



STRENGTHENING HEALTH SYSTEM CAPACITY THROUGH VOLUNTEER-DRIVEN
TWINNING PARTNERSHIPS AND INITIATIVES SINCE 1992

**AMERICAN INTERNATIONAL
HEALTH ALLIANCE**

We do
development
differently



AIHA VISION & MISSION

AIHA'S VISION is a world with access to quality healthcare for everyone, everywhere.

AIHA'S MISSION is to strengthen health systems and workforce capacity worldwide through locally-driven, peer-to-peer institutional partnerships.

AIHA FOOTPRINT



34

countries supported



210+

US institutional partners:
hospitals, health systems,
universities, NGOs



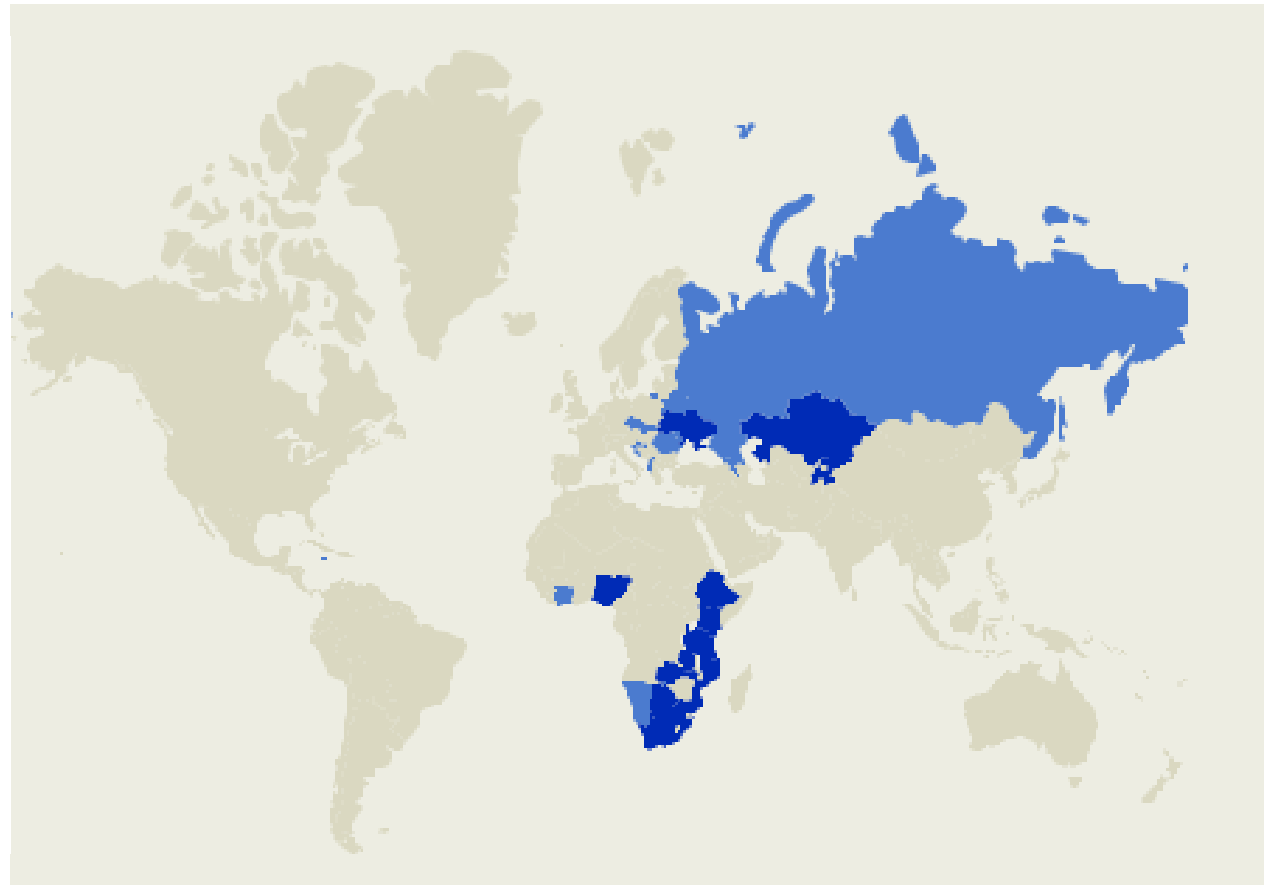
\$326 million

in US Government awards



\$293 million

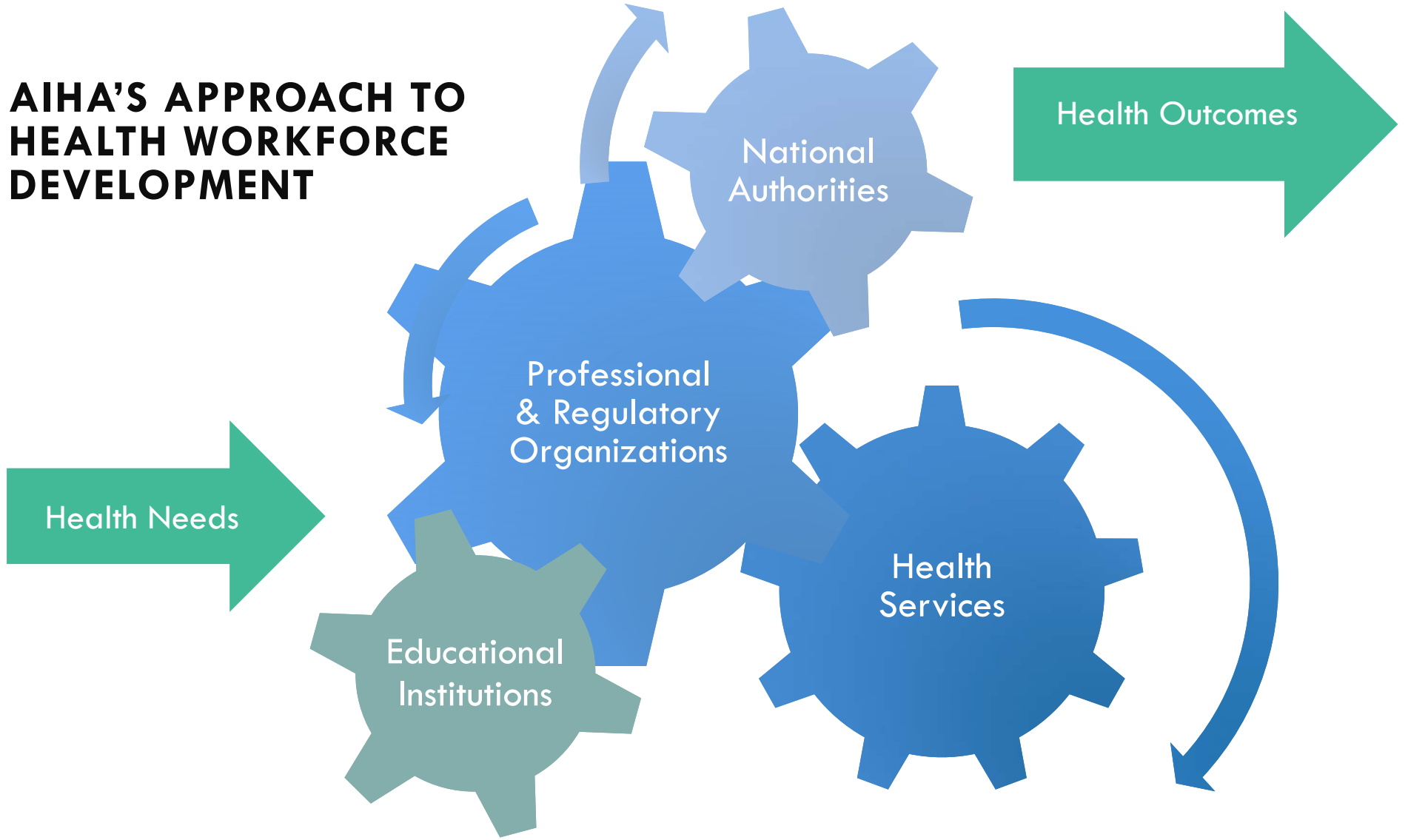
in matched contributions
from US partners



WHAT WE DO TO IMPROVE HEALTH OUTCOMES

1. Strengthen health systems by establishing new cadres and developing health workforce to fill critical human resource gaps
2. Build capacity among local institutions and organizations to improve the quality of care
3. Ensure long-term sustainability

AIHA'S APPROACH TO HEALTH WORKFORCE DEVELOPMENT



KEY ELEMENTS OF OUR MODEL

- Collaborates with host country governments to identify local needs and implement responsive programs
- Uses a community-based strategic planning process to develop, monitor, and modify programmatic objectives in a continuous feedback loop
- Transfers and exchanges practical knowledge, skills, and experience using collaborative and peer-to-peer training, mentoring, and shadowing of health and allied professionals
- Provides skilled volunteers who mentor counterparts and foster adoption of new evidence-based and holistic approaches
- Is based on a formalized, results-oriented work plan
- Employs a non-prescriptive, but rigorous collaborative approach
- Leverages resources and creates true engagement when the resource partner is identified through a competitive solicitation in which local partners participate

KEY ELEMENTS OF TWINNING



- Peer-to-peer relationships built through institution-to-institution partnerships
- Emphasis on professional exchanges and mentoring
- Voluntary contributions and leveraging of resources
- Non-prescriptive but rigorous approach to process
- Demand driven; recipient investment and ownership

TYPES OF PARTNER ORGANIZATIONS

- Service delivery organizations (hospitals, clinics, labs, etc.)
- Schools of the health professions
- Professional associations
- NGOs, CBOs & FBOs
- Management and ICT support organizations
- Private sector organizations



AIHA'S CATALYTIC ROLE IN PARTNERSHIPS

The AIHA Twinning Process Model

AIHA's twinning model taps into voluntary contributions of knowledge, time, and expertise to effectively leverage increasingly limited resources using the following approach to the twinning process:

1

Identifying Specific Country Needs

Work in close collaboration with local governments, stakeholders, and USG teams

2

Developing & Structuring Partnerships

We ensure our projects are locally driven, locally owned, and complementary to existing programs

3

Engaging Technical Experts & Resources

We connect host country institutions with partners who contribute technical and material support

4

Providing Management, Support, Cross-Partnership Program

We work with partners and stakeholders to address organizational gaps and ensure sustainability

5

Monitoring Progress & Adapting to New Priorities

We measure project outcomes and adapt work plans to meet local needs and priority objectives

6

Building Local Capacity to Ensure a Sustainable Transition

We integrate projects into national health systems to ensure local ownership from the onset

HEALTH SYSTEMS STRENGTHENING: WORKFORCE DEVELOPMENT

- Medical Doctors
 - ✓ General Practitioners
 - ✓ Emergency medicine specialists
 - ✓ OB/GYNs
 - ✓ Trauma/surgery specialists
 - ✓ Infectious disease specialists
- Nurses
- Counselors (healthcare, peer, etc.)
- Community Health Workers
- Clinical Associates (mid-level medical)
- Pharmacists & Pharm Techs
- Medical Technologists
- Laboratory Technicians
- Biomedical Engineers & Technicians
- Social Workers, Social Welfare Assistants & Para Social Workers
- Healthcare Managers

HEALTH SYSTEMS: INTERVENTIONS

- Infectious diseases
 - HIV-related treatment, care, and prevention
 - Infection control and prevention
 - Tuberculosis diagnosis, treatment, and prevention
 - Safe blood systems
- Maternal and child health
 - Comprehensive women's healthcare services
 - Neonatal resuscitation
- Community-based primary care and healthy communities, including behavioral health
- Emergency and disaster medicine
- Non-communicable disease prevention and management (diabetes, CVD, asthma)

AIHA PARTNERSHIP PROGRAMS 1992-2005

- AIHA was founded in 1992 by a broad coalition of U.S. health associations and the USG to create health sector partnerships as a form of diplomacy through development
- Initial focus on post-cold war on Central and Eastern Europe and former Soviet Union
- Public-private partnerships designed to organize U.S. voluntarism in support of USG global health assistance
- U.S. partner institutions: More than 155 health and hospital systems and 60 schools of health professions in 63 communities spanning 31 states and the District of Columbia
- Overseas partners: More than 100 hospitals and health systems and 33 schools of health professions in 44 cities across 22 countries
- More than 15,000 exchanges, 5,000+ volunteers, and 180,000 U.S. volunteer days

MCH & FP/RH EXAMPLE

AIHA Women's Health & Wellness Center Model

- **30+ Women's Wellness Centers Established in Eurasia**
 - ✓ Targeted provider training in comprehensive, client-centered women's health services across the life continuum, including RH / FP services
 - ✓ Extensive training in simple and advanced diagnostic services
 - ✓ Inter-professional training for effective task shifting, creating and nurturing a multidisciplinary care team model

- **Highlighted Services & Accomplishments**
 - ✓ Collectively received more than 500,000 client visits annually
 - ✓ Routine patient surveys indicated high levels of client satisfaction with clinical care and patient education services
 - ✓ Addressed IPV on a community level by creating multidisciplinary teams of professionals that includes psychologists, attorneys, police officers, and social workers
 - ✓ Engaged AGYW by creating health committees in area schools and colleges as part of community outreach and education services.
 - ✓ Used mass media to educate the public on topics such as maternal care, breast feeding, reproductive health, HIV/AIDS, and healthy lifestyles
 - ✓ Established Breast Health Centers (e.g., in Ukraine, these routinely provided services to more than 26,000 women annually)
 - ✓ Provided childbirth and prenatal health classes (e.g., in Russia, WWCs routinely provided these to more than 750 women monthly)

AIHA PROJECT MAPPING: HIV/AIDS TWINNING CENTER PROGRAM



Infectious Diseases
Fellowship Program

Biomedical Technology

Ethiopia, Kenya, Namibia, Uganda

Blood Safety

Cambodia (also in Central Asia and Ukraine)

Emergency Medicine & Critical Care

Ethiopia, Zambia

Mid-level Medical Professionals

South Africa

Clinical Pharmacy

Ethiopia, South Africa, Zambia

HIV/AIDS Medical Service Delivery

Ethiopia, Mozambique, Russia, South Africa, Zambia

Key Populations & Substance Abuse Mitigation

Russia, Tanzania, Zambia

Laboratory

Tanzania, Zambia

Nursing

Botswana, Ethiopia, South Africa, Tanzania

Palliative or Home-based Care

Botswana, Côte d'Ivoire, Tanzania, Uganda, Zambia

Social Work

Ethiopia, Nigeria, Tanzania, Zambia

OVC, AGYW

Ethiopia, Kenya, Nigeria, Tanzania, Zambia

NEW TWINNING PARTNERSHIPS IN 2015-2016

- Cambodia: Injection Safety
- Civil Society Organization Engagement (HOP15 funded)
- Ethiopia: Public Private Partnership
- Ethiopia: Biosecurity/Biosafety
- Kenya: Biomedical
- Kenya: DREAMS (Prevention)
- Mozambique: Adolescent Disclosure
- Tanzania: HBHC Technical Assistance
- Uganda: Biomedical
- Zambia: HLAB ITECH Lab Management
- Zambia: HLAB Biomedical
- Zambia: ACT
- Zambia: Key Populations

HOW TWINNING PARTNERSHIPS ADDRESS 90-90-90

PEPFAR Goals	90% of all people living with HIV will know their HIV status	90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy	90% of all people receiving antiretroviral therapy will have viral suppression.
Key Activities	<ul style="list-style-type: none"> HIV Counseling and Testing Social service provision and community-based referrals to healthcare facilities 	<ul style="list-style-type: none"> Improved access to HIV treatment services CD4 count/viral load testing Treatment initiation 	<ul style="list-style-type: none"> Patient monitoring and follow up CD4 count/viral load testing Management of side effects
AIHA Contribution	<p>South Africa: Clinical Associates screen and refer all outpatient, emergency, and VMMC patients for HCT at district hospitals</p> <p>Ethiopia: Adult and pediatric emergency clinicians screen and refer patients for HCT; clinicians who have trained in ob/gyn provide HCT for all pregnant women</p> <p>Kenya: Partners provide HCT for at-risk girls ages 10-14 and raise community awareness in DREAMS districts</p> <p>Mozambique/Tanzania: Partners train and deploy para-social workers to provide services to OVC and linkages to HCT</p> <p>Tanzania: The Tanzanian Nursing Initiative builds nurses' capacity to provide HCT in high burden areas</p>	<p>South Africa: Clinical Associates assigned to HIV clinics initiate ART therapy</p> <p>Ethiopia/Kenya/Uganda: Pre-service institutions train biomedical engineers and technicians to ensure that essential equipment, including CD4 machines, are functional</p> <p>Kenya: Partners provide a comprehensive tracking and support system for girls ages 10-14 who test HIV positive</p>	<p>South Africa: Clinical Associates assigned to HIV clinics monitor patients on ART, provide counseling and manage side effects; Pharmacy Technicians (PTs) fill gaps in pharmaceutical services, monitor ART patients and reduce loss to follow up</p> <p>Mozambique/Tanzania: Para-social workers provide community-based social services and psychosocial support for PLHIV to remain in treatment</p> <p>Kenya: Partners provide a comprehensive tracking and support system for girls ages 10-14 who are enrolled in treatment</p> <p>Zambia: Telemedicine partners enable high quality HIV care and treatment at local sites, eliminating the need for costly referrals; pharmacists at UTH and LCH are trained to conduct Therapeutic Drug Monitoring and improve the quality of pharmacy care for ART patients</p>

DREAMS IN KENYA

PEPFAR Indicator ID	PEPFAR Indicator Description	FY 16 Results (Total)	FY 16 Target	% of Target Reached	
PP_PREV	# of individuals from priority populations who completed a standardized HIV prevention intervention	100	10,676	1%	
OVC_SERV	OVC_SERV: Education Subsidies # of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS	4,442	3,127	142%	
	OVC_SERV: Parent/Caregivers # of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS	5,932	7,550	79%	
	OVC_SERV: Social Asset Building # of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS	13,394	7,550	177%	
	HRH_CURR # of lay workers supporting prevention efforts under AIHA DREAMS program	466	N/A	N/A	
	GEND_GBV # of people receiving Post-GBV care	1,644	4,061	40%	
	GEND_NORM # of people receiving community sensitization and norms change interventions	21,848	12,930	169%	
	OVC_ACC # of active beneficiaries accompanied or otherwise supported for transport to HIV testing, care and/or treatment services at least once every three months	8,848	N/A	N/A	
	HTS (Referral) Not reported in Datim		8,831	15,565	57%
	Total Beneficiaries		56,674		

Results for HRH-PRE by Country

H2.1.D - Cadres	FY 16 Results	FY 16 Target	%	Country Breakdown		
				Ethiopia	South Africa	Tanzania
Physicians	12	12	100%	12		
Nurses	3,836	4,399	87%	15		3,821
Social Workers	844	456	185%			844
Biomedical Engineers	112	117	96%	112		
Biomedical Technicians	55	59	93%	55		
Mid-level Cadre: Pharmacy Technical Assistants	74	74	100%		74	
Mid-level Cadre: Clinical Associates	121	121	100%		121	
Total	5,054	5,241	96%			

RESULTS FOR HRH-PRE IN TANZANIA (PRE-SERVICE FOR COMMUNITY LEVEL CADRES)

H2.2.D - Cadres	FY 16 Results	FY 16 Target	%
Para-Social Worker	115	220	52%

RESULTS - H2.3.D (IN-SERVICE) BY COUNTRY

PEPFAR Indicator Description	FY 16 Results (Total)	Country Breakdown			
		Ethiopia	S. Africa	TZ	Zambia
Physicians	390	383			7
Nurses / Midwives	724	287		400	37
Faculty/Instructors	47		47		
Pharmacists	147	5			142
Home Based Care providers	283			283	
Social Workers					
Biomedical Engineers	175	165			10
Biomedical Technicians	40				40
Lab Technicians	27				27
Other	293	267			26
Other: MMMA	54				54
Other: Clinical Associates	109		109		
Total	2,289				

SIMS RESULTS BY COUNTRY

Country	Dark Green	Light Green	Yellow	Red	Total Scores
Ethiopia	5	1	0	0	6
Kenya	8	0	0	0	8
Tanzania	3	5	1	0	9
Ukraine	7	4	1	0	12
Zambia	9	4	2	1	15
TOTAL	32	14	4	1	50
%	64%	28%	8%	2%	100%

FY16 KEY TWINNING CENTER ACCOMPLISHMENTS

Ethiopia: A total of 440 emergency medicine physicians and nurses, ob/gyn residents and faculty, and biomedical engineers and equipment technicians completed in-service trainings. The third cohort of 6 EM residents graduated bringing the total to 16 since program inception, while the first 14 ob/gyn residents are set to graduate in July 2016.

Kenya: Trained a total of 234 safe space mentors in target counties through DREAMS, as well as 120 SASA change agents who are currently in the "start" phase of this community-based GBV awareness program.

South Africa: 125 Pharmacy Technicians (PTs) received their Advanced Certificates in Pharmacy Technical Support from NMMU and partners released "The Southern African Pharmacy Technician Training Manual," to support training of mid-level pharmacy personnel in the entire Southern Africa Region.

Tanzania: TNI partners are supporting the roll out of the National Task Sharing Policy approved by the MOH in February 2016. The Directorate of Nurse and Midwifery Services has revised job descriptions for nurses, a national document that will enable facilities to accurately recruit nurses based on facility and catchment area needs.

Uganda: The new biomedical technology partnership has developed a level-one non-automated laboratory curriculum and rolled out the first training for 15 trainees across the country.

Volunteer Healthcare Corps: 7 new and 9 active placements in support of the ET Medical Education Initiative.

Zambia: Telemedicine launched in 5 rural Zambia Defense Force (ZDF) clinics to improve HIV care by linking healthcare workers in remote sites to doctors and specialists at the main military hospital in Lusaka.

AIHA BLOOD SAFETY PROJECT FOOTPRINT



BLOOD SAFETY PROJECT OVERVIEW

PEPFAR Background

- Funded through HHS/CDC
- 5-year cooperative agreement for Asia Region
- Project Period: 09/30/12 -03/31/18

Goals

- Strengthen the implementation of safe blood programs
- Ensuring a sufficient amount of safe blood
- Human capacity building



KEY BLOOD SAFETY ACCOMPLISHMENTS

- AIHA developed the self-assessment tool and conducted the assessment of all Blood Centers in pilot sites in Kyrgyzstan, Ukraine and Cambodia
- Guideline for Clinical Use of Blood was developed and became national regulation in Kyrgyzstan, Tajikistan and Ukraine (pending final approval)
- AIHA built national capacity in Quality Management System (QMS), donor management, Lab Strengthening and other technical areas in all 5 countries
- QMS manual was developed by the national experts in Ukraine
- Quality and Technical Standards developed for Kyrgyzstan
- AIHA conducted assessments of the Computer Information Management Systems (CIMS) in Kyrgyzstan and Tajikistan
- During 4 years of project implementation across 5 countries, more than 1,500 participants attended AIHA's trainings on various aspects of blood safety