



**THE 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



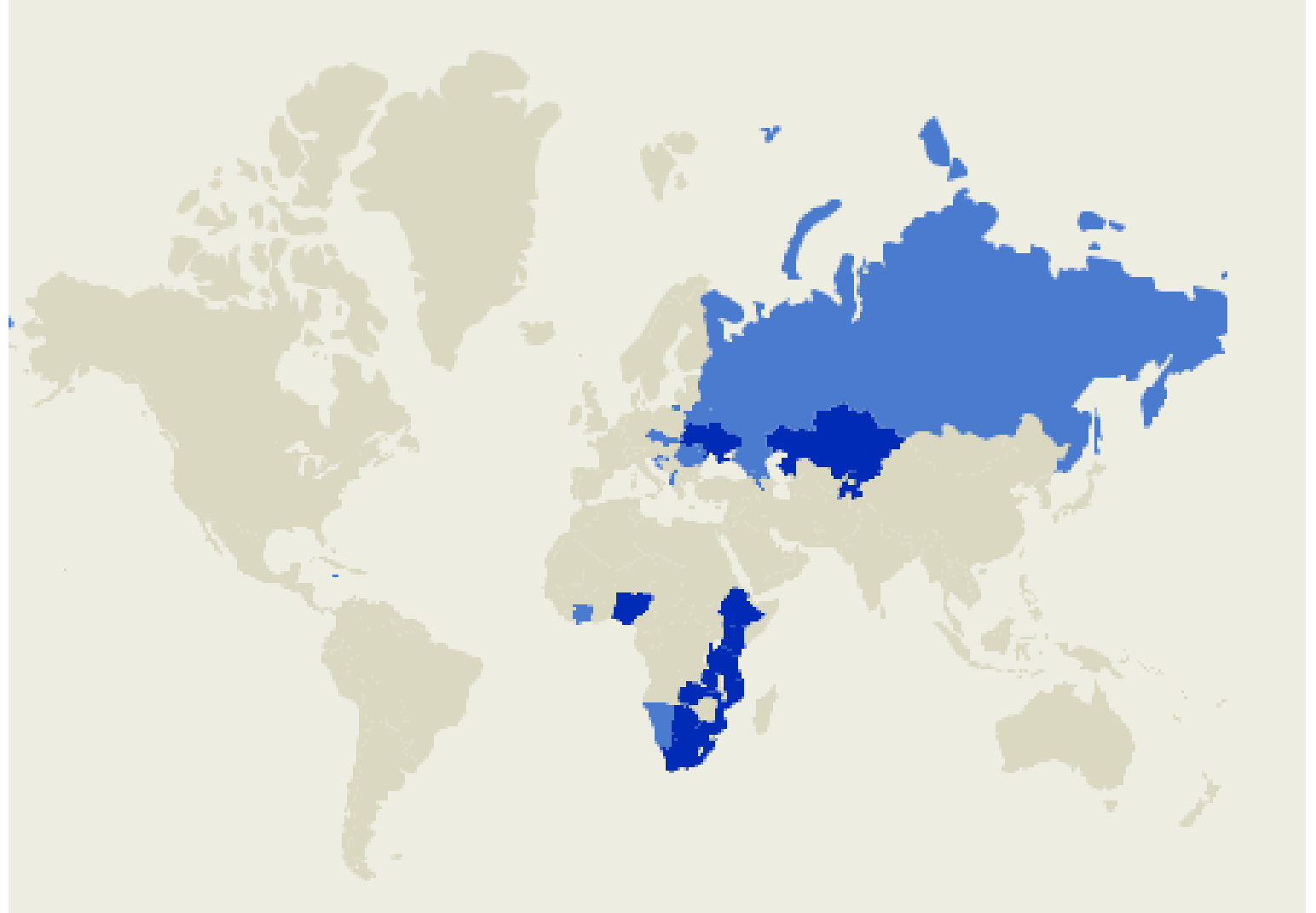
\$326 million

in US Government awards



\$293 million

in matched contributions
from US partners

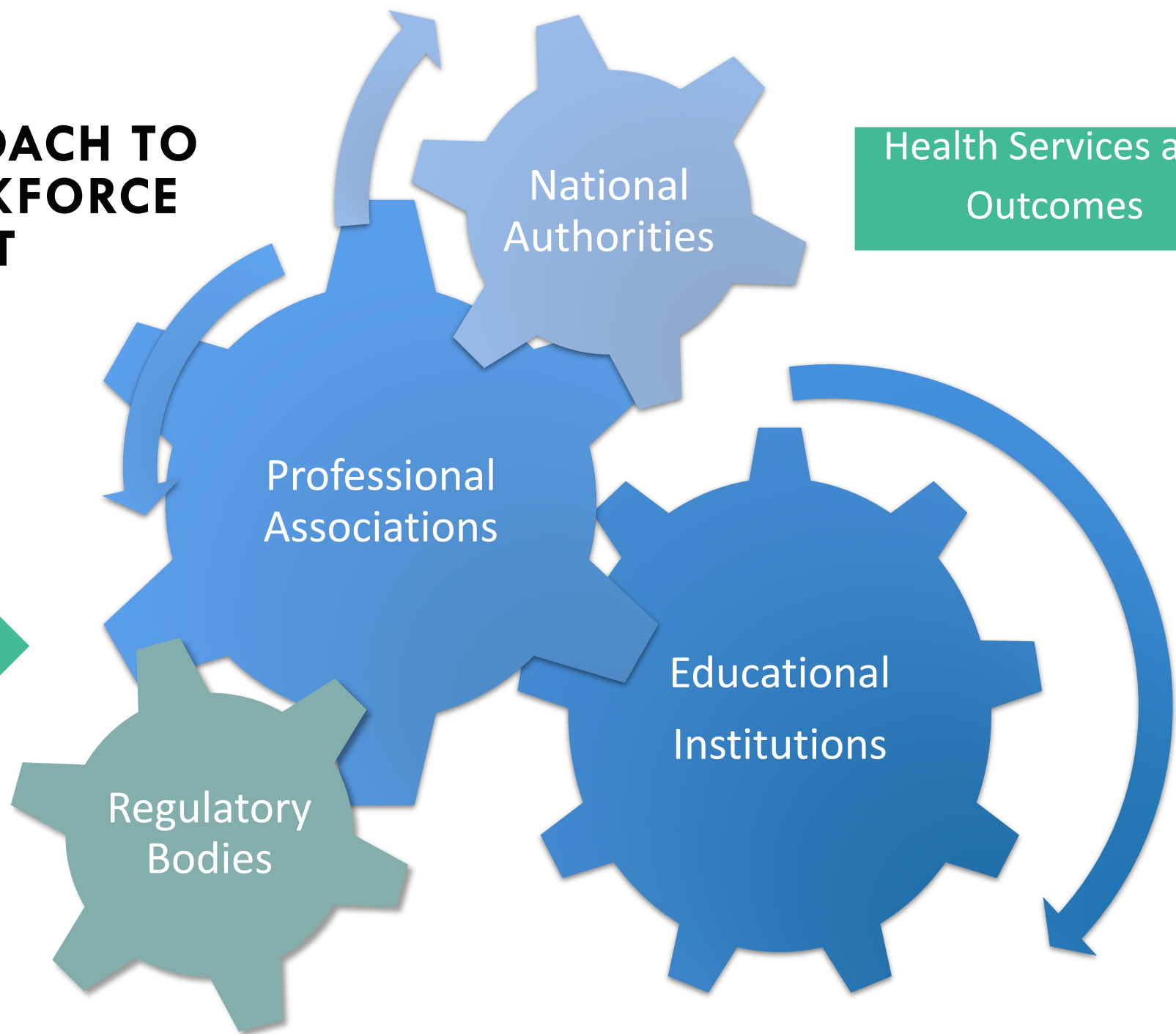


WHAT WE DO TO IMPROVE HEALTH OUTCOMES

1. Collaborate with host country governments to identify local needs, implement responsive programs, and ensure long-term sustainability
2. Strengthen health systems by establishing new cadres and developing health workforces to fill critical human resource gaps
3. Build capacity among local institutions and organizations to improve the quality of care

AIHA achieves this through our unique partnership model.

AIHA'S APPROACH TO HEALTH WORKFORCE DEVELOPMENT



Health Services and
Outcomes

KEY ELEMENTS OF OUR MODEL

- 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
- Successfully leverages resources and creates true engagement when the resource partner is identified through a competitive solicitation in which local partners participate

TWINNING CENTER PROGRAM (TCP): 2014-2019

Overall Goal: To facilitate, manage, and support HIV/AIDS-related, peer-to-peer institutional “next generation” partnerships.

(Focus on scaling up HIV services and “Improving Prevention, Adherence, Care and Treatment” (IMPACT) through deployment of healthcare professionals to high HIV burden areas and high volume clinical sites where they will deliver core HIV services.)

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)

TWINNING CENTER FOOTPRINT 2016

Cambodia: injection safety

CAMBODIA

JAMAICA

RUSSIA

Ethiopia: adult EM, pediatric EM, biomedical engineering, ob/gyn, biomed PPP, Volunteer Healthcare Corps

ETHIOPIA

Uganda: biomed

UGANDA

Kenya: HIV prevention (DREAMS), biomed

KENYA

Tanzania: nursing, social work, home-based care, biomed

TANZANIA

MOZAMBIQUE

Mozambique: para social work, HIV adolescent disclosure

ZAMBIA

Zambia: telemedicine, clinical pharmacy, social work, emergency medicine, ACT, laboratory, biomed, key pops, loss to follow-up, adolescent services

NAMIBIA

BOTSWANA

SOUTH AFRICA

Botswana: HIV integration / nursing, palliative care, GBV

South Africa: clinical associates (3), pharmacy technicians, evaluation activities

Graduated Programs

Active Programs

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>

FY16 KEY PROGRAM 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.



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

TC PROGRAM FOCUS AREAS

Highlights and
Examples

2016 TRAINING RESULTS BY CADRE

Results for HRH Pre Service	
Cadres	FY 16 Results
Physicians	12
Nurses	3,836
Social Workers	844
Biomedical Engineers	112
Biomedical Technicians	55
Mid-level Cadre: Pharmacy Technical Assistants	74
Mid-level Cadre: Clinical Associates	121
Para-Social Worker	115
Total	5,169

Results for HRH In Service	
PEPFAR Indicator Description	FY 16 Results
Physicians	390
Nurses / Midwives	724
Faculty/Instructors	47
Pharmacists	147
Home Based Care providers	283
Social Workers	
Biomedical Engineers	175
Biomedical Technicians	40
Lab Technicians	27
Other	293
Other: MMMA	54
Other: Clinical Associates	109
Total	2,289

NURSING

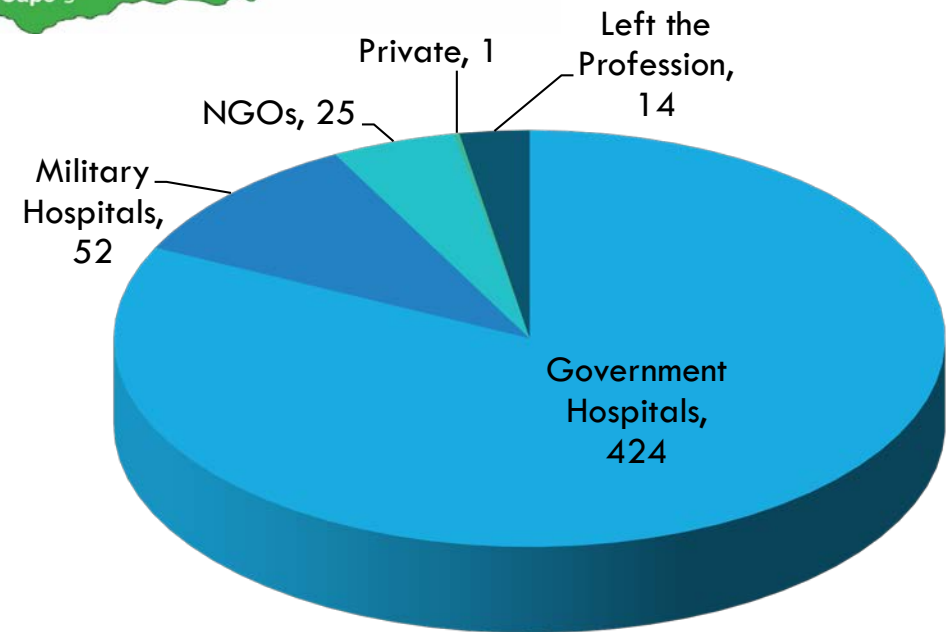
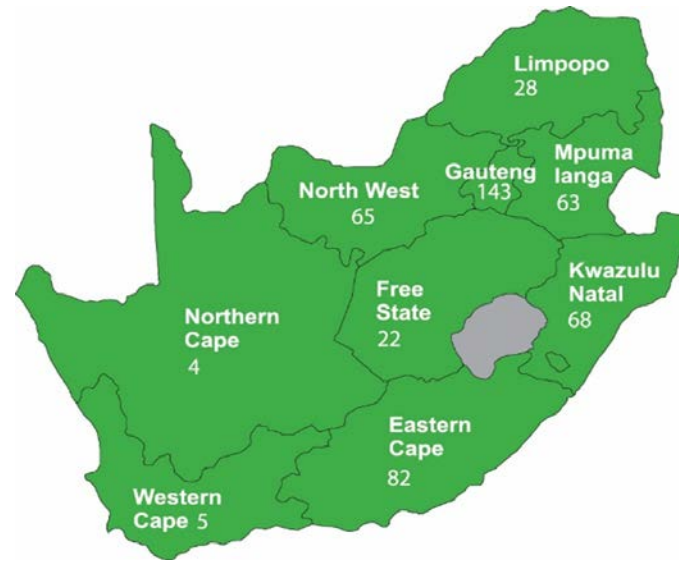
- HIV Integration Nursing Partnership Botswana
 - Institute for Health Sciences / Ohio University
 - Focus Area: Upgrade nursing curriculum with HIV/AIDS content, update IHS nursing diploma program to degree program, faculty development

Tanzania Nursing Initiative

- Muhimbili University of Health & Allied Sciences Nursing Faculty (MUHAS)/Ministry of Health (MOHSW) Nurse Training Unit/(2005 - 2016)
 - Focus Area: curriculum development, training, faculty development, school support
- Tanzania Nurses Association (TANNA) (2010 – present; implementation)
 - Focus Area: advocacy, nursing profile
- Tanzania Nurse and Midwifery Council (TNMC) (2010 – present; implementation)
 - Focus Area: safety and protection of nursing service delivery through licensure, examinations
- Directorate of Nurse and Midwifery Services (DNMS) (2010 – present; implementation)
 - Focus Area: Nursing policy and leadership

CLINICAL ASSOCIATES

- Partners: Walter Sisulu U / U of Colorado Denver; U of Pretoria / Arcadia University; Wits U / Emory U; Clinical Associates Forum & PACASA
- Focus Areas: Pre-service; community-based care; professional association development
- To date, **637** Clinical Associates have been graduated and **1,048** are enrolled in training.



**Status of Clinical Associate Graduates
(2010-2014 graduates)**

PHARMACY

- Pharmacy Technician Program, South Africa
 - Partners: Nelson Mandela Metropolitan U/ St. Louis College of Pharmacy
 - Focus Areas: Faculty; curriculum development; experiential rotations; advocacy
- Clinical Pharmacy Program, Zambia
 - Partners: University Teaching Hospital (UTH) and Livingstone Central Hospital (LCH)
 - Focus Areas: Clinical pharmacy; mentorship; therapeutic drug monitoring; prison pharmaceutical care

BIOMEDICAL ENGINEERING

- Biomedical Engineering and Technology Program, Ethiopia
 - Jimma Institute of Technology, Tegbare-id Polytechnic College, and Addis Ababa Institute of Technology/U of Wisconsin
 - Focus Areas: IST/PST; curricula development; KMC; troubleshooting workshops; equipment management systems; skills labs
- Biomedical Public Private Partnership (PPP), Ethiopia
 - GE Foundation/Addis Ababa University
 - Focus Areas: PST; faculty-development'
- Biomedical Engineering Program, Kenya
 - National Public Health Service (NPHLS)/ U Texas Medical Branch (UTMB) & San Jacinto College
 - Focus Areas: In-service training, public sector biomed. Develop Center of Excellence at NPHLS; SOP for lab equipment maintenance; IST short-courses and distance-learning.
- Biomedical Engineering Program, Zambia
 - Partners: MOH, Biologics, and TBD
 - Focus Areas: In-service training; establishing calibration centers

MEDICAL TRAINING

- Emergency Medicine-Pediatric (HIV screening and referral in emergency room settings), Ethiopia
 - Addis Ababa University/University of Wisconsin
 - Focus Areas: Fellowship Program; Nursing Curriculum; Capacity Building (EMTC, QI Center)
- OBGYN (PMTCT), Ethiopia
 - St. Paul Hospital Millennium Medical College/University of Michigan
 - Focus Areas: faculty development; residency training/residents; KMC; introduction of new services
- Zambia Defense Forces
 - Partners: HIV Secretariat, Salus Telehealth, Zerion Solutions Inc
 - Focus Areas: Telemedicine; M&E hubs; adolescent and youth services; reducing loss to follow-up
- Palliative Care Partnership, Botswana
 - Institute for Health Sciences / African Palliative Care Association
 - Focus Area: policy support to the MOH, provide TA to the MOH in the development of Hospice Guidelines



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

CROSS-CUTTING PROGRAMS

Volunteer Healthcare Corps and
CSO Initiative

VOLUNTEER HEALTHCARE CORPS (VHC)

- VHC is a distinct but complementary component of the larger ALHA institutional “twinning” program
- Provides skilled professionals with opportunities to contribute their expertise and time
- Since 2006, VHC has placed **131 skilled professionals** in BOT, ETH, MOZ, NIG, SA, TZ, ZM;
- To date, VHC volunteers have contributed **more than 27,000** days to strengthen health system capacity



US Physician Assistant mentoring Clinical Associates students in Pretoria, South Africa

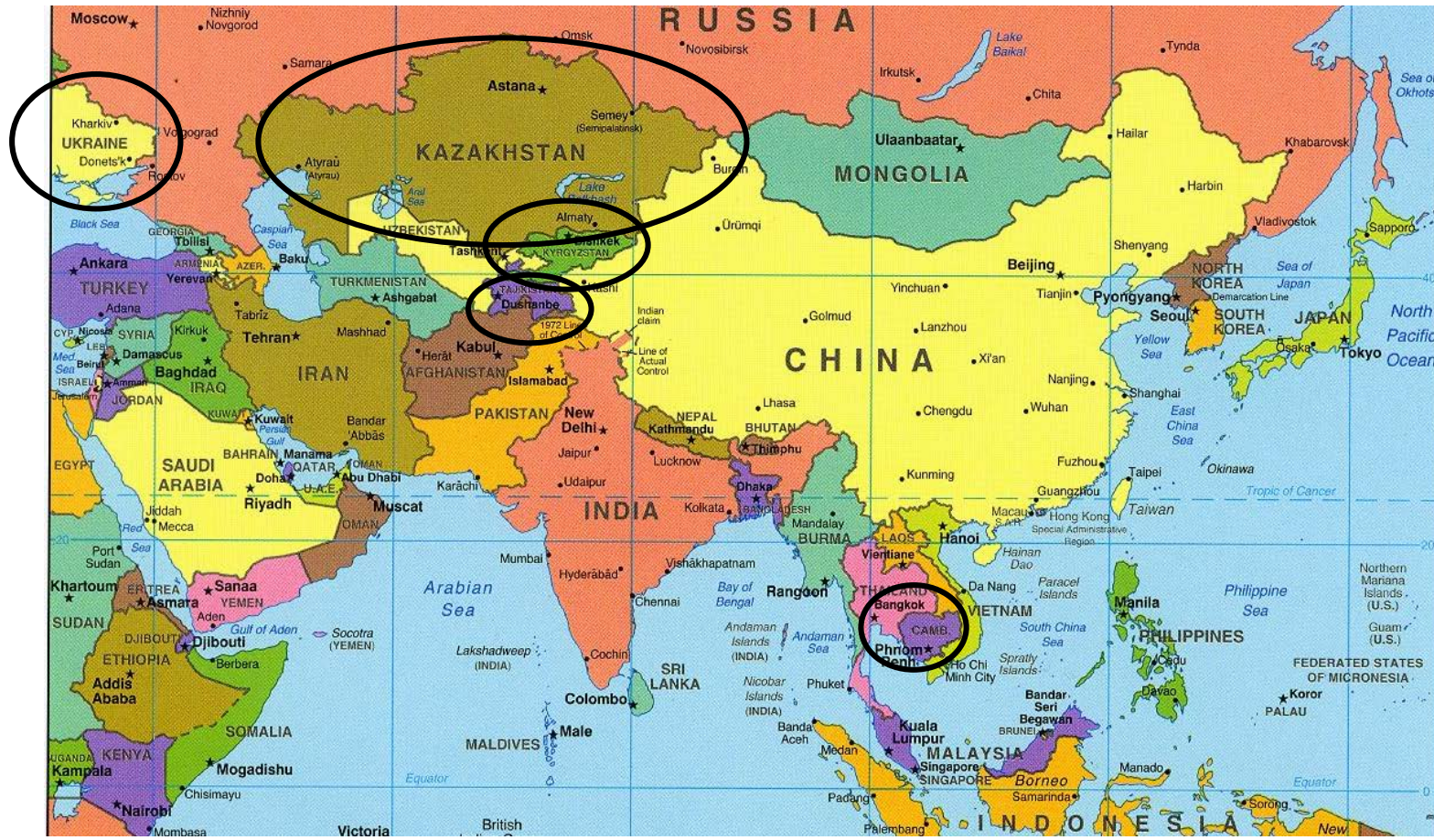


AMERICAN INTERNATIONAL HEALTH ALLIANCE TECHNICAL ASSISTANCE
SUPPORT FOR THE STRENGTHENING OF BLOOD TRANSFUSION SERVICES

AIHA BLOOD SAFETY PROJECT

5 year project through Centers
for Disease Control and
Prevention (CDC) and PEPFAR

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

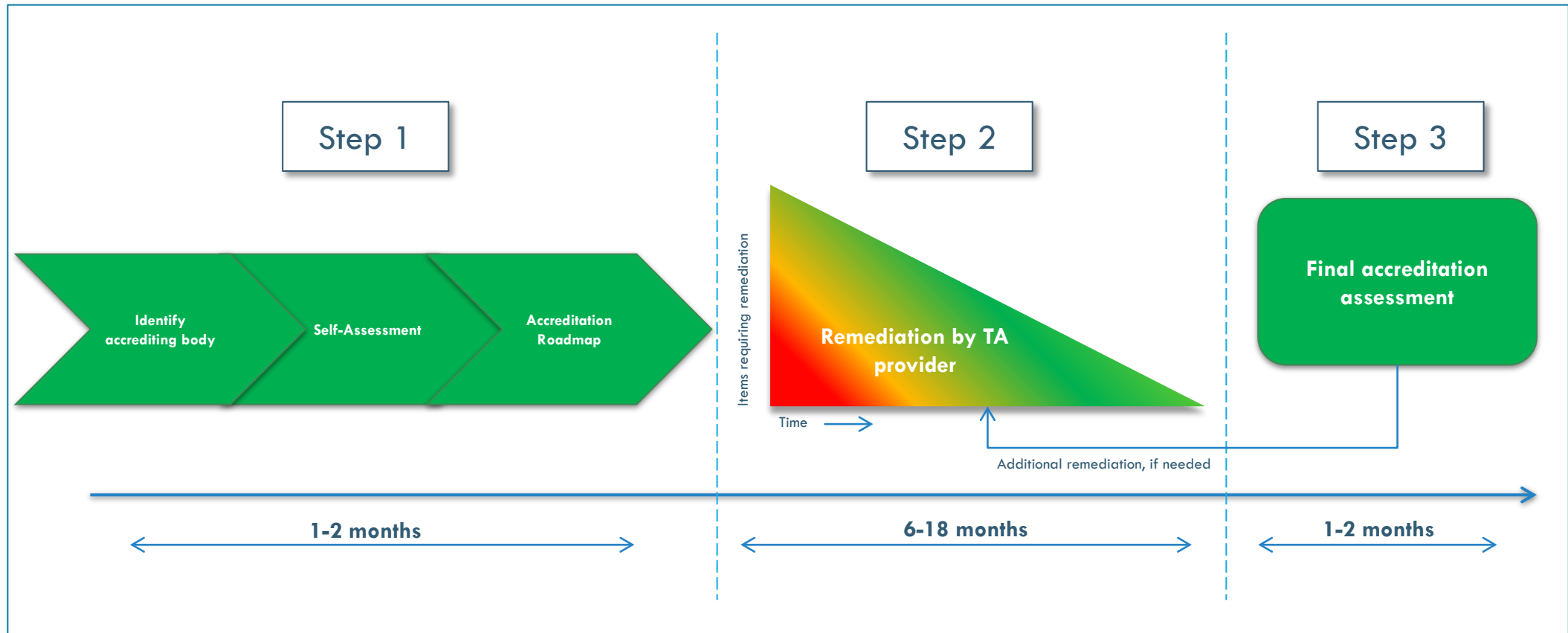
- Strengthen the implementation of safe blood programs
- Ensuring a sufficient amount of safe blood
- Human capacity building



FY15: A ROADMAP TO ACCREDITATION

Laboratory and blood bank accreditation is the core of PEPFAR's quality strategy

PEPFAR will support accreditation roadmaps through a three-step approach



CENTRAL ASIA: KEY ACCOMPLISHMENTS



National regulatory documents developed or revised for the blood service and transfusion medicine in three countries:

- In Kyrgyzstan, national guidelines were developed and approved by the MOH in Oct 2014 and 2016
- 1,500 copies were distributed at national level; 327 physicians trained by partners
- In Tajikistan about 400 physicians were trained in clinical use of blood at bed-side trainings and 30 in quality management

CENTRAL ASIA: KEY ACCOMPLISHMENTS

- Partners conducted self-assessment of all blood centers in Kyrgyzstan and work on preparation for accreditation
- Technical Assistance with implementation of basics of Quality Management Systems in Blood Service and development of National Clinical Guideline are key focus areas in Tajikistan
- TA on various aspects of blood safety in Kazakhstan, 2013-2014

UKRAINE: KEY ACCOMPLISHMENTS

- **Alignment with EU requirements**

 - Sweden study tour

 - EU Commission assessment

 - Accreditation self-assessment

- **Collaboration with Ministry of Health**

 - Stakeholder meetings

 - Coordinating Council

- **Prepare for accreditation**

 - Training programs and national trainers

- **Trainings**

 - Quality Management

 - Donor adverse reactions

- **Laboratory testing**



CAMBODIA: KEY ACCOMPLISHMENTS

- **Continue to work closely with NBTC and Ministry of Health**

 - Developed National blood policy

- **In-country capacity building**

 - Recruitment of Blood Donors

- **Preparation for facility moves**

- **Accreditation activities**

- **Trainings in provinces**

 - Guidelines on clinical use of blood
 - Donor collection, care and counseling
 - Laboratory testing

- **Quality management**



CAMBODIA INJECTION SAFETY PROJECT

- Funded by CDC through HRSA-supported HIV/AIDS Twinning Center
- Objective is to launch a public awareness and outreach campaign to reduce demand for unnecessary injections and to increase demand for non-injectable alternatives
- Target Population: Battambang and Pursat provinces
- Type of intervention: behavior change communication
- Two local NGOs will implement the project, with support from BBC Media Action
 - 17 Triggers
 - Ponleur Kumar

ILLUSTRATION OF CHALLENGE: HIV OUTBREAK IN ROKA

Yem Chrin, village medic who has been blamed for spreading HIV to more than 270 residents of rural Roka commune in Battambang province, was sentenced to 25 years in prison.

In December 2014, a total of 1,940 residents were tested, and 233 had HIV — that's 12 percent, or about 30 times the national average

Eleven HIV-infected villagers have died in the commune over the past year.

