

4. Examples: increasing regional capacity

Integrated management of disease optimizes use of health workers

Context

Sub-Saharan Africa is home to almost 64% of all people living with HIV – 24.5 million. One of the greatest obstacles to scaling up prevention, treatment and care is the weakness of health systems in many low income African countries – their lack of human resources, in particular. Some countries, however, are addressing such problems by adopting the public health approach of IMAI, which allows for the rapid decentralization of integrated primary health care services.

Technical Support

Since 2003, on expression of interest by the ministry of health, a small team from WHO in partnership with other agencies will visit a country to describe to officials, policy-makers and stakeholders the aims of the IMAI approach. The IMAI guideline modules, training materials and other tools are then adapted in accordance with national needs and policies. A district management team is established, and training of trainers and expert patient-trainers (e.g. PLHIV) then begins. These trainers later fan out across the countries to train frontline health workers and to establish a simple, strong HIV care/antiretroviral therapy (ART) patient monitoring system. Countries are also encouraged to invest further in sustaining the growing capacity of their health workforces by follow-up, clinical mentoring, supportive supervision, and pre-service training. For example, every day in each of Senegal's 11



regions, a physician-mentor is on call (by phone or e-mail) to address urgent questions from nurses in district clinics and health posts.

Results

More than 35 countries are now mobilizing greater human resources for health care and scaling up services using the IMAI approach. In Uganda, at least 1600 health workers have been trained in IMAI since 2003, in association with the regional Knowledge Hub. In some parts of the country, "expert-patients" are now helping in the triage of patients, adherence support, records management and counselling. Such innovations allowed the country within two years to increase the number of sites providing ART from 35 to 175, and to expand access to HIV treatment from 17000 to 75000 Ugandans.

BACKUP fosters Brazilian export of training in antiretroviral therapy

Context

Brazil has mounted a vigorous response to HIV since the early days of the epidemic. By purchasing from domestic producers of less expensive generic copies of branded antiretroviral drugs, the country was able to provide antiretroviral therapy free of charge, which resulted in a 50% decline in HIV morbidity and mortality rates. The Ministry of Health estimates that this led to 358 000 fewer hospital admissions at a saving of about US\$ 1 billion. Specialized outpatient services provide a full range of counselling/HIV-testing and support, and NGOs and other community organizations are contracted to contribute to home-based care.

The response of Brazil's health system to HIV has been held up as a model internationally. The country has played a leading role in south-south cooperation since 1996: i.e. cooperation between different countries of the southern hemisphere. In 2002, the Brazilian government allocated US\$ 1 million for its newly minted International Cooperation Programme for Other Developing Countries (PCI), focusing on support to Latin America and Africa. The BACKUP Initiative started to support the PCI in 2003 and helped to finance the extension of technical cooperation to Paraguay, Colombia, El Salvador and the Dominican Republic.



Technical Support

The BACKUP supported project had four goals: to train clinical teams (usually a physician, nurses, pharmacologist and psychologist) in providing ART treatment to AIDS patients, and in establishing logistics systems; to provide treatment to at least 100 patients in each of the four countries; to train representatives of civil society in providing support for adherence to antiretroviral therapy; and to promote the exchange of experiences down to the local level. Its two years of funding provided for specialized training programmes, fellowships and seminars.

Results

An independent evaluation by the United Kingdom's Department for International Development (DFID) concluded that BACKUP contributed to the launch of Brazil's PCI in the four countries. The El Salvadoran clinical team, trained in Brazil, reported that they improved their capacity to enter into price negotiations with manufacturers. In Paraguay, additional short-term training programmes were offered and exchanges between the team trained on the national level and local clinical teams were initiated. The undertaking was less successful in the Dominican Republic and Colombia, owing to bureaucratic delays. Above all, BACKUP's support was seen as influential in helping the PCI programme to get started. The support also aided in securing further funding for the next phase of PCI. This includes the ambitious HIV initiatives of Brazil's International Center for Technical Cooperation (ICTC), established in 2004.



Regional Knowledge Hubs harness expertise to develop workforce

Context

The lack of training institutions for health workers, which undermines many public health systems, is addressed by a partnership between WHO and the BACKUP Initiative that provides for technical support and seed money to create centres of excellence. Such "Knowledge Hubs" offer systematic technical support to countries in their region to develop their own institutional training capacity: e.g. training of core cadres of health care professionals, establishment of networks, tools and guidelines (see also example in Section 5).

To date, Knowledge Hubs have built the capacity of expert trainers in 36 countries in Africa, and 24 countries in Eastern Europe and Central Asia. Knowledge Hubs now operate two sub-regional networks, covering East and Southern Africa, and West and Central Africa respectively. In Eastern Europe and Central Asia, three Knowledge Hubs are each focusing on the core aspects of HIV programmes: second generation surveillance (Zagreb, Croatia), harm reduction (Vilnius, Lithuania) and ART (Kiev, Ukraine).

Technical support

The Regional Knowledge Hub for the Care and Treatment of HIV/AIDS based in Ukraine, is a partnership of WHO, the American International Health Alliance (AIHA), the Ministry of Health, Kiev Medical Academy of Postgraduate Education, the Ukrainian National AIDS Centre and NGO partners such as AIDS Foundation East West and Médecins

sans Frontières. It aims to develop regional frameworks and affiliated national training and technical assistance capacity to expand access over the long-term to HIV treatment and care programmes throughout Eastern Europe and Central Asia. The Hub has been able to draw on the extensive expertise of its implementing partner AIHA, which developed training sessions and supported the Hub in planning for and financing of human resources.

Results

Since 2004, the Ukraine Hub has developed or adapted 21 distinct curricula on aspects of HIV treatment and care, with related training materials, and conducted 74 courses reaching a total of 1744 participants from 8 countries. In Ukraine, alone, the Hub has helped to provide training to 888 professionals and expert-patients: adult and pediatric ART physicians, nurses, social workers, administrators and laboratory specialists from AIDS centres, infectious disease hospitals, prisons and nongovernmental organizations representing people living with HIV.

Knowledge Hubs are not yet self-sustaining, but are moving in that direction. Since 2004, after seed-funding from the BACKUP Initiative, the Ukraine Hub has attracted financing from countries with Global Fund grants, and from USAID, United Nations Children's Fund (UNICEF) and other sources worth more than US\$ 1 million. Knowledge Hubs are now directly involved in Global Fund grant implementation in Uganda, Ukraine, Russian Federation, Kazakhstan, Tajikistan, Uzbekistan and Azerbaijan.