

## PATH and HIV/AIDS

Applying a range of strategies across multiple populations to achieve measurable impact

PATH has worked to reduce the global impact of HIV and AIDS since the epidemic's inception. Our collaborative approach to leadership and our technical approach to programming align closely with the Global Health Initiative framework to promote strong health systems.

PATH has conducted HIV-related activities covering a broad array of populations in 35 countries in Africa, Latin America, Eastern Europe, and Asia. Key themes of our work include:

- **Technological innovation.** PATH has spearheaded many innovations to improve diagnosis and treatment services for people with HIV and co-occurring infections such as tuberculosis (TB).
- **Implementation science and operations research.** By tracking the progress of programs and evaluating the effectiveness of approaches, PATH increases the evidence base around HIV programming.
- **Gender equality and female empowerment.** PATH uses a human rights-based approach in all of our work, as well as gender-focused interventions.
- **Sustainability.** PATH partners with local governments, organizations, and communities to ensure long-term success.
- **Stigma reduction.** Because stigma remains a key barrier to improving HIV care, we incorporate effective stigma reduction methods into each project, whether targeting communities or health care workers.
- **An integrated approach to health issues.** This includes integrating services for HIV/AIDS with those for sexual and reproductive health, TB, and other health concerns.
- **Strong, complementary partnerships.** We believe collaboration is key to good results.

PATH's extensive experience to reduce the burden of HIV/AIDS is outlined below.

### PREVENTION

PATH's prevention work includes biomedical, structural, and behavioral interventions, often involving **combination prevention strategies** for greater impact. Prevention efforts often have a strong behavior change communication component, drawing upon PATH methodologies such as Splash! for training dialogue group facilitators, SIM communication strategy design, magnet theater, and Champion Communities. Our innovative behavior change techniques enable PATH to access isolated, at-risk populations as well as wider communities with information about HIV and safer sexual behavior. For example:

- In the Democratic Republic of Congo, PATH leads a team of three other international nongovernmental organizations (NGOs) as well as 14 local organizations and 22 health facilities to provide HIV prevention, care, and treatment activities. The \$49 million *Projet Intégré de VIH/SIDA au Congo* (ProVIC—Integrated HIV/AIDS Project) is enhancing HIV counseling and testing services and addressing issues of stigma among high-risk groups such as sex workers, men who have sex with men, and truck drivers. Innovations include integrating new World Health Organization (WHO) triple-therapy prophylaxis guidelines into prevention of mother-to-child transmission of HIV (PMTCT) programs; offering mobile voluntary counseling and testing at night; and using Champion Communities, where community leaders are engaged to address HIV and **build community ownership** of HIV-related activities.

- The Partnership for an HIV-Free Generation is a **public-private partnership** to reduce HIV prevalence among youth by promoting behavior change, linking young people to economic opportunities, and building gender equality. In Kenya, PATH will establish a self-sustaining organization with a goal of cutting HIV incidence by 50 percent among youth. The program has already established extensive youth and HIV programming networks and a diverse range of public and private partnerships in Kenya. The project will unify HIV prevention programs and media campaigns under the G-PANGE brand and philosophy of youth empowerment. The pilot program includes innovative behavior change communication approaches, integration of the public and private sectors, and effective collaboration with complementary social marketing activities. These components will catalyze a lasting social movement.
- As the leader of the Prey Veng Rayong Operation on Migration Dynamics and AIDS Intervention, PATH partnered with health agencies and national HIV/AIDS stakeholders in Thailand and Cambodia to develop health services for Cambodian migrants in Thailand. Focused initially on HIV, the project became the first source–destination health and development program for **migrant workers** in Asia to address broader contextual vulnerabilities through the cycle of migration. The project engaged communities at both the source and destination, and it provided health education, HIV-related services, and legal support at the destination in Rayong, Thailand. A locally scripted and directed feature-length film, *No Home Too Far*, mirrors the rural folk culture and continues to be a key communication tool for HIV/AIDS programs working with Cambodian migrants. The program transitioned education efforts to community leaders and local authorities and health services to relevant ministries.
- To reduce the risk of HIV and other infections through needle-sticks and blood contamination, PATH helped to **develop national health care waste management plans** in 11 countries in the Caribbean and across Africa. In collaboration with WHO, PATH organized health care waste management workshops in Africa and Southeast Asia. PATH also chaired the Injection Safety Task Force in India for five years. PATH has developed guidelines and technical resources to train health workers in safe management of sharps waste.
- PATH has **evaluated** numerous **safe injection technologies** across the world and provided technical advice on WHO Performance, Quality, and Safety specifications. As an integral partner in the Making Medical Injections Safer for both the US Agency for International Development (USAID) and the US Centers for Disease Control and Prevention, PATH has helped ministries of health in ten African countries and in Haiti and Guyana to choose and procure injection-related supplies, such as auto-disable syringes.



Training a migrant worker on how to use a condom.

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## CARE AND SUPPORT

PATH supports and strengthens community-based palliative care, linking orphans and vulnerable children (OVC) with nutrition and schooling, collaborating to create broad referral systems, and increasing access and uptake of health services. Our approach recognizes the roles that both professional and nonprofessional caregivers (such as family members) play in addressing the day-to-day needs of people living with HIV/AIDS (PLWHA), OVC, and others.

- In Ethiopia, the Strengthening Communities' Responses to HIV/AIDS project is strengthening the capacity of civil society organizations to improve access to and quality of HIV care and support services, including counseling and testing, palliative care, support related to opportunistic infections, and **OVC support**. PATH expects up to 427,000 HIV patients to be reached for palliative care services. Between October 2010 and September 2011, 309,160 HIV patients received palliative care, 11,810 OVC received educational support and 45,454 received psychosocial support.

- For the global USAID-funded Infant & Young Child Nutrition Project, PATH's work benefited HIV-positive mothers and their communities to prevent mother-to-child transmission of HIV. PATH trained more than 5,000 health workers in 11 countries on infant feeding best practices, such as exclusive breastfeeding for the first six months, and encouraged practices to decrease malnutrition among young children.
- In partnership with the South African Department of Social Development, PATH's Thogomelo project is strengthening South Africa's capacity to **care for community caregivers**, providing support to children left vulnerable by the AIDS pandemic. In partnership with Health and Development Africa and the International HIV/AIDS Alliance, PATH has developed three nationally accredited skills development programs and manuals, as well as an intervention toolkit for community caregivers, and has developed a child protection curriculum. Using activity-based, participatory learning to engage community caregivers, the project provides comprehensive guidance on maintaining caregiver psychosocial wellbeing, knowledge, and skills in child protection, and providing supportive supervision within a caring organizational environment. This is the first psychosocial support skills development program to be registered with the South African Qualifications Authority, thereby providing credits for learners to develop a recognized qualification. To date, 1500 community caregivers have been trained and 2369 Child Protection Resource Guides, 2120 Psychosocial Support Guides, and 2402 Child Protection CD ROMs have been distributed to partners.

## TREATMENT

Integrating services can help improve diagnosis and treatment for people with HIV. PATH's work stresses integration and referrals to maximize impact on both HIV/AIDS and co-occurring infections, such as TB.

- In Tanzania, PATH is supporting integration of HIV counseling and testing into TB services and promoting expansion of high-quality TB diagnostic and treatment in the private and public sectors. To date, 83,628 TB patients have received HIV testing, and PATH has expanded TB/HIV integrated support to 1018 facilities. Additionally, we are strengthening TB laboratory diagnostic services, piloting and scaling up innovative approaches to TB case detection, and supporting the diagnosis and treatment of multidrug-resistant TB. The project is also enhancing human resources capacity, stimulating community awareness of TB and TB/HIV, and mobilizing communities around **reducing stigma** and promoting HIV and TB testing and care-seeking behaviors.
- In Kenya, the PATH-led AIDS, Population, and Health Integrated Assistance Plus project in Western Province uses an integrated, multipronged approach that includes:
  - Increasing availability of HIV treatment and services.
  - Enhancing referral networks between all levels of service provision.
  - Strengthening integration of services such as family planning, PMTCT, pediatric and adult antiretroviral therapy, maternal and child health and nutrition services, and testing for HIV and TB.
  - Encouraging excellence in service delivery through a facility award scheme.
  - Strengthening the capacity of health facilities to provide services and medications to patients as well as to record, report, and use data for decision-making through health management information systems and electronic medical records.



Prevention of mother-to-child transmission of HIV clinic in the Democratic Republic of Congo.

## IMPLEMENTATION SCIENCE

On many projects, PATH tests different strategies to improve programming across the continuum of care. Staff conduct formative assessments to design and adapt interventions to varied cultural contexts, and they monitor and evaluate scaled-up interventions. PATH tailors the evaluation techniques to the scope and goals of a given project.

This work has ranged from helping small NGOs determine how to revise their interventions to generating state-of-the-art evidence via clinical trials and program evaluations to support national and global decision-making.

PATH uses mixed evaluation methods, ranging from participatory, qualitative methodologies to quantitative household surveys. We triangulate information from a variety of stakeholders to gain a more complete picture of which intervention components are most successful and potentially sustainable. PATH's monitoring and evaluation (M&E) framework closely harmonizes with terms and guidance from funders, such as the Bill & Melinda Gates Foundation and USAID. Importantly, PATH disseminates results both locally and globally, often in collaboration with governments and the private sector, to enhance the likelihood of widespread use of evidence generated.

- Through the Arise program, PATH is helping to **determine the most cost-effective methods** for preventing HIV transmission among populations at high risk. We are supporting implementation and evaluation of HIV prevention approaches with intravenous drug users and men who have sex with men in India, sero-discordant couples in Zambia, HIV-positive women in Uganda, HIV-positive mothers in Zimbabwe, and sex workers in Senegal. In Zimbabwe, PATH is assessing the effectiveness of interventions to increase access to and uptake of PMTCT prophylaxis regimens by measuring reductions in infections among HIV-exposed infants. Results from rigorous research and evaluation of the effectiveness (including cost-effectiveness) of these interventions will be disseminated and used for future intervention planning.
- PATH served on the core technical team of the WHO Multi-Country Study on Women's Health and Domestic Violence, which continues to be used as the gold standard for prevalence data on gender-based violence.
- PATH is conducting a rigorous evaluation of Tostan's Community Empowerment Program and its impact on attitudes and behaviors related to gender-based violence, intimate-partner violence, women's empowerment, and related health issues. The evaluation will add to the evidence base for the effectiveness of community-based program approaches to change deeply entrenched gender norms that can increase women's **vulnerability to violence and contribute to risk for HIV infection**.
- Our work on the ProVIC project in the Democratic Republic of Congo includes developing a web-based project M&E database to more rigorously track progress against indicators in US President's Emergency Plan for AIDS Relief (PEPFAR) and other programs. This database innovatively builds on the project management and marketing functionality of Salesforce software to meet the project's data management needs—allowing geographically dispersed teams across the project's five operating regions to share, analyze, and extract data in real time. Data collection tools are also built into this online system. These tools can be downloaded for offline use by implementing partners, thereby providing backup solutions for collecting and reporting data in challenging, low-technology environments; ensuring the standardized, systematic collection of data at both community and facility levels across all operating regions; and contributing to higher-quality data.
- In the India Convergence Project, PATH integrated family planning information with HIV prevention guidance for both men and women, focusing on linking sexual and reproductive health services with HIV/AIDS services. To identify the most effective integration strategies, PATH adopted a demand-based approach, starting with **formative research** with HIV-positive people and most at-risk populations in four states to identify where they preferred to access services, then took that information to service providers to gain their perspectives on feasibility, and, finally, provided the combined perspectives to policymakers.



A sex worker and peer educator, working on a drawing of a woman in Andhra Pradesh.



## GENDER

PATH works to identify gender-based constraints for health, such as women's unequal socioeconomic status and decision-making power in relationships, and creates strategies to address these constraints and maximize health. We engage women integrally in developing new technologies, such as the new Woman's Condom; promote gender-equitable behaviors for men as well as women; advance solutions for health issues that disproportionately affect women and girls; and strengthen understanding of approaches that address violence and other gender-related factors affecting HIV risk.

- In Ethiopia, PATH conducted an outcome evaluation of the PEPFAR Male Norms Initiative, a community-based project working to reduce inequitable gender norms among young men in Addis Ababa. PATH worked with local partners to refine the intervention and develop evaluation strategies and tools to capture changes in attitudes and behaviors related to inequitable gender norms. Most notably, the **Gender Equitable Men (GEM) Scale** was developed—an evaluation tool that has subsequently been used in multiple cultural contexts (e.g., Brazil, India, Kenya, Mexico, South Africa, Tanzania, and the United States). The Ethiopia project successfully tested the impact of these programs and evaluation strategies in urban settings, finding positive changes in men's attitudes and behaviors related to gender norms, HIV risk behaviors, and use of gender-based violence.
- PATH partnered with the Kenya Scouts Association and local governments in Kenya's Coast Province to help troop leaders promote behaviors to **reduce gender-based violence** and HIV infection and address other health concerns among youth. Activities included developing a gender-equity badge and convening community-based discussions with parents and key male community members. Participants showed a significant shift in GEM scores, positive effects on adolescent girls' self-esteem, and improved condom use by sexually active boys. The interventions reached hundreds of thousands of youth and family members.
- PATH partnered with the China and Chongqing Family Planning Associations to engage young, male vocational students and factory workers in participatory discussions to strengthen their knowledge of the linkages between gender, sexuality, and health and to reduce their risk of HIV and sexually transmitted infections. One baseline evaluation showed that less than 10 percent of young Chinese males understood correct condom use. Project informational sessions, found by more than 90 percent of participants to be useful, were reinforced through communication campaigns targeting association leaders, schools, factories, and the general public in and around the region's schools and factories.
- PATH's *Entre Amigas* project in Nicaragua focused on girls 10 to 14 years old. Initially exploring how adolescents responded to reproductive health issues, the project determined that female relationships were areas of vulnerability rather than support. The project trained **peer educators** to use puppet shows and other interactive activities to promote messages about safer sexual practices and risks of HIV/AIDS, early pregnancy, and violence; organized sports teams to increase confidence, self-esteem, and trust; and choreographed discussions between mothers and teachers to help them talk to daughters and students about reproductive health issues. A character introduced into a popular *telenovela* highlighted decisions that confront girls, negotiation skills, myths associated with adolescent body changes and virginity, and relationships.
- PATH hosts the Secretariat for the Global Campaign for Microbicides, which advocates for women-centered HIV prevention research, development, and implementation of an effective, inexpensive microbial gel and **pre-exposure prophylaxis**. The group ensures sustainability, for example, by cultivating political will among Southern African government and civil society stakeholders and providing advocacy support to local communities.

*I know we should protect each other  
in our sexual life after receiving  
information on pregnancy and HIV.  
— Male project participant in  
Chongqing, China*

## CAPACITY AND SYSTEMS STRENGTHENING

Much of PATH's work focuses on strengthening systems—working with governments and communities to integrate and expand the most successful ideas to improve health. Collaboration is always at the core of our work. We first develop solutions hand in hand with the communities who will use them and then work with a spectrum of partners—including community groups, other NGOs, governments, companies, and United Nations agencies—to achieve widespread, lasting impact.

- The Khusela Project in South Africa is improving comprehensive PMTCT services in Eastern Cape through support to facilities and communities. The program works to **strengthen government health systems** that support the delivery of high-quality, comprehensive PMTCT services; build capacity of health facilities and staff to provide excellent PMTCT services; and increase community engagement and leadership in promoting, supporting, and using these services. In four years, more than 66,000 pregnant women attended their first antenatal care visit, 60,000 pregnant women had their first HIV test during an antenatal visit, 9,000 expectant mothers initiated antiretroviral prophylaxis, and 17,000 HIV-exposed babies were treated.
- As part of Mplus in Thailand's Northern Province, PATH and our partners created a drop-in center with activities to get men who have sex with men, a difficult-to-reach population, to discuss HIV prevention. The project also provided HIV support groups. Tests for HIV and sexually transmitted infections were offered through collaboration with a government clinic. Education and outreach activities were implemented at gathering points for this population to draw more participants to the drop-in center. The project **grew a strong local organization** that now advocates and carries on work under the Mplus name.
- Since 2007, PATH has worked with the All Ukrainian Network of People Living with HIV and AIDS and the Ukrainian Coalition of AIDS Service Organizations to improve outreach, peer education, and support for PLWHA and to increase TB case detection and treatment adherence and completion among co-infected individuals. Additionally, PATH has established oblast-level TB/HIV task forces to review policies and practices and revise existing guidelines to better support management and support of people with both infections.
- PATH supports Thailand's efforts to **encourage coordination between all HIV prevention partners** at the provincial level through the Strengthening Provincial Coordinating Mechanism for HIV Prevention project. PATH works in two provinces, collaborating with all stakeholders in each province to set up function-based working groups of partners. The groups share and coordinate work plans and budgets to better leverage provincial funding and move forward together on HIV prevention. Results include formation of district-level committees to work on an HIV/AIDS annual budget and plan, with support from the Director of Provincial Public Health Offices. PATH also works to build capacity of these provincial offices.

## ABOUT PATH

PATH is an international nonprofit organization that transforms global health through innovation. We take an entrepreneurial approach to developing and delivering high-impact, low-cost solutions, from lifesaving vaccines to collaborative programs with communities. With more than 35 offices in 70 countries, PATH and our partners empower people around the world to achieve their full potential.

**PATH has worked in dozens of countries on HIV/AIDS issues (as shown below in green).**



PATH's work in the area of HIV/AIDS has been funded by many public and private groups, including:

- AIDS Access Foundation of Thailand
- The Atlantic Philanthropies
- BHP Billiton Sustainable Communities
- Bill & Melinda Gates Foundation
- Canadian International Development Agency
- Conrad Hilton Foundation
- David and Lucile Packard Foundation
- FHI 360
- Ford Foundation
- Global Fund to Fight AIDS, Tuberculosis and Malaria
- Hewlett Packard
- Nike Foundation
- Raks Thai Foundation
- Rockefeller Foundation
- Thailand Ministries of Public Health and of Education
- UK Department for International Development
- United Nations Population Fund
- US Agency for International Development, through funding for the AIDSTAR Program, HealthTech Program, and other initiatives
- US Centers for Disease Control and Prevention
- US President's Emergency Plan for AIDS Relief, under a variety of mechanisms
- William and Flora Hewlett Foundation
- World Health Organization

### TO LEARN MORE

For more information, contact Julie Pulerwitz, ScD, at [jpulerwitz@path.org](mailto:jpulerwitz@path.org) (202.822.0033) or Christy Hollywood at [chollywood@path.org](mailto:chollywood@path.org) (202.822.0033).



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455 Massachusetts Ave NW, Suite 1000  
Washington, DC 20001

[info@path.org](mailto:info@path.org)  
[www.path.org](http://www.path.org)