

APMG Health

Capacity Statement

APMG Health, Inc. (APMG) is a [values-driven](#), US-based social benefit corporation that works to improve the reach, quality and impact of public health prevention, treatment, care and support programs among populations most affected by HIV, tuberculosis (TB) and other infectious diseases.

Who We Are

Established by HIV experts, we bring 17 years of history¹ as a group in public health and development, with experience working throughout Africa and the Middle East, Asia and the Pacific, Eastern Europe, Central Asia, and Latin America and the Caribbean. We are a woman-owned and operated company, and many of our staff and consultants come from the most affected populations, including gay men and other men who have sex with men (MSM), people living with HIV (PLHIV) people who use drugs (PWUD), sex workers and transgender people. We work closely and regularly with a core team of more than 120 talented consultants who have extensive experience in public health and development to carry out technical guidance, capacity development, civil society strengthening, evaluation, assessment and policy development. Beginning with work on HIV, we have now carried out significant evaluation work on TB and malaria programs, and capacity building related to hepatitis and sexually transmitted infections (STIs).

How We Work

We are inclusive. We believe that meaningful engagement of affected populations and participatory engagement of the widest possible range of stakeholders drives improvements in public health policy and practice. We mainstream gender, human rights, and sustainability in everything we do. We bring these principles to our work always, from our operation of our office in Washington, DC, to our work in the field.

We are efficient. With a staff and consultant network spanning over 45 countries, we have an efficient structure that lets us work across time zones, maximizing the effectiveness of available time and human resources. We have significant experience in managing multiple concurrent evaluations and technical support field missions in multiple languages with a lean, responsive management team.

We are accountable. We create well-adapted, culturally appropriate, and economically viable solutions, using local and international experts in all relevant disciplines, to solve major public health challenges. We have developed management and quality assurance practices that allow us to complete multi-country projects with high quality, comparable results regardless of consultant team or location. In response to recent health security matters and upholding our commitment to be

¹ APMG was founded as AIDS Projects Management Group in Sydney, Australia in 2003, and became APMG Health Pty. Ltd. in 2014. In 2016, the American entity APMG Health, Inc. was created, and subsequently merged with APMG Australia.

environmentally responsible, we have adapted many of our methods to work virtually through a blend of local consultants collaborating with remote international experts: these methods allow for lower-cost options for capacity building, planning and evaluation.

What We Do

Since APMG began operations in 2003, our focus has been on supporting health and community systems to respond to the needs of those who are most marginalized and under-served in health programs and services globally. We believe that by strengthening sustainable community-based responses of PWUD, gay men and other MSM, sex workers and transgender people, HIV responses will grow stronger, and countries will more rapidly achieve the 90-90-90 targets. Similarly, where we are working on TB, malaria, hepatitis and STIs, our specific focus is on those “left behind” or not addressed by mainstream services. APMG largely works in the areas of Results, Rights and Resilience.

Results

To measure the outcomes and impact of our global infectious disease and health responses, systems must be attuned to and sensitively measure the needs and experiences of key populations.

Without careful planning, key populations are excluded and inadequately represented in data systems from the clinic level on through international statistics. We have worked at the country level to assure that systems are tracking data on key populations safely and effectively, and that data are used appropriately for decision-making. At the global level, we have worked with some of the largest funding partners to capture the range of complex results that tell a story about key populations in the global infectious disease response – from what services are provided, to how advocacy outcomes are measured, to showing the value of key population engagement in decision-making.

What we've done recently

- In 2017-2018, APMG conducted the **largest-ever scan of key populations service packages** for the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), involving 65 countries for desk review and 32 countries with follow-up field missions. For this project, we developed a consistent measurement of service package design, implementation and monitoring – yielding not only results on how services are being delivered, but also on how measurement systems affect our perception of program progress.
- From 2018 to the present, APMG has been implementing **evaluations of HIV, TB and malaria programs of 54 countries** in the Global Fund's Focused Countries portfolio. Here we have developed a unique and adaptive protocol that includes both standardized core indicators (able to be measured with a dashboard approach) and deep, qualitative investigation of issues relevant to individual country disease responses.
- Our **national evaluation of key population programs** in Myanmar, using Appreciative Inquiry (AI) methods, led to the adoption of all recommendations in the country's National HIV Strategic Plan 2021-2025. Other national AI evaluations of specific key population programs include Bangladesh, Belarus, Mauritius and Ukraine.
- This work builds on over a decade of experience working to **strengthen information systems for key populations**, including the introduction of Unique Identifier Code (UIC) systems for Burkina Faso (International HIV/AIDS Alliance), Indonesia (Global Fund/ UNDP) and Kyrgyzstan (USAID);

support for population size estimation (PSE) in Bosnia and Herzegovina and Tajikistan (UNDP); and community-led monitoring of services in Kazakhstan, Kyrgyzstan and Tajikistan (USAID).

Rights

To achieve development targets on HIV and health, key populations must enjoy a full range of rights.

APMG bases all of its work on respect for human rights and gender sensitivity. We respect diversity and participation of beneficiaries from the design to the implementation and evaluation of programs, as well as ownership by beneficiaries, confidentiality and equity. Our work with people most affected by HIV and other infectious diseases is grounded in the belief that for a response to be effective, those most invested must be empowered and engaged to participate in a self-determined response.

Our work supports those most in need to gain better access to physical, social and psychological health and well-being, as well as to enjoy freedoms they deserve regardless of gender, sexual orientation, occupation, and health status.

What we've done recently

- In 2017-2018, APMG contributed to the Global Fund's unprecedented effort to **assess the baseline status** of human rights barriers to access to HIV and TB in six countries.
- Since 2017, APMG has provided ongoing technical assistance to the Robert Carr Fund for civil society networks, to build a monitoring and evaluation for learning (MEL) framework to **capture effectively the impact of rights violations** and barriers on civil society networks, as well as the impact of advocacy efforts on improving access to rights.
- We are providing technical assistance to UNAIDS for the PLHIV Stigma Index 2.0, supporting the agency to **consolidate and streamline its tools and communications materials** for the Stigma Index to assure that they are accessible to all PLHIV.
- We trained national stakeholders on **integrating HIV and sexual and reproductive health and rights** in Bangladesh, China, Indonesia, Myanmar, Mongolia, Pakistan, Papua New Guinea, the Philippines and Vietnam.

Resilience

To ensure that the significant investments of recent decades are sustainable, health systems and community systems alike must be well prepared for growth and change.

APMG has been a thought-leader and active participant in the global conversation on sustainability, transition and domestic financing, including social contracting of community-based organizations. In the field, we build strong relationships with country stakeholders and provide expertise that guides national responses towards long-term, stable stewardship of key populations programming. These capacities can strengthen the resilience of health systems and community systems.

What we've done recently

- Since 2015, APMG has been at the forefront of discussions on **social contracting and sustainable financing of civil society**, producing a diagnostic tool to measure country readiness for social contracting (Global Fund), and using this tool in Cambodia, the Dominican Republic, Guyana, Namibia, Panama and Paraguay; providing technical assistance to government and civil society actors on introducing social contracting (Indonesia, Namibia), civil society leaders on budget

monitoring and advocacy (Eurasian Harm Reduction Association); developing Investment Cases in Jamaica, Mauritius and Suriname; documenting models of domestic financing of community-based organizations in Argentina and Mexico (Global Fund); and providing technical support to strengthen social contracting systems (UNAIDS/Global Fund).

- We reviewed and documented the Global Fund’s work on **Payment for Results (P4R)** in Benin, the Democratic Republic of Congo, El Salvador, Rwanda, Solomon Islands and Ukraine; developed guidance for Global Fund Portfolio Managers on use of P4R methods in national grants; and developed a working paper for the Center for Global Development on the effects of P4R processes on key populations.
- We worked with national level responses to **build the case for increased investment to key populations**. We have done this work in Cambodia (Pharos, for UNAIDS), Jamaica (UNAIDS) and South Africa (South Africa National AIDS Council).
- This work builds on over a decade of history providing **technical assistance to build systems that account for and respond to the needs of key populations** – not only when donor funding prioritizes them, but as a permanent part of the health system. Our work in this area has spanned from the Six Cities Project that determined service availability and gaps for MSM and transgender people in six mega-cities (UNDP); to building linkages between civil society and government health service providers, and introducing rapid HIV testing for key populations in Central Asia and other regions (USAID/ Global Fund).
- A key area of work has been **capacity building of key population organizations**, both those formed of and working with key populations. This has included working with key population NGOs in countries throughout the world to improve their technical and operational capacity.

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