

Strengthening Individual and Institutional Capacity Through Twinning: The Africa Experience

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ISSUES

Twinning partnerships are one of several key strategies adopted by the President's Emergency Plan for AIDS Relief (PEPFAR) to rapidly scale up prevention, care, and treatment services in countries hardest hit by the HIV/AIDS epidemic. Through twinning, local organizations with functional systems already in place are paired with similar organizations that have successfully scaled up their own HIV/AIDS activities. These partnerships allow for easier replication of best practices and more rapid mobilization of limited resources.

PROJECT DESCRIPTION

Using a volunteer-based partnership methodology that has proven successful in addressing a variety of health and development needs, the American International Health Alliance's HIV/AIDS Twinning Center creates twinning partnerships in African nations in support of PEPFAR. The Twinning Center is funded by the Department of Health and Human Services, Health Resources and Services Administration (HRSA).

Twinning partnerships are intended to bolster national HIV/AIDS strategies by strengthening individual, institutional, and organizational capacity to provide HIV/AIDS-related prevention, care, treatment, and support services through volunteer-driven activities (see Figure 1).

- Institution-to-institution partnerships, peer-to-peer relationships
- Emphasis on professional exchanges and mentoring for information and technology transfer
- Voluntary contributions and leveraging of resources
- Beneficial to both partners
- Demand driven, with significant recipient investment and ownership

Figure 1. What is Twinning?

Twinning partnerships are currently being implemented in the following African nations: Ethiopia, Kenya, Mozambique, South Africa, Tanzania, Uganda, and Zambia (see Figure 2, top right). Partnerships vary widely in their scope, focus areas, and funding, but all are based on the practice of bringing together professionals from similar institutions to exchange knowledge, ideas, and resources to accomplish specific HIV/AIDS-related objectives.

To date, 17 partnerships in seven countries have been established. Participating institutions include universities, private foundations, professional associations, military clinics, and NGOs. Partnership activities include developing reporting skills of journalists, scaling up ARV programs, developing palliative care associations, installing computer-based learning centers, and strengthening nursing education programs, among others.

RESULTS

Working closely with USG teams and key policymakers and caregivers in the focus countries, the HIV/AIDS Twinning Center has established and is managing the following partnerships that are working to improve:

Ethiopia

- access to HIV/AIDS information and evidence-based clinical resources
- clinical services by tapping into the knowledge and expertise of the Ethiopian Diaspora community

Kenya

- school-based HIV prevention programs

Mozambique

- training programs for nurses and others who provide home-based care
- clinical care by developing a training center for mid- and low-level care providers and students of allied health professions
- HIV prevention programs targeting communities and caregivers

South Africa

- quality of ART and related care at the district and community levels

Tanzania

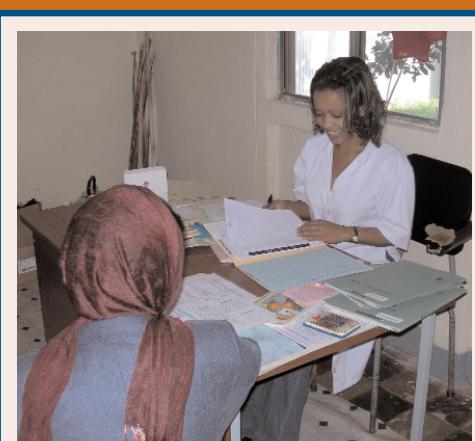
- social worker training to meet the needs of orphans and vulnerable children
- quality of care at ARV treatment centers
- HIV/AIDS-related training and education for pre-service nurses
- laboratory services to diagnose HIV and monitor related care

Uganda

- pan-African palliative care through association building

Zambia

- mass media coverage of the HIV/AIDS epidemic
- quality of HIV/AIDS care provided to the National Defense Force
- palliative care services
- pharmacy services for pediatric HIV/AIDS care



An ARV nurse consults with a patient at Jimma Hospital's ARV clinic in southwest Ethiopia.



Figure 2: African Countries Currently Eligible to Participate in Twinning Center Partnerships and Initiatives

* Countries currently participating in Twinning Center programs appear in green.

RECOMMENDATIONS

Looking across varied twinning partnerships it is possible to identify certain key characteristics of successful pairings. These are categorized by internal factors such as a pre-existing relationship, involvement of change agents, and institutional support for the partnership; as well as external factors such as funding levels, duration of funding, and local political support (see Figure 3).

Internal Factors	External Factors
Pre-existing relationship partners <ul style="list-style-type: none"> • Trust has already been established so activities can begin more quickly 	Funding for partnership between activities <ul style="list-style-type: none"> • Helps partners attain goals
No pre-existing relationship between partners <ul style="list-style-type: none"> • Working relationships must be built so activities are slower to begin 	No funding for partnership activities <ul style="list-style-type: none"> • Difficult for partners to attain goals
Involvement of effective change agents <ul style="list-style-type: none"> • Sustainable change is more likely to occur 	Political support for the partnership <ul style="list-style-type: none"> • Can lead to new policies and sustainable change
No involvement of effective partnership change agents <ul style="list-style-type: none"> • Sustainable change is less likely to occur 	No political support for the <ul style="list-style-type: none"> • Projects, activities often end when the partnership concludes

Figure 3: Factors That Can Affect Partnership Success

When creating or engaging in twinning partnerships, internal and external factors that can either enhance or impede the progress and success of the partnership should be identified, assessed, and appropriately addressed.

