Introduction to the

Clinton Health Access Initiative (CHAI)
Agenda

- Introduction to CHAI
- Why do we care?
- Where does CHAI fit in?
- A moment of unabashed recruiting
CHAI is the oldest and largest of President Clinton’s initiatives, and it has been a template for others

<table>
<thead>
<tr>
<th>Program</th>
<th>Launch</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presidential Center</td>
<td>2004</td>
<td>Presidential Library and School of Public Service in Little Rock, Arkansas</td>
</tr>
<tr>
<td>Tsunami and Katrina relief</td>
<td>2005</td>
<td>Pro bono corporate help to plan for efficient recovery, and investment in public and NGO responses</td>
</tr>
<tr>
<td>Clinton Global Initiative (CGI)</td>
<td>2005</td>
<td>Encourage innovative action by connecting resources with high-impact responses to priority global needs</td>
</tr>
<tr>
<td>Alliance</td>
<td>2005</td>
<td>Work with schools and food companies to change children’s eating habits</td>
</tr>
<tr>
<td>Clinton Hunter Development Initiative (CHDI)</td>
<td>2006</td>
<td>Apply CHAI model to lower the price of inputs in agriculture and water/sanitation</td>
</tr>
<tr>
<td>Clinton Climate Initiative (CCI)</td>
<td>2006</td>
<td>Apply CHAI model to create a buying club of major cities for technology that reduces greenhouse gases</td>
</tr>
<tr>
<td>Clinton Guistra Sustainable Growth Initiative (CGSGI)</td>
<td>2008</td>
<td>Working to develop new models of business to spur social and economic development in the developing world</td>
</tr>
</tbody>
</table>
We now operate in 20 partner countries

LAC:
- Haiti
- Jamaica

Africa:
- Ethiopia
- Kenya
- Lesotho
- Liberia
- Malawi
- Mozambique
- Nigeria
- Rwanda
- South Africa
- Tanzania
- Zambia

Asia:
- Cambodia
- China
- India
- Indonesia
- Papua New Guinea
- Ukraine
- Vietnam

Partner Country
Procurement Consortium Country
Agenda

Introduction to CHAI

Why do we care?

Where does CHAI fit in?

A moment of unabashed recruiting
All lives have equal value – we are separated from the people behind the statistics by an “accident of latitude and longitude”

- 25 million men, women, and children have died of AIDS
- 25,000 children die each day of extreme poverty
- 2.5 billion people live on less than $2 per day
In the case of health – particularly with children – cost-effective solutions exist today that can have a revolutionary impact.

HIV/AIDS can be treated with antiretrovirals.

Severe acute malnutrition can be treated with therapeutic food.
CHAI Values

1. Our job is saving lives

2. We get things done
   - Urgency & flexibility
   - Collaboration with and leverage of partners
   - Avoid bureaucracy
   - Exceptional people ➔ Passion ➔ Sacrifice

3. We know our place
   - Government leadership and partnership
   - Humility – Don’t seek credit
Agenda

Introduction to CHAI

Why do we care?

Where does CHAI fit in?

A moment of unabashed recruiting
Organizing the Market for ARV’s
2003 Many countries paying $1,000-$5,000 ppa

Pre CHAI
- No volume yet massive demand
- Fragmented and unpredictable orders
- No credible forecasting of volumes
- Lack of prompt payment
- Lack of standardized guidelines

CHAI in 2004
- Aggregated potential demand
- Credible forecasting of volume increases over time
- Prompt payment by purchasers
- Standardization of treatment guidelines

Small, fragmented market kept suppliers uncertain and production costs high

Low-volume, high-margin business  High-volume, low-margin business

2005 < $200 per patient per annum
CHAI now plays a pivotal role in the market for many commodities (drugs and diagnostics) – evolving beyond solely a price focus.

- 70+ Ministries of Health
- Global organizations
- Suppliers

**CHAI In Country Analysts**
- Improve quality of forecasting
  - Now 95% accuracy
- Improve quality of treatment
  - Advise MOH on adoption of new treatment guidelines

**CHAI Access Team**
- Streamline protocols
  - Recommended 1st line regimens from 30→6
- Reduce manufacturing costs
  - Raw material sourcing and R&D on chemistry
  - Organise competitive tenders
  - Set market pricing

CHAI’s involvement simultaneously in supply & demand enables a more efficient and sustainable market with:

- Continued price reductions
- Improved quality of treatment
- Acceleration of new technologies to market
As the AIDS and global health landscape has evolved, so has CHAI and its approach to responding to pressing global health issues

<table>
<thead>
<tr>
<th>Problem …</th>
<th>CHAI’s Response …</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pediatric HIV/AIDS</strong></td>
<td>• 50% of HIV+ children die before the age of two, yet systems continue to focus on treating older children</td>
</tr>
<tr>
<td>• Transitioning scale-up responsibility, focus on infants and quality, and prove models to prevent infection</td>
<td></td>
</tr>
<tr>
<td><strong>Malaria</strong></td>
<td>• Malaria kills 1 million children annually because diagnosis and treatment are not reaching patients</td>
</tr>
<tr>
<td>• Expand ACT access in the private sector, improve diagnosis, and lay groundwork for elimination</td>
<td></td>
</tr>
<tr>
<td><strong>Health Systems</strong></td>
<td>• 50% of external aid is “off budget” from national plans; resources are not optimized to strengthen health systems</td>
</tr>
<tr>
<td>• Be a hand-in-hand partner in 2-3 countries to plan and implement comprehensive system strengthening</td>
<td></td>
</tr>
<tr>
<td><strong>Human Resources for Health</strong></td>
<td>• Africa has 11% of the world’s population, 24% of its disease burden, but just 3% of its healthcare workers</td>
</tr>
<tr>
<td>• Improve capacity, deployment and productivity of health workers to help bridge the human resource gap</td>
<td></td>
</tr>
<tr>
<td><strong>Value for Money</strong></td>
<td>• There is a $20B gap in next 5 years from what’s available and needed to keep HIV treatment programs going</td>
</tr>
<tr>
<td>• Lower commodity prices, improve efficiency of spending, and better align donor funds with national costs</td>
<td></td>
</tr>
</tbody>
</table>
**CHAI’s organization structure**

**Access Programs**

<table>
<thead>
<tr>
<th>Access Teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Drug Access</td>
</tr>
<tr>
<td>• UNITAID Program</td>
</tr>
<tr>
<td>• Diagnostics</td>
</tr>
<tr>
<td>• Malaria</td>
</tr>
<tr>
<td>• Vaccines</td>
</tr>
</tbody>
</table>

**Country Operations**

<table>
<thead>
<tr>
<th>Country Teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Africa</td>
</tr>
<tr>
<td>• Asia</td>
</tr>
<tr>
<td>• Latin America &amp; the Caribbean</td>
</tr>
<tr>
<td>• Eastern Europe</td>
</tr>
</tbody>
</table>

**Major Program Teams**

<table>
<thead>
<tr>
<th>Major Program Teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pediatric</td>
</tr>
<tr>
<td>• Prevention Mother to Child Transmission</td>
</tr>
<tr>
<td>• Applied Analytics</td>
</tr>
<tr>
<td>• Clinical Support</td>
</tr>
</tbody>
</table>

- Teams working simultaneously across supply and demand to lower cost, improve quality and accelerate adoption of new products
- Teams working directly with Ministries of Health in each country
- Drive global strategies
- Support country teams with technical input and capacity as required
- Identify key bottlenecks in the national healthcare system and support continued patient scale-up
Country Operations Example: CHAI Liberia
CHAI Liberia has worked hand-in-hand with MOHSW addressing its most pressing needs

Due to rapidly changing health landscape, program focus has evolved

- Began in late 2006, with primary focus on HIV
  - Initiation of ART services in public facilities
  - Global Fund Rd 6 negotiations and implementation

- CHAI asked to support Health System Strengthening while continuing HIV work
  - BPHS accreditation
  - Clinton-Yale Fellowship
  - National Lab System
  - Expand Access and Quality HIV Services; GFATM TA as MOH is PR

- CHAI asked to help with rebuilding the post conflict health care model:
  - Building on our HIV and HSS work with county-level focus on MCH
  - Developing a post-conflict rural health care model

- Funded by Government of Norway and DFID
- Current staff of 21, including volunteers: Liberian, Kenyan, Nigerian, Brazilian, American
Current Health Context: Priorities of MOHSW

Top priority is the implementation of **National Health Plan** and the **Essential Package of Health Services**

- Underlying principle is **decentralization** of management to the counties
- PRS/MOHSW Target: implement full BPHS in 40% of facilities in ‘09 and 70% in ‘10
Key Accomplishments

- Built Strong Management Capacity at NACP and MOHSW Units
- Leveraged Over $115 million in funding for long-term programming
- Built strong foundation to attain universal access for HIV treatment
- Created culture of evidence-based policy for high impact health sector improvements
Achievements – HIV Family Care and Treatment

Expanding access to quality care & treatment services

• Exponential increase in HIV care & treatment coverage
  ➢ Increased PMTCT from 2 to 142 sites
  ➢ No ARV stock-outs in over 2 years
  ➢ Nine-fold increase of ART patients

• Increased quality of care through policy/guideline upgrades, training and clinical mentoring

• Leveraged US$115M+ from Global Fund; and MOH now PR

Universal Access attained in 2013
Achievements – Health System Strengthening

**Basic Package of Health Services:**

- Crafted minimum health service standards
- Increased from 35% to 80% of government facilities implementing the Basic Package of Health Services
- Introduced use of PDA technology
- Now drafting Essential Package of Health Services

**Accreditation Results**

<table>
<thead>
<tr>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>63%</td>
<td>73%</td>
</tr>
<tr>
<td>81%</td>
<td>88%</td>
</tr>
<tr>
<td>64%</td>
<td>74%</td>
</tr>
<tr>
<td>69%</td>
<td>81%</td>
</tr>
<tr>
<td>67%</td>
<td>83%</td>
</tr>
<tr>
<td>68%</td>
<td>84%</td>
</tr>
<tr>
<td>55%</td>
<td>44%</td>
</tr>
<tr>
<td>48%</td>
<td>81%</td>
</tr>
<tr>
<td>58%</td>
<td>82%</td>
</tr>
</tbody>
</table>

- **45% national increase in 1 year**
- **Surpassed IMF-HIPC completion point by 10%**
Agenda

Introduction to CHAI

Why do we care?

Where does CHAI fit in?

A moment of unabashed recruiting
The PEOPLE: who are we?

- Mix of business + public health + clinical professionals
- Very international, diverse teams
- Lean staffing model works because of exceptional talent, commitment and effectiveness of every person

Example: CHAI Lesotho

**Country Director:** Born + raised in Ghana/Botswana, UK education (Rhodes), McKinsey in US, private-sector consultant in Ghana

**Pediatric Program Manager:** Lab researcher at Dartmouth, Harvard MPH

**Rural Program Manager:** Insurance industry in Kenya, Tanzania

**Procurement Advisor:** Ass’t VP at JP Morgan, Harvard MPH

**Clinical Training:** 2 HIV-trained nurses from US/Canada

**Lab Team:** Lab specialist from Botswana; Analyst – lab tech, finance analyst
## Recruitment

<table>
<thead>
<tr>
<th></th>
<th>Dec 05</th>
<th>Dec 06</th>
<th>July 07</th>
<th>Dec 08</th>
<th>Jan 10</th>
<th>Sep 11</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No of Staff</strong></td>
<td>139</td>
<td>250</td>
<td>390</td>
<td>554</td>
<td>657</td>
<td>728</td>
</tr>
</tbody>
</table>

### CHAI Employees

- **Volunteers/interns**: 81
- **Non US International Hires**: 78
- **Local Country Employees**: 318
- **US Employees**: 251

**Live in:**

45 countries
## Recruitment – What Positions do we fill?

<table>
<thead>
<tr>
<th>CHAI</th>
<th>Access Programs</th>
<th>Country Teams</th>
<th>Major Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Size – Recruitment Needs</strong></td>
<td>Small-medium</td>
<td>Large</td>
<td>Small</td>
</tr>
<tr>
<td><strong>Types of Positions</strong></td>
<td>Strong Analysts</td>
<td>Program Managers and Analysts</td>
<td>Technical and strategic experts</td>
</tr>
<tr>
<td><strong>Locations</strong></td>
<td>Stable – anywhere – mostly New York/Delhi/China</td>
<td>Stable – any one of 27 developing countries</td>
<td>Very travel intensive – but can “live” anywhere</td>
</tr>
</tbody>
</table>
Recruitment – What are we Looking For?

Skills
• Brightest and best
• Very strong quant skills for analysts
• Consultants work well, provided can also get things done
• Ability to assess, identify creative/lasting solutions, act fast, adapt if not working
• Global health experience an advantage but not essential – ditto developing world experience

Character
• Humble, not credit seeking
• Put the mission first, ahead of personal objectives
• Persistent yet diplomatic; sensitive to being a guest in host country
• Collaborative internally and externally

Sacrifice
• Modest pay compared to other NGOs
• Commit to live in developing country for 2 years if CHAI Country Operations
• High intensity work
• Able to cope with unstructured, often chaotic environment
### What are the Opportunities?

#### Short Term

**Summer Volunteers**
- 30+
- Africa/Asia/LAC/Ukraine
- Application process begins Feb
- Period end May-beginning Sept
- Skills needed – typical MBA and/or MPH skill set together with flexibility and ability to work independently

#### Full Time

**Full time positions**
- 50+ positions currently open on CHAI recruiting website
- Approx half of these suitable for graduating MBAs or MPHs
- Locations vary from Nigeria to Boston to Cambodia
- Very dynamic – Full-time positions.

**Specifically look out for...**
- Analysts
- Program Managers
- And many more...

---

**Apply through:**
https://careers-chai.icims.com
“It just struck me that this was a problem that cried out for organization and entrepreneurial skill. And that for a relatively small amount of money, we could have a huge impact.”

— President William J. Clinton
Recruitment Team
Boston, USA
recruitment@clintonhealthaccess.org


To Apply: https://careers-chai.icims.com