanent Secretary, signed a foreword to the WASH Curriculum, and the cover was adopted as a Kenya MOPHS curriculum. In the foreword, the Permanent Secretary encouraged the use of the curriculum in training of health care workers to adopt appropriate, safe, and cost-effective methods and techniques to improve WASH activities at facility level. He requested that all stakeholders to join together with the Ministry of Public Health and Sanitation and the Ministry of Medical Services in ensuring consistent support for successful implementation.

4. Pilot tools to increase the use of cotrimoxazole among PLHIV in Uganda

AIDSTAR-One developed adaptable, low-literacy, and user-friendly tools for providers, community health workers, and for clients to increase the use of co-trimoxazole among PLHIV. The tools, posted on the AIDSTAR-One website, provide practical job aids, posters, and client take-home brochures to guide provider prescription of co-trimoxazole. Client materials target men, women, children, and infants, aim to increase the demand for co-trimoxazole and encourage use of this important prophylaxis, and reinforce consistent messages on use and prescription. The tools are adaptable for use in multiple country settings and use graphics with minimal text to help explain benefits, dosing requirements, and side effects, including what to do in the case of side effects. These tools were piloted in Northern Uganda and an assessment of the tools' acceptability and feasibility of integration was conducted in FY 2012. A webinar was hosted in March 2013 to provide an overview of the co-trimoxazole materials and the pilot process and assessment results. The objective of the webinar was to highlight the materials and their potential for improving awareness, education, and prescription of co-trimoxazole as well as to discuss how they might be adapted for other country settings.

5. Mental health and HIV integration pilot in Zimbabwe

AIDSTAR-One conducted a trip to Zimbabwe in April 2012, to lay the groundwork for the mental health and HIV integration pilot activity and to gather additional information for the Situational Analysis: There is No Health without Mental Health: Mental Health and HIV Service Integration in Zimbabwe report. To begin the pilot activity, AIDSTAR-One traveled to Zimbabwe and delivered a mental health training of trainers and follow-on supportive supervision in July 2012. The training of trainers was attended by nine pilot HIV care and treatment sites, after which attendees of the pilot training trained their colleagues and community-based organizations within their catchment area on the pilot activities. An evaluation of the mental health and HIV integration pilot activity took place in December 2012. Findings from the pilot activity have informed a follow-on activity for mental health and HIV integration at the community level in which the tools and created for the pilot and a standard operating procedure for integration of mental health and HIV at the community level will be scaled up to address mental health and HIV integration within pilot communities. The follow-on pilot activity training of trainers was conducted in April 2013. Lessons learned from this activity informed a standard operating procedure for mental health and HIV service integration at the national level which is available with the training materials on the AIDSTAR-One website.

6. Pilot toolkit for transition of care and other services for adolescents living with HIV in Kenya and Mozambique

In order to address the transitioning needs of adolescents living with HIV, the Toolkit for Transition of Care and Other Services for Adolescents Living with HIV was written for health and community care providers in sub-Saharan Africa. To test the usefulness of this Toolkit and to gather information on how to adapt it to increase its utility, a pilot program was carried out from October 2012 through April 2013 at four health facilities—three in or near Nairobi, Kenya, and one in Eldoret, in the western part of the country. The pilot program began with a one-day training

comprising a look at the special needs of ALHIV; an overview of the Toolkit; a description of Toolkit utilization to provide a framework for transition of care and other services; an explanation of how to put the Toolkit into action; and a practice co-facilitation. Following the training, each site received a cascade training by the original trainees as well as an introductory supportive supervision visit and monthly supportive supervision visits by an AIDSTAR-One consultant. This training was followed in March and April 2013 by a mixed-methods rapid evaluation. This evaluation gathered information on provider satisfaction and Toolkit utility and feasibility. The vast majority of respondents found the Toolkit useful, citing its comprehensiveness in addressing all adolescent needs and its topics' relevance to adolescents, even adolescents without HIV. In addition, most providers found the Toolkit feasible to use and to integrate into their services. Some, especially those working in busy hospital settings, suggested making the Toolkit more user friendly by decreasing its size or by integrating its checklists into forms already in use at their sites. The Toolkit was adapted based upon the pilot findings. The toolkit and accompanying training materials are on the AIDSTAR-One website.

SR 2.2.1: NUMBER OF PROGRAMS/COUNTRIES THAT REPORT USING AIDSTAR-ONE PRODUCTS/INFORMATION IN FORMULATING POLICY OR DEVELOPING INTERVENTION GUIDELINES

Result: 41 **Target: 25**

Summary: 167 respondents to the 2012 annual survey reported using AIDSTAR-One resources to formulate policy or develop guidelines for intervention guidelines in 41 countries.

Examples of how they used resources to develop policies were also provided by respondents and include the following:

- *AIDSTAR-One resources were used as resources to help in determining the best approaches and standards for a sex workers HIV prevention program. The outcome was that the standards included a strong element of referral for services which echoes combination model of prevention.*
- *In Botswana we used AIDSTAR resources to develop guidelines for programming HIV prevention among young women.*
- *[AIDSTAR-One resources were used for] the development of IP guidelines at federal ministry of health level*
- *I used AIDSTAR materials as a guide in formulating prevention activities for the AIDSRELIEF program in Nigeria*
- *It was used for guiding the policy development especially in the area of VCT Programme.*
- *We developed standard operations procedures for our care and support programs using AIDSTAR-One materials.*
- *Working on HIV/AIDS prevention with the fisher community in four beaches in Maseno and Kombewa divisions using behavior change communication strategies, a process that involves working with communities to*

promote and sustain positive behaviors towards HIV prevention. We have used the resources to guidelines for our interventions in advocacy, stigma.

- *The resources were used to inform the development of guidelines for implementation of a project which aims at improving the care and support for children affected by HIV/AIDS. The project focuses on promoting access to PMTCT and pediatric HIV/AIDS services.*

SR 2.2.2: NUMBER OF PROGRAMS/COUNTRY OFFICES RECEIVING AIDSTAR-ONE TECHNICAL ASSISTANCE

Result: 14 **Target: 14**

Summary: Technical assistance (TA) is defined as the delivery of expert programmatic, scientific, and technical support to organizations and communities in the design, implementation, and evaluation of interventions and programs.

AIDSTAR-One centrally-funded TA was provided in the following countries:

- Burkina Faso (Prevention)
- Cambodia (Prevention, Gender)
- Democratic Republic of Congo (HIV Testing and Counseling)
- Ethiopia (Care and Support)
- Kenya (Treatment, Care and Support)
- Namibia (Prevention, HIV Testing and Counseling)
- Nigeria (Treatment)
- Swaziland (HIV Testing and Counseling)
- Tanzania (PMTCT)
- Thailand (HIV Testing and Counseling, Gender)
- Togo (Prevention)
- Uganda (Care and Support)
- Zambia (Treatment)
- Zimbabwe (Care and Support, Treatment)

AIDSTAR-One also provided technical and logistical support to 47 technical consultations, meetings, and debates.

Result Area 3: Strategic evidence-based programmatic approaches to HIV prevention, treatment, and care developed and implemented in other USAID countries.

R 3.1: NUMBER OF HIV PROGRAMS SUPPORTED THROUGH FIELD SUPPORT-FUNDED TA OR ASSESSMENTS

Result: 16 **Target: 8**

Summary: AIDSTAR-One provided field support-funded TA or conducted assessments for the Africa Bureau (Kenya, Mozambique), the LAC Bureau, Central Asia Regional Mission (Kyrgyzstan), the PEPFAR Caribbean Regional Program, Brazil, Dominican Republic, Democratic Republic of Congo, Ethiopia, Honduras, India, Kyrgyzstan, Nigeria, Swaziland, Tanzania, Uganda, and Zambia.

As reported in SR 3.1.1, AIDSTAR-One provided field support-funded technical assistance to field offices in Ethiopia, Nigeria, Uganda, India, Honduras, Brazil, and the Dominican Republic.

SR 3.1.1: NUMBER OF PROGRAMS IMPLEMENTED THROUGH AIDSTAR-ONE ASSISTANCE

Result: 7 **Target: 3**

Summary: AIDSTAR-One provided field support-funded implementation support to seven countries. In each of these countries, AIDSTAR-One had an office and local staff that provided support ranging from strengthening the national AIDS program, the provision of grants to NGOs, and support of national injection safety/health care waste management programs.

The countries where AIDSTAR-One provided field-support funded implementation support were Brazil, the Dominican Republic, Ethiopia, Honduras, India, Nigeria, and Uganda.

SR 3.1.2: PERCENT OF AIDSTAR-ONE IMPLEMENTED PROGRAMS THAT INCLUDED A GENDER COMPONENT

Result: n/a **Target: 100%**

Summary: The project did not receive funding for this activity due to a shift in donor priorities, thus no data has been collected for this indicator.

SR 3.1.3: NUMBER OF AIDSTAR-ONE IMPLEMENTED PROGRAMS THAT INCLUDED A QA/QI COMPONENT

Result: 4 **Target: 100%**

Summary: AIDSTAR-One Honduras provided technical assistance to the Health Secretariat in order to implement Quality Assurance and Quality Improvement interventions through a Quality Improvement Training of Trainers (TOT). Trained participants will work with other service staff to develop and implement quality assurance plans in their HIV/AIDS services nationwide.

AIDSTAR-One/Ethiopia, AIDSTAR-One/Nigeria, and AIDSTAR-One/Uganda provided supportive supervision by visiting focal health facilities to assess their compliance with injection safety and HCWM, providing feedback for continuous quality improvement.

In addition, AIDSTAR-One/Uganda introduced quality improvement (QI) topics within a HCWM training program. Topics introduced were problem solving, 5S Kaizen, and Total Quality Management.

R 3.2: NUMBER OF FIELD SUPPORT-FUNDED PROGRAMS FOR WHICH EVALUATION RESULTS SHOW IMPROVED PROGRAM QUALITY OR USE OF SERVICES

Result: 4 **Target: 5**

Summary: Safe injection and health care waste management practices at health facilities protect the provider, patient, and community from the medical transmission of HIV. The results of supportive supervision in Ethiopia, Nigeria, and Uganda where interventions were implemented showed significant progress.

The results of three supportive supervision visits, conducted by AIDSTAR-One/Ethiopia in FY 2011 to 100 health facilities where infection prevention and control interventions were implemented, included an increase from 36 percent to 87 percent of health facilities having a functioning IPC committee. Hand washing by service providers increased from 47 percent to 67 percent and proper waste segregation improved from 31 percent to 74 percent.

AIDSTAR-One/Ethiopia conducted supportive supervision visits in FY 2013 in 54 facilities in Amhara and Tigray regions. Overall, the supportive supervision results showed improvement on IPC knowledge, attitudes, and practices of health workers and supporting staff at the facility level. Appropriate waste segregation practices significantly improved from the first to the third visit (15 percent to 67 percent). The results showed that the number of functioning hand washing facilities for staff increased (73 percent to 90 percent). The findings demonstrated that supportive supervision can lead to behavior change among health care workers and supporting staff by improving knowledge and practices related to IPC.

In FY 2013, AIDSTAR-One/Nigeria conducted a follow-up assessment of injection safety in five states. Using an adaptation of the Revised Injection Safety Assessment Tool (Tool C-Revised) developed by the World Health Organization, AIDSTAR-One's assessment covered all injection and blood-drawing procedures in 80 public sector health care settings and laboratories. Across all types of injection equipment, fewer stockouts were reported at follow-up compared to baseline. Statistically significant increases were seen in the number of health care facilities with at least one puncture-resistant and leakproof sharps container in all areas where injections and intravenous procedures are performed. The results at follow-up showed more providers use best practices for recapping compared to results from baseline. At follow-up, the majority of providers did not re-cap syringes prior to disposal, which reduces their risk of exposure to blood-borne pathogens, and the

difference compared to baseline was found to be significant. Better waste management practices at facilities were observed at follow-up compared to baseline.

AIDSTAR-One/Uganda conducted supportive supervision visits to 187 health facilities in FY 2011. In these health facilities, the use of safety boxes as a means of collection and the safe disposal of used sharps improved from 87 percent to 99.5 percent. In addition, at follow-up, 92 percent of facilities had no stock outs of safety boxes in the prior six months (up from 54%). The provision of personal protective equipment, such as heavy gloves and boots, to waste handlers also improved from 69 percent to 84 percent.

USAID, through AIDSTAR-One/Uganda established a centralized waste treatment and disposal facility through a public-private partnership (PPP) with Green Label Services Ltd. (GLSL) and the MOH, coupled with training of health care workers in HCWM in six districts in Eastern Uganda. To capture changes ensuing from project activities, AIDSTAR-One/Uganda conducted an assessment in three of the districts. Overall, the follow-up study found significant improvements in facility-based HCWM, worker training, and safety.

In Brazil, novel impact measurement scale, documented statistically significant improvements in knowledge, behaviors, and practices regarding HIV and TB among program participants.

ANNEX 2.

AIDSTAR-ONE PUBLICATIONS

COMPLETED PUBLICATIONS AS OF MARCH 31, 2014

(AVAILABLE AT WWW.AIDSTAR-ONE.COM)

CROSS-PROJECT RESOURCES

- Project Highlights (14 highlights posted)
- Promising Practices (78 practices posted)

PREVENTION

Case Studies

- *"Don't Let Your Loved Ones get Involved With a Fataki!": Addressing Intergenerational Sex in Tanzania through the Fataki Campaign*
- *"Wising up" to Alcohol-Related HIV Risk, Cape Town, South Africa*
- *Alcohol Consumption and HIV Risk: A Peer Education Strategy for Bar Patrons*
- *CEPEHRG and Maritime, Ghana: Engaging New Partners and New Technologies to Prevent HIV among Men Who Have Sex with Men*
- *Club Risky Business: A Zambian Television Series Challenges Multiple and Concurrent Sexual Partnerships through the One Love Kwasila! Campaign*
- *Matching Supply with Demand: Scaling up VMMC in Tanzania and Zimbabwe*
- *Namibia's Prevention Planning Process: Successful Collaboration for a National Combination HIV Prevention Strategy*
- *Nigeria's Mixed Epidemic: Balancing Prevention Priorities Between Populations*
- *Rwanda's Mixed Epidemic: Results-based Strategy Refocuses Prevention Priorities*
- *Scrutinize: A Youth HIV Prevention Campaign Addressing Multiple and Concurrent Partnerships*
- *Secret Lovers Kill: A Mass Media Campaign to Address Multiple and Concurrent Partnerships*
- *Targeted Outreach Project: Scaling Up HIV Programming in Burma by Mobilizing Sex Workers*
- *The Avahan-India AIDS Initiative: Promising Approaches to Combination HIV Prevention Programming in Concentrated Epidemics*
- *The Humsafar Trust, Mumbai, India: Empowering Communities of Men Who Have Sex with Men to Prevent HIV*
- *The International HIV/AIDS Alliance in Ukraine: Promising Approaches to Combination HIV Prevention Programming in Concentrated Epidemics (also available in Russian—see Eastern Europe & Eurasia)*
- *The O Icheke Campaign, Botswana: A National Behavior Change Communication Program to Reduce Multiple and Concurrent Partnerships*
- *Uniting to Build HIV Prevention for Drug Users: The Georgian Harm Reduction Network*

Technical Briefs

- *HIV Prevention for Serodiscordant Couples*
- *Human Rights Considerations in Addressing HIV Among Men Who Have Sex with Men*
- *Prevention of Alcohol-Related HIV Risk Behavior* (*also available in Russian—see Eastern Europe & Eurasia)*

Technical and Meeting Reports

- *Addressing Multiple and Concurrent Sexual Partnerships in Generalized Epidemics—Report on a Technical Consultation in Washington, DC, October 29-30, 2008*
- *Addressing the Impact of Alcohol on the Prevention, Care, and Treatment of HIV in Southern and Eastern Africa: Research, Programming, and Next Steps—Report on a PEPFAR Technical Consultation Held in Windhoek, Namibia, April 12–14, 2011*
- *Africa Regional Workshop on HIV Prevention, Care and Treatment for Men who have Sex with Men in Africa--Report on a PEPFAR Technical Consultation Held in Johannesburg, South Africa, February 12-14, 2012*
- *Asia Regional Workshop on HIV Prevention, Care and Treatment for Men who have Sex with Men and Transgendered Persons—HIV Prevention, Care, and Treatment for MSM and TG: A Review of Evidence-Based Findings and Best Practices*
- *Emerging Issues in Today's HIV Response: Debate 1—Test and Treat: Can We Treat Our Way Out of the HIV Epidemic?*
- *Emerging Issues in Today's HIV Response: Debate 2—Behavior Change for HIV Prevention*
- *Emerging Issues in Today's HIV Response: Debate 3—Discordant Couples and HIV Transmission*
- *Emerging Issues in Today's HIV Response: Debate 4—Concurrent Sexual Partnerships*
- *Emerging Issues in Today's HIV Response: Debate 5—The Ethics of Material Incentives for HIV Prevention*
- *Emerging Issues in Today's HIV Response: Debate 6—Treatment as Prevention*
- *Emerging Issues in Today's HIV Response: Debate 7—Funding Allocations for HIV/AIDS*
- *ICASA 2011: Accelerating Scale-Up of VMMC for HIV Prevention, December 2011, Addis Ababa, Ethiopia*
- *Innovative Uses of Communication Technology for HIV Programming for MSM & TG Populations, Washington DC, May 2-3, 2013*
- *Interventions With Most-At-Risk Populations In PEPFAR Countries: Lessons Learned And Challenges Ahead* *(Technical consultation held February 18-20, 2009 in Chennai, India)*
- *Latin America and Caribbean Regional Workshop on HIV Programming for Men who have Sex with Men (MSM) and Transgendered Persons (TG): A review of Evidence-Based Findings and Best Practices*
- *PEPFAR Caribbean Regional HIV Prevention Summit on Most-at-Risk Populations and Other Vulnerable Populations: Nassau, Bahamas, March 15–17, 2011*
- *PEPFAR Technical Consultation Report on HIV Prevention in Mixed Epidemics*
- *PEPFAR Voluntary Medical Male Circumcision (VMMC) Webinar*
- *Premiere of PEPFAR's "In It to Save Lives", Washington, DC, June 2011*
- *Program Review: Opportunities & Challenges of HIV Prevention for MARPs in Burkina Faso & Togo*
- *Reducing Alcohol-related HIV Risk in Katutura, Namibia: A Multi-level Intervention*
- *Reducing Alcohol-Related HIV Risk in Katutura, Namibia: Results from a Multi-Level Intervention*
- *Skills-Building Workshop: Key Findings for Guiding Programming For MARPs In Mixed Epidemic Settings*
- *Southern and Eastern Africa Region Male Circumcision Communication Meeting: A Joint UNAIDS & PEPFAR Coordinated Meeting, September 22-24, 2010*
- *UNAIDS Global and Domestic Roundtable on Men who Have Sex with Men, December 2010*
- *UNAIDS Policy Forum on HIV, Human Rights, and People Who Inject Drugs*

Additional Resources

- HIV Prevention Knowledge Base: 29 topics posted

- HIV Prevention Update: 48 monthly updates
- National Strategic Plans Database: 164 plans posted
- Podcast: "Reaching Transgender and MSM Populations through Social Media"
- Video and Brochure: *In It to Save Lives: Scaling Up Voluntary Medical Male Circumcision for HIV Prevention for Maximum Public Health Impact*

AIDSTAR-One and STRIVE Structural Approaches to HIV Prevention Position Paper Series

- *Resource Tool for Structural Approaches to HIV Prevention - DRAFT*
- *Operationalising Structural Interventions for HIV Prevention: Lessons from Zambia*
- *Incorporating A Structural Approach Within Combination HIV Prevention: An Organising Framework*
- *Intervening Upstream: A Good Investment for HIV Prevention*
- *Policy and Programme Responses for Addressing the Structural Determinants of HIV*
- *Structural Drivers, Interventions, and Approaches for Prevention of HIV in General Populations: Definitions and an Operational Approach*

Spotlights

- *A Holistic Approach to HIV Prevention Programming for Female Sex Workers*
- *Alcohol and Risky Sex: Breaking the Link*
- *Balancing Research With Rights-Based Principles of Practice for Programming for Men Who Have Sex With Men*
- *Eliminating Pediatric HIV/AIDS: What It Will Take and What It Will Bring*
- *Ready, Set, Rectal Microbicides: An Update on Rectal Microbicide Research and Advocacy*
- *Reducing HIV Infection in Young Women in Southern Africa*
- *Reinvigorating Condoms as an HIV Prevention Tool*
- *The Astonishing Neglect of an HIV Prevention Strategy: The Value of Integrating Family Planning and HIV Services*
- *Uganda's Zero Grazing Campaign*

TREATMENT

Case Studies

- *Emergency Planning for HIV Treatment Access in Conflict and Post-Conflict Settings: Post-Election Violence in Kenya*
- *Emergency Planning for HIV Treatment Access in Conflict and Post-Conflict Settings: The Case of Northern Uganda*
- *Emergency Planning for HIV Treatment Access in Conflict Settings: The Case Of Côte D'Ivoire*
- *From Paper to Practice: Implementing WHO's 2010 Antiretroviral Therapy Recommendations for Adults and Adolescents in Zambia*
- *HIV Treatment Guidelines in Guyana: The Fast Track to Diagnosis and Treatment*

Technical Briefs

- *Adult Adherence to Treatment and Retention in Care*
- *Decentralization of Antiretroviral Treatment at Primary Healthcare Level In Public And Private Sectors In Generalized Epidemic Resource-Constrained Settings*
- *Implementation of World Health Organization's (WHO) 2008 Pediatric HIV Treatment Guidelines*

- *Transition of Management and Leadership of HIV Care and Treatment Programs to Local Partners: Critical Elements and Lessons Learned*
- *WHO's 2010 Recommendations for HIV Treatment: National Guideline Revision Challenges and Lessons Learned*

Technical and Meeting Reports

- *Assessment of PMTCT/MNCH Integration in Nigerian Health Facilities*
- *Capacity Assessment Tool for Country Ownership of HIV Care and Treatment: Nigeria Pilot Report*
- *Clinical Outcomes in Children and Adolescents with Chronic HIV Infection in Zimbabwe*
- *HIV Treatment in Complex Emergencies*
- *Noncommunicable Disease and HIV Service Integration Models*
- *Pediatric and Adolescent Project 2 (PAP2): 12-Month Follow-Up Outcomes for Children in Care at Parirenyatwa Hospital in Zimbabwe*
- *Pediatric HIV Treatment Toolkit: A Practical Guide to the Implementation of the 2009 World Health Organizations Pediatric HIV Treatment Recommendations*
- *Rapid Assessment of Pediatric HIV Treatment in Nigeria*
- *Rapid Assessment of Pediatric HIV Treatment in Zambia*

Additional Resources and Tools

- *ART Costing Crosswalk Analysis*
- *Capacity Assessment Tool*
- *Health Information Technology for Continuous Quality Improvement of Antiretroviral Therapy*
- *Pediatric HIV Treatment Toolkit*
- *Summary Table of HIV Treatment Regimens: Pediatric and Adult National Treatment Guidelines: (88 guidelines; guidelines updated in 2012)*

Pediatric Treatment Disclosure Materials

- *Teen Talk: A Guide For Positive Living*
- *Booklet 1: How to Keep Healthy*
- *Cue Cards 1: How to Keep Healthy*
- *Booklet 2: Knowing About Myself*
- *Cue Cards 2: Knowing About Myself*
- *Booklet 3: Living a Life of Health*
- *Cue Cards 3: Living a Life of Health*

Translations

Pediatric Treatment Disclosure Materials

- *Booklet 1: How to Keep Healthy—French*
- *Booklet 1: How to Keep Healthy—Portuguese*
- *Booklet 1: How to Keep Healthy—Xhosa*
- *Cue Cards 1: How to Keep Healthy—French*
- *Cue Cards 1: How to Keep Healthy—Portuguese*
- *Cue Cards 1: How to Keep Healthy—Xhosa*
- *Booklet 2: Knowing About Myself—French*
- *Cue Cards 2: Knowing About Myself—French*
- *Booklet 2: Knowing About Myself—Portuguese*
- *Cue Cards 2: Knowing About Myself—Portuguese*

- *Booklet 2: Knowing About Myself—Xhosa*
- *Cue Cards 2: Knowing About Myself—Xhosa*
- *Booklet 3: Living a Life of Health—French*
- *Cue Cards 3: Living a Life of Health—French*
- *Booklet 3: Living a Life of Health—Portuguese*
- *Cue Cards 3: Living a Life of Health—Portuguese*
- *Booklet 3: Living a Life of Health—Xhosa*
- *Cue Cards 3: Living a Life of Health—Xhosa*
- *Teen Talk—French*
- *Teen Talk—Portuguese*
- *Teen Talk—Xhosa*

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION

Case Studies

- *The Community Register Project: Improving Access to PMTCT Services in Zambia*
- *ProVIC "Champion Communities": PMTCT of HIV in the Democratic Republic of Congo* *(also available in French)*

Technical Briefs

- *Integration of Prevention of Mother-to-child Transmission of HIV (PMTCT) Interventions with Maternal, Newborn and Child Health (MNCH) Services*

Other Technical Reports and Tools

- *Assessment of the Integration of PMTCT within MNCH Services at Health Facilities in Tanzania*
- *Increasing Coverage, Access and Utilization of PMTCT*
- *Risk of HIV Transmission During Breastfeeding: A Table of Research Findings*

Additional Resources and Tools

- PMTCT Continuum of Care Services Knowledge Base
- PMTCT Country Guidelines *(42 available)*
- Mother-Infant Health Cards *(13 total)*

Translations

- *ProVIC "Champion Communities": PMTCT of HIV in the Democratic Republic of Congo—French*

HIV TESTING AND COUNSELING

Case Studies

- *"It Makes Me Want to Come Back Here": Silom Community Clinic's Approach to HTC among MSM in Thailand*
- *Home-based HIV Testing and Counseling (HBHTC) Programs in Kenya*
- *Improving HIV Testing and Counseling among Transgender People in Pattaya, Thailand*
- *The Private Sector: Extending the Reach of Provider-Initiated HIV Testing and Counseling in Kenya*

Technical and Meeting Reports

- *Assessment of Over-the-Counter HIV Rapid Test Kits in Namibia*
- *Assessment of Provider-Initiated Testing and Counseling Implementation: Cambodia*
- *Home-Based Testing and Counseling: Program Components and Approaches (technical consultation held November 3–5, 2009 in Nairobi, Kenya)*
- *Increasing Access and Uptake of HIV Testing and Counseling Among Men Who Have Sex with Men in Thailand*
- *Provider-Initiated Country Policy Review (also available in Russian—see Eastern Europe & Eurasia)*
- *Rapid Testing-Rapid Results: Scaling up HIV Rapid Testing with Same-Day results in the Asia-Pacific Region*
- *South-to-South Technical Assistance on Home-based HIV Testing and Counseling: Swaziland (includes a set of 7 deliverables)*

Additional Resources and Tools

- *CDC Handbook for Planning, Implementing, and Monitoring, Home-Based HIV Testing and Counselling*
- HBHTC Literature Selection
- HTC Update
- PITC Literature Selection

Translations

- *Improving HIV Testing and Counseling among Transgender People in Pattaya, Thailand Case Study—Spanish*
- *Improving HIV Testing and Counseling among Transgender People in Pattaya, Thailand Case Study—Thai*

CARE & SUPPORT

Case Studies

- *Prioritizing HIV in Mental Health Services Delivered in Post-Conflict Settings*
- *Mental Health Care and Support—FHI Vietnam*

Technical Briefs

- *Mental Health and HIV (also available in Russian—see Eastern Europe & Eurasia)*

Technical and Meeting Reports

- *AIDS 2012 Satellite Report: Where the Tide Will Turn-How is Community Level Participation Most Effective in Turning the Tide?*
- *Assessment of Mental Health & HIV Integration Pilot in Zimbabwe*
- *Co-Trimoxazole Management and Availability: Logistics and Supply Chain Experience in 15 PEPFAR Countries*
- *Field Driven Learning Meeting: Linkages to and Retention in HIV Care and Support Programs*
- *Food by Prescription in Kenya: An Assessment Conducted in 2009*
- *Kyrgyzstan Key HIV Service Mapping Report*
- *Linkage and Retention in Pre-ART Care: Best Practices & Experiences from 13 Countries*
- *Meeting the HIV; Maternal, Newborn, and Child Health; and Social Support Needs of Mothers and Their Young Children. Field-Driven Learning Meeting, Addis Ababa, Ethiopia, November 8 to 10, 2011*
- *NuLife—Food and Nutrition Interventions for Uganda: Nutritional Assessment, Counseling, and Support*
- *Overview of Hospice and Palliative Care Drugs in Selected PEPFAR Countries*
- *Pilot Co-trimoxazole Tools Assessment, Gulu, Uganda*
- *Situational Analysis: "There is no Health without Mental Health": Mental Health and HIV Service Integration in Zimbabwe*

- *Technical Report: Water, Sanitation, and Hygiene Pilot Curriculum Assessment, Ethiopia*
- *Technical Report: Water, Sanitation, and Hygiene Pilot Curriculum Assessment, Kenya*

Additional Resources and Tools

- *Co-trimoxazole Educational Tools: Client trifold*
- *Co-trimoxazole Educational Tools: Poster for facility/community use*
- *Co-trimoxazole Educational Tools: Dosage guidelines for low-literacy populations*
- *HIV/AIDS Continuum of Care*
- *Improving the Lives of People Living with HIV (PLHIV) Through WASH: Water, Sanitation, and Hygiene—Participant Technical Resource Guide*
- *Improving the Lives of People Living with HIV (PLHIV) Through WASH: Water, Sanitation, and Hygiene—Trainer Guide*
- *Standard Operating Procedures for Integration of Mental Health and HIV in Zimbabwean Communities*
- *Beating Pain Pocketbook for providers, produced by African Palliative Care Association*
- *Palliative Care Guidebook, produced by African Palliative Care Association*
- *Workshop for Integrating Mental Health into HIV Services in Zimbabwe Training of Trainers: Trainer's Manual*
- *Workshop for Integrating Mental Health into HIV Services in Zimbabwean Communities Presentation*

GENDER

Case Studies

- *Addressing HIV and Gender from the Ground Up—Maanisha Community-Focused Initiative to Control HIV: A Program to Build the Capacity of Civil Society Organizations in Kenya*
- *Allowing Men to Care—Fatherhood and Child Security Project: A Program to Engage Men on HIV, Violence, and Caregiving in South Africa*
- *Breaking New Ground: Integrating Gender into CARE's STEP Program in Vietnam* (also available in French)
- *Civil Society and Government Unite to Respond to Gender-based Violence in Ecuador* (also available in Spanish)
- *Public Sector Response to Gender-based Violence in Vietnam*
- *Earning Their Way to Healthier Lives—Mulheres Primero (Women First): Health and Legal Training Combined with Income Opportunities Help Rural Mozambican Women Mitigate HIV Risk* (also available in French and Portuguese)
- *Different Needs But Equal Rights: Giving Voice to Transgender Communities through ASPIDH in El Salvador* (also available in Spanish and French)
- *Empowering Men Who Have Sex with Men to Live Healthy Lives: Integrated Services at Bogotá's Lesbian, Gay, Bisexual, and Transgender Community Center* (also available in French and Spanish)
- *"Follow the Voice of Life": HIV Prevention and Empowerment of Men Who Have Sex with Men in Orenburg, Russia* (also available in Russian—see Eastern Europe & Eurasia)
- *More Than Just HIV Prevention: Outreach to Most-at-Risk Populations Through SIDC in Lebanon*
- *PRASIT: Using Strategic Behavioral Communication to Change Gender Norms in Cambodia*
- *Rebuilding Hope—Polyclinic of Hope Care and Treatment Project: A Holistic Approach for HIV-Positive Women Survivors of the Rwandan Genocide*
- *Risky Business Made Safer—Corridors of Hope: An HIV Prevention Program Targets Behavior Change among Sex Workers, Truck Drivers, and Others in Zambian Border and Transit Towns*
- *SANGRAM's Collectives: Engaging Communities in India to Demand their Rights*
- *STIGMA Foundation: Empowering Drug Users to Prevent HIV in Indonesia*
- *Swaziland Action Group Against Abuse (SWAGAA)* (also available in French)

Technical Briefs

- *Integrating Gender into Programs for Most-at-Risk Populations (also available in Russian—see Eastern Europe & Eurasia)*
- *Microfinance, HIV, and Women's Empowerment*
- *Gender-based Violence and HIV*

Technical and Meeting Reports

- *Analysis of Services to Address Gender-based Violence in Three Countries (Also available in Spanish, French, and Portuguese)*
- *Findings Report: Integrating PEPFAR Gender Strategies into HIV Programs for Most-at-Risk Populations (also available in Spanish, French, and Portuguese)*
- *Gender Assessment: Access to HIV Services by Key Populations in Kyrgyzstan*
- *Integrating Multiple Gender Strategies to Improve HIV and AIDS Interventions: A Compendium of Programs in Africa*
- *Integrating Multiple PEPFAR Gender Strategies to Improve HIV Interventions: Recommendations from Five Case Studies of Programs in Africa (also available in French, Spanish, and Portuguese)*
- *PEPFAR Expert Meeting on Clinical Post-Rape Care for Children in Primary Health Care Centers that Provide HIV Care. Washington DC, April 26, 2012 Summary Report*
- *Scaling Up the Response to Gender-based Violence in PEPFAR: PEPFAR Consultation on Gender-based Violence, Washington, DC, May 6-7, 2010*
- *South to South Technical Exchange Framework and Toolkit Pilot*
- *South-to-South Technical Exchange on Integrating PEPFAR Gender Strategies (also available in Russian—see Eastern Europe & Eurasia)*
- *Strengthening Gender Programming in PEPFAR: Technical Exchange of Best Practices, Program Models, and Resources (technical consultation held in Johannesburg, South Africa in 2009)*
- *Strengthening Gender Programming in PEPFAR—Technical Exchange of Best Practices, Program Models, and Resources Summary Report (follow-up technical consultation held in Johannesburg, South Africa in 2012)*

Additional Resources and Tools

- *Gender-based Violence and HIV: A Program Guide for Integrating Gender-based Violence Prevention and Response in PEPFAR Programs (also available in French, Portuguese, Spanish, and Swahili)*
- PEPFAR Gender Fact Sheets (4)

Spotlights

- *Evidence-Based Approaches to Protecting Adolescent Girls at Risk of HIV*
- *Preventing Gender-Based Violence and HIV: Lessons from the Field*

Translations

- *Analysis of Services to Address Gender-based Violence in Three Countries—French*
- *Analysis of Services to Address Gender-based Violence in Three Countries—Portuguese*
- *Analysis of Services to Address Gender-based Violence in Three Countries—Spanish*
- *Breaking New Ground: Integrating Gender into CARE's STEP Program in Vietnam—French*
- *Civil Society and Government Unite to Respond to Gender-based Violence in Ecuador—Spanish*
- *Different Needs But Equal Rights: Giving Voice to Transgender Communities through ASPIDH in El Salvador—Spanish*
- *Different Needs But Equal Rights: Giving Voice to Transgender Communities through ASPIDH in El Salvador—French*

- *Earning Their Way to Healthier Lives—Mulheres Primero (Women First): Health and Legal Training Combined with Income Opportunities Help Rural Mozambican Women Mitigate HIV Risk—French*
- *Earning Their Way to Healthier Lives—Mulheres Primero (Women First): Health and Legal Training Combined with Income Opportunities Help Rural Mozambican Women Mitigate HIV Risk—Portuguese*
- *Empowering Men Who Have Sex with Men to Live Healthy Lives: Integrated Services at Bogotá's Lesbian, Gay, Bisexual, and Transgender Community Center—Spanish*
- *Empowering Men Who Have Sex with Men to Live Healthy Lives: Integrated Services at Bogotá's Lesbian, Gay, Bisexual, and Transgender Community Center—French*
- *Findings Report: Integrating PEPFAR Gender Strategies into HIV Programs for Most-at-Risk Populations—French*
- *Findings Report: Integrating PEPFAR Gender Strategies into HIV Programs for Most-at-Risk Populations—Portuguese*
- *Findings Report: Integrating PEPFAR Gender Strategies into HIV Programs for Most-at-Risk Populations—Spanish*
- *Gender-based Violence and HIV: A Program Guide for Integrating Gender-based Violence Prevention and Response in PEPFAR Programs—French*
- *Gender-based Violence and HIV: A Program Guide for Integrating Gender-based Violence Prevention and Response in PEPFAR Programs—Portuguese*
- *Gender-based Violence and HIV: A Program Guide for Integrating Gender-based Violence Prevention and Response in PEPFAR Programs—Spanish*
- *Gender-based Violence and HIV: A Program Guide for Integrating Gender-based Violence Prevention and Response in PEPFAR Programs—Swahili*
- *Integrating Multiple PEPFAR Gender Strategies to Improve HIV Interventions: Recommendations from Five Case Studies of Programs in Africa—French*
- *Integrating Multiple PEPFAR Gender Strategies to Improve HIV Interventions: Recommendations from Five Case Studies of Programs in Africa—Portuguese*
- *Integrating Multiple PEPFAR Gender Strategies to Improve HIV Interventions: Recommendations from Five Case Studies of Programs in Africa—Spanish*
- *Sex Work and Life with Dignity: Sex Work, HIV, and Human Rights Program in Peru—Spanish*
- *Sex Work and Life with Dignity: Sex Work, HIV, and Human Rights Program in Peru—French*
- *Swaziland Action Group Against Abuse (SWAGAA)—French*

ORPHANS AND VULNERABLE CHILDREN

Case Studies

- *Coffee, Popcorn, Soup, and HIV: Promoting Food and Nutrition Security for Children and Pregnant Women Living with HIV in Ethiopia*
- *Legal Units: Child Protection Support for Orphans and Vulnerable Children and Their Families in Côte d'Ivoire*
- *Looking Within: Creating Community Safety Nets for Vulnerable Youth in Dar-es-Salaam, Tanzania*
- *Swinging to New Heights*

Technical Briefs

- *Early Childhood Development for Orphans and Vulnerable Children: Key Considerations*
- *Including Orphans and Vulnerable Children with Disabilities in Early Childhood Development Programs*
- *Permaculture Design for Orphans and Vulnerable Children Programming*
- *Practical Information and Guidance for Integration of MNCH and HIV Programs*

Technical and Meeting Reports

- *Assessment Report: Post-Rape Care for Children in Mozambique*

- *Building Capacity on PRC for Children & Adolescents Technical Workshop: Dar Es Salaam, Tanzania, September 4-5, 2013*
- *Community-Based Early Childhood Development Centers for Reaching OVC: Considerations & Challenges*
- *The Debilitating Cycle of HIV, Food Insecurity, and Malnutrition*
- *Literature Review on Program Strategies and Models of Continuity of HIV/MNCH Care*
- *National Response Efforts to Address Sexual Violence and Exploitation Against Children in Lesotho, A Desktop Study*
- *National Response Efforts to Address Sexual Violence and Exploitation Against Children in Mozambique: A Desktop Study*
- *Protecting Children Affected by HIV Against Abuse, Exploitation, Violence, and Neglect*
- *Situational Analysis on Post-rape Care of Children in Lesotho*
- *Resource Flows to Community Groups Caring for Children and Families Affected by HIV*
- *Review of Literature on Supporting and Strengthening Child-Caregiver Relationships (Parenting)*

Additional Resources and Tools

- *The Clinical Management of Children and Adolescents Who Have Experienced Sexual Violence: Technical Considerations for PEPFAR Programs*

Translations

- *The Clinical Management of Children and Adolescents Who Have Experienced Sexual Violence: Technical Considerations for PEPFAR Programs—French*
- *The Clinical Management of Children and Adolescents Who Have Experienced Sexual Violence: Technical Considerations for PEPFAR Programs—Portuguese*
- *The Clinical Management of Children and Adolescents Who Have Experienced Sexual Violence: Technical Considerations for PEPFAR Programs—Spanish*
- *The Clinical Management of Children and Adolescents Who Have Experienced Sexual Violence: Technical Considerations for PEPFAR Programs—Swahili*

FAMILY PLANNING AND HIV INTEGRATION

Case Study

- *Integrating Family Planning and HIV Services: Programs in Kenya and Ethiopia Demonstrate How*

PRIVATE SECTOR

Case Study

- *The HIPS Project: Extending Health Care Through the Private Sector in Uganda*

Technical Brief

- *Private Sector Involvement in HIV Service Provision*

FIELD SUPPORT (BY REGION)

Africa

Case Studies

- *Community Conversations among the Maasai: Mainstreaming HIV/AIDS in Natural Resource Management*
- *The Jane Goodall Institute in Tanzania: Mainstreaming HIV Programming into Natural Resource Management and Economic Growth Activities*

Technical Briefs

- *Foundation for the Future: Meeting the Psychosocial Needs of Children Living with HIV in Africa*
- *Mainstreaming HIV Programming into NRM and EG Activities in Tanzania*
- *Transitioning of Care and Other Services for Adolescents Living with HIV in Sub-Saharan Africa*

Technical and Meeting Reports

- *2012 Follow-up Report to the Assessment of Injection Safety in Selected Local Government in Five States in Nigeria*
- *Approaches To Health Care Waste Management*
- *Assessment of Health Care Waste Management Practices in Three Districts in Uganda*
- *Assessment of Injection Safety and Health Care Waste Management in Nigeria*
- *Assessment of Infection Prevention and Patient Safety Commodities in Ethiopia*
- *Assessment of Injection Safety in Selected Local Government Areas in Five States in Nigeria*
- *Community Perceptions of PMTCT Services and Safe Male Circumcision in Six Focal States in Nigeria*
- *Equipping Parents and Health Providers to Address the Psychological and Social Challenges of Caring for Children Living with HIV in Africa*
- *GIS Mapping of Healthcare Waste Treatment Equipment In Nigeria*
- *Improving Infection Prevention and Control in Ethiopia through Supportive Supervision of Health Facilities*
- *Mapping HIV Services and Policies for Adolescents: A Survey of 10 Countries in Sub-Saharan Africa*
- *Promoting Community-Based Prevention of Mother-to-Child Transmission of HIV in Tanzania's Kigoma Region*
- *Public-Private Partnerships for a Centralized Waste Disposal Treatment Plant in Eastern Uganda Issue Brief*
- *Public-Private Partnership for a Common Health Care Waste Management Treatment Facility in Ethiopia Assessment*
- *Public-Private Partnership for a Common Health Care Waste Management Treatment Facility in Ethiopia Framework*
- *Toolkit for Transition of Care and Other Services for Adolescents Living with HIV: Kenya Pilot Evaluation*
- *Transitioning Care, Support, and Treatment Services for Adolescents Living with HIV: Regional Technical Consultation Report, February 7–10, 2012, Gaborone, Botswana*

Additional Resources and Tools

- *Disposal of Expired ARVs and Test Kits in Nigeria, Success Story*
- *Ensuring the Availability of Safe Injection Commodities in Nigeria Success Story*
- *Facilitator and Participant Training Guides: Infection Prevention and Patient Safety Training Resource Package*
- *Health Care Waste Management in Uganda, Fact Sheet*
- *Improving Infection Prevention and Control Education in Ethiopia's Medical Schools Success Story*
- *Leveraging Resources for Sustainable Health Care Waste Management in Uganda Success Story*
- *Protecting Health Workers against Hepatitis B in Uganda Success Story*

- *Recycling Plastics Health Care Waste in Central Uganda Success Story*
- *Strategy Development for Improving Safe Phlebotomy Practices in Nigeria Success Story*
- *Technical Considerations for ALHIV*
- *Toolkit and Training Manual for Transition of Care and Other Services for Adolescents Living with HIV*
- *Training Health Workers in Successful Waste Management in Mbale, Uganda Success Story*

EUROPE AND EURASIA

Technical and Meeting Reports

- *Mapping of Key HIV/AIDS Services, Assessment of Their Quality and Analysis of Gaps and Needs of MARPs in Chui Oblast and Bishkek City, Kyrgyzstan* *(also available in Russian; see below)*
- *Situation Analysis of Infection Prevention Control in Bishkek and Osh, Kyrgyzstan*

Translations[159]

Case Studies

- *"Follow the Voice of Life": HIV Prevention and Empowerment of Men Who Have Sex with Men in Orenburg, Russia*
  Promoting New Models of Masculinity to Prevent HIV among MSM in Nicaragua
- *The International HIV/AIDS Alliance in Ukraine: Promising Approaches to Combination HIV Prevention Programming in Concentrated Epidemics*

Technical Briefs

- *Integrating Gender into Programs for Most at Risk Populations*
- *Mental Health and HIV*
- *Prevention of Alcohol-Related HIV Risk Behavior*

Technical and Meeting Reports

- *South-to-South Technical Exchange on Integrating PEPFAR Gender Strategies: Framework and Toolkit*

Additional Resources and Tools

- HIV Prevention Knowledge Base: Enhancing the Reach & Effectiveness of MSM-Targeted Combination HIV Prevention Interventions
- HIV Prevention Knowledge Base: Harm Reduction for Injecting Drug Users
- *PEPFAR Comprehensive HIV Prevention for People Who Inject Drugs, Revised Guidance (July 2010)*[160]
- *Policy Analysis and Advocacy Decision Model for Services for People Who Inject Drugs*[161]
- *Provider-Initiated HIV Testing Country Policy Review*

INDIA

Case Studies

- *A Positive Partnership: Integrating HIV and Tuberculosis Services in Karnataka, India*
- *Community-based Initiatives for HIV Program Management among Most-at-risk Populations*

[159] Unless otherwise noted, all resources listed were translated into Russian from English.
[160] Translation of a resource developed by a project other than AIDSTAR-One.
[161] Translation of a resource developed by a project other than AIDSTAR-One.

- *District Comprehensive Approach for HIV Prevention and Continuum of Care in Maharashtra, India*
- *Integrating HIV Care: Improving Programs, Improving the Lives of People Living with HIV*
- *Linking Resources for Antiretroviral Adherence*
- *Micro-planning in Anhdra Pradesh: Ensuring Quality HIV Care for Individuals & Communities*
- *Mobile Clinics in India Take to the Road: Bringing HTC and STI Services to Those Most at Risk*
- *Strengthening HIV/AIDS Programs in Two Indian States*

Additional Resources

- *HIV Services Integration with STI/Tuberculosis/Reproductive Tract Infection Services, Desk Review*
- *Human Resource Performance Management, Desk Review*
- *Private Sector Options for Health Care, Desk Review*
- *Public-Private Partnerships and Corporate Social Responsibility in the HIV Response, Desk Review*
- *Recruitment/Retention to Improve Rural Service, Desk Review*
- *Task-shifting in Health Care Settings, Desk Review*

LATIN AMERICA AND CARIBBEAN, AND MEXICO

Case Studies

- *Faith-based Organizations and HIV Prevention in Mexico*
- *HIV in the Land of Baseball and Bachata* (also available in Spanish; see below)
- *HIV Prevention on the U.S.-Mexico Border: Addressing the Needs of Most-at-Risk Populations*
- *Promoting New Models of Masculinity to Prevent HIV among Men Who Have Sex with Men in Nicaragua* (also available in Spanish [see below] and Russian [see Eastern Europe & Eurasia))

Technical Briefs

- *Vivir más tiempo con VIH en América Latina y el Caribe* (Spanish-only resource)
- *Uso de drogas y transmisión del VIH en América Latina* (Spanish-only resource)
- *Men Who Have Sex with Men and HIV in the Anglophone Caribbean*

Technical and Meeting Reports

- *Community-based Programming for Most-at-Risk Populations in Guatemala*
- *Diagnóstico de Necesidades de Salud y Servicios Disponibles para Mujeres Trans de El Salvador* (Spanish-only resource)
- *Diagnóstico de Necesidades de Salud y Servicios Disponibles para Mujeres Trans de Guatemala* (Spanish-only resource)
- *Diagnóstico de Necesidades de Salud y Servicios Disponibles para La Población Trans de Nicaragua* (Spanish-only resource)
- *Diagnóstico de Necesidades de Salud y Servicios Disponibles para Mujeres Trans de Panama* (Spanish-only resource)
- *Diagnóstico de los Servicios Ofrecidos por la Asociación Nacional de Personas Viviendo con VIH/SIDA en Honduras* (Spanish-only resource)
- *Diagnóstico de los Servicios de VIH/SIDA Ofrecidos en los Centros de Atención Integral en Honduras* (Spanish-only resource)
- *Informe de la consulta técnica sobre uso de sustancias, prevención, atención y apoyo al VIH en América Latina* (Spanish-only resource)
- *Midterm Evaluation Report: PEPFAR Caribbean Regional Program*
- *Proyecto Piloto: Aplicación de una Estrategia las Capacidades de los Proveedores de Salud en El Salvador* (Spanish-only resource)

- *Technical Consultation on Effective HIV Prevention with Most-At-Risk Populations in Latin America (technical consultation held December 2009 in Guatemala)*

Additional Resources and Tools

- *III Plan Estratégico de la Asociación Nacional de Personas Viviendo con VIH/Sida en Honduras (Spanish-only resource)*
- *Compartiendo en Positivo: manual para facilitadores/as de grupos de auto apoyo (Spanish-only resource)*
- *De peito aberto. Eu me curei da Tuberculose. Por mim e por você (pamphlet; Portuguese-only resource)*
- *De peito aberto. Eu me curei da Tuberculose. Por mim e por você (posters; Portuguese-only resource)*
- *Manual de Capacitación Sobre Salud Sexual y Diversidad Sexual para Profesionales de Atención Primaria en Salud (Spanish-only resource)*
- *Por la Salud de las Personas Trans: Elementos para el desarrollo de la atención integral de personas trans y sus comunidades en Latinoamérica y el Caribe (Spanish-only resource)*[162]

Translations

- *HIV in the Land of Baseball and Bachata—Spanish*
- *Promoting New Models of Masculinity to Prevent HIV among Men Who Have Sex with Men in Nicaragua—Spanish*

[162] Translation of a resource developed by a project other than AIDSTAR-One.

For more information, please visit aidstar-one.com.

AIDSTAR-One
John Snow, Inc.
1616 Fort Myer Drive, 16th Floor
Arlington, VA 22209 USA
Phone: 703-528-7474
Fax: 703-528-7480
Email: info@aidstar-one.com
Internet: aidstar-one.com