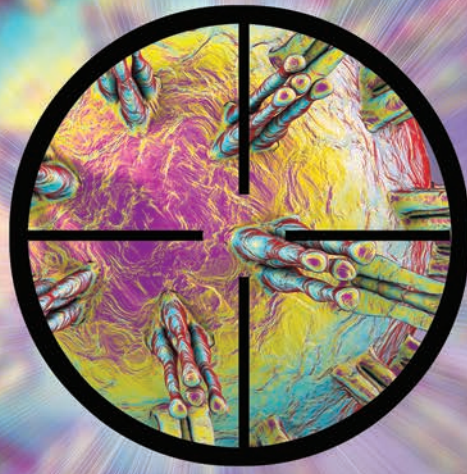




RESPONDING TO

HIV

Nearly 40 million people worldwide live with HIV. As this population grows, the need to improve outcomes and prevent the spread of HIV also greatly increases. RTI International is responding to the epidemic by using innovative research, strengthening service delivery systems, and providing effective and cost-efficient technical assistance.



HIV FOCUS

For decades, we've built evidence-based prevention and intervention programs by conducting clinical trials and implementing community-based programs.

We work with U.S. government agencies, international health ministries, local governments, donors, foundations, and other clients to prevent the spread of HIV in high-burden areas, such as Sub-Saharan Africa, Central and South Asia, Latin America, Eastern Europe, and the southeastern United States.

Our HIV Research Focus

Testing strategies, linkage to and initiation of treatment

Woman-focused health care initiatives

Adolescents and young people

Lower reproductive health risk through increased economic opportunity

Female-initiated contraceptives and biomedical prevention interventions

Prevention and treatment among women who engage in sex work

Couples-based prevention strategies

Harm reduction and reducing gender-based violence

Key Populations We Work With

People living with HIV
Gay, bisexual, and other men who have sex with men
Transgender people
People who inject drugs
People who engage in sex work
Adolescent girls and young women
Pregnant women
Couples
Homeless and marginally housed individuals
Individuals involved in the criminal justice system
Mobile, military, and other uniformed personnel



In **South Sudan**, RTI is supporting the military to achieve the UNAIDS 90-90-90 targets among its troops, with notable success—including providing HIV testing services, antiretroviral treatment, and patient follow-up and circumcising male troops to enhance HIV prevention.



In **Zimbabwe**, RTI is enhancing HIV treatment and prevention among people who engage in sex work and are attending mobile clinics. This project is establishing a positive foundation for future engagement with medical services and reducing HIV transmission through transactional sex.



PREVENTION, CARE, AND TREATMENT OF KEY POPULATIONS

When reaching key and underserved populations, we efficiently deliver lifesaving treatment to people living with HIV and support them to live healthy and productive lives. We believe it's important to consider the unique human rights and legal issues they face—such as stigma and discrimination—that restrict access to prevention and care.

Our capabilities span epidemiologic, implementation, biomedical, and sociobehavioral research to improve the health and well-being of these populations. We develop, test, and implement evidence-informed prevention, care, and treatment interventions to avert new HIV infections, identify persons who are HIV positive, link them to and initiate treatment, and monitor their treatment outcomes.

Our partnerships with host governments, civil societies, and communities ensure we implement innovative and culturally appropriate behavioral, clinical, and treatment-based interventions.



← Sexual Health Clinic

CARE AND PREVENTION

IMPLEMENTATION SCIENCE AND INNOVATION

Implementing effective programs is key to addressing the HIV epidemic. Using implementation science, our evidence-based gender-focused interventions have been shown to work in real-world settings.

We also use science to integrate research findings and evidence-based interventions into policy and best practice. For example, we offer a tool to help develop and test new approaches to deliver promising interventions, improve program effectiveness, and inform policy.

And we enhance services to increase the frequency of HIV testing, demonstrate the acceptability and feasibility of delivering pre-exposure prophylaxis (PrEP) to HIV-negative women who engage in sex work and adolescent young women, increase retention in care for women living with HIV, promote timely initiation of antiretroviral therapy (ART), and develop methods to increase retention in and adherence to both ART and PrEP.



Our woman-focused HIV prevention intervention, the **Women's CoOp**, is one of the Centers for Disease Control and Prevention's (CDC's) best-evidence HIV behavioral prevention interventions. It's been adapted for adult and adolescent women at risk in the United States and in multiple regions in South Africa, the Republic of Georgia, and Russia.



We're developing and testing the use of a United States Agency for International Development–funded **thin-film polymer device** that delivers antiretroviral agents under the skin that can prevent HIV for up to 3 months. This innovative device offers a safer and simpler long-acting preventive for young and vulnerable populations—especially young women—than user-controlled methods such as vaginal gels, rings, and oral medications.

CLINICAL, INFECTIOUS DISEASE, AND SOCIAL EPIDEMIOLOGY

As technology and medicine continue to improve, it's vital to evaluate the safety, feasibility, efficacy, and effectiveness of HIV prevention and care interventions. We apply our extensive experience to design and conduct individual- and cluster-randomized experimental studies. We've conducted observational studies of multilevel factors that influence HIV risk, including structural and social determinants, and studies that use multicomponent interventions to enhance engagement along the continuum of HIV prevention and care. We integrate reproductive health outcomes, including sexually transmitted infections, prevention of unintended pregnancy, and gender-based violence.



Under the auspices of the Microbicide Trials Network, we conducted ASPIRE (A Study to Prevent Infection with a Ring for Extended Use), the **first trial to demonstrate the effectiveness of a long-acting microbicide** (a dapivirine ring) for HIV prevention in women in South Africa. ASPIRE, its open-label extension HOPE, and other studies of the vaginal ring conducted by RTI present critical steps toward adding the dapivirine ring as a new option in the HIV prevention toolbox for reducing HIV acquisition among women in Africa and around the globe.



We're exploring how **providing HIV self-test kits** to Kenyan women who exchange sex and are at high risk of HIV can be used to promote HIV testing among their sexual partners, facilitate safer sexual decision-making, and reduce their risk of acquiring HIV.



HEALTH COMMUNICATION

All populations should understand the risks, options, and treatments available for HIV. Our communication science teams conduct theory-driven HIV testing and prevention campaigns that target health care providers and populations at risk. We design campaign evaluations to understand how well a message reaches its intended audience and how it affects their knowledge, attitudes, behaviors, and health outcomes. We also explore the use and efficacy of new technologies to disseminate HIV prevention and care messages.



We support CDC in a variety of communication efforts to increase awareness of HIV and promote testing and prevention among African American women, gay and bisexual African American and Latino men, and populations in Africa:

- As part of the U.S. **Act Against AIDS** national campaign, we directed the development of health marketing campaigns that included a range of digital and social media activities.
- We developed **Positive Health Check**, a digital health intervention to help increase viral suppression among hard-to-reach populations of people living with HIV in the United States.
- On the global front, we're working to develop social marketing tools that promote **voluntary medical male circumcision for HIV prevention** in eastern and southern Africa.

HEALTH INFORMATION TECHNOLOGY AND mHEALTH

Globally, health ministries and other agencies are challenged to develop strategies, improve coordination, and strengthen capabilities in HIV and other health management systems. We help support those efforts.

Our experience includes policy research and technical support related to large-scale health IT initiatives. We offer a research-based design process to support the development of various user-centered technologies, personal health record applications, mobile health (mHealth) technologies, remote monitoring, and Web 2.0 and social media tools.



Under the U.S. President's Emergency Plan for AIDS Relief and the Gender Challenge Initiative programs, we're **strengthening the Zimbabwe Ministry of Health and Child Welfare's capacity in health information systems**. The Zimbabwe Health Information and Support Project is strengthening public health resources (processes, technology, and policies) in-country in collaboration with the Ministry of Health and Child Care to analyze health data for programmatic and policy development and to improve and develop methods for information dissemination.



We created a comprehensive, **geospatially enabled database of HIV treatment and prevention facilities** in the Central Asian Republics of Kazakhstan, Kyrgyzstan, and Tajikistan. This system provides users with a better understanding of the level and distribution of facilities serving key populations within the region.

STRENGTHENING HEALTH SYSTEMS

As developing countries strengthen their health systems to respond effectively to the HIV epidemic, we share their mission and work collaboratively to advocate and support national goals for health sector reform. We build capacity for local government agencies to deliver intervention and prevention services. We also help implement and provide training in surveillance systems that support epidemiologic investigation of HIV, opportunistic infections, and sexually transmitted infections.



We provide **technical leadership in addressing systemic HIV-related stigma and discrimination**, such as working with the national AIDS control programs and national AIDS commissions in Ghana, Jamaica, and Tanzania to implement and test a comprehensive package for reducing stigma in health facilities.



We led an international process to **develop and pilot a global brief tool to measure stigma and discrimination** among health facility staff. Two instruments are now available in English, Chinese, Arabic, Spanish, Swahili, and French.



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