



# CASE STUDIES

PARTNERSHIPS IMPLEMENTED WITH THE SUPPORT OF  
FRANCE, GERMANY, IRELAND, ITALY, NORWAY and SPAIN





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# BURUNDI

*(France)*

## A MULTI-DIMENSIONAL PARTNERSHIP TO IMPROVE HIV/AIDS TREATMENT AND CARE IN BURUNDI

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A PARTNERSHIP INVOLVING HOSPITALS IN FRANCE AND BURUNDI, BURUNDIAN CIVIL SOCIETY ORGANIZATIONS AND A PRISON IS BUILDING CAPACITY IN HIV/AIDS MANAGEMENT AT 15 SITES. IN 2012, OVER 1200 MEDICAL, PARAMEDICAL AND TECHNICAL STAFF WERE TRAINED WITH OVER 7300 PATIENTS SUPPORTED BY THE INITIATIVE.

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*“HIV [is] the worst illness we know at the moment. If we are not able to guarantee the continuity of care, the continuity of consumables, and comprehensive treatment and care, we are at risk of facing catastrophes later on”.*

Director General of Hospital, Burundi

HIV/AIDS is one of the major causes of mortality in Burundi, where the HIV prevalence rate in 2008 was 2.97%, compared to 0.4% in France, and 150,000 people were estimated to be living with HIV in 2009. To address the challenges of the AIDS epidemic, a partnership between institutions in France and Burundi has been focusing on building HIV/AIDS treatment capacity. The project involves partnerships between 3 major university hospitals in France: Hospital Avicenne, Hospital Rennes, and Hospital Nantes, the largest hospital in Burundi: Prince Regent Charles Hospital and as well as Hospital Kamenge and two rural health centres: Buterere and Gatumba. In addition, MPIMBA Prison in Bujumbura and a number of Burundian associations are also partners. The partnership has established a number of complementary programmes including the creation of HIV treatment centres (CPAMPs) within Burundian hospitals, decentralization of HIV treatment and care to rural health centres with task shifting to paramedical personnel, strengthening the prevention of mother to child transmission of HIV/AIDS (PMTCT), enhancing quality of care and patient retention both within health institutions and the prison system, and improvement of hospital hygiene practices.

### INTEGRATING PATIENT CARE

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*“The dimension of integrating associations and civil society was done right from the beginning of the*

*project. This allowed cooperation between institutions, associations, policymakers”*

Infectious Disease Specialist, France

This project was one of the first to focus on horizontal cooperation. The partnership has built HIV capacity both within public health facilities, which at the start had few HIV treatment programs and little experience in this area, as well as within community-based associations, where the majority of HIV patients were being treated. The partnership also focused on strengthening the links between patient associations, community-based organizations and Burundian health institutions in order to better respond to the needs of HIV/AIDS patients. Today five Burundian community-based organizations are being supported by the partnership: ANSS, SWAA, FVS AMADE, RBP and Nouvelle Esperance.

*“Civil society and its patient associations put together an HIV management structure that is extremely elaborate in terms of its quality and reflection on the type of management that should be done...What’s unique, I find, is that this project immediately recognized this.”*

Infectious Disease Specialist, France

### ADDRESSING REAL NEEDS

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*“From the start, the essence of the project has been to meet the needs of Burundi.”*

Infectious Disease Specialist, France

The approach of the partnership has centred on building long-term, sustainable solutions that address tangible needs and are adapted to the local context. Examples of activities include:

- Training Medical and Paramedical personnel in HIV management
- Training health staff in hospital hygiene
- Developing an Inter-University Diploma program for the African Great Lakes Region
- Implementation of a stipend program to supplement staff salaries
- Training that is case based and emphasizes team work
- Training that is emphasizes practical skills over academic learning

*“The project came to respond to real needs within our hospital related to HIV management and hospital hygiene that staff believed they couldn’t meet.”*

Director General of Hospital, Burundi

### CREATING A UNIVERSITY DIPLOMA PROGRAM

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*"We approach it like we are training future trainers, because those trained will have to explain later to their colleagues or will be asked to train others."*

Infectious Disease Specialist, France

A diploma program in HIV management was developed in 2006 in collaboration with the University of Burundi, Paris 13 and the University of Rennes to fill a large gap within the country. Previous to this program, the only option available was to study abroad which was expensive and inaccessible for many people. The Inter-University Diploma program now in its 7<sup>th</sup> year, involves 5 weeks of training, including a practical component, spread out over 2 years. The training is open to health personnel from Burundi and the surrounding Great Lakes region. The majority of the trainers are now Burundians, which underpins its sustainability.

*"Now most of the trainers are local Burundians who themselves were trained by our program at the start. This really allows for sustainability, because even if these individuals are working for other organizations now, they are always around and will always have this competence, so we can call on them when needed"*

Infectious Disease Specialist, France

#### COLLABORATION BETWEEN PARTNERS

*"One of the things that led to the success of the project...[was] structuring the cooperation between northern partners. ...We got together right away to see what we could put as common resources... and how would we divide the work. Infectious Disease Specialist, France*

A unique aspect of this partnership is collaboration and division of activities between the northern partner sites. This has led to partner specialization in specific thematic areas and the implementation of complimentary programs by the northern partner institutes. For example, Avicenne Hospital in France together with Kamenge Hospital in Burundi have focused on decentralization of HIV treatment, while Rennes Hospital in France has focused on improving hospital hygiene in all the Burundian institutions and as well on PMTCT in Buyenzi Hospital. Nantes Hospital in France has been working to strengthen HIV care in MPIMBA prison in Bujumbura.

#### CHALLENGES FOR THE FUTURE

*"We still aren't where we should be – if the project could support us for a longer time, then we would be*

*able to advance farther."*

Director General of Hospital, Burundi

While the partnership has achieved numerous successes and has evolved to meet new objectives, several challenges persist. Funding insecurity and management changes within the institutions remain obstacles for continuity of the programmes.

Another important issue is functioning of other services within the health institutions and of the health system as a whole. While this partnership has strengthened HIV services, other areas remain weak due to limited resources and lack of capacity. It is clear that advances in one area do not necessarily have a ripple effect to other parts of the institution.

*"Contrary to what we thought at the start, that these programmes would permit the rest of the hospital to progress a bit in parallel, I think that if we look today, 6-7 years later, we might have accentuated the inequalities in the system. It is time to shift from a vertical to a horizontal approach"*

Infectious Disease Specialist, France

#### BUILDING ON SUCCESS

*"The partnership has allowed hospital staff to do better, to improve their workplace and the way in which they manage patients. We believe without a doubt that this partnership has been nothing but beneficial."*

Director General of Hospital, Burundi

The project has led to enormous progress in patient care for those living with HIV/AIDS. Partners are confident that improvements can be sustained in the future, particularly those elements that are already being led by Burundian institutions such as the University Diploma program. It is also felt that the partnership should evolve with the changing realities and strive to expand and meet new objectives.

*"If we want to maintain the results, we always have to be ahead, we have to propose to go towards new things, to improve on different aspects of the project."*

Infectious Disease Specialist, France

France – Burundi Partnership: the numbers

Year partnership started: 2006
Project expenditure 2013: \$281,586
Health Personnel trained in 2012: 1204
Number of HIV positive patients supported: 7,300
Number of patients on ARVs supported: 4,030



# ETHIOPIA

*(Italy)*

TRANSFORMING HIV TREATMENT AND CARE IN ETHIOPIA THROUGH  
OPERATIONAL RESEARCH

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A PARTNERSHIP BETWEEN THE ISTITUTO SUPERIORE DI SANITA, A RESEARCH BODY  
WITHIN THE ITALIAN NATIONAL HEALTH SERVICE, THE TIGRAY HEALTH BUREAU AND  
MEKELLE UNIVERSITY IN ETHIOPIA

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## TRANSFORMING HIV TREATMENT AND CARE IN ETHIOPIA THROUGH OPERATIONAL RESEARCH

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A PARTNERSHIP BETWEEN THE ISTITUTO SUPERIORE DI SANITA, A RESEARCH BODY WITHIN THE ITALIAN NATIONAL HEALTH SERVICE, THE TIGRAY HEALTH BUREAU AND MEKELLE UNIVERSITY IN ETHIOPIA

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*“HIV is a major problem in our country. Everything we do with respect to this disease has an implication on almost every aspect of our society”*

Director of Hospital, Ethiopia

HIV/AIDS continues to be a serious public health problem in Ethiopia. In 2011, the adult HIV prevalence was 1.5% in the general population and over 800,000 adults and children were living with HIV/AIDS. While the epidemic is generalised at the national level, there is considerable variation between geographic areas and populations. Antiretroviral therapy (ART) became available in Ethiopia in 2005. At present, approximately 53% of adults and children eligible for ART are receiving treatment.

While significant research in northern countries has yielded data on improving the efficacy of ART therapy, many questions about optimisation of ART in southern countries remain. In Ethiopia, a number of factors complicate HIV/AIDS treatment and care: late diagnosis of HIV/AIDS and initiation of ART at an advanced stage, low retention of patients in treatment programmes, and high rates of treatment failure due to inadequate monitoring of ART and its side effects.

To address questions of ART effectiveness in the Ethiopian context, a partnership between institutions in Italy and northern Ethiopia has been conducting an operational research study called CASA (Cohort of African Persons Starting Antiretroviral Therapy). The project involves the Istituto Superiore di Sanita, the principal technical-scientific organisation of the Italian National Health Service, the Tigray Health Bureau and Mekelle University in Ethiopia.

### ADDRESSING LOCAL NEEDS

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*“The objective of the research project is to see how effective ART treatment is in the region where we are living and working. ART was initiated in 2005,*

*and it has been almost 7 years now. Nobody has really looked at how effective it is.”*

Director of Hospital, Ethiopia

The CASA study is a 5-year longitudinal clinical study of a cohort of HIV positive patients taking ART in 4 rural and urban health facilities in Tigray: Ayder Hospital, Mekelle Health Center, Alamata Health Center and Mehoni Health Center. The study involves systematic collection of epidemiological data to assess the efficacy and safety of ART therapy in this setting. The study will follow-up over 2000 patients on ART treatment.

The project objectives were jointly developed with all partners and are in line with national priorities, which ensures local needs are being addressed and reinforces a sense of local ownership.

*“Our project is in line with the health sector development programs of Ethiopia. If Ethiopia needs a specific intervention, we need to provide exactly that intervention, not what we think is useful for them”*

HIV researcher, Italy

### A HOLISTIC APPROACH

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The scope of the partnership has extended beyond research and has employed a holistic vision to build long-term, sustainable solutions to jointly identified problems. Examples of other activities include:

- Training health personnel in clinical care, statistics, epidemiology, and data collection
- Working with local HIV patient associations to improve patient adherence and retention
- Provision of equipment and improvement of laboratory facilities
- Training that is both theoretical and practical

*“In a context of extreme fragility and poverty like sub-Saharan Africa, the role of operational research is central. Our project proposes to provide a contribution to the government on HIV/AIDS patient care through a holistic approach, including training activities, activities for improving education and communication among patients, provision of equipment and epidemiologic research”*

HIV researcher, Italy

### INNOVATION AND COLLABORATION

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*“...Being engaged in such a research project, where there are both local and expatriate partners coming together and working together to improve the system... [and] the very idea of trying to study and*

*also possibly change the way we handle HIV treatment in the region is a real achievement.”*

Director of Hospital, Ethiopia

One of the most innovative aspects of this partnership is its core focus on evidence-based decision-making. Operational research has long been viewed as an important but underutilised tool to improve delivery of health care, particularly in settings with limited resources and high disease burden. This partnership emphasises systematic data collection, and utilisation of the results to elicit real and sustained change and also promotes a shift towards a culture of inquiry through its capacity building efforts. The focus is on high quality data and adoption of rigorous methodology.

*“Every partner that decides to implement operational research in developing countries should respect some fixed rules.... I believe a lot in the right methodology but also on partnership and local ownership”*

HIV Researcher, Italy

## CAPACITY DEVELOPMENT

*“We have clinician training, epidemiologic training, statistics training...It is important to have all at the local level but also internationally, i.e. bringing our Ethiopian colleagues here.”* HIV Researcher, Italy

Capacity development, an important element of the partnership, target health personnel (physicians, nurses, medical officers, laboratory technicians and case managers) in the 4 Ethiopian health facilities, as well as data managers from Mekele University. The project employs a combination of theoretical and practical training approaches to build skills in clinical management, data collection and analysis, epidemiology and statistics. Exchanges are bi-directional; Italian researchers and health professionals conduct training on-site at Ethiopian facilities and Ethiopian personnel participate in training courses in Italy.

*“Capacity building for local personnel is very important because it is a way to offer long term sustainability to the project. My dream is that at the end of the project, the Ethiopian colleagues will be able to bring it into completion without our help. My dream is to teach them how to catch the fish and not just bring them some fish”* HIV Researcher, Italy

## CHALLENGES FOR THE FUTURE

*“In Ethiopia first line HIV therapies are available in the health centers. For second line, patients need to*

*move to zonal hospitals and this complicates the picture. We are trying to build better monitoring capacity to facilitate and simplify the life of HIV patients.*

HIV Researcher, Italy

While the partnership has already achieved positive impacts in a short time, a number of challenges have arisen. The slow speed of change among institutional authorities, language barriers between partners and lack of Internet access in the rural health facilities remain obstacles. Lack of availability of new ART drugs and the need for a better integration of HIV and TB care are also major issues.

## TRANSFORMING HIV CARE

*“The real achievement will be when we will really understand what is happening to HIV treatment in health facilities in our region. Then we will definitely say that we have reached our greatest objective.”*

Director of Hospital, Ethiopia

The results of the study will significantly improve the understanding of issues related to HIV/AIDS treatment and care in Ethiopia. Partners are confident the results will be beneficial both to stakeholders in Ethiopia, but also in other sub-Saharan African countries with a similar health profile. Furthermore, there is confidence that skills being developed by local Ethiopian medical and non-medical personnel will contribute to sustainability of the project and ultimately lead to the implementation of future independent research.

*“The end result of the research project will definitely have a significant impact, one that may change the way we handle issues related to HIV.”*

Director of Hospital, Ethiopia

### Italy – Ethiopia Partnership: the numbers

Year partnership started: 2011
Project expenditure 2013: 100,000 Euros (ESTHER program), 100.000 Euros (other sources)
Number of HIV positive patients enrolled: 500
Target sample size: 2000
Follow-up: 5 years



# LAOS

*(France)*

## ADVANCING HIV TREATMENT AND CARE IN LAOS THROUGH A HOSPITAL PARTNERSHIP

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THROUGH THIS PARTNERSHIP, IN PLACE SINCE 2009, HIV TESTING HAS INCREASED 4-FOLD AND THE PERCENTAGE OF HIV POSITIVE PATIENTS LOST TO FOLLOW UP 12 MONTHS AFTER INITIATION OF ANTIRETROVIRAL THERAPY HAS DECLINED TO LESS THAN 5%

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*"HIV/AIDS control is one component of the MDGs, so our government attaches great importance to improving this work"* Director of Hospital, Laos

In 2011, the prevalence of HIV among adults aged 15-49 years old in Laos was 0.3%, and 10,000 people were living with HIV/AIDS. The HIV/AIDS epidemic is concentrated amongst high-risk populations such as men who have sex with men, commercial sex workers and injecting drug users. While HIV prevention remains an important objective, the 2006-2010 National Strategy and Action Plan highlighted access to HIV/AIDS treatment as a priority.

In line with national priorities, a partnership between Hospital Bichat in France and the Luang Prabang Provincial Hospital in Laos has been working since 2009 to improve HIV/AIDS treatment and care and build local capacity in this area. The partnership, which also includes collaboration with a network of hospitals in Chiang Mai, Thailand, has been instrumental in the creation of Laos' 4th centre for HIV/AIDS treatment, responsible for patients from northern Laos, as well as strengthening prevention of mother to child transmission of HIV/AIDS (PMTCT) and the quality and volume of HIV testing.

### ADDRESSING LOCAL NEEDS

*"There has been a lot of pragmatism regarding the objectives of the project. After an initial mission to assess needs, we became aware that we needed to incorporate other themes [beyond just HIV treatment and care]."* Immunology Professor, France

While the main focus of the partnership has been improvement of HIV/AIDS treatment and care, its work has evolved to include objectives that target other mutually identified problems such as infection control. The approach has been to build long-term, pragmatic and sustainable solutions to real problems. Examples of activities include:

- Training health personnel in clinical care of HIV positive adults and children, PMTCT, HIV testing, psychosocial care, and data management
- Provision of equipment and improvement of laboratory facilities
- Improvement of the monitoring and evaluation system
- Strengthening hospital hygiene and infection control
- Training that is case-based, practical and emphasises skills building
- South-South collaboration and training between partners in Laos and Thailand

*"We now have a more effective and sustainable management system. And now we can extend the work to other districts by using the system that we have learned for the ESTHER project."*

Director of Hospital, Laos

### CAPACITY DEVELOPMENT

*"This partnership has permitted much broader discussions between different types of medical and non-medical staff. This creates cohesion amongst staff, amongst the team, that is broader and more polyvalent than what we had before."*

Immunology Professor, France

Capacity development for both medical and non-medical hospital personnel is central to the partnership. The approach is practical, case-based and emphasises teamwork and the development of skills in clinical management, data collection, HIV testing, psychosocial care, virology and laboratory medicine and infection control. Mentoring and bedside teaching methods are also utilised to enhance competencies. Capacity building exchanges involve on-site training by French experts in Laos, as well as participation in training courses by Laotian personnel in France and in Thailand.

### SOUTH-SOUTH COLLABORATION

*"Thailand is a partner partly because it is the most advanced country in the region with respect to HIV treatment and care, and also because there is a commonality with respect to language...ESTHER has been able to contribute to missions to Thailand [for Laotian personnel]."*

Immunology Professor, France

One of the most innovative aspects of this partnership has been the inclusion of South-South collaboration between the Luang Prabang Provincial Hospital and the network of hospitals in Chiang Mai,

Thailand. Laos and Thailand are linked together by commonalities in their language, culture and health issues, and Thailand has a well-developed HIV treatment and care program. Given these similarities and the importance of cultural sensitivity in HIV treatment, especially with respect to stigma and sensitive behaviors, this type of collaboration is an extremely effective way to build capacity, share lessons learned and best practices from a very similar context. Furthermore, South-South cooperation can be an important way to share and develop approaches to address politically and culturally sensitive areas such as treatment and care for most at risk populations (MARPs). The Laos-Thailand collaboration has involved training visits by Laotian health personnel in Thailand to strengthen capacity on clinical care, HIV testing and data management.

*“It is easy to learn diagnostic signs and treatment of HIV infection...however [improving] the management of patients also requires cultural changes that take a lot longer to achieve...In Thailand [our Laotian colleagues] are able to progress much faster than with us. We know how to deliver academic messages but we don’t know how to change the cultural aspects of treatment and care.”*

Immunology Professor, France

#### HOSPITAL HYGIENE AND INFECTION CONTROL

*“Quantitatively, there have been fewer declared accidents in 2012 compared to 2011. The doctor in charge of infection control attributes this decline to the success of the training sessions on prevention of accidental exposure.”*

Immunology Professor, France

Early in the partnership, hospital hygiene and infection control were jointly identified as neglected areas that were contributing to poor outcomes. The Luang Prabang Hospital administration was particularly supportive of this initiative, as they understood that enhanced infection control practices would eventually lead to reduced costs and a safer environment for both staff and patients. As such, a large number of hospital personnel were trained, safer equipment and supplies were procured, a hospital hygiene committee was established, and a system of notification of accidental exposures was put into place. In addition, 100% of hospital staff were vaccinated against Hepatitis B. Accordingly, these initiatives have led to considerable

improvements in the safety of hospital personnel and patients.

#### CHALLENGES FOR THE FUTURE

*“What we don’t have is direct relationships with our colleagues in Laos once the missions are over. We’ve tried to facilitate this, ...it’s a bit of a shame that the collaboration is episodic...and doesn’t continue between missions.”*

Immunology Professor, France

While the partnership has led to many successes in terms of improved quality of care, increased HIV testing and fewer accidental exposures, several challenges persist. Difficulties in maintaining the collaboration between missions and language barriers between French and Laotian partners remain obstacles. In addition, lack of resources and capacity in other hospital services remains an issue.

#### SUSTAINING THE RESULTS

*“How to sustain the work after the project is finished is very important...we must become teachers and extend our work to the district level so that we can continue our work and propose solutions to help.”*

Director of Hospital, Laos

Significant progress in terms of HIV treatment and care has been achieved by this partnership. Partners are hopeful that the results will be sustained over the long-term. It is also envisaged that the advances made by this partnership will be scaled up to other parts of Laos, and that those who have learned will in turn teach others, thus amplifying the impact of the partnership.

*“In my opinion they have progressed so much in the last 4 years...and I have hope that they will be able to maintain the progress that they’ve achieved.”*

Immunology Professor, France

#### France–Laos Partnership: the numbers

Year partnership started: 2009
Project expenditure 2013: 45,285 Euros
Health personnel trained in 2012: 234
No. of HIV positive patients supported (2012): 99
No. of patients on ARVs supported (2012): 87
No. of patients tested for HIV (2012): 3171



# TANZANIA - CAMBODIA - MALAWI

*(Norway)*

A PARTNERSHIP WITH GLOBAL REACH

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A MULTI-COUNTRY PARTNERSHIP IS BUILDING INTERNATIONAL CAPACITY IN  
PROSTHETICS AND ORTHOTICS FOR DISABLED PEOPLE ACROSS ASIA AND AFRICA

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## A PARTNERSHIP WITH GLOBAL REACH

### A MULTI-COUNTRY PARTNERSHIP IS BUILDING INTERNATIONAL CAPACITY IN PROSTHETICS AND ORTHOTICS FOR DISABLED PEOPLE ACROSS ASIA AND AFRICA

*"Disability is one of the biggest humanitarian crises in the world today. Disabled people have the lowest quality of life in the world. They are 10% of the population of the world but not focussed on at all."*

Head of Department, Sophies Minde

The 66th World Health Assembly adopted a resolution calling for better health care for people with disabilities, including ensuring access to services that help them acquire or restore skills and functional abilities. According to WHO, access to rehabilitation services is sub-optimal or non-existent in many low-income countries. Armed conflict generates injuries that can result in disabilities often long after the conflict ceases due to landmines and other unexploded weapons. Delays in receiving treatment and rehabilitation can exacerbate conditions. Studies have shown that people with a disability are at a disadvantage in terms of education and the labour market and at the same time incur greater medical costs. The provision of prosthetics and orthotics to increase mobility for disabled people can have a significant effect not only on their quality of life but also on their socioeconomic status.

Sophies Minde Orthopaedic AS, a subsidiary of the Oslo University Hospital, was founded in 1892 and is a supplier of orthopaedic aids and services. The Orthopaedic Centre at Kamuzu Central Hospital (KCH) provide rehabilitation services in Malawi. The Cambodian School of Prosthetics and Orthotics (CSPO) was established in 1994 in response to years of conflict which has left the country with significant levels of disability and a lack of trained personnel. It produces skilled rehabilitation professionals by providing training for students from Asia and Australasia. The Tanzania Training Centre for Orthopaedic Technologists (TATCOT) was founded in 1981 and is a supra-regional training centre. It provides training in prosthetics and orthotics to all English speaking countries in sub-saharan Africa. The institutional aims of each partner are well matched.

#### WORKING WITH STRATEGIC INSTITUTIONS

*"The collaboration between the schools in Africa and Asia is the best result of the project ... in our small way*

*we are world famous for making this work."*

Head of Department, Sophies Minde

In 2002 Sophies Minde initiated a partnership with the Orthopaedic Centre at Kamuzu Central Hospital (KCH) in Malawi. There were no rehabilitation services in Malawi at that time although now Malawi has successfully expanded its services to three functioning centres. Building on this success, Sophies Minde wanted to increase the spread of their collaborations and TATCOT and CSPO were identified as strategically important institutions due to their international reach. The knowledge and experience of the staff at Sophies Minde enabled them to find institutional partners that would maximise the impact of their collaboration. This multi-partnership is not limited to these four institutions - they work closely with international organisations and NGOs that are active in this sector enabling them to work to internationally agreed standards and to avoid duplication.

#### SOUTH-SOUTH-SOUTH-NORTH COLLABORATION

*"We are in a similar need and a similar development stage and have similar resources in our teaching facilities. Having the south-south collaboration we are learning what are the possibilities with minimal resources – we are learning together"*

Lecturer and Graduate of CSPO, Cambodia

The schools (Cambodia and Tanzania) collaborate on the development of curriculum that is based on the needs identified by their staff and students. Vital academic resources including journals and teaching materials are managed online at CSPO and can be accessed at TATCOT.

Long-term exchanges of staff between the schools, KCH in Malawi and Sophies Minde in Norway expose the staff to a rich variety of experiences. You cannot always know how cross cultural inspiration and innovation will happen. One exchange participant from Cambodia was impressed with a carbon fibre prosthetic foot he saw in Norway – he made careful drawings of its design. On his next exchange to work in Tanzania he noticed the steel used for machetes had the properties he needed to build the prosthetic. On his return to Cambodia he built a working foot using the design from Norway and the machete steel from Tanzania.

#### INTERNATIONAL STANDARDS AND REACH

*"In order to justify international qualifications the schools must teach and provide clinical sessions in different types of materials and technologies. It is*

*difficult in poor countries as they do not have these available and so cannot practice in order to teach."*

Head of Department, Sophies Minde

TATCOT and CSPO provide training to an international standard. Being an International Society of Prosthetics and Orthotics (ISPO) accredited teaching centre enables the schools to attract international students. Twenty years ago there was no indigenous school for prosthetics and orthotics in Cambodia – now they have graduates from 18 countries.

For TATCOT and CSPO the partnership has provided the opportunity to improve the knowledge and skills of their teaching staff in modern technologies and techniques. These techniques need to be taught to gain ISPO accreditation but the materials and experience is not readily available in either Cambodia or Tanzania. Sophies Minde provides them with the opportunity to work with these techniques and materials. For all partners the project has offered rich opportunities for staff development and cross-cultural exposure and learning.

#### EMPOWERMENT AND EQUALITY

*"The concept of a collaboration between equal partners is mind blowing ... it is not easy the first time as there is an expectation sometimes to receive and not have to contribute ... but it is developing positively"*

Head of Department, Sophies Minde

Partnership is not an easy option. Traditional models of aid create expectations that the flow of learning and resources is one way from north to south. In the ESTHER Norway model northern and southern organisations are required to supply staff for long-term (6 – 18 months) exchanges. For Sophies Minde their staff gain skills in working with other cultures, an important skill in Norway as immigration increases. Staff working in resource poor environments for a prolonged period also gain skills in management and problem solving that benefit the Norwegian health service on their return. Partners state that the length of the exchanges enables them to develop a deep understanding of different environments. This creates an enabling environment for cross cultural learning.

*"We are working at the level of collaboration and communicating with respect as a partner. We all have the opportunity to comment and give feedback and input into the partnership. It is empowering to the partner from the south"*

Lecturer and Graduate of CSPO, Cambodia

#### WORKING AT PARTNERSHIP

*"The challenging thing is how much time all the administration takes...the whole project is done on a volunteer basis"*

Head of Department, Sophies Minde

Working in partnership is about reciprocity and mutual gain. Ensuring that partners have a shared expectation of what they will gain alongside what they need to contribute is a crucial foundation to successful relationships. Expectations have had to be negotiated between the funder and the four partner organisations. Managing these complex interrelations takes time - to develop understanding and achieve mutual respect and collaboration. For the northern partner there is a tension between the financial and client needs of their home institution and the volunteer time given to manage the partnership. Therefore the partnership needs to be anchored within the top level of administration in Sophies Minde to ensure the sustainability of the partnership.

#### BUILDING ON SUCCESS

*"Our teachers return to teach the programme in Cambodia with a better quality of teaching, skill and knowledge and they are making an impact in introducing new ideas, new techniques."*

Lecturer and Graduate of CSPO, Cambodia

For Sophies Minde continuing to focus on education capacity building is key to sustainability for the future. Ideally they would like to add another school to the partnership and reduce their focus in Malawi where 10 years of partnership has resulted in services which are now embedded in local institutions. Continued support to TATCOT and CSPO will ensure significant numbers of countries benefit from this partnership. Ultimately the graduates of these organisations will provide services to some of the most needy people in some of the least well served countries in the world.

#### the numbers

Year partnership started: 2002

Funding from Norway 2012/3: approx. €590,000

Number of exchanges 2012/3: 10 > 10 months

CSPO Graduates as at 2012: 174 from 18 countries

TATCOT Graduates as at 2012: 585 from 38 countries



# COSECSA RSI

## College of Surgeons of East, Central & Southern Africa *(Ireland)*

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### SHARED VISION OF BETTER SURGERY IN AFRICA

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AN INTERNATIONAL PARTNERSHIP IS BUILDING REGIONAL CAPACITY TO IMPROVE SURGERY IN EAST, CENTRAL AND SOUTHERN AFRICA. THROUGH THE PARTNERSHIP, 146 SURGEONS HAVE BEEN TRAINED AS SURGICAL TRAINERS AND 27 AS BASIC SCIENCE TRAINERS.

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*A one or two hour surgical procedure can change outcomes decisively: from death to a four-week recovery or from being seriously crippled for life to having a mild limp. Very basic surgery can achieve these outcome changes at modest cost<sup>1</sup>.*

Surgery is an essential component of health systems but has generally been neglected in global public health. In sub-Saharan Africa injury is a main cause of death in children aged 5 and over. Yet the availability of surgery is scarce: rates of surgery in Ethiopia for example are 148 per 100,000 compared to 23,369 per 100,000 in Hungary<sup>2</sup>.

The Royal College of Surgeons in Ireland (RCSI) and the College of Surgeons of East, Central and Southern African (COSECSA) are driven by a common aim to enhance surgical services within the region through increasing the number of appropriately trained, well-qualified surgeons and doctors able to perform surgery from a basic to an international standard in 10 African countries. Together they are achieving this through a regional focus, with strong connections to national surgical societies.

#### A STRATEGIC PARTNERSHIP

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*"We are very much focused on institutional development rather than gap filling or service delivery. We think that this is the right way to work; it is sustainable and it is a long-term vision"*  
RCSI Programme Manager for the collaboration

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<sup>1</sup> Jamison et al (2008). Diseases Challenge Paper, Copenhagen Consensus 2008.

<sup>2</sup> Weiser et al (2008). An Estimation of the Global Volume of Surgery, The Lancet

For RCSI, the partnership enables them to contribute to increasing the number of qualified surgeons in countries in the most severe need. COSECSA benefits from RCSI's 250 years of experience in the management and delivery of surgical education and training. As a partnership they work together not just on the content and delivery of training but also on strengthening COSECSA as an institution with a sustainable funding base. The partnership is built on the solid foundation of a shared vision, joint ownership and mutual understanding.

The partnership is supported by Irish Aid, who have committed to the long-term nature of support required to bring about incremental institutional strengthening.

#### PRAGMATIC SOLUTIONS TO REAL NEEDS

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*"Our relationship has borne fruit in many areas especially the enhancement of the knowledge base of our surgeons through training in basic sciences and leadership training."*  
Professor of Surgery and CEO COSECSA

Rather than filling short-term gaps the partnership builds for the long term. Its capacity-building activities include:

- Training for the Membership and Fellowship of the College in general surgery, orthopaedics, neurosurgery, urology, paediatric surgery, otorhinolaryngology and plastic surgery
- Training qualified surgeons in educational techniques so they can train their peers
- Improving surgical trainees' skills in basic science
- Developing a new e-learning platform designed for the region
- Training that emphasizes practical skills over academic learning
- Training surgeons to be better leaders.

Wherever possible, African surgeons are trained to deliver further training in their own country. This cascading of training is a cost-effective way of increasing the reach of high-quality training. Quality is at the heart of the partnership and the partners protect it through prequalification criteria for training hospitals and international benchmarking of examinations. 146 surgeons have now been trained as surgical trainers and 27 as basic science trainers. It is expected that the increase in the number of trained surgeons will have a positive effect on the health system throughout the region.

## IT FOR TRAINING WHERE IT IS NEEDED MOST

*"We need human resources in the periphery – one way to do this is to ensure that the training is done in the periphery."*

Professor of Surgery and CEO COSECSA

There are few surgeons overall in sub-Saharan Africa, but rural areas are particularly ill served. The partnership has tackled this problem through innovative use of e-learning to train surgeons and to provide doctors with skills in basic surgery even in remote locations. This has been made possible through funding for IT hardware, internet connectivity and development of the e-learning portal. The partnership has demonstrated that, with very modest investment in IT infrastructure, e-learning is possible even in the most remote locations.

*"IT labs can be built by anyone with the money, but the training is vital. Without the partnership, even if we had the money, we could not have done it."*

Senior Surgeon COSECSA

## MORE THAN SURGERY

*"We feel we are aligned with the work that COSECSA needs to do; we work with them on everything that they do; marketing, recruitment, IT"*

RCSI Programme Manager for the collaboration

The partnership works to strengthen all aspects of COSECSA's work including business planning, marketing and communications, development of administrative and financial systems and leadership training. Public relations and communications have played a strong and innovative role in the partnership. Development of the COSECSA website and promoting its brand for quality are helping bring other countries into COSECSA.

COSECSA has a three-year business plan, developed in partnership with RCSI, with clearly defined targets, training strategies and financial plans and projections. The aim is to diversify its funding streams with internal generation of income through subscriptions, examinations and short courses and lobbying for funding through its 10 member countries, thus reducing its reliance on external funding in the long term. However, obtaining local political commitment and funding is not without challenges:

*"In our region excellent resolutions are made but when it comes to implementation everything collapses"*

Professor of Surgery and CEO COSECSA

## CHALLENGES FOR THE FUTURE

*"Donors do not like to hear about funding operational costs. That is exactly what this college needs. If we had operational funding we could enhance the administrative human resources at the Secretariat and the examination process. In another 5 years we would be self-sustaining."*

Professor of Surgery and CEO COSECSA

Whilst the partnership has achieved considerable success within a short timeframe, fragility remains in terms of funding, staffing and infrastructure. Currently COSECSA has just two funded staff and RCSI has one full-time staff member supporting the partnership. Much of its success relies on people giving their time whilst working in senior roles in their own institutions.

Surgery continues to be referred to as the "neglected stepchild of global health" despite the evidence that it is both effective and cost effective in resource-poor settings. Donors require evidence of impact; yet attributing change to the global burden of disease through the training of surgeons over such a large region is methodologically and operationally challenging.

## BUILDING ON SUCCESS

*"RCSI took 250 years to reach this stage but [with them] we can take 20-30 years to reach the same point."*

Senior Surgeon COSECSA

COSECSA is confident that in partnership with RCSI it will achieve its vision of increasing the number of well-qualified surgeons in the region and upgrading the skills of doctors to perform basic surgery in rural areas.

### COSECSA-RCSI the numbers

Year partnership started: 2007

Funding from Irish Aid 2013: €600,000

Member Graduates to 2012: 114

Fellowship Graduates to 2012: 90

IT Labs Equipped: 25

Surgeons trained as surgical trainers: 146

Surgeons trained in basic science training: 27



# TANZANIE

*(Germany)*

IMPROVING QUALITY OF CARE IN THE SOUTHERN HIGHLANDS OF  
TANZANIA

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A HOSPITAL PARTNERSHIP THAT IS BUILDING CAPACITY TO IMPROVE THE  
HEALTH CARE SYSTEM - STRENGTHENED INFRASTRUCTURE, NEW SERVICES  
& IMPROVED QUALITY OF CARE

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## IMPROVING QUALITY OF CARE IN THE SOUTHERN HIGHLANDS OF TANZANIA

### A HOSPITAL PARTNERSHIP THAT IS BUILDING CAPACITY TO IMPROVE THE HEALTH CARE SYSTEM - STRENGTHENED INFRASTRUCTURE, NEW SERVICES & IMPROVED QUALITY OF CARE

*“As clinicians, we want to provide services well and want to be appreciated by our clients, the challenge is finding the right way to do this.”*

Executive Director, Mbeya Referral Hospital (MRH)

Mbeya Referral Hospital (MRH) is a 477-bed, tertiary healthcare facility serving the southern Highland zone in Tanzania. As a tertiary hospital its functions are 3-fold; provision of tertiary healthcare services, teaching and research. The hospital’s vision is to provide quality healthcare to the satisfaction of both internal and external clients through a competent health workforce and appropriate use of equipment, technology and techniques.

The Department of Tropical Medicine and infectious Diseases at the University of Munich (LMU) and Mbeya Referral Hospital (MRH) in Tanzania have a long established relationship through their collaboration with the Mbeya Medical Research Centre (MMRC), which has been linking capacity building with research activities since 1989. This relationship has developed and matured over the years building a solid foundation of trust and mutual benefit through joint research projects, building research capacity and strengthening clinical services.

This partnership has had 2 consecutive projects funded by ESTHER Germany, which have focused on improving quality of care, especially for people living with HIV/AIDS, in the Southern Highlands Zone through quality improvement strategies and capacity building at Mbeya Referral Hospital (MRH).

#### IDENTIFYING REAL NEEDS

*“We have used our annual planning process to identify and prioritise our needs. Where funding and expertise gaps exist, we have worked with LMU to develop joint working”* Executive Director, MRH

For Mbeya Referral Hospital, the ESTHER programme has provided an opportunity for them to work with LMU in supporting clinical activities where deficiencies have been identified and at the same time build infrastructure for research capacity.

This partnership has acted as a catalyst for improving infrastructure for new services and for strengthening clinical and technical expertise. Some of the key project outputs included:

- Establishment and support of cervical screening services
- operationalization of a histopathology laboratory
- Implementation of a hospital wide quality assurance and improvement programme

For each output a project leader from MRH was paired with a counterpart from LMU (either based at the Mbeya Medical Research Centre or Munich), to jointly develop and lead project activities and monitor financial spend. The counterpart system was established to ensure alignment with the hospital’s vision and mission and has resulted in strong ownership for the project by hospital management. The hospital has benefited from having access to LMU expertise based within the Medical Research Centre in Tanzania, as well as being able to access expertise from Munich.

#### FINDING APPROPRIATE SOLUTIONS FOR NEW SERVICES

*“Our partnership working has provided very good means for developing our institution through acquiring ‘know how’ combined with experience at a more advanced level, compared to what we normally do.”* Executive Director, MRH

When this project started cervical carcinoma screening (CSS) services were not offered at MRH. This service was identified as a priority since HIV positive women have a higher incidence of cervical disease. LMU worked with MRH to develop the capacity of their clinical cadre of staff through adapting extended methods and techniques to the local context alongside appropriate procurement and use of technology, equipment and supplies. Doctors and nurses were trained in cervical carcinoma screening, colposcopy and treatment linked to pathology services in addition to CCS services implemented at this time through the Tanzanian Health system (visual inspection with acetic acid and cryotherapy).

*“We need good clinicians, since this is the core business of hospitals. Once we have a strong cadre of doctors and nurses the rest will grow from here.”*

Executive Director, MRH

#### LINKING CLINICAL SERVICES TO RESEARCH

*“We were able to integrate ESTHER supported HIV and cervical screening activities into clinical research through collaborating with different partners. This has also led to improved 2<sup>nd</sup> line HIV management, linkage of hospital services and systematic data collection in routine patient management.”*

Esther Coordinator, LMU

The partnership has benefited from the already existing research infrastructure, with access to skilled researchers, procurement systems, mobile lab services and other resources. Research has only been possible through positive relationships with the Hospital and surrounding facilities. An example of research activities include an EU funded TB treatment trial. Monitoring and intervention equipment and procedures have served as a pilot and provide training opportunities closely linked with ESTHER activities that include development of standard operating procedures (SOPs) and implementation of services and interventions. Thus here has been a synergy between improving clinical services and developing research activities and interventions.

An EDTCP (European & Developing Countries Clinical Trials Partnership) funded study on 2<sup>nd</sup> line treatment for HIV has been implemented which has included an infrastructure up-grade and training. Through providing 2<sup>nd</sup> line treatment this will contribute to preventing disease progression and reducing long-term AIDS-related mortality.

*“As a result of improving clinical services this work is now feeding into a larger proposal to EDCTP for a research follow-up study.”* Esther Coordinator, LMU

#### IMPROVING QUALITY OF CARE

*“In spite of our isolation and of being a small tertiary hospital in the western corner of the country, our quality is perceived to be good”*

Executive Director, MRH

The vision of MRH is to assure and improve quality of care to its clients. Internal medicine, paediatric and OPD services were identified as core areas in which to improve patient care and treatment. Sensitisation training with all staff on quality improvement methodology has provided greater clarity on how to provide and monitor services that meet agreed quality standards. Efforts to improve clinical quality have focused on the development of a range of standard operating procedures (SOPs) for inpatient, theatre and outpatient services that have now been implemented.

A hospital quality improvement team has been established to oversee the quality improvement programme and ensure that all quality improvement activities are linked. A staff recognition scheme has been introduced to promote and improve adherence to SOPs and other procedures.

Client concerns and satisfaction are regularly monitored through the use of exit interviews. Initial results revealed client concerns in relation to treatment delays, drug availability and staff attitude. Within a 2-year time frame the hospital has reported a significant reduction in client complaints due to their quality improvement efforts.

#### IMPACT BEYOND OUR INSTITUTION

*“The hospital is organising continuous quality improvement training seminars with participants coming from Malawi, Uganda and Kenya to learn from us.”*

Executive Director, MRH

The results of this partnership work are now impacting beyond Mbeya region. MRH is hosting training seminars in quality improvement methodology with participants coming from other hospitals in Tanzania and from the East and Southern African Region. There is also evidence that this work is influencing national level policy. Quality improvement tools and methods developed (SOPs and exit interviews) are being reviewed for possible scale-up to other hospitals in the country.

Project activities have greatly contributed to the Tanzanian national cervical carcinoma screening (CCS) programme which has been scaled up into other regions. Furthermore Esther activities have supported research related to CCS, funded through the German Research Foundation and the implementation of an HIV 2<sup>nd</sup> line ART cohort study funded by EDCTP.

#### SUSTAINING OUR SUCCESS

*“From the beginning we selected what needed to be done according to our hospital plan..... ESTHER kick started the process..... but now we are maintaining this as part of our routine service delivery.”*

Executive Director, MRH

The Executive Director is confident that this work can be built on and sustained, ensuring that it is integrated into routine service delivery and costed into their annual hospital plan. New services were needed and are now being scaled-up.

*“We can now run these services on our own. Running the pathology lab is within our capabilities and also a source of revenue.”*

Executive Director, MRH

The Executive Director of MRH acknowledges that without the ESTHER programme, there would have been many more setbacks and progress would have been much slower.

*“As a result of this work we now have a functioning histopathology lab, a cervical screening programme that is being scaled-up, a library which is being used by our staff and students and a hospital-wide quality assurance programme. This has helped motivate our staff through training and the provision of know how”.*

Executive Director,

MRH

#### Munich - Mbeya the numbers:

**CCS procedures performed:**

**Year 1: 558; Year 2 > 1000 women**

**Clinical SOP development & implementation: n=19**

**HIV 2nd line clinic: > 200 ARV patients registered**

**and systematically followed up**



# LATIN AMERICA

*(Spain)*

CREATING A HEALTH PROFESSIONAL NETWORK ACROSS LATIN AMERICA  
TO IMPROVE HIV PATIENT CARE

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BUILDING CAPACITY THROUGH A NETWORK OF GOVERNMENTS & HEALTH  
PROFESSIONALS IN 7 LATIN AMERICAN COUNTRIES AND SPAIN

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# CREATING A HEALTH PROFESSIONAL NETWORK ACROSS LATIN AMERICA TO IMPROVE HIV PATIENT CARE

## BUILDING CAPACITY THROUGH A NETWORK OF GOVERNMENTS & HEALTH PROFESSIONALS IN 7 LATIN AMERICAN COUNTRIES AND SPAIN

*Latin American health professionals want to be involved in HIV workshops and complete the online Masters degree. It is all about sharing information and knowledge – we don't give money or materials.*

Master's tutor, Spain

The HIV epidemic in Latin America has changed little in recent years. Although HIV prevalence is relatively low compared to the rates found in many parts of Africa, the number of people affected is still substantial. The total number of people living with HIV grew to an estimated 1.4 million in 2011 from 1.1 million in 2001 due largely to the availability of antiretroviral therapy. An estimated 83,000 people were newly infected in 2011 compared to 93,000 in 2001.

The ESTHER Spain Programme has created a network of health professionals across 7 Latin American countries, with the overall aim of strengthening the workforce in the prevention, treatment and care of people living with HIV/AIDS. Fourteen Spanish hospitals have been involved in the programme through their clinical staff volunteering as tutors, trainers and mentors. Members of the network are driven by a common purpose of improving HIV diagnosis, strengthening prevention of mother to child transmission (PMTCT) programmes and enhancing clinical and pharmacological management of HIV patients.

## EXCHANGING KNOWLEDGE

*When I first visited Ecuador, the situation was not good. There was no prevention of mother to child transmission (PMTCT) programme in the country and huge problems with access to ART. Very little was being done about HIV.*

Master's tutor, Spain

The primary objective of the Spanish ESTHER programme has been to exchange knowledge and practice of working in the prevention, treatment and care of HIV patients in secondary and tertiary hospitals. The programme has:

- Developed a network of trainers
- Facilitated training workshops
- Established an exchange of personnel
- Supported complex clinical cases
- Supported operational research
- Provided an online accredited Masters degree in HIV infection

The level of participation has varied between countries and has been needs led. The continuity and involvement of health professionals from both Spain and Latin America has been fundamental to the success of the programme.

## ENGAGING AND ALIGNING WITH NATIONAL GOVERNMENTS

*The Spanish ESTHER Programme is more a network of professionals rather than hospital twinning. The partnerships are formed between the Government of Spain and ministries of health within Latin America.*

National Coordinator, Spain

The Spanish ESTHER Programme is aligned with the master plan for Spanish cooperation that aims to contribute to the development of a qualified and motivated health workforce and improve health outcomes, particularly for those subject to greatest poverty and vulnerability. It is also aligned with the National Aids multi-sectoral plan that sets out to improve international coordination and cooperation in fighting the epidemic.

Political will on both sides has been a key element of this programme. The first step in becoming part of the ESTHER professional network is through government-to-government contact. It is also at national level where the scope and degree of involvement is determined including selection of hospitals and identification of professionals for the online masters. Aligning to national level priorities and needs has been a fundamental way of working for ESTHER Spain.

*Providing capacity building and cooperating with other countries with which we have a special connection from history and culture and doing this cooperation in capacity building is very satisfactory for both sides*

Coordinator, ESTHER Spain

## CAPACITY DEVELOPMENT THROUGH AN ONLINE MASTERS DEGREE

*If we hadn't supported this work, people would have to travel to Mexico, Cuba or Argentina – but that is more difficult and costly to organize. The online Master's degree is for everyone and Rey Juan Carlos University provides the accreditation with no charge – this is a form of development cooperation.*

Master's Tutor, Spain

Capacity development for health professionals has been central to the partnership. The online Master's programme was developed to improve access to post-graduate education in HIV/AIDS, with 624 clinicians successfully graduating from the programme between 2009-12.

The programme effectively combines theoretical work with practical, case-based exercises

conducted in their own work setting. A range of modules ensures that master's students develop knowledge and skills in clinical case management, epidemiology, research methods, gender, HIV testing, psychosocial care and virology.

The commitment of Spanish health care professionals to volunteering their time, often outside normal working hours and providing online mentoring and support has been a key enabler. One strategy for reducing the workload for Spanish health professionals has been to use previous post-graduates from the Masters programme to supervise current students in the research element of the Master's programme.

*It is very labour intensive supporting the Master's programme. I have to work my normal hours with the Ministry of Health, and then support the Master's students in my free time.* Master's tutor Spain.

#### CONTINUING RELATIONSHIPS BETWEEN HOSPITALS & HEALTH PROFESSIONALS

*What I have most benefited from is my continuing professional relationship with Spanish doctors. Every 2 weeks I am in contact by Skype for clinical meetings to discuss complex cases and receive advice and guidance.* Hospital Director, Ecuador

Unlike traditional technical assistance, the power of this programme has been continuing assistance with a "human-face". The combination of a range of complementary training activities – online masters, clinical mentoring, training workshops and hospital exchange visits - has provided assistance and motivation to health professionals. Previously, many felt professionally isolated, lacking peer support to share both technical and management skills and experiences.

Furthermore continuing support provided to Latin American professionals in dealing with complex cases through regular communication with Spanish health professionals (email and Skype) has been highly valued.

*What has been really important for me was to obtain a different perspective on HIV..... How a developed country is working on the HIV problem, especially in children.* Hospital Director, Ecuador

#### INFLUENCING POLICY & PRACTICE

*Originally there were only 2 hospitals that were able to treat HIV. I can see real change as the result of this work. At national level we contributed to the development of National HIV guidelines and now there is a PMTCT Programme in the country.* Master's tutor Spain.

The Spanish Model has been effective in influencing policy and changing practice. This can be partly attributed to the strong engagement at national level when country partnerships are established. In Ecuador, ESTHER Spain contributed to the development of National HIV guidelines and there is now an established PMTCT Programme operating in the country. Development of clinical practice guidelines and improved clinical practice have been strengthened through the hospital exchange visits where Latin American professionals are afforded the opportunity to experience first-hand how HIV patients care systems and the supporting management and administration systems are designed and function.

*Hospital visits to Spain allowed staff to experience first-hand how to administer an HIV programme. They come back more motivated.*

Hospital Director, Ecuador.

#### SUSTAINING THE PROGRAMME & FUTURE CHALLENGES

*Our experience and results can serve as a model for other countries given the excellent response we obtained both from health professionals and the National AIDS Programmes.*

Coordinator ESTHER Spain

The Spanish Model has used a low cost approach where health professionals participate without receiving any financial compensation and ICT has been effectively used for providing online medical education and mentoring. However, the global economic crisis has meant that ESTHER funding is currently under review. This has not stopped programme activities but support has been limited to online communication and exchange within and between participating Latin American countries through its network of trainers.

The unique approach adopted by Spain has been highly valued by Latin American clinicians, cognizant of the need for continuing medical education in fighting the HIV epidemic.

*We need more time to show real change. HIV is changing all the time and we need continuing medical education where we are regularly accredited.*

Hospital Director, Ecuador

#### Online Masters Programme: The Numbers

Number of graduates: 624
3 editions of online Masters: 2009-2012
4th edition: to be launched in 2013 (subject to funding)