



CHAI STRATEGY

2024-2028





CONTENTS

EXECUTIVE SUMMARY	1
OUR APPROACH	5
Value Proposition	7
Guiding Principles	15
THE FIVE YEARS AHEAD	17
Strategic Objectives	19
Pathways to Change	23
ABOUT CHAI	25
PROGRAMS IN ACTION	27
KEY TAKEAWAYS	31

The photos throughout this document are a glimpse into the programs we have supported over the last 20 years. They represent the work of governments, healthcare providers, CHAI staff, and other partners, as well as our impact on the communities we serve.

Pictured opposite, clockwise from top-left: (1) A nurse trained in malaria treatment working in Khampeng, Lao PDR. Credit Melinda Stanley. (2) CHAI Uganda presented the Minister of Health with oxygen equipment for distribution to health facilities across the country. Credit Tanzi Media Ltd. (3) Laboratory biotechnologist prepares samples for hepatitis C testing at Rwanda Biomedical Centre in Kigali, Rwanda. Credit Christine McNab. (4) CHAI provided nets to target populations in Guna Yala Comarca, Panama, and evaluated feasibility of national long-lasting insecticidal net campaign. Credit Lay Ling Him. (5) Ahmad Riyad Islami poses with his wheelchair in Banjarmasin, Indonesia. Credit: Angus Stewart / Global Disability Innovation Hub's AT2030 program. (6) Healthcare workers participate in an Emergency Obstetric and Neonatal Care training program at Ndola Central Hospital in Zambia. Credit Jason J. Mulikita.

Pictured on front cover, clockwise from top-right: (1) Mother and child in Kampala, Uganda. Credit Melinda Stanley. (2) A nurse treats children who are malnourished at a health facility in Madhya Pradesh, India. Credit Sujata Khanna. (3) Healthcare workers convene for a workshop on health budget tracking and advocacy in Kano state, Nigeria. Credit Ishaq Muawiya Musa / Khaliphet Photography. (4) Women and children attending a health talk on ORS and zinc in Kano, Nigeria. Credit Melinda Stanley.

EXECUTIVE SUMMARY

CHAI operates at the nexus of government, business, and health to catalyze more equitable access to healthcare. We drive paradigm shifts that stretch and redefine the common wisdom of what is possible to save lives and improve health outcomes for millions of people.

Over the next five years, we will continue with a bold and ambitious strategic direction for the organization. One which leverages CHAI's unique combination of skills to scale evidence-based ideas that deliver on our vision—to make health a universal right rather than a privilege.

In the early 2000s, AIDS was killing millions of people. Almost all AIDS deaths were occurring in low and middle-income countries, yet fewer than 10 percent of those living with HIV in these countries were on treatment.

The foremost experts at the time said treating the disease in these regions was impossible as HIV drugs were too expensive. CHAI was founded on the belief that no one, no matter where they lived, should die because they could not access treatment. We worked with governments to help transform the HIV space by playing four key roles— each of which continues to define our value proposition:

- **MARKET SHAPER** Government partners entrusted us to negotiate on their behalf. At the time, treating HIV cost US\$10,000 per patient per year. We aggregated demand and guaranteed volumes, simultaneously working with manufacturers to lower costs. Today, treating HIV costs US\$45 per patient per year, thanks in part to CHAI's market shaping work.
- **TRUSTED STRATEGIC PARTNER** We supported government-led planning at national and sub-national levels. We worked with ministries of health to set up treatment protocols, including which medications should be used and which diagnostic tests should be run.
- **OPERATIONAL PARTNER** We then helped governments turn those strategic plans into action, setting up public and private laboratory systems to do the testing, supply chains to deliver the medicine, and health worker training to provide the care.

- **ECOSYSTEM CATALYST** We reimagined what was possible and designed an ambitious solution that leveraged the strengths of partners across sectors. Twenty years after our founding, treating HIV costs a fraction of what it did in 2002 and delivery and financing mechanisms are far more robust. It is now possible for approximately 22 million people in low- and middle-income countries to receive the same best-in-class medicines as those in high-income ones.

We have since broadened our efforts to support government priorities across many areas, including other infectious diseases, non-communicable diseases, women and children's health, health workforce and financing, assistive technologies for disabilities, and the intersection of climate and health.

Our approach drives change across the entire health ecosystem—from global price negotiations to national health system planning to last-mile delivery—to save lives and improve health for millions.

Governments lead the solutions, and CHAI works at their invitation. Programs are designed to scale nationally with tactics that can be replicated in other countries. And most CHAI staff, including management, live in and are from the regions in which we work.

Our strategy for 2024-2028 builds on CHAI's strong foundation.

CHAI catalyzes change and accelerates progress toward a shared vision for global health.

[OUR VALUE PROPOSITION ON PAGE 7 →](#)

We have identified four strategic objectives to respond to the broader challenges of the next five years, applying CHAI's unique value proposition:

- **SCALE** We will catalyze scale-up of cost-effective solutions. We have developed blueprints to dramatically reduce deaths in many areas, like cervical cancer, maternal and child death, pediatric AIDS, malaria, and vaccine-preventable illnesses. However, hundreds of millions of people are still suffering and dying from preventable and manageable conditions and we must work to scale existing solutions.
- **INNOVATE** We will accelerate innovative products and delivery models so no one is left behind. We are living in an era of remarkable biomedical and digital innovation—but it often takes years for innovations to take root in lower-income countries. New solutions are needed.
- **FINANCE** We will extend the value of health spending and attract new funding for global health. Even as we look to invest in new and innovative solutions, we recognize funding for global health and domestic health spending are tightening. As the fiscal space tightens, we will work with governments to make scarce resources go further and garner new investments.
- **PREPARE** We will strengthen health systems for tomorrow's challenges. Many systems remain fragmented and ill equipped to address changing population needs—whether the rise of non-communicable diseases, the growth of antimicrobial resistance, the threat of the next pandemic, or the health impact of climate change. We will work with ministries of health as well as global and local partners to ensure systems are adaptable and sustainable.

Guided by these four strategic objectives, we will identify where our unique value proposition is most needed to substantially reduce mortality and morbidity. Where we can make the biggest difference. But we won't do it alone.

Only together, with ministries of health, communities with lived experience, the private sector, and our donors, can we address new and existing challenges to realize our vision of a world in which all individuals can live healthy and fulfilling lives.

CHAI transforms the lives of millions of adults and children across a wide range of health issues.

OUR APPROACH ON PAGE 5 →

CHAI partners with governments to adapt health systems to meet the growing needs of their populations.

THE FIVE YEARS AHEAD ON PAGE 17 →

CHAI'S STRATEGIC FRAMEWORK

35+ COUNTRIES across Africa, Asia, and Latin America where CHAI operates programs	125+ COUNTRIES with access to CHAI-negotiated market access deals for lifesaving health tools	1,700+ STAFF with 85% based in countries where CHAI works
VISION	A world in which everyone is able to live a healthy and fulfilling life.	
MISSION	To save lives and improve health outcomes in low- and middle-income countries by enabling the government and private sector to strengthen and sustain quality health systems.	
VALUES	We are a mission-driven organization. We work in cooperation with and at the service of government partners. We have an entrepreneurial and action-oriented culture, which fosters diversity, equity, and inclusion. We operate with urgency, trust, transparency, frugality, and humility. We recognize our staff is our greatest asset.	

SUPPORTING GOVERNMENT-LED CHANGE

Our approach hinges on our trusted relationships with governments and our ability to drive change across entire health systems.

VALUE PROPOSITION

We solve problems across the entire value chain to accelerate our vision and mission through the four key roles we play:

MARKET SHAPER We create sustainable marketplaces for health commodities—accelerating market introduction, ensuring affordability, and enhancing supply security to increase equitable access.

TRUSTED STRATEGIC PARTNER We support government-led planning at national and sub-national levels to integrate and strengthen health systems.

OPERATIONAL PARTNER We support on-the-ground delivery through technical, operational, and management support to ensure strategic plans are effectively implemented.

ECOSYSTEM CATALYST We reimagine what is possible and design solutions that leverage the strengths of partners across sectors to bring about transformational impact.

GUIDING PRINCIPLES

Our guiding principles are at the heart of how we define impact. They are embedded in how we make decisions, prioritize areas for support, and drive results through our programs.



DEGREE OF IMPACT



SCALE OF IMPACT



BREADTH OF IMPACT



SUSTAINABILITY OF IMPACT

STRATEGIC OBJECTIVES

Over the next five years, CHAI will partner with governments to strengthen health systems to meet the growing needs of their populations.

1 | SCALE
Catalyze scale-up of cost-effective solutions

2 | INNOVATE
Accelerate uptake of innovative products and delivery models

3 | FINANCE
Extend the value of health spending and attract new funding for global health

4 | PREPARE
Strengthen health systems for tomorrow's challenges

PROGRAM AREAS	<p>INFECTIOUS DISEASES Hepatitis, HIV/AIDS, Malaria & Neglected Tropical Diseases, Pandemic Response, Tuberculosis</p> <p>WOMEN AND CHILDREN'S HEALTH Maternal, Newborn, & Child Health, Reproductive Health, Nutrition, Vaccines</p> <p>NON-COMMUNICABLE DISEASES Cancer, Cardiovascular Diseases, Diabetes, Mental Health</p> <p>HEALTH SYSTEMS Health Financing, Health Workforce</p> <p>CROSS-CUTTING EXPERTS Assistive Technology, Climate & Health, Digital Health, Diagnostics, Market Shaping</p>
----------------------	--

**See a complete list of our 20+ programs on page 26*

OUR IMPACT AT A GLANCE

**None of these milestones would have been possible without the leadership of governments, communities with lived experience, support from our donors, and the partnership of global and local civil society organizations and multilaterals.*

- **2002-2003: Introduced HIV drugs in low- and middle-income countries with CHAI's 60% price reduction.** 60+ countries in Africa and the Caribbean access treatment for the first time as a result of the deal.
- **2009: Delivered US\$1B savings for South African government with HIV and TB price cuts.** Partnership dramatically scaled up clients accessing care and treatment as CHAI began expanding into new health areas beyond HIV.
- **2010: Supported development of innovative subsidy mechanism to get nearly 300M anti-malarials to patients.** Increased access to best-in-class artemisinin combination therapy in eight countries.
- **2011: Averted childhood deaths and saved US\$950M with price deals for routine vaccines.** Lowered price of rotavirus vaccine by 67% and pentavalent vaccine by 50%.
- **2014: Supported Liberia's Ebola rapid response to contain the epidemic.** Led case management and health worker training, serving as critical link between international emergency response and Liberian government.
- **2016: Reduced maternal and newborn deaths by >35% in three Nigerian states with program focused on the 48 hours around delivery.** See page 28.
- **2016: Created market for hepatitis C treatment in seven countries with 71-95% cost reduction for originator treatments.** Significantly expanded access in 2023 for WHO-prequalified products with >90% reduction for HCV treatment from two generic suppliers and reduced price for hepatitis B treatment to under US\$3 per month. See page 9.
- **2017: Increased access to cancer medications, including chemotherapies, in six high-burden countries in Africa.** Expanded program in 2019 across Africa and Asia with 20+ additional medications.
- **2017: Introduced affordable single-pill DTG-based HIV regimen with landmark TLD deal, making best-in-class medication available in low- and middle-income countries.** See page 29.
- **2017: Paved way for millions in savings with launch of MedAccess credit facility for healthcare access deals.** Leveraged US\$200M paid-in capital to negotiate agreements for medical innovations in low- and middle-income countries. See page 12.
- **2019: More than doubled number of doctors per capita over the course of Rwanda's flagship health workforce program.** More broadly, CHAI has significantly expanded trained health workforces in 16 countries and provided strategic and operational support to governments to mobilize over US\$170M in resources to train and deploy health workers.
- **2020: Achieved fastest-ever generic pediatric HIV drug approval and launch.** See page 12.
- **2022: Partnered with governments to screen over 1M women in 10 countries for cervical cancer.** More than 80% of women have received appropriate treatment across the program, with half of partner countries exceeding 90% treatment coverage among women who screened positive for pre-cancerous lesions.
- **2022: Significantly expanded health insurance in Ethiopia.** Scaled community-based health insurance coverage from 10M to 45M+ beneficiaries, including the most vulnerable who now receive fully subsidized coverage.
- **2023: Reduced malaria burden by 95% in Cambodia, Lao PDR, and Vietnam.** Countries are on target to eliminate local transmission of malaria (*P. falciparum*) as soon as 2025.
- **2023: Dramatically reduced cost of HIV treatment over 20 years.** CHAI's pioneering work negotiating price reductions and generic licenses, together with critical efforts from partners like the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis, and Malaria, reduced cost of HIV treatment from US\$10,000 per person per year in the early 2000s to under US\$45 in 2023.

OUR APPROACH

We believe the best way to create large and sustainable change is to improve existing public and private sector health systems. Over the last 20 years, we have earned governments' trust by working hand-in-hand to develop tailored solutions to issues at the top of their priority lists.

CHAI's center of gravity has always been in the countries where we work—85 percent of staff are based in program countries and nearly 70 percent are nationals in the countries where they are based.

In this section, we will discuss how we use our unique value proposition and the guiding principles to ensure that our work to improve lives is evidence-based, transformational, and sustainable.

IN THIS SECTION

→ **Value Proposition**

→ **Guiding Principles**



A drug shop attendant is coached on the correct use of the Sick Child Job Aid in Iganga, Uganda. Credit Melinda Stanley.

Value Proposition

As our areas of work have grown beyond HIV, our value proposition has continued to meet the changing needs of our government partners and the broader global health ecosystem.

Our unique value lies in our ability to catalyze transformational change, saving lives and improving health outcomes through the four key roles we play: **Market Shaper**, **Trusted Strategic Partner**, **Operational Partner**, and **Ecosystem Catalyst**.

These roles interact, overlap, and reinforce each other to accelerate positive change across health systems. Of these, our most powerful contribution is the way we operate as an Ecosystem Catalyst to develop bold, transformational programs and build momentum behind audacious goals.

Our value proposition is powered by our deep relationships across ministries of health, communities, the private sector, and the global health ecosystem. We also bring deep and broad technical expertise, supported by strong data analytics capabilities and experienced “boots on the ground” to marry theory with practical, real-world applications.



Market Shaper

We create sustainable marketplaces for health commodities—accelerating market introduction, ensuring affordability, and enhancing supply security to increase equitable access.



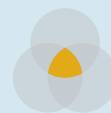
Trusted Strategic Partner

We support government-led strategic planning at national and sub-national levels to integrate and strengthen health systems.



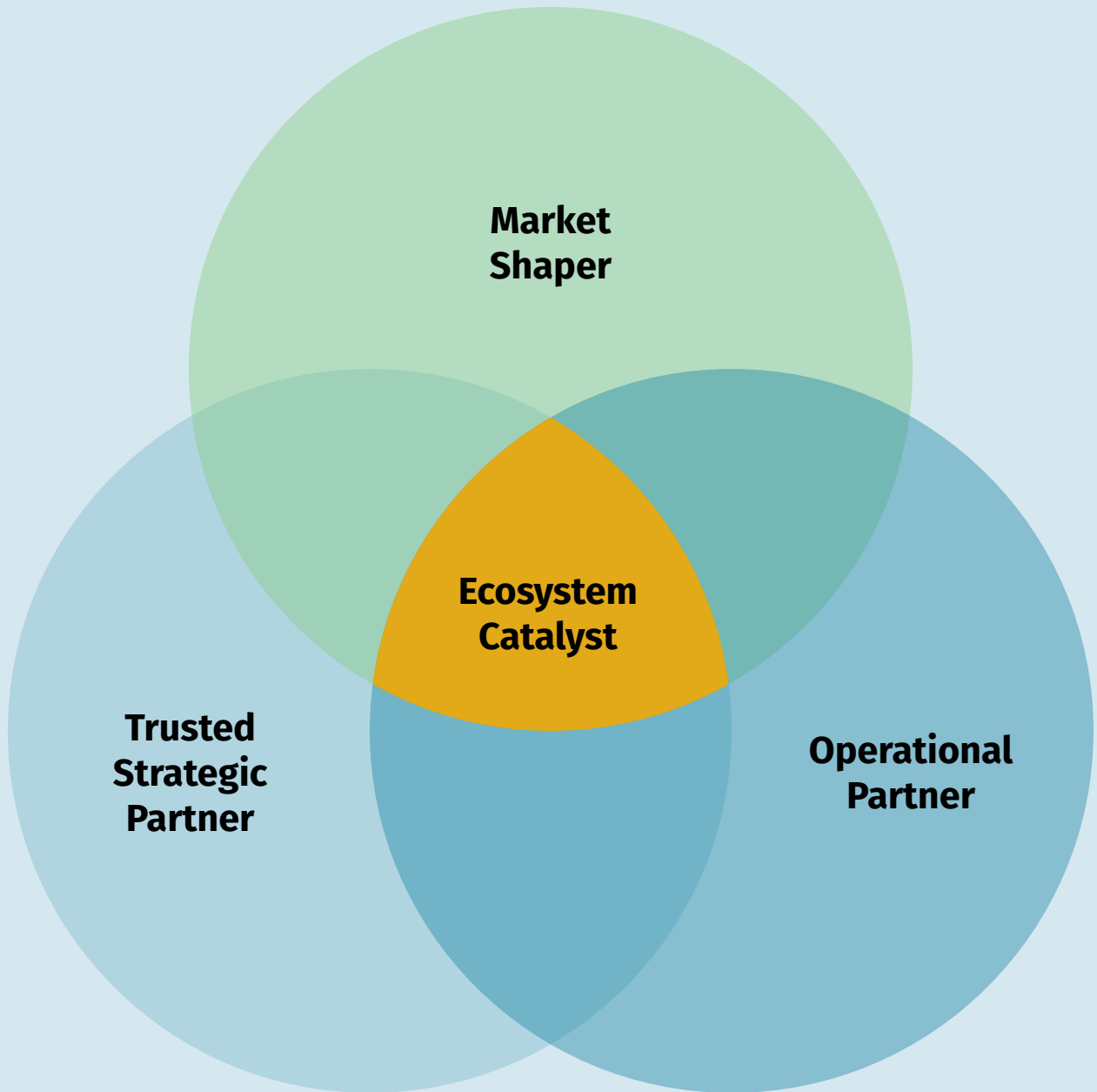
Operational Partner

We support on-the-ground delivery and execution through technical, operational, and management support to ensure strategic plans are effectively implemented.



Ecosystem Catalyst

We reimagine what is possible and design solutions that leverage the strengths of partners across sectors to bring about transformational impact.



*How we define
our four key roles*

ON PAGE 9 →

*How we set
transformational goals*

ON PAGE 13 →

*How we combine these
roles in our work*

ON PAGE 27 →



Market Shaper

We create sustainable marketplaces for health commodities—accelerating market introduction, ensuring affordability, and enhancing supply security to increase equitable access.

As Market Shaper, we increase access to health products in low- and middle-income countries through market-based solutions. We help maximize the impact of limited funding by negotiating agreements with the private sector to make health products more affordable. We work with national governments and global stakeholders to prioritize drugs, devices, and diagnostics and ensure robust supply chains are in place to deliver commodities to end users. Our longstanding relationships with governments allow us to tailor access programs to respond to their nuanced, context-specific needs. Our approach enables market shifts that otherwise would happen slowly or not at all.

CHAI welcomes the adoption of market shaping approaches by other organizations over the last 20 years. We will continue to look for ways to spread and transfer the use of the approach we helped pioneer. Over the next 5 years, we will add bold new tactics to our market shaping toolkit to tackle challenges at the intersection of climate and health, to capitalize on the promise of digital technologies, and to support the growth of regional manufacturing ecosystems.

Our areas of support can include:

- Achieving lower, sustainable access prices via transformative agreements that empower government partners to deliver new programs or services that serve their priorities
- Catalyzing development, accelerating introduction, and increasing availability of products optimized for low- and middle-income settings
- Accelerating development of quality-assured generic products and defining effective regulatory pathways for manufacturers
- Advocating for best-in-class care across all types of health commodities, including diagnostics, therapeutics, vaccines, devices, and other tools and services
- Generating demand among governments and end users to enhance volume predictability and support uptake
- Achieving supply security through appropriate supply diversification and sustainability

MARKET SHAPER IN ACTION

2011: Drove routine immunization deals to avert childhood deaths and save US\$950M

- CHAI identified market opportunities for vaccines to reach more children and avert preventable illnesses and deaths through access negotiations
- 67% price reduction for rotavirus vaccine
- 50% price reduction for pentavalent vaccine
- Rotavirus and pentavalent vaccine deals saved global community over US\$800M and US\$150M, respectively

2013: Created market for low-cost implants with long-acting reversible contraceptives volume guarantee

- CHAI identified market barriers preventing contraceptive implant use in low- and middle-income countries despite efficacy and availability
- Negotiated 50% price reduction with volume guarantee
- Unlocked >50% distribution growth in first year of deal
- Further improved price and supply stability by later supporting entry of generic supplier

2016-2023: Negotiated low-cost hepatitis C treatment deals to establish new market

- CHAI began work to help low- and middle-income countries develop effective and affordable treatment programs for viral hepatitis
- Negotiated 71-95% price reduction with originator suppliers for hepatitis C cure in seven countries, down from more than US\$2,600 per patient to between US\$130 and US\$800 per patient treated
- Two milestone generic agreements in 2023 significantly expand hepatitis C market with further 90% price cut, lowest ceiling price for hepatitis B treatment at less than US\$3 per month



Trusted Strategic Partner

We support government-led strategic planning at national and sub-national levels to integrate and strengthen health systems.

As Trusted Strategic Partner to governments, CHAI enables our partners to develop more resilient health systems that deliver quality care and expand service coverage. We listen to governments' health priorities and partner with them to develop plans, policies, and goals to achieve their vision.

CHAI's longstanding relationships help bring a nuanced understanding of the operational, cultural, and political realities that determine the success or failure of a specific strategy in a partner country. Through all our work, we strengthen existing institutional capacity. We transition the tools, knowhow, and processes we help develop to our partners so CHAI can refocus our attention on the next set of high-impact government priorities.

Over the last decade, we have seen a shift in decision-making from the national level to the sub-national level, a trend we expect to continue. Our partnership model is well positioned to adapt, as we strengthen existing local relationships and build new ones. Moving forward, we will also develop new modes of partnership with donors to finance this critical work.

Our areas of support can include:

- Developing, costing, and prioritizing national and sub-national strategic plans for the health sector across a wide range of program areas
- Coordinating both donor and domestic financing around governments' costed and prioritized strategic and operational plans
- Partnering with governments to develop people-centric public health policies informed by data and evidence
- Formulating regional strategies to address health challenges spanning borders
- Strengthening health financing systems to improve service coverage and financial protection

TRUSTED STRATEGIC PARTNER IN ACTION

2015: Supported Nigeria's "Saving One Million Lives" initiative by integrating essential services

- Provided strategic support to the Nigerian government on an innovative multi-program strategy to scale key health programs for women and children
- Strategic advisory leveraged CHAI expertise in program design and integration, spanning immunization, family planning, essential medicines, malaria prevention and treatment, HIV testing, skilled birth attendance, and nutrition

2022: Catalyzed launch of 17 national oxygen strategies to better treat pneumonia, COVID-19, and more

- Worked with countries to understand barriers to oxygen use with end-to-end approach
- National strategic plans launched with CHAI support in 17 countries including: Cambodia, Ethiopia, Kenya, Lao PDR, Liberia, and Rwanda
- Delivered oxygen for the COVID-19 response and worked with ministries of health, donors, and partners to understand how these investments could fill longer-term gaps

2022: Supporting comprehensive strategic planning in Malawi

- Partnered with government to integrate budgeting and goal-setting in Health Sector Strategic Plan 2023-2030 to amplify positive health outcomes
- Identified 11 game-changing reforms across several divisions to support government's overall agenda for poverty reduction and essential health service
- Developed the "One Plan, One Budget, One Report" vision, in which all funding allocations through 2030 will be guided by overarching sector strategy



Operational Partner

We support on-the-ground delivery and execution through technical, operational, and management support to ensure strategic plans are effectively implemented.

As Operational Partner, governments request our support where the rubber meets the road—to transform strategies on paper into operationalized services with sustainable results. Often, new guidelines or policies are set at global or national levels and our partners request CHAI support to translate these policies into efficient programs. CHAI does not directly deliver health services. We work to smooth countries' implementation—from anticipating and preventing common bottlenecks to supporting program management—and stand by partners to bring about change on the ground.

Our trusted relationships with governments allow us to understand behind-the-scenes challenges and concerns and how they may best be addressed. CHAI's wide geographic footprint also enables us to apply learnings from one project or region to address similar challenges elsewhere.

Over the next five years, CHAI will look for opportunities to optimize and deepen local partnerships that can enhance operational delivery and increase sustainability of impact. We will also invest in new capabilities to support evidence generation to build the case for new solutions and best practices.

Our areas of support can include:

- Developing operational plans to bring strategies to fruition (e.g., tactical plans for roll-out of a new product)
- Managing programs and monitoring government-led initiatives (e.g., convening data reviews with key stakeholders, KPI tracking, dashboard development, project management)
- Identifying and realizing efficiency opportunities across health systems
- Applying analytics and data modeling, including geospatial analysis and mathematical modeling, to monitor and optimize service delivery
- Enhancing information systems to improve timeliness, completeness, accuracy, and availability of data to support program delivery
- Facilitating workforce training, including upskilling and capacity building, to support program scale-up
- Leading direct engagement to ensure community voices and perspectives are included in program design, implementation, and optimization

OPERATIONAL PARTNER IN ACTION

2017: Launched digital toolkit to guide new HIV product introduction

- Developed an online toolkit, updated continuously, to support partners through all aspects of new product rollout, launched through investment from Unitaid
- Included information, tools, and resources for adoption, forecasting, facility phase-in, and monitoring to ensure products reach those who need them
- Integrated community resources for civil society organizations involved in the rollout process
- 1,800+ users accessed toolkit from 110+ countries since launch

2020: Leveraged testing tech for rapid COVID-19 response in program countries

- During the early pandemic, partnered with countries to apply existing on-site capacity for COVID-19 testing
- Pioneered introduction and scale-up of rapid antigen testing tailored to country settings, informed by our operational research
- Later expanded to test and treat, self-test, and genomic sequencing
- See page 30.

2022: Rolled out integrated services in Cambodia

- Partnered with government to screen older adults for rapidly increasing burden of diabetes and hypertension at COVID-19 vaccination sites
- Leveraged vaccination campaigns as opportunity to expand age-relevant services to vulnerable populations
- Over 8 months, 7,500 people were screened for diabetes and hypertension
- 2,700 patients referred for follow-up care who would not otherwise have known their risk
- See page 30.



Ecosystem Catalyst

We reimagine what is possible and design solutions that leverage the strengths of partners across sectors to bring about transformational impact.

Ecosystem Catalyst is the culmination of the roles we play as Market Shaper, Trusted Strategic Partner, and Operational Partner, enabling us to develop a bold vision and shepherd it through execution. As Ecosystem Catalyst, CHAI works with stakeholders across sectors to conceive of and achieve ambitious goals. We help build momentum behind impactful national, regional, and global health agendas.

Over the next five years, CHAI will lean into our role to forge innovative partnerships that spur collective action. This role will manifest at every level where we engage: globally, regionally, nationally, and locally.

Our areas of support can include:

- Identifying under-resourced opportunities for impact and building a coalition behind them
- Structuring global and regional partnership models to advance sector-wide strategic goals
- Designing new financing mechanisms to capitalize global and regional initiatives
- Developing programs that draw together countries with overlapping needs and contexts to address challenges at a larger scale
- Convening and coordinating national- and community-level entities, such as community advisory boards and technical working groups

HOW WE SET TRANSFORMATIONAL GOALS ON PAGE 13 →

ECOSYSTEM CATALYST IN ACTION

2010: Catalyzed the Affordable Medicines Facility - malaria (AMFm)

- Played central role in global partnership that created innovative subsidy mechanism to expand access to the most effective malaria treatment—artemisinin-based combination therapies
- Expanded access for best-in-class medication to 1B+ people across 7 countries
- Designed and led seminal pilot study that helped catalyze global effort
- Led initiative providing countries with in-depth technical assistance to access and effectively roll out treatment

2012-2016: Mobilized the scale-up of zinc/ORS to treat childhood diarrhea

- Developed holistic vision and led a global working group that galvanized a consortium of donors and implementers to invest ~\$150M across 10 high-burden countries where 60% of diarrhea deaths occur
- Partnered with governments of Ethiopia, India, Kenya, Nigeria, and Uganda to develop national scale-up strategies, coordinating interventions across partners and averting 76,000 diarrhea deaths
- Engaged with local suppliers to introduce 15 new, locally produced products—achieving roughly 45% cost reduction
- See page 27.

2017: Launched MedAccess credit facility for global healthcare access deals

- Collaborated with partners to develop credit facility—a purpose-specific loan-making entity—expanding access to healthcare in low- and middle-income countries
- Leveraged US\$200M paid-in capital to negotiate agreements reducing price and increasing availability of medical innovations
- Led to significant price deals, including dual rapid test for syphilis and HIV, made available for under US\$1 in over 100 low- and middle-income countries
- Driven by CHAI partnership with the Bill & Melinda Gates Foundation and UK government

2020: Coordinated global stakeholders to enable rapid launch of pediatric HIV drug

- Established public-private partnership with Unitaid and generic suppliers to accelerate development of pediatric dolutegravir (pDTG)
- Worked with US Food and Drug Administration (FDA) to develop an innovative regulatory pathway leading to fastest-ever approval of a generic HIV medication
- Served as co-chair of pivotal global task team to facilitate coordination of pDTG introduction, supporting development of normative guidance, position statements, and procurement guidance
- 25 countries introduced pDTG just one year after generic approval, a historically fast introduction driven by unprecedented global coordination

How we set transformational goals as an Ecosystem Catalyst

CHAI aims to set transformational goals that will improve health outcomes at large scale.

For some of our transformational goals, there is much consensus in the global health community on priority focus areas and proven approaches. We recognize the importance of shared global targets—such as the Sustainable Development Goals (SDGs) or the 95-95-95 targets set by UNAIDS—as common frameworks to help guide our collaboration across governments and the private sector. In these cases, CHAI works in lockstep with global, national, and local partners to execute established priorities toward a shared vision for global health.

At the same time, we aim to identify and build support for neglected or under-resourced initiatives where we see a strong case for outsized impact to save lives and improve health, but where a big push is needed. CHAI challenges commonly accepted perspectives and practices to change the standard of what is possible in terms of speed, scale, efficiency, quality, cost-effectiveness, and other critical factors that drive health outcomes.

Pursuing these goals often requires special organizational focus—achieving them calls for a way of working that goes well beyond “business as usual.” We will invest in CHAI’s resources and capabilities where needed. In some cases, we will need to generate new evidence; in others to galvanize new consortia of donors or design innovative financing mechanisms. In all cases, we will work to amplify the voices of government partners.

While we remain focused on transformational goals, we will continue to respond to the real-time requests of governments and donors as urgent needs emerge.





Pictured (Top-left) A dehydrated child receives ORS treatment from his mother at Huruma Health Center in Nairobi, Kenya. Credit Eric Gitonga. (Top-right) People queuing for the COVID vaccine in Madhya Pradesh, India. Credit Dr. Kaushik Ghosh. (Bottom-right) Outside Makola Health Center in Zambia. Credit Dominic Mukumbila.

Guiding Principles

We use our guiding principles to set transformational goals for our program and country teams. These principles are embedded in how we make decisions, prioritize areas for support, and drive impact at all levels of the organization and throughout each program's lifecycle.

Incorporating our guiding principles into the program lifecycle involves:

- 1. Planning: Ensuring we are rigorous and intentional when scoping new program areas, as well as strategically expanding our existing programs.** CHAI evaluates and targets the whole problem to ensure a solution actually translates into better health outcomes.
- 2. Implementation: Identifying real-time opportunities to adapt, optimize, and improve our work.** Throughout execution, we are continuously learning and optimizing our programs, in collaboration with our partners.
- 3. Review: Holding ourselves accountable to excellence in all dimensions of impact, using the guiding principles as our compass.** We use our guiding principles to learn from our successes and failures. Our thorough investigation of what works and what does not is vital to delivering transformational impact over the long term.

Over the next five years, we will continue to develop ambitious strategies for all our programs, adapting our approaches based on the shifting global health landscape and the evolving needs of government partners, communities, and individuals.



Degree of Impact

A CHAI program should drive dramatic improvement over current health outcomes.



Scale of Impact

CHAI should maximize the number of individuals whose lives are impacted by a CHAI program by solving a problem at a large regional, national, or global scale.



Breadth of Impact

CHAI should change the way others approach a problem so today's transformation becomes tomorrow's wisdom.



Sustainability of Impact

Any positive impact that CHAI drives should be maintained over time.

Degree of Impact is measured by...

HEALTH IMPACT: The impact of a CHAI program should represent a substantial improvement in health outcomes compared to the counterfactual (i.e., the world if CHAI had never started the program). We measure impact through health outcomes, including mortality and morbidity (e.g., disability-adjusted life years), quality of life (e.g., quality-adjusted life years), and financial risk protection.

COST BENEFIT: CHAI programs should maximize value-for-money (e.g., by expanding evidence-based and cost-effective approaches, identifying cost and time savings, and reducing inefficiency due to fragmentation) to enable better health outcomes and greater service coverage.

EQUITY: CHAI programs should improve equity in health outcomes and/or access to quality services, especially for marginalized and underserved communities.

Scale of Impact is measured by...

POPULATION COVERAGE: Within a given context, CHAI aims to maximize the number of individuals and/or the proportion of the target population who are positively impacted by a CHAI program.

GEOGRAPHIC COVERAGE: A CHAI program should solve problems at a large regional, national, or global scale.

Breadth of Impact is measured by...

PIONEERING NEW APPROACHES: CHAI aims to successfully demonstrate innovative, forward-thinking models that can be replicated by other implementing partners.

SECTOR INFLUENCE: CHAI should seek to actively influence others through documentation and evidence generation that informs uptake and adoption of best practices.

Sustainability of Impact is measured by...

OWNERSHIP: To be sustained, the program or approach must ultimately be championed and taken forward by actors other than CHAI. Depending on the program, this may be governments or other local/global institutions (e.g., the private sector, civil society, community stakeholders, or others).

FINANCIAL SUSTAINABILITY: There should be a clear plan for how governments, the private sector, civil society, community stakeholders, or others can financially sustain the intervention or program, within the feasible limits of their budget envelopes.

INSTITUTIONAL CAPACITY: From their inception, CHAI programs should be integrated into existing health systems, processes, structures, and institutions. CHAI should be able to demonstrate that governments, the private sector, civil society, community stakeholders, or others have the institutional capacity to carry the program forward.

THE FIVE YEARS AHEAD

We believe that in the next five years, we can help government partners avoid hundreds of thousands of preventable deaths by scaling known cost-effective solutions.

We can harness an era of breakthrough biomedical and digital innovations to serve the needs of people in low- and middle-income countries. We can drive more money to global health and make often limited funding go further to maintain and build on 20 years of progress. And we can create the next generation of health systems that are well-equipped to respond to new threats and the growing needs of communities.

In this section, we will discuss how our strategy responds to a rapidly evolving global health landscape with a set of strategic objectives that target the areas where CHAI can have the most impact.

IN THIS SECTION

→ **Strategic Objectives**

→ **Pathways to Change**



Boys laughing and posing outside a village in Madhya Pradesh, India. Credit Sujata Khanna.

1 | SCALE

MOTIVATING CHALLENGE

People are still suffering and dying from preventable and manageable conditions.

The world has made remarkable progress in public health over the last 20 years. But recently, progress has slowed. Half the world lacks access to basic health services. The world's oldest infectious disease—tuberculosis—kills more than a million people each year. And hepatitis B and C are responsible for a million more deaths. Over five million women, newborns, and children die each year, largely in low- and middle-income countries, and most of their deaths are entirely preventable or treatable with access to the right set of tools, medications, and knowledge.

Some of these hurdles can be attributed to persistent gaps in access within and between countries. For example, immunization coverage for routine vaccines varies widely—with coverage of certain vaccines ranging from 31 percent in Papua New Guinea to 98 percent in Ghana.

In other areas, better health outcomes and longer life expectancies have introduced new challenges. Non-communicable diseases are on the rise and already among the leading causes of death and disability across low- and middle-income countries. These diseases are only projected to grow with changes in diet, lifestyle, and environment.

STRATEGIC OBJECTIVE

Catalyze scale-up of cost-effective solutions.

We have an incredible opportunity to save lives at large scale. CHAI will work with governments to expand proven, cost-effective solutions to reignite progress and address persistent and longstanding inequities in health outcomes globally. In scaling these solutions, we will address the needs of women, children, and the poorest and hardest to reach in the countries where we work.

EXAMPLE PROGRAM GOALS:

> **End childhood AIDS deaths.** CHAI aims to eliminate pediatric AIDS deaths globally, enabling all children to survive and thrive. In the next five years, we will reduce pediatric AIDS deaths by over 90 percent in three countries and demonstrate a model for global scale.

> **Immunize 'zero-dose' children.** CHAI aims to increase vaccine coverage to at least 90 percent of children in the countries with the largest vaccination gaps. By 2030, we will decrease by 50 percent the number of infants who currently do not receive the most basic vaccines in at least eight countries where burden is highest in order to reach an additional four million children per year.

> **Integrate services to end HIV, syphilis, hepatitis.** CHAI aims to achieve triple elimination of HIV, syphilis, and hepatitis B. In the next five years, we will partner with three countries to integrate screening and treatment across these diseases and achieve at least 90 percent coverage of hepatitis B antenatal screening and timely hepatitis B birth dose vaccination.

> **Dramatically reduce childhood deaths from diarrhea.** CHAI aims to eliminate diarrheal deaths in children under the age of five. Over the next five years, we will increase coverage of zinc/ORS to at least 70 percent in three to five countries or large regional areas.

2 | INNOVATE

MOTIVATING CHALLENGE

New solutions are demonstrably needed.

We live in an era of extraordinary technological progress—sequencing technology, mRNA technology, and immunotherapy, for example, have already revolutionized the field of biomedicine and have the potential to transform the development of vaccines, therapeutics, and diagnostics. New health products and technologies, as well as new service delivery models, have the potential to reduce the global burden of disease and improve the quality of health systems.

However, innovations developed in high-income countries are often introduced to low- and middle-income countries years after they are first deployed. It then takes time for these interventions to be adapted and scaled to benefit most of the population. There is also significant underinvestment in developing and incubating innovations in low- and middle-income countries for low- and middle-income countries.

Today, lower-income countries are primed not only to access but also to drive healthcare innovation. First, there is significantly more access to health information—by the end of 2021, over half the world was using mobile internet. Additionally, a new generation of information technologies are making healthcare more efficient, affordable, convenient, and personalized.

In addition, as artificial intelligence (AI) and machine-learning-based technologies evolve, AI is expected to enhance disease surveillance and predictive capabilities for health, improve access to individual prevention and care, and drive health system efficiencies. These technologies also have the potential to dramatically accelerate development timelines for revolutionary products and approaches, while reducing the cost of solutions.

STRATEGIC OBJECTIVE

Accelerate uptake of innovative products and delivery models.

CHAI will continue to take innovative approaches to existing and emerging global health challenges. This includes working with governments to identify, vet, and accelerate introduction and uptake of new technologies and products, alongside novel approaches to service delivery and systems strengthening.

EXAMPLE PROGRAM GOALS:

> **Eliminate malaria.** CHAI aims to dramatically reduce or eliminate malaria and other vector-borne diseases, including neglected tropical diseases. In the next five years, we will scale novel vector control technology to sustainably reduce dengue prevalence by 80 percent in at least three cities or sub-regions.

> **End cervical cancer.** CHAI envisions a generation of women and girls free of cervical cancer. This will require a significant increase in HPV vaccination coverage as well as innovation in screening and treatment. In the next five years, we will partner with 10 countries to reach cervical cancer elimination targets. In addition, we will develop and scale machine-learning-enabled automated visual evaluation and point-of-care human papillomavirus (HPV) tests to significantly reduce the cost of screening and increase accuracy.

> **Reduce impact of climate change on health.** CHAI aims to accelerate the introduction and adoption of super-efficient climate technologies to reduce CO2 emissions, reduce heat impact on health systems, and improve health outcomes. In the next five years, we will penetrate 60 percent of at least three key markets with clean cooling technologies to achieve over 10 gigaton reductions in CO2 emissions and associated health improvements.

3 | FINANCE

MOTIVATING CHALLENGE

Fiscal space is tightening while populations face growing needs.

Facing major economic headwinds, many countries are experiencing their deepest recession in decades. While governments recognize the growing health needs of their populations, they also face a challenging fiscal space constrained by skyrocketing debt service levels and slow growth in tax receipts. Several African countries spend more than 20 percent of their government revenue on debt service, leaving little room for health and development.

While development assistance for health continues to play a pivotal role in the health sector—particularly in low-income countries and for infectious disease response—it is stagnating. Between 2000 and 2008, development assistance for health grew significantly at 11 percent per year. However, following the global financial crisis in 2008, this growth slowed, and since 2013 assistance has plateaued. While donors, and particularly development banks, increased funding between 2020 and 2021, this was largely earmarked to address the COVID-19 crisis and these levels of investment are not expected to be maintained. Health needs will soon outpace development assistance in most countries, and reductions in multilateral or bilateral funding will result in a difficult transition to increased reliance on domestic funding.

These systemic challenges leave many people vulnerable to high out-of-pocket spending on health. In 2019, two billion people experienced financial hardship due to out-of-pocket spending on health, including 344 million people already living in extreme poverty. There are hundreds of millions more who do not seek care because they cannot afford user fees, or find that when they do seek care it is not available at under-resourced facilities. These financial barriers further exacerbate significant inequities in health outcomes.

STRATEGIC OBJECTIVE

Extend the value of health spending and attract new funding for global health.

CHAI will work with governments to address financial barriers and deliver a prioritized package of essential health services that is affordable for all and free for the most vulnerable members of society. We focus on universal coverage of primary healthcare which can prevent an estimated 77 percent of maternal, newborn, and child deaths and stillbirths. We will work with governments to mobilize resources and protect funding for their priorities. We will also broker new access agreements that reduce the price of key commodities, saving millions of dollars that can be reinvested in health systems.

EXAMPLE PROGRAM GOALS:

> Drive down cost of critical medications and diagnostics.

CHAI aims to negotiate market access deals that save billions of dollars and accelerate progress toward global targets for health outcomes. In the next five years, to meet the UNAIDS target for reductions in annual new HIV infections, we will accelerate introduction of generic long-acting pre-exposure prophylaxis (PrEP) for less than US\$30 per person per year, which will enable scale-up to over 10 million PrEP users.

> **Expand financial protection.** CHAI aims to ensure essential health services are affordable for the most vulnerable populations. In the next five years, we will secure coverage for an additional 200 million people in five to six countries via pre-paid tax and/or contribution-based systems such as health insurance or free care programs. In addition, we will partner with more than 10 governments to coordinate hundreds of millions of dollars to the most effective uses in support of national priorities.

> **Increase health funding.** CHAI aims to increase the amount of funding for the global health sector to save lives and improve health outcomes. In the next five years, we will dramatically increase the portion of climate spending used for health systems—which today is just 0.5 percent—and partner with at least five countries to efficiently program climate funding for their health systems.

4 | PREPARE

MOTIVATING CHALLENGE

Health systems are fragmented and ill equipped to address changing needs of populations.

Too often, multiple parallel systems have been developed to perform the same function. Health system fragmentation is not only inefficient and difficult for governments to sustain, it also affects the outcomes of service delivery. Opportunities may be missed if a young woman comes to a health center and receives an HPV vaccine, for example, but not family planning or mental health services. To maximize benefits of health investments and services for individuals, communities, and countries, care should be organized around the needs of the patient, rather than specific diseases.

Investments are needed to deliver such person-centered care, address underlying weaknesses, and adapt to new realities—whether the changing pattern of disease, the next pandemic, or the health effects of conflict, climate, and migration. For example, extreme weather events, such as floods, droughts, and heatwaves disproportionately affect the poorest and most vulnerable populations. These crises often lead to damage or disruption to health facility infrastructure, the health workforce, and supply chains, and can spark other health crises, such as outbreaks of infectious disease.

STRATEGIC OBJECTIVE

Strengthen health systems for tomorrow's challenges.

CHAI will work with governments to strengthen health systems to support the goals above: scaling cost-effective solutions as well as new product and delivery models in an increasingly resource-constrained landscape. We will focus on optimizing service delivery and systems to deliver a cost-effective package of integrated, primary healthcare interventions—growing this package over time to meet changing population needs with new solutions. We will aim to bring services close to where people live through community health programs, primary health centers, and pharmacies. This will also require data-driven planning and management to support systems strengthening, leveraging both public and private sector capacity.

EXAMPLE PROGRAM GOALS:

> **Make primary health services available to everyone.**

CHAI aims to increase the number of people with access to primary health services tailored to their needs. In the next five years, we will double the number of health centers that are equipped with sufficient health workforce, commodities, equipment, data systems, referral and transport systems, and funding to provide a cost-effective, integrated package of essential services in three to five countries.

> **Champion data-driven decision making.** CHAI aims to strengthen country-owned, integrated disease surveillance systems that make high quality data available for program planning. Over the next five years, CHAI will apply high-resolution disease surveillance data to help at least three countries target and tailor interventions to eliminate malaria altogether.

> **Invest in oxygen.** CHAI aims to increase access to oxygen services and other critical infrastructure for pandemic prevention, preparedness, and response. In the next five years, we will establish or improve access to oxygen in more than 2,000 health facilities.

Pathways to Change

CHAI has identified five areas where we will grow and invest across the organization to achieve our strategic objectives and transformational goals.

Our matrix staffing model—leveraging the strength of our teams to innovate, execute, and mobilize funding for highly impactful programs—is integral to CHAI’s operational success. We also recognize that transformational change often requires developing new capabilities and ways of working. In some instances, this means complementing our decentralized structure by investing in targeted shared resources. For others, we need to launch new teams, stand up new functions, or develop new internal mechanisms to achieve our goals.

IMPACT MEASUREMENT

How we will know if we are on track.

Measuring our work is necessary to monitor progress toward the ambitious goals we have set for ourselves, to identify areas that need further support, and to inform future strategies—both to hold ourselves accountable and to contribute to the global evidence base of what works and what does not.

Over the next five years, we will increasingly invest in impact measurement and data capabilities in order to:

- Conduct impact evaluations that test the effectiveness of innovations in real-world health settings, putting resources towards primary data collection when necessary.
- Collect and analyze sex-disaggregated programmatic monitoring and evaluation data to implement gender-responsive health programs that rely on evidence.
- Build decision tools that predict impact under alternative scenarios, to help users weigh competing strategies and investments.
- Partner with governments to build, expand, and integrate strong digital information systems that transmit high quality data from all points of care, make information available to program managers, and enable routine data use for timely decision making.

INNOVATION

How we will source, test, and scale big new ideas.

Innovation thrives in CHAI at the intersection of product and process innovation. This is where we support the development or customization of technologies or products and accelerate the introduction of novel methods, approaches, or delivery systems to solve public health challenges.

Over the next five years, and in line with our strategic objective to accelerate the uptake of innovation in product and delivery models, we will complement our historically decentralized, entrepreneurial approach to innovation with a centralized function that cultivates a strong pipeline of solutions. This function will:

- Rapidly identify new solutions that have a disproportionate impact in the countries where we work.
- Mobilize and allocate internal resources efficiently and deliberately towards the highest impact innovations and support the sustainable introduction and scale-up of these innovations.
- Cultivate strategic partnerships with innovators outside CHAI to accelerate the introduction of new and novel technologies.
- Develop a systematic and inclusive approach to seeding innovation from all parts of the organization.
- Foster an organization-wide culture of innovation.

SECTOR INFLUENCE

How we will accelerate action by others across the global health ecosystem.

Sector influence plays an important role in augmenting CHAI's direct programmatic impact while increasing the sustainability of our outputs by encouraging others to take up our approaches and enabling CHAI to work itself out of a job—and into new ones where we can have more impact.

In the next five years, we look to:

- Overcome barriers to collective action such as aligning partners around a critical initiative, securing a needed policy change, or mobilizing resources to fund an impactful approach.
- Inspire governments to seek our partnership, donors to trust our model and sustain our operations, high caliber candidates to apply for jobs, and external partners to consider new and innovative ideas more seriously.
- Set new standards for the sector based on concrete demonstration of what is possible through effective program design and implementation as well as the effective dissemination of compelling results.
- Direct internal CHAI resources, including public communications and leadership engagement, in pursuit of targeted influence aims.
- With every opportunity, continue to amplify the voices of government partners, sector-leading experts, on-the-ground practitioners, and communities with lived experience so we build up their influence.

PARTNERSHIPS

How we will collaborate with peers, funders, and organizations with complementary capabilities.

CHAI works in close partnership across the public, private, and social sectors. This includes forging and deepening partnerships with governments, global health stakeholders such as the World Health Organization (WHO), private sector manufacturers, service providers, donors, and others to scale lifesaving interventions for people in low- and middle-income countries across the healthcare continuum.

In the next five years we will double down on our partnership model—establishing partnerships to support advocacy efforts and extend thought leadership, drive funding to highly impactful interventions, and enhance delivery of healthcare programs. At its core, our partnership model will remain centered on working with governments in service of their priorities and goals. We will:

- Proactively reach out to new and diverse partners, engaging with think tanks, advocacy consortiums, academia, governments, international health agencies, development banks, and multilateral partners.
- Directly engage with our peers and the private sector, including local and international innovators, manufacturers, and consultancies.
- Strengthen partnerships with our longstanding donors and mobilize new funders to co-develop transformational programs.

TALENT AND ENABLING INFRASTRUCTURE

How we will support our people and programs to maximize their impact.

At CHAI, our staff have always been our greatest asset. Our life-saving work would not be possible without their talent, time, dedication, and passion for our mission and values. We truly value the broad range of skillsets, expertise, and life experiences our people bring to their work. Looking ahead, CHAI will remain deeply grounded in the countries in which we work, with a majority of our diverse and skilled team based in program countries. We will:

- Make strategic, targeted investments in our talent function that strengthens our ability to attract, develop, retain, and empower a diverse and versatile workforce that can respond to global health's biggest challenges.
- Develop more efficient processes to enable flexibility, mobility, and a supportive environment in which our staff can do their best work to advance our mission.
- Invest in optimizing our internal operations and enabling infrastructure to provide the greatest amount of leverage to our teams while maintaining a lean structure.

ABOUT CHAI

At CHAI, we believe all people, regardless of means, should have access to quality healthcare to live healthy and fulfilling lives. This belief has always been at the core of CHAI's work.

Alongside CHAI's mission and values, our vision provides a direction for the organization's future and a central belief around which every staff member can rally.

Our Beliefs

OUR VISION A world in which everyone is able to live a healthy and fulfilling life.

OUR MISSION To save lives and improve health outcomes in low- and middle-income countries by enabling the government and private sector to strengthen and sustain quality health systems.

OUR VALUES CHAI's values are deeply ingrained principles that guide our actions. They serve as cultural cornerstones to an incredibly diverse organization, spread across more than 35 countries. While CHAI has expanded over the last two decades, we remain committed to this set of values, which are core to our identity and approach.

- We are a mission-driven organization.
- We work in cooperation with and at the service of partner governments.
- We work with urgency.
- We foster diversity, equity, and inclusion. [See below ↓](#)
- We operate on trust and transparency.
- We have an entrepreneurial and action-oriented culture.
- We operate with humility.
- We recognize our staff is our greatest asset.
- We are frugal.

→ Diversity, Equity, and Inclusion at CHAI

Since our founding, CHAI has held equity as a cornerstone of our organization for both our staff and those whom our programs serve. In order to continue this principle and achieve our mission, we must seek transformational change in both our work and our organization.

CHAI strives to address inequity in access to healthcare from our early programs, which sought to achieve equitable access to treatment for HIV, tuberculosis, malaria, and other diseases, to more recent investments in assistive technologies like wheelchairs, hearing aids, and glasses, for people living with disabilities. Moving forward, our programs will build on this work for an intentional approach to address the leading causes of inequity within healthcare systems.

Within our organization, we acknowledge it is also critical to address drivers of inequality and non-inclusion. We will invest in our workforce and increase diverse representation at every level. We will implement greater equity and sustainable improvements in policies, systems, and procedures. By adopting a Diversity, Equity, and Inclusion Strategy, we will hold ourselves accountable for these and other actionable steps to reinforce and sustain our value of diversity, equity, and inclusion.

→ Gender Equity in CHAI Programs

The impact of gender extends its influence across every facet of life, transcending geographic boundaries and giving rise to significant health disparities faced by vulnerable populations on a global scale. Gender inequality across various populations, including women, girls, men, boys, and people of other gender identities, impedes access to essential health information and critical services which perpetuates and exacerbates health disparities. Addressing this is pivotal to achieving universal improved health outcomes.

Navigating the intricate interplay between gender norms, cultural dynamics, and health interventions requires a concerted drive to identify and eliminate the barriers obstructing access to and uptake of essential health resources and services. CHAI's engagement has included working to center women and girls in health financing decisions, integrating gender in our research and measurement, developing skilled and diverse workforces, and amplifying the voices of female leaders as role models. Furthermore, CHAI is actively working towards ensuring the allocation of funds for gender integration activities within government budgeting and planning frameworks.

As we progress, our programs will build upon this existing work. We will invest resources to increase internal expertise and define CHAI's strategic approach to the root causes of gender inequity in healthcare systems within our programs. Through these collective efforts, we are positioned to drive profound change, enhancing the impact of our programs and furthering our commitment to gender equity.

Our Programs & Where We Work

We work with governments and partners across more than 20 programs and in over 35 countries in Africa, Asia Pacific, and Latin America & the Caribbean. In each of these countries, we work at the invitation of a head of state or minister of health.

We are dedicated to our core programs. Over the next five years, we will also explore new areas, such as climate and health, pandemic preparedness, antimicrobial resistance, and mental health. We recognize that CHAI's impact is enhanced—and our partnerships deepened—by our breadth of expertise across topics. Our partners seek our support across a wide spectrum of health issues, disease areas, and cross-cutting problems simultaneously. Our ability to partner with governments across this spectrum enables integration of programs and systems-level change.

OUR PROGRAMS We work with governments and partners across more than 20 programs:

Infectious Diseases

Hepatitis
HIV/AIDS
Malaria & Neglected
Tropical Diseases
Pandemic Response
Tuberculosis

Women and Children's Health

Cervical Cancer
Diarrhea & Pneumonia
Maternal & Newborn Health
Nutrition
Oxygen Therapy
Reproductive Health
Vaccines

Non-communicable Diseases

Cancer
Cardiovascular Diseases
Diabetes
Mental Health

Health Systems

Health Financing
Health Workforce

Cross-Cutting Experts

Assistive Technology
Climate & Health
Diagnostics
Digital Health
Global Health Sciences
Market Shaping

WHERE WE WORK

Countries with programs and a CHAI office

Burkina Faso	Guatemala	Malawi	South Africa
Cambodia	Haiti	Mozambique	Tanzania
Cameroon	Honduras	Myanmar	Uganda
China	India (CHAI affiliate)	Nigeria	Vietnam
Côte d'Ivoire	Indonesia	Panama	Zambia
Dem. Rep. Congo	Kenya	Papua New Guinea	Zimbabwe
Eswatini	Lao PDR	Rwanda	
Ethiopia	Lesotho	Senegal	
Ghana	Liberia	Sierra Leone	

Countries with programs only

Angola	Dominican Republic	Mali
Benin	Ecuador	Namibia

PROGRAMS IN ACTION

Each CHAI program combines our roles as Market Shaper, Trusted Strategic Partner, Operational Partner, and Ecosystem Catalyst in different ways based on the specific context. While our impact is greatest when we fuse our roles together, in some instances, CHAI will work solely as a Market Shaper, in others solely as an Operational Partner.

Preventing 76k+ childhood deaths with coordinated expansion of zinc/ORS

Half a million children around the world die from diarrhea each year—with over 90% of deaths occurring in sub-Saharan Africa and South Asia—even though ORS and zinc are both highly effective at preventing death and cost just pennies. CHAI launched its Essential Medicines program in 2011 to address this gap in India, Kenya, Nigeria, Uganda, and in 2015, Ethiopia.


Governments told us about barriers to investment from suppliers, poor perception of zinc/ORS by providers and caregivers, and lack of coordination from partners. With a clear understanding of the core challenges, we developed a holistic vision and led a global working group that galvanized a consortium of donors and implementers to invest nearly \$150M across 10 high-burden countries. We worked with governments and partners to develop robust national strategies to address the barriers in each of our partner countries.

We supported the development of context-specific approaches including:

- Generating demand from healthcare providers and caregivers through targeted trainings and marketing

- Introducing new, locally produced commodities at significantly lower price points (up to 50% price reduction) while establishing competitive and robust markets
- Introducing co-packaged products to ensure zinc/ORS are administered together
- Establishing policies and practices to make it easier to access zinc/ORS such as classifying zinc as over-the-counter
- Mobilizing and coordinating donor and government resources towards a single, national government-led strategy

Between 2011 and 2016, ORS coverage significantly increased from 35 percent to 48 percent and combined ORS and zinc coverage increased from one percent to 24 percent, saving an estimated 76,000 lives. The annual rate of zinc/ORS coverage growth was 2.2x higher in CHAI-supported countries than other countries over the program period, and importantly, coverage has been sustained. In line with our overarching commitment to sustainability, CHAI will continue to work with governments to address remaining gaps and challenges as they emerge.

 Market Shaper
  Trusted Strategic Partner
  Operational Partner
  Ecosystem Catalyst

Introducing digital tools to boost malaria surveillance in Latin America

Outdated paper-based surveillance systems were impeding efficient decision-making in the progress against malaria elimination in Latin America. Timely access to accurate data was not available, preventing efficient resource allocations. In 2015, CHAI began partnering with ministries of health to modernize and strengthen malaria surveillance across five countries: the Dominican Republic, Guatemala, Honduras, Haiti, and Panama. The goal was to overcome routine operational challenges and drive efficiency by adopting digital solutions.

For example, in Honduras, CHAI focused on decentralizing data entry and analysis, particularly

in priority health regions. This streamlined approach reduced the national burden while enhancing response capabilities. The Surveillance and Information System in Honduras ensures rapid data availability, with 60 percent of data entered within a week and a robust 92 percent data completeness for positive cases. This empowers regional teams to target detection and treatment gaps efficiently. For instance, in northern Honduras, this approach has contributed to a substantial drop in malaria cases along the Nicaraguan border, from 168 cases in 2021 to just 10 cases in 2023, as we aggressively pursue malaria elimination in the region.

 Operational Partner



A mother and child at Barau Diko Hospital in Kaduna, Nigeria, who were able to use available family planning services thanks to CHAI's program. Credit Melinda Stanley.

Reducing maternal and child deaths in three Nigerian states by >30% with focus on 48 hours around delivery

Mothers and newborns in Nigeria face a disproportionate risk of dying. Africa's most populous country sees approximately 250,000 babies die within their first month of life each year. Nigeria is also the fourth deadliest country in which to give birth globally. Yet, many deaths are caused by a small number of treatable conditions.

In 2014, CHAI's analysis suggested three states with a high rate of home births—Kaduna, Kano, and Katsina—accounted for 20 percent of these largely preventable deaths. The states' health systems also struggled with insufficient healthcare providers, inadequate supplies, and a weak referral system.

CHAI, in partnership with the federal and state governments, identified an opportunity to significantly reduce deaths by implementing a comprehensive and integrated maternal and newborn health program. The program, first piloted in Ethiopia, applied an end-to-end strategic approach that:

- Established a robust supply chain for drugs and emergency equipment at health centers
- Improved clinical skills of birth attendants through clinical mentoring for all births
- Improved referral systems, processes, and communication
- Established a network of care linking communities with health centers
- Worked with community leaders to actively track and collect data on all pregnancies

CHAI helped coordinate evidence-informed planning (strategic support) that translated into deployment of training, commodities, equipment, motorbike ambulances for referral transport, and other tools in the field that CHAI helped to manage and monitor (operational support).

The approach worked: two separate external evaluations of the program confirmed significant reductions in maternal mortality (37 percent), neonatal mortality (43 percent), and stillbirths (15 percent). These declines were comparable to those reached globally in the previous 15-20 years but were achieved in only 18 months. In recognition of these achievements the European Union awarded CHAI the Horizon Prize for demonstrating an innovative approach to saving the lives of mothers and newborns at scale.

Because of our longstanding relationship with the government before this program launched, CHAI was familiar with key decision makers and how to catalyze their support. We were also able to provide a nuanced view of anticipated on-the-ground complications and challenges (e.g., navigating data availability and recognizing the need to include community leaders in program design, implementation, and monitoring). This was especially useful for the community-based use of misoprostol and non-pneumatic anti-shock garments to prevent postpartum hemorrhage and shock.

As a result, simple lifesaving interventions are now available to mothers and newborns in the most underserved communities.

Landmark TLD deal: shaping the pharmaceutical market to deliver optimal HIV treatment

Life-saving, best-in-class HIV medicines easily available in high-income countries can often take years to reach lower-income countries. Enabling global accessibility and affordability of one such medicine, dolutegravir (DTG), was a significant challenge CHAI was uniquely positioned to address. Our goal was to accelerate rollout of a generic single-pill treatment regimen called TLD, which includes DTG, and to rapidly get it to patients in low- and middle-income countries.

First, suppliers needed to develop a version of the drug that would be affordable in lower income countries. Supplier business models had to be ‘shaped’ so it was profitable and simple to develop these products. This is where CHAI’s cross-cutting functional experts coordinated efforts. Some specialized in drug development, others in structuring business plans, while others focused on regulatory strategy.

Suppliers also needed assurances of minimum order volumes to make production viable. Here, CHAI leveraged our knowledge of government partner needs and mechanisms to structure demand forecasts and plan rapid uptake of TLD. CHAI accelerated local registration and policy updates, resolved supply chain bottlenecks, and gained government and community buy-in for the treatments to be widely used. CHAI’s relationships with global partners and donors were also critical to coordinate introduction of the drug in low- and middle-income countries.

To make this deal possible, CHAI orchestrated collaboration across a wide range of partners. We partnered with countries—including large markets like Kenya and South Africa—to align their strategies and programs with the efforts of UNAIDS, the Bill & Melinda Gates Foundation, Unitaid, the U.K.’s Department for International Development (DFID, now FCDO), PEPFAR, the U.S. Agency for International Development (USAID),

and the Global Fund, along with industry partners Mylan Laboratories Limited and Aurobindo Pharma.

With these elements in place, CHAI and partners structured a groundbreaking agreement in 2017. For the first time, a generic, single-pill HIV treatment regimen that was more effective and tolerable than existing medicines became available at a price lower than the existing standard of care.

CHAI estimates approximately 22 million adults in low- and middle-income countries accessed DTG-based regimens in 2022, up from 19 million the year before. As demand has grown since 2017, prices have dropped, with a year’s supply of TLD now costing under US\$45. Ministries of health can leverage savings from treatment price reductions to continue scaling other HIV priorities.

This work paved the way for quickly expanding access to DTG for children. CHAI developed a novel regulatory strategy and public-private partnership leading to the fastest-ever approval of a generic HIV medication for children. As a result, pediatric DTG was approved for use 25 times faster than average for pediatric medicines. This meant children in low- and middle-income countries began receiving the medicine within months of their peers in high-income countries instead of decades after.

Additionally, CHAI negotiated a 75 percent price reduction from the existing standard of care, bringing the annual treatment cost down from US\$480 to US\$120. In the two years since it was introduced, pediatric DTG has been rolled out in over 80 low- and middle-income countries with over 160,000 children accessing this optimal product.

 Market Shaper  Ecosystem Catalyst



A father helps his child take pediatric DTG medication to treat HIV at Bwaila Martin Preuss Center - Lighthouse Trust in Lilongwe, Malawi. Credit Luke Tembo.

Rapidly launching COVID-19 testing by leveraging existing systems

In March 2020, CHAI partnered with governments to launch and scale COVID-19 testing in Africa and Asia. Initially, this work focused on partnering with countries to apply existing polymerase chain reaction (PCR) testing capacity being used for diseases like TB and HPV. CHAI then leveraged this foothold to pioneer the introduction and scale-up of rapid antigen testing in late 2020. CHAI's program was one of the largest single initiatives to introduce COVID-19 rapid antigen testing in low- and middle-income countries and was subsequently scaled by the Global Fund. Donations of tests, technical assistance, and training were provided to facilitate rapid implementation. Impact was later amplified by a global deal for low-cost tests.

CHAI worked closely with a wide range of partners including WHO, the ACT-Accelerator, Global Fund, the Africa CDC, The African Society for Laboratory Medicine (ASLM), and FIND to coordinate supply initiatives (e.g., negotiating secure access to low-cost supplies of the first high quality WHO-prequalified antigen tests).

CHAI also applied its global and in-country expertise to provide operational implementation support and guidance. For example, we partnered with governments to develop appropriate testing policies and introduce and deploy rapid tests. CHAI also helped improve service delivery by supporting the training of over 14,000 health workers and by conducting operational research on the scale-up of rapid antigen tests in low- and middle-income countries. Countries supported by

this program rapidly implemented testing and used Global Fund resources faster and to a greater extent than those not supported.

Eventually spanning nearly 40 countries in Africa, Asia, and Latin America, CHAI's program evolved to incorporate disease surveillance systems for COVID-19, test-and-treat programs, self-testing, and COVID-19 genomic sequencing. Over time, we supported the integration of COVID-19 testing within routine health services.

CHAI is now finding ways to efficiently integrate technologies and services established for COVID-19 response to address additional government partner needs. As an example, in Cambodia, we partnered with the Provincial Health Department Kampong Chhnang to build "one-stop shops" at 45 health centers that integrate TB screening, non-communicable disease screening, and COVID-19 booster vaccination for all adults over 40. In the first six months, centers screened more than 20,000 clients and an additional 1,200 people were screened through community outreach. In 35 percent of screenings risk of non-communicable disease were found. The program was able to boost TB case detection, provide age-relevant services, and immunize people against COVID-19. CHAI is now partnering with the Cambodian government to conduct an operational research study and a costed investment case towards the scale-up of this model.

Operational Partner

Resolving unmet need for long-acting contraceptives boosts use by 225%

Access to voluntary contraception saves lives. It allows women to delay, space, and limit their pregnancies, improving health outcomes and strengthening family wellbeing. In 2012, CHAI identified market barriers preventing use of contraceptive implants in low- and middle-income countries despite their high efficacy and wide availability. Evidence suggested an unmet need: if the products were more accessible, they would be used more widely.

Together with a coalition of donors and procurers, CHAI negotiated a volume guarantee for implants with Merck and Bayer in 2012 and 2013 that reduced the price by roughly 50 percent, making implants the most cost-effective hormonal method on the market.

Annual procurement of implants in the world's 69 poorest countries increased 10-fold between 2010 and 2018, from 1.7 million units to 10.8 million units. The price reductions enabled more than US\$500 million in procurement cost-savings.

To ensure strong competition and keep costs low, CHAI then supported Shanghai Dahua with business planning to enter the market as a generic producer. With systems strengthening support from CHAI, average monthly consumption of implants grew by 225 percent in seven partner countries between 2013 and 2016, compared to 96 percent in countries without CHAI's support. Implant use drove increases in overall contraceptive prevalence in many countries.

Market Shaper Ecosystem Catalyst

How we define our four key roles

OUR VALUE PROPOSITION ON PAGE 7

KEY TAKEAWAYS

The world has made extraordinary progress in public health over the last 20 years. Child deaths have declined by nearly 50 percent. Deaths from infectious diseases like malaria and tuberculosis, have dropped by 30 percent. And basic vaccine coverage in low- and middle-income countries is now at nearly 80 percent.

We are proud of the catalytic role CHAI has played in these milestones, but there is still much work ahead. Our 2024-2028 Strategy leans into CHAI's strengths to push for a world in which all individuals can live healthy and fulfilling lives.

What is staying the same?

Our deep belief governments should lead. CHAI works at the invitation of governments and believes the best way to create large, sustainable change is through existing health systems.

Our mission to save lives and improve health outcomes in low- and middle-income countries by enabling the government and private sector to strengthen and sustain quality health systems.

Our value proposition. Applied to the biggest challenges of the day—whether existing areas of CHAI's program portfolio, new areas for transformational impact, such as climate and health, or under-resourced areas, such as antimicrobial resistance and sickle cell disease.

- **Market Shaper:** We create sustainable marketplaces for key commodities.
- **Trusted Strategic Partner:** We support government-led strategic planning.
- **Operational Partner:** We support on-the-ground delivery and execution.
- **Ecosystem Catalyst:** We reimagine what is possible and design bold solutions.

Our values. We are a mission-driven organization. We work in cooperation with and at the service of government partners. We have an entrepreneurial and action-oriented culture, which fosters diversity, equity, and inclusion. We operate with urgency, trust, transparency, frugality, and humility. We recognize our staff is our greatest asset.

Our strengths and core competencies

- Trusted relationships and engagement across ministries of health, communities, the private sector, and the global health ecosystem.
- Deep and broad technical expertise, supported by strong data analytics capabilities and proximity to operations on the ground to marry the theoretical with the practical.
- An agile, matrixed operating model in which 85 percent of CHAI's staff are based in program countries, enabling us to integrate and scale up programs.

What is changing?

We are stating our vision for a world in which everyone is able to live a healthy and fulfilling life. Alongside our mission and values, we have developed this vision statement to guide our current and future work.

We are responding to major shifts in global health.

We will continue to adapt our value proposition to achieve four strategic objectives:

- 1 | **SCALE**
Catalyze scale-up of cost-effective solutions.
- 2 | **INNOVATE**
Accelerate innovative products and delivery models.
- 3 | **FINANCE**
Extend the value of health spending and attract new funding for global health.
- 4 | **PREPARE**
Strengthen health systems for tomorrow's challenges.

We have a sharper focus on evidence. We will be more rigorous in using data and evidence to design and manage programs. We will do this through our guiding principles, which aim to maximize the Degree, Scale, Breadth, and Sustainability of our impact across a diverse set of programs and countries.



**DEGREE
OF IMPACT**



**SCALE
OF IMPACT**



**BREADTH
OF IMPACT**



**SUSTAINABILITY
OF IMPACT**

We are investing in CHAI resources to build new competencies. This includes capabilities to measure impact, innovate, build partnerships, drive sector influence, and attract talent. These are the pathways to change that will fuel our ability to achieve transformational goals in global health.

What don't we do?

We do not provide health services ourselves. We negotiate global agreements that lower the prices of essential health products. At the same time, we partner with governments and the private sector to better organize and manage the introduction and delivery of health services and products.

We do not develop new health products. Rather we accelerate the development of products and services optimized for low- and middle-income countries by others in the value chain.

We do not operate in parallel to existing health systems. We believe the best way to create large and sustainable change is to improve government and private health systems.

We do not seek credit for its own sake. We emphasize our achievements and capabilities when doing so will amplify our impact—and never at the expense of others. We recognize the communal efforts of global, regional, national, and local governments, organizations, companies, and individuals to drive transformation.

We do not seek to grow for the sake of growth. We seek to maximize impact and build sustainable systems that can thrive without our involvement. Where we can do so without operating a large program, we will.

EVERYONE DESERVES TO LIVE A HEALTHY AND FULFILLING LIFE.

Our strategy responds to the evolving global health landscape to deliver on that vision. But we know we can't do it alone.

We look forward to partnering with governments, donors, the private sector, and communities with lived experience to continue and build on the life-saving work of the last 20 years.

CHAI's 2024-2028 strategy is the culmination of a year-long consultative process with deep internal and external engagement. We are grateful for the valuable contributions of ministries of health, our donors, and numerous external experts and partners. CHAI's continuous engagement with stakeholders across the global health ecosystem—including country leadership, community advocacy groups, and civil society organizations—has directly shaped this document, and it will inform how we implement our strategy over the next five years.

WORKS CITED

- International Monetary Fund. (11 April 2023). World Economic Outlook: April 2023. <https://www.imf.org/en/Publications/WEO/Issues/2023/04/11/world-economic-outlook-april-2023>
- The Economist. (30 April 2022). Debt Repayment Costs Are Rising Fast for Many African Countries. <https://www.economist.com/middle-east-and-africa/2022/04/30/debt-repayment-costs-are-rising-fast-for-many-african-countries>
- Institute for Health Metrics and Evaluation (IHME). (2023). Health Data. <https://www.healthdata.org/data-tools-practices/interactive-visuals/financing-global-health>
- World Health Organization & World Bank. (2023). Tracking Universal Health Coverage. https://cdn.who.int/media/docs/default-source/hgf/9789240080379.pdf?sfvrsn=780a6606_3&download=true
- United Nations Children's Fund. (November 2013). Situation of women and children in Nigeria. <https://www.unicef.org/nigeria/situation-women-and-children-nigeria>
- World Health Organization. (2022-2023). Fact sheets. <https://www.who.int/en/news-room/fact-sheets>
- World Health Organization & World Bank. (13 December 2017). World Bank and WHO: Half the world lacks access to essential health services, 100 million still pushed into extreme poverty because of health expenses. <https://www.who.int/news/item/13-12-2017-world-bank-and-who-half-the-world-lacks-access-to-essential-health-services-100-million-still-pushed-into-extreme-poverty-because-of-health-expenses>



Clinton Health Access Initiative, Inc. (CHAI)
383 Dorchester Avenue, Suite 400
Boston, MA 02127 USA

+1 617 774 0110
info@clintonhealthaccess.org

For all press inquiries, please contact:
press@clintonhealthaccess.org

www.clintonhealthaccess.org