

### Global Strategies for HIV Prevention TFR10-02663 Year 1 Progress Report, December 1, 2011

#### Impact and Assessment

Funds provided by the Google Inc. Charitable Giving Fund of Tides Foundation multiply the impact of Global Strategies for HIV Prevention programs. Our mission is to save the lives and alleviate the suffering of women and children through HIV prevention, treatment and care in regions where there are unmet needs. This report summarizes the activities completed during the first of four years and includes funding spent on capacity building and program expansion. The period of time covered in Year 1 is December 3, 2010-August 31, 2011.

Capacity building activities focused on strengthening existing projects in North Kivu Province in the Democratic Republic of the Congo (DRC) and Liberia. Two capacity building partners were chosen: the Center for HIV Information at the University of California San Francisco for development of education and training materials to facilitate the Global Strategies for HIV Prevention “train the trainer” model and Logistimo to provide mobile health supply chain management and reporting tools to enable real time information from international clinics. In North Kivu, DRC, a patient database (EpiInfo) and Logistimo were implemented by an expanded, trained staff in order to augment patient management decisions, reporting and quality of care. In Liberia, a vehicle was purchased for home based care visits to HIV infected women identified in the prenatal clinic.

Expansion planning was initiated with a program analysis to assess strengths and needs of the current work, resulting in greater clarity around whether to expand existing programs and assess implementing partner organizations in their respective regions. In total, twenty two organizations from six countries participated in the process. Selected organizations comprise a portfolio of implementing partners located in three of the world’s ten poorest countries. The focus of our efforts included expansion into two new regions, South Kivu Province DRC and Zimbabwe.

#### Portfolio of Implementing Partners:

- Existing Partners:
  - DRC, North Kivu Province: HEAL Africa, current partner
  - Liberia: Global Strategies role definition in progress
- New Partners: Each partner was carefully chosen following a site visit and capacity determination. Each of the four new partners represented a potential new model for HIV prevention and care
  - DRC, South Kivu Province: Bureau Diocesain des Oeuvres Médicales (BDOM or Catholic Diocesan Office for Medical Work)
  - DRC, South Kivu Province: Communauté des Eglises Libres des Pentecôtes en Afrique (CELPA or Community of Pentecostal Churches in Africa)
  - DRC, South Kivu Province: Halte Sida (Stop AIDS)
  - Zimbabwe: Wild4Life

Global Strategies for HIV Prevention equips local leaders and in-country implementing partners to deliver HIV services, a sustainable investment in the local healthcare system.

#### Challenges

*Flawed Cost Analysis of Treating HIV Infected Women Results in Denial of Life Saving Treatment:* Over 98% of pregnant women who come to a Global Strategies for HIV Prevention prenatal clinic in North Kivu, DRC, are screened for HIV. This presents a perfect opportunity to initiate long-term treatment with antiretroviral therapy (ART) for those women who test positive. However, World Health Organization guidelines recommend treatment for women with a low CD4 count, and an advanced clinical state. Treating all HIV positive mothers with ART would have multiple benefits. It would reduce the number of HIV infected infants born to infected mothers and delay orphaned hood for millions of children. For mothers, treatment earlier in the course of HIV infection would result in lower morbidity and a longer more productive life. Early treatment of HIV significantly reduces transmission from the infected partner to the uninfected partner. Additionally, treating mothers long-term will help to reduce the global cost of healthcare. Studies show that if you compare the HIV infected population who are treated to those who have AIDS and are

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untreated there is a 15-fold increase in hospital days for the untreated group. In these studies the cost of one day in the hospital in sub-Saharan Africa was \$225 USD. The cost of one year's treatment with triple therapy ART is \$167 per year. The benefits of ART are well documented yet mothers with HIV go untreated, increasing their risk of disability and unnecessary death and increasing the number of orphans, estimated at 5 to 6 million each year. We have an opportunity to slow the spread of HIV and address the secondary epidemic of HIV orphans.

*Global Funding for HIV Programs:* Due to the economic downturn, global funding for HIV programs is in jeopardy. The UNITAID mission to support the scaling up of access to treatment for HIV/AIDS, tuberculosis and malaria, primarily for people in low-income countries, is ending without extension. The budget for the U.S. *President's Emergency Plan for AIDS Relief* (PEPFAR) is flat-lined. Round 11 of the Global Fund to Fight AIDS, Tuberculosis and Malaria for the DRC was canceled. With the Google Inc. Charitable Giving Fund of Tides Foundation funding, Global Strategies is filling the gap. The funding climate threatens the implementing partner transition plans and goals of self-funding at the end of the three year projects.

### Evaluation and Lessons Learned

Implementing partners began executing three year projects starting September 1, 2011 according to detailed operation plans. Progress will be evaluated every six months. Funding for years two and three will be dependent upon satisfactory performance, adequate reporting, and progress toward objectives. Below is a table of measurable outcomes for year 1. The expanded program will be reflected in year 2.

Measurable Outcome	Year 1	Year 2	Year 3	Year 4	Current Total	Project Goal
Number of healthcare workers and community leaders that receive education and training	50				50	800
Number of new rural clinics added to existing 14	0				0	28
Number of pregnant women that receive counseling and HIV testing	7501				6578	80,000
Number of HIV infected women that receive antiretroviral treatment	43				43	600
Number of HIV infections prevented through mother to child HIV transmission intervention	101				95	2400
Number of children prevented from becoming orphans	81				81	4000
Number of HIV infected children that receive antiretroviral treatment	435				435	300
Number of HIV+ mothers and HIV exposed infants that received OI prophylaxis	580				580	8000
Number of individuals that received post exposure prophylaxis to prevent sexually transmitted infections and unwanted pregnancies following rape	0				0	4000
Number of HIV infected individuals receiving home based care	458				344	2400
Number of health and community workers utilizing cell phone based inventory management and reporting tool	6				6	800
Number of additional regions selected for model implementation	2				2	2

### Funding and Finances

Per the grant/budget agreement, 60% of funds will be spent on program, 20% on capacity building, 5% on monitoring and evaluation and 15% on indirect expenses. Global Strategies for HIV Prevention has implemented a robust accounting system to track expenditures by region, implementing partner, and activity.

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Total Grant: \$4,000,000

Category	Percentage	Budget for 4 year grant	Year 1	Year 2	Year 3	Year 4	Balance
Program	60%	\$2,400,000	\$423,223				\$1,976,777
Capacity Building	20%	\$800,000	\$121,870				\$678,130
M&E	5%	\$200,000	\$57,840				\$142,160
Total	85%	\$3,400,000	\$602,932				\$2,797,068

Category	Percentage	Budget for 4 year grant	Year 1	Year 2	Year 3	Year 4	Balance
Indirect*	15%	\$600,000	*Note: Unrestricted funds were moved to Global Strategies General Fund				\$ n/a