

The Clinton Health Access Initiative, Inc.



Agenda

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Mission, Origins and Milestones

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CHAI Staff: Who We Are and How to Join

Our Founding Mission



“President Clinton and I started CHAI in 2002 because we found it morally unacceptable that millions of people were dying each year of AIDS in Africa, Asia, and the Caribbean while treatment was readily available in wealthier countries.”

We did not accept the arguments often made at that time that treating people for AIDS in resource-poor settings was too expensive or too complicated to be successful.”

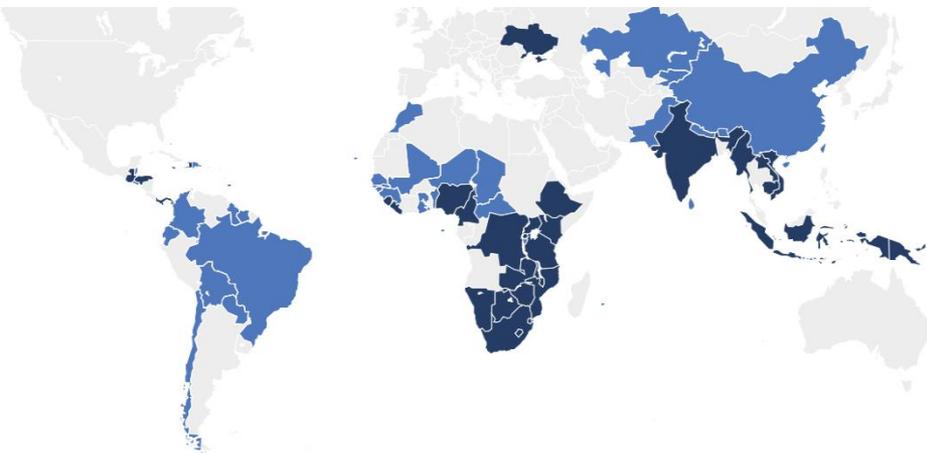
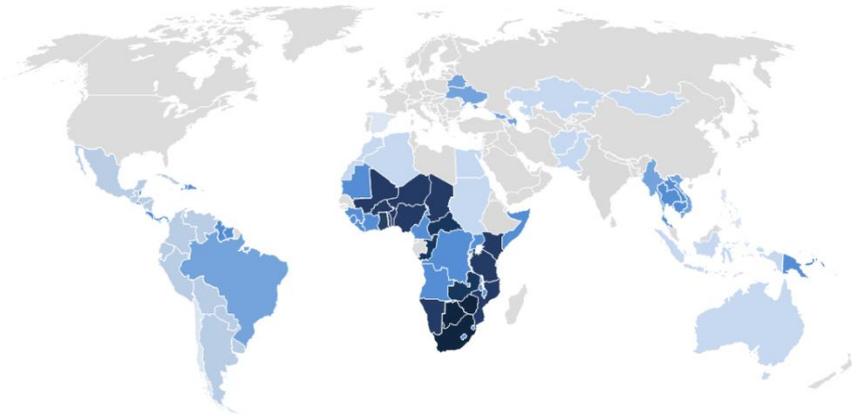
The Clinton HIV/AIDS Initiative was founded in 2002 with a transformational goal: to help save the lives of millions of people living with HIV/AIDS in the developing world by dramatically scaling up antiretroviral treatment.



Initial Strategy: Reshaping the Global ARV Market

92% of people living with HIV/AIDS in 2002 were in low and middle income countries

The lowest cost of ARVs in low income countries was approximately \$4,000 Per Patient/Per Year



To stabilize demand, CHAI formed a Procurement Consortium

2.6 million people directly benefited from a reduction in costs

2006: Initial Results

72 Countries Joined the Procurement Consortium

80% reduction in cost of Tenofovir (TDF)

Prices reduced to \$207 Per Patient/Per Year



Initial Strategy: Engagement with Manufacturers and Country Governments

Supply Manufacturer side interactions...

*Example: Price Reduction for TDF Since 2006
(per patient per year)*



- Optimize product design
- Enhance competition
- Reduce production costs/risks
- Negotiate prices

...collaboration with governments and partners



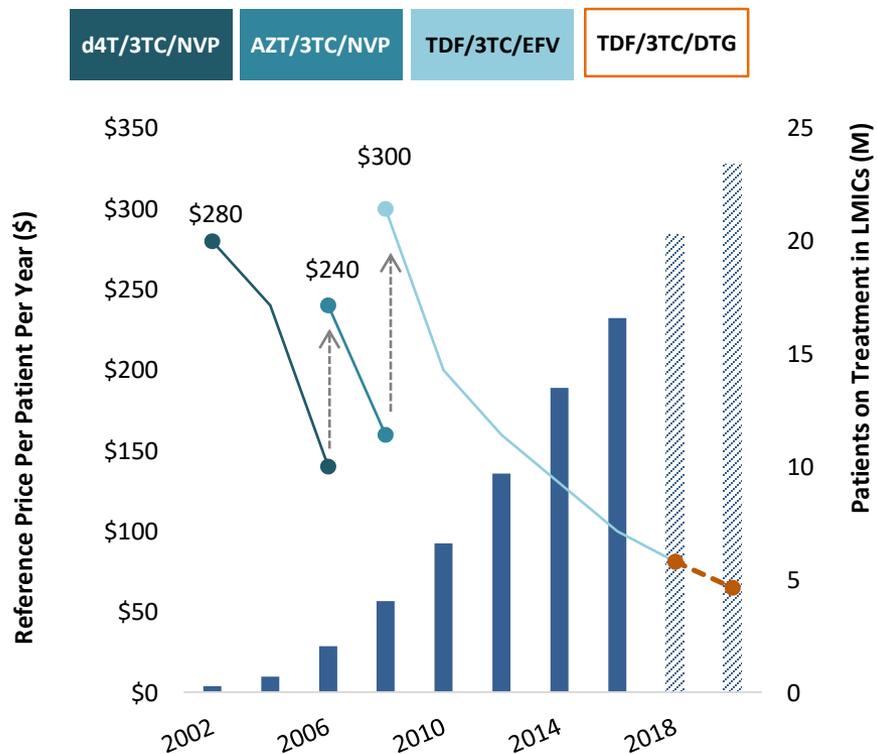
Focus countries
(2015)

- International guidelines inclusion
- Product adoption and uptake
- Access to pricing/tendering
- Forecasting

Today: Global HIV Access Program (HAP)

Led by CHAI, Prices for new optimal adult 1L products continue to decline. New products will drive further cost savings & enable continued scale-up globally

Reference Prices of Key 1L Adult ARVs in GA LMICs Over Time



TLD Pricing Agreement September 2017

US\$75

Average cost per patient per year for generic TLD

At the 2017 United Nations General Assembly, the governments of South Africa and Kenya together with many partners, including CHAI, BMGF, and Unitaid, announced a new pricing agreement for TLD with Aurobindo and Mylan. **It is the first time the best available treatment for HIV has gone to market at a price lower than the current standard of care.**



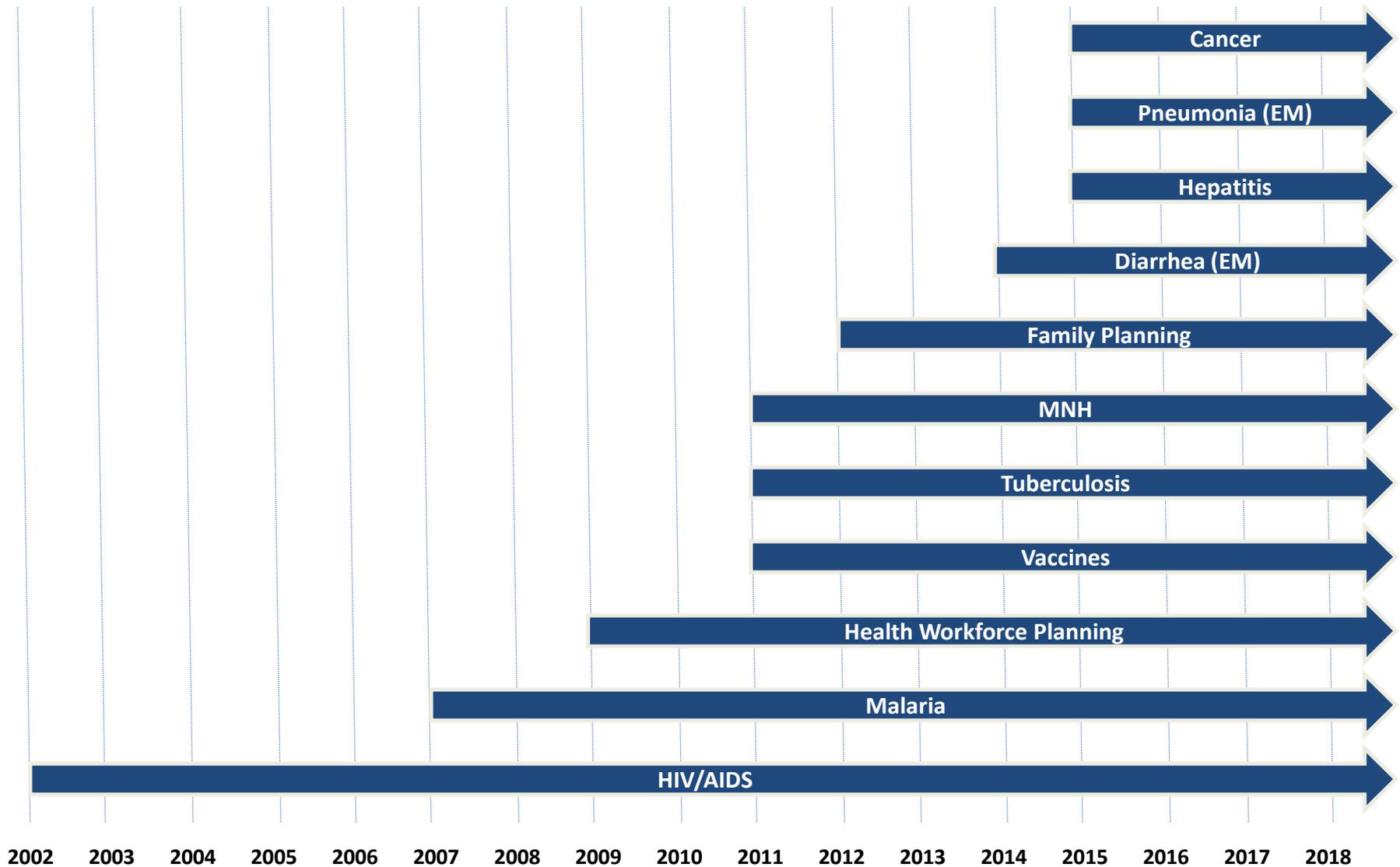
Our Mission Today



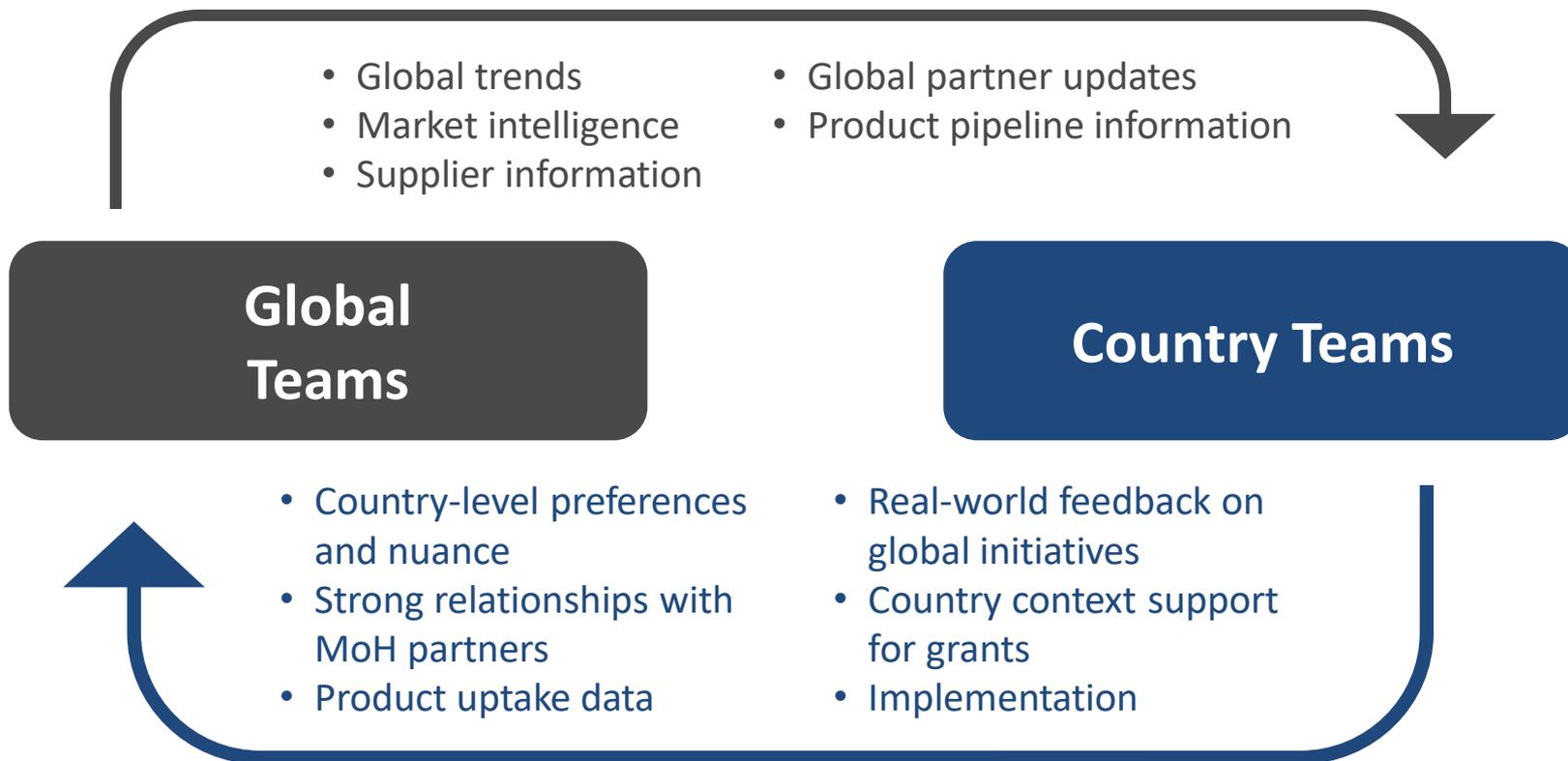
The Clinton Health Access Initiative is a global health organization committed to strengthening integrated health systems and expanding access to care and treatment in the developing world.



Timeline of Major Programs



Managing the Matrix: CHAI Global Team and Country Team Relationships



A strong working relationship between global and country teams underpins everything we do at CHAI. Maintaining this is critical to ensuring CHAI is effective at executing against our mission

CHAI Milestones

2002: CHAI is Founded



2003: CHAI negotiates 60% reduction in cost of first line HIV Drugs. Enabling access at that price point in over 60 countries



2007: CHAI expands into malaria control and elimination



2011: Human Resources for Health Team supports Rwanda in establishing a national health system



2013: CHAI begins work to reduce mortality from diarrhea for children under five



2014: Liberia and Sierra Leone HRH Team assists with Ebola response



2015: CHAI introduces a new, community-based approach to reduce maternal and infant mortality



2016: Health Financing Team begins work on Ethiopian National Health Insurance



2017: CHAI and ACS announce agreement to expand access to cancer treatment in sub-Saharan Africa



2017: CHAI supports introduction of affordable, generic version HIV drug DTG in LMIC markets



2018: Finalized agreement with Hologic to make diagnostic tests accessible in LMICs at \$12 per test

Present Day

A Programmatic Deep Dive: Global Vaccine Markets



The CHAI vaccines strategy is aimed at four key areas

CHAI VACCINE DELIVERY: In-country delivery focus

CHAI VACCINE MARKETS: Market-shaping focus

	1	2	3	4
	Accelerate new vaccine introductions	Improve vaccine delivery effectiveness & efficiency	Improve immunization strategy planning & implementation	Improve affordability & offering of key vaccines and equipment
Goal	<ul style="list-style-type: none"> Increase the speed with which new vaccines are introduced and reach target coverage 	<ul style="list-style-type: none"> Enhance the efficiency and effectiveness of vaccine cold chain and logistics 	<ul style="list-style-type: none"> Enhance planning, resourcing & implementation of national immunization strategy 	<ul style="list-style-type: none"> Improve affordability of key vaccines and cold chain equipment Accelerate introduction of valuable new technologies
	↓	↓	↓	↓
Impact	<ul style="list-style-type: none"> Accelerated coverage of new vaccines leading to additional mortality and morbidity averted Improved government strategy and capacity to introduce future new vaccines 	<ul style="list-style-type: none"> Increased coverage and timeliness of routine immunization with safe & potent vaccines Increased value for money for immunization 	<ul style="list-style-type: none"> Significant improvements to immunization management systems achieved & sustained Increased and sustained routine coverage 	<ul style="list-style-type: none"> Affordable and sustainable prices for life-saving vaccines and cold chain equipment in developing countries

A Programmatic Deep Dive: Catalyzing Congenital Syphilis Elimination



Overview: CHAI has partnered with BMGF and WHO on an ambitious program to improve maternal syphilis testing and treatment

A) Primary Program Outcome:

Achieve significant, rapid and sustained improvement in syphilis testing and treatment coverage at ANC in five focus countries (Nigeria, India, Kenya, South Africa and Uganda), resulting in major reductions in adverse birth outcomes, stillbirths in particular, and catalyzing transformative and global change



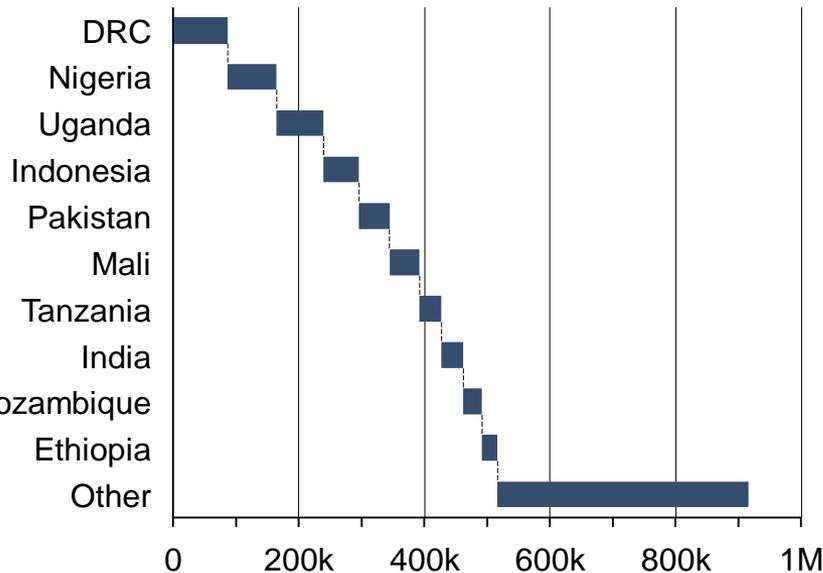
B) Intermediate Outcomes:

- 1 Supply Access.** Increase access to WHO pre-qualified dual HIV/syphilis Rapid Diagnostic Tests (RDTs) and facilitate sustained and reliable supply of Benzathine penicillin G (BPG) treatment
- 2 Road Map.** Address unresolved policy and implementation barriers through development of syphilis scale up plans and road maps
- 3 Global Momentum.** Support Syphilis elimination of mother-to-child transmission (EMTCT) to catalyze attention in HIV and MNCH global agendas across partner organizations and countries

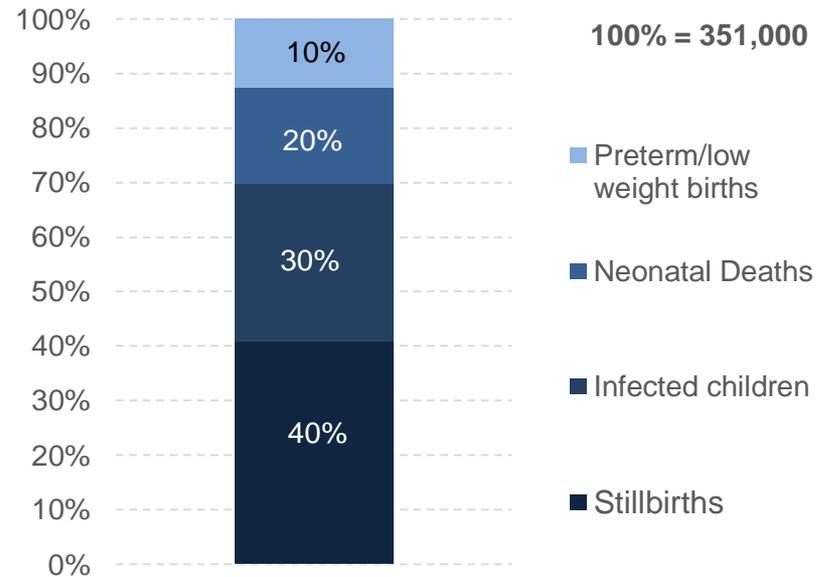
Background: Globally, ~350k adverse pregnancy outcomes occur annually due to syphilis; two-thirds result in neonatal death/ stillbirth

- Syphilis is a bacterial infection that can be passed from pregnant women to baby (congenital syphilis)
- Left untreated, congenital syphilis has a dramatic impact on pregnancy outcomes. Nearly all syphilis-associated infant/fetal deaths could be prevented with single dose of BPG, an inexpensive, off-patent drug

Estimated cases of syphilis in pregnant women



Estimated # of adverse birth outcomes



Syphilis is the second leading infectious cause of stillbirths globally

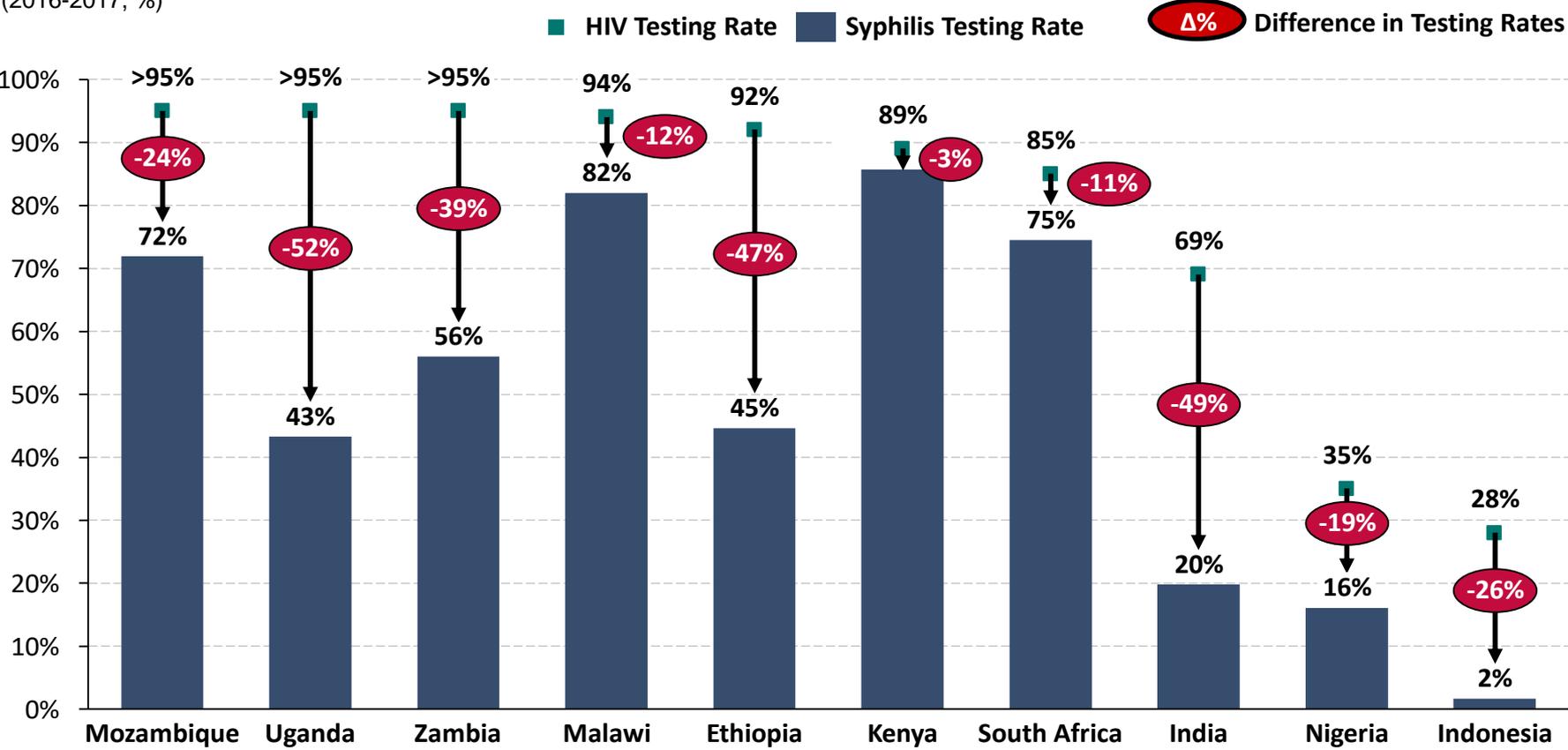
7.7% of stillbirths worldwide and 11.2% in sub-Saharan Africa are attributable to syphilis

Sources: Wijesooriya (2016) - Global burden of maternal and congenital syphilis in 2008 and 2012: a health systems modelling study; Newman et al (2017) - Global Estimates of Syphilis in Pregnancy and Associated Adverse Outcomes: Analysis of Multinational Antenatal Surveillance Data; Gomez et al (2013) - Untreated maternal syphilis and adverse outcomes of pregnancy: a systematic review and meta-analysis



Problem Statement: Significant gaps exist between HIV and syphilis diagnosis and treatment during Antenatal Care

Testing coverage for HIV & Syphilis in pregnant women that visit ANC in selected countries (2016-2017, %)



Prevalence

HIV ¹	15.0%	7.3%	14.3%	11.7%	1.2%	6.2%	23.7%	0.2%	3.0%	0.3%
Syphilis ²	4.6%	2.9%	3.5%	1.0%	1.1%	1.4%	2.0%	0.38%	0.8%	3.2%

Notes: 1) HIV prevalence for Women between 15-49 years; 2) Syphilis prevalence for % ANC attendees positive for Syphilis
 Sources: i) WHO STI report 2017; ii) UNAIDS Country Factsheets 2017; iii) India: HMIS 2017-2018; iv) South Africa: DHIS/District Health Barometer 2016/17



Barriers to Scale up: A number of significant barriers exist, previously making an intervention in this field highly challenging

Slow Introduction of Rapid Diagnostic Tests

- Dual HIV/syphilis Rapid Diagnostic Tests (RDT) demonstrate equivocal field performance to HIV RDT and have WHO pre-qualification, but rollout has been constrained by lack of financial and operational support
 - Updating national testing algorithms is a time-consuming, and often political process, hindered by lack of published technical guidance and experience
-

Unreliable Treatment Supply

- BPG – a long-acting form of penicillin G – is the only treatment that has proven to cross the placental barrier to treat both the pregnant woman and the fetus
 - A global shortage of the BPG API resulted in widespread stock-outs, limiting treatment coverage for a period of time between 2014 and 2016
-

Country Level Constraints

- Congenital syphilis often falls into the fissures between sexually transmitted infections, maternal child health and reproductive health programmes
 - A range of operational challenges have constrained scale-up of testing and treatment for maternal syphilis at the country level
-

Limited Global Momentum

- A General lack of awareness and political will. Neither governments nor donors have recognized congenital syphilis as a public health priority.
- Beyond the development of the dual HIV/syphilis elimination strategy, syphilis testing and treatment programs remain under-prioritized and underfunded

Opportunity: There is growing interest in Syphilis EMTCT, backed by increased opportunities to scale up syphilis diagnosis and treatment

1 Several key countries have adopted the Dual RDT or in process of doing so, leading to market access opportunities

- Focus countries have updated testing algorithms , with others following suit
- Only 1 Dual RDT has received WHO prequalification status, but 2nd is expected in Q219
- CHAI has identified a market shaping opportunity to potentially reduce Dual RDT prices

2 Global BPG Stock-outs have largely subsided, with the majority of buyers identifying ways to secure supply

- >90% of countries surveyed indicated no BPG shortages in last 12 months, compared to 59% between 2014-2016
- Opportunities exist to reinforce supply chain and create stock out safety net

3 CHAI is working with key countries to address operational challenges and create a road map for others to follow

- CHAI supporting India, Kenya, Nigeria, South Africa and Uganda incorporate Dual RDT into national HTS program and implement scale-up plans
- Lessons and experience will be documented and shared with countries and partners

4 Syphilis EMTCT being positioned as a priority for MNCH and HIV focused donors

- WHO will update HIV Testing Guidelines in 2019, likely to include guidance on Dual RDTs use. WHO is also inviting suppliers to prequalify for BPG and syphilis single tests
- Largest HIV RDTs global buyers (Global Fund, PEPFAR) amenable to procuring Dual RDTs

Now is the time
to catalyze and
accelerate
elimination

CHAI Staff: Who We Are



Core Values

Mission Driven

Work in Cooperation with & at the Service of Governments

Entrepreneurial

Operate with Humility

Frugality

Recognize Staff is Our Greatest Asset

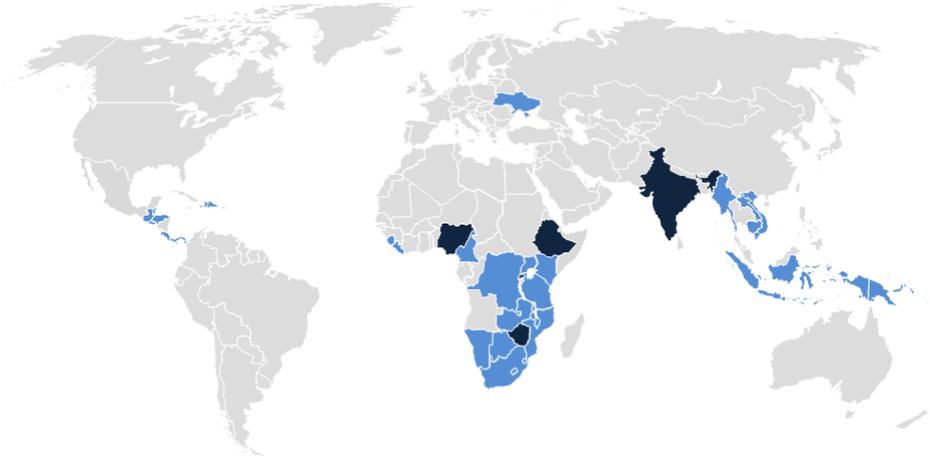
Value Inclusion & Diversity

Work with Urgency

Foster Trust and Transparency



Our Employees

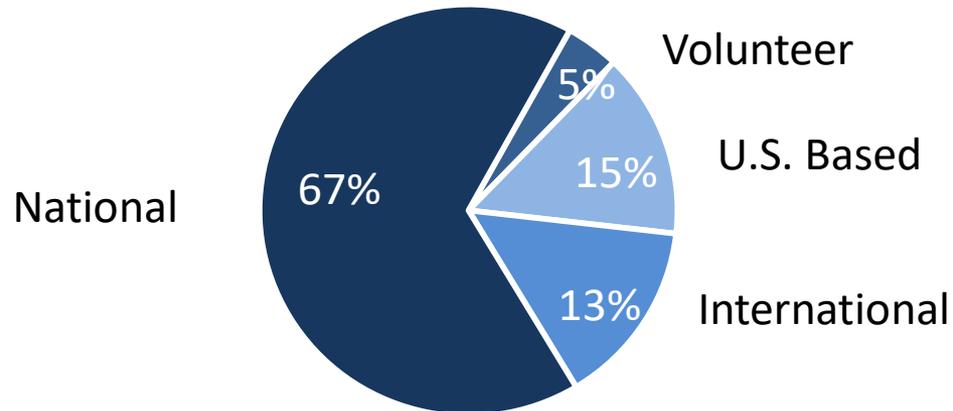


36 Active Program Countries

Largest Offices

Ethiopia • Nigeria • India

1,500 Current Employees



Career Ladder at CHAI

Entry Level Positions

Work Experience

- 0-2 years of experience on average.

Opportunities

- Volunteer, Coordinator, Program Officer and Analyst

Associate Level Positions

Work Experience

- 3-5 years on average

Opportunities

- Associate, Senior Associate, Senior Coordinator, Senior Program Officer

Managerial Level Positions

Work Experience

- 6-8 years of experience on average

Opportunities

- Program Manager, Senior Research Associate and Technical Advisor

Senior Management Positions

Work Experience

- 10+ years of experience on average.

Opportunities

- Senior Manager, Deputy Country Director, Regional Director, etc.

Recruitment: How to Join

1

Visit our Career Site
www.clintonhealthaccess.org/join-chai

2

A Talent Acquisition Associate will review your application

3

An initial HR interview will be conducted followed by a technical assessment

4

2-5 Rounds of Hiring Manager Interviews

5

Proceed to an offer



Hiring Needs

- **Fulltime:** If you're graduating in the next couple months, please consider reviewing open positions on our [website](#).
- **Gap Year:** If you're considering taking an extended break from your studies or if you plan to take a year before returning to another field of work. Teams are often willing to hiring on a contractual basis.
- **Short-Term:** If you have 4-6 months available and would consider working with CHAI, please reach out to the TA team directly.
- **Global Volunteer (Internships):** If you're looking for a summer internship, teams will recruit for these 2-3 months from when you can begin. This can be taken on during a planned break in your studies or post-grad.

CHAI Programmatic Focus Areas

INFECTIOUS DISEASES

HIV/AIDS

Malaria

Tuberculosis

Hepatitis

SEXUAL, REPRODUCTIVE,
MATERNAL, NEWBORN &
CHILD HEALTH

Diarrhea &
Pneumonia

Maternal,
Newborn &
Reproductive
Health

Nutrition

Vaccines

Cervical Cancer
& Breast
Cancer*

UNIVERSAL HEALTH
COVERAGE

Sustainable
Health
Financing

Health
Workforce

NON-COMMUNICABLE
DISEASES

General Cancer
and
Immunotherapy

Cardiovascular
Disease*

Diabetes*

*Currently Scoping