



Program Overview

Supported by PEPFAR/HRSA
Grant Number U91HA06801



Program Goal

To contribute to health systems strengthening in African partner countries by developing a leadership training program targeting primarily African health professionals



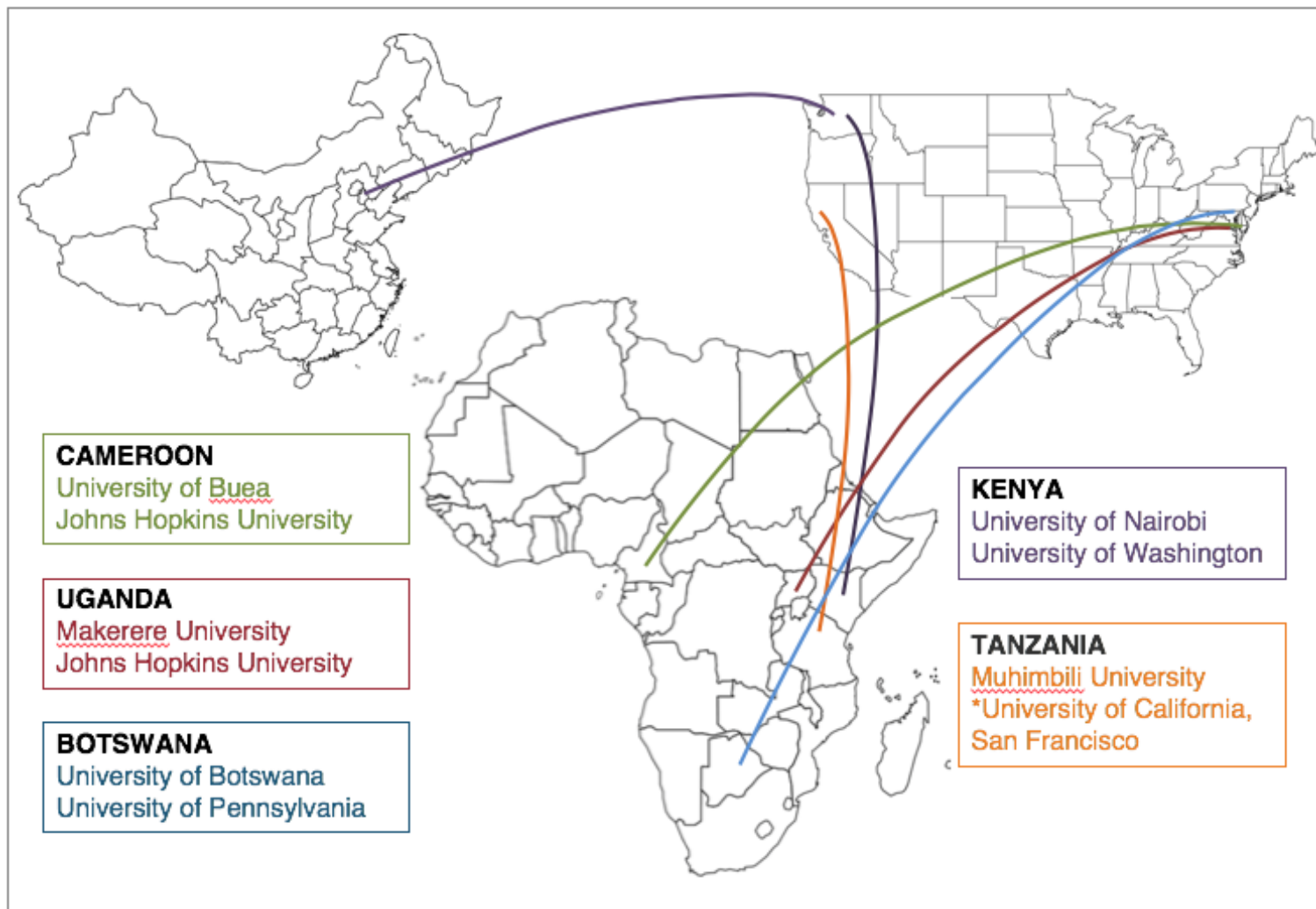


Distinguishing Features

- **Africa-centric**
 - Training sites, trainees & faculty
- **Consortium Based on Partnerships**
 - Strong North-South & South-South collaborations
- **Leadership Focus**
 - Practical skills to support evidence-based approaches
- **Interdisciplinary**
 - Medicine, nursing & public health



Consortium Partners



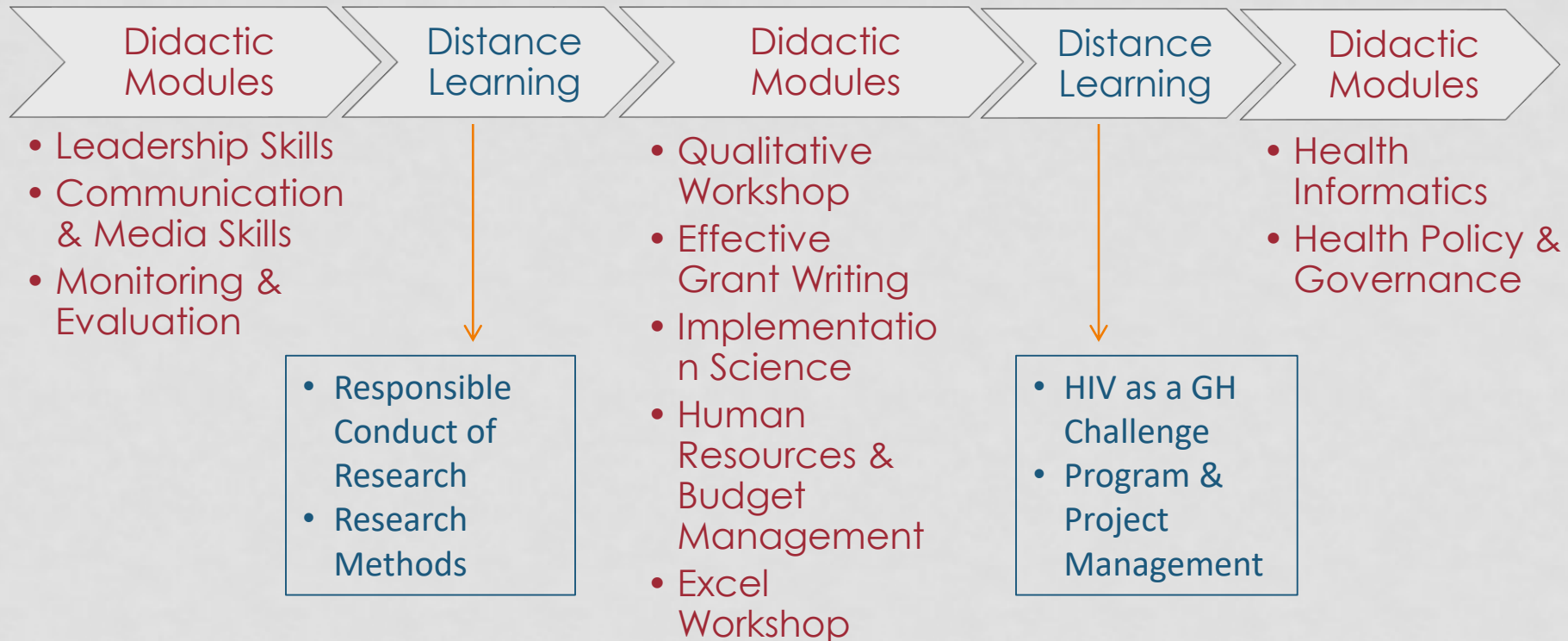
Structure



Mid-fellowship and final meetings include all fellows, working group members, attachment site mentors and stakeholders, including PEPFAR coordinators

Didactic Modules

- Modules led by African and US working group members
- Focus of modules is skills building in different areas
- Group work: North-South and South-South interactions





Didactic Modules

- Modules relevant to program leadership
- Not part of traditional medical, nursing or public health school curricula

Leadership Modules

- *Leadership Skills*
- *Communications and Media Skills*
- *Global Health Policy and Governance*

Program Management Modules

- *Monitoring and Evaluation*
- *Human Resource and Budget Management*
- *Program and Project Management*
- *Health Informatics*

Research Modules

- *Responsible Conduct of Research*
- *Research Methods*
- *Qualitative Workshop*
- *Effective Grant Writing*
- *Implementation Science and Health Systems Research*

Public Health Topic Module

- *HIV/AIDS as a Global Health Challenge*



Attachment Sites

- Matching process to optimize learning
- Structured mentorship
 - Team approach: Each fellow supervised by a dual mentors, one from site and one from working group, throughout the program
- Experiential learning in leadership & management
- Project development and implementation
- Final reports: written and oral





Partners for Attachment Sites

UGANDA

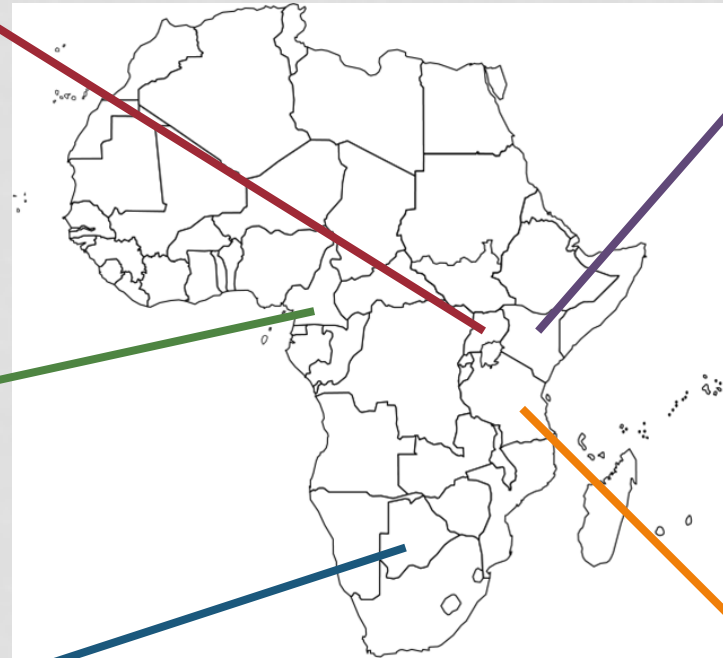
- Ministry of Health
- Makerere University
- Infectious Disease Institute
- Ugandan Virus Research Institute
- Joint Clinical Research Center

CAMEROON

- Ministry of Health
- Cameroon Baptist Convention Health Services

BOTSWANA

- Ministry of Health
- I-TECH
- CDC
- Botswana – UPenn partnership



KENYA

- Ministry of Health
- KEMRI/CDC
- Kenyatta National Hospital
- AMREF
- I-TECH
- Jhpiego
- Elizabeth Glaser Pediatric AIDS Foundation

TANZANIA

- Ministry of Health
- ECSA Nursing
- AMREF
- Benjamin Mkapa HIV/AIDS Foundation
- MUHAS-MDH



Activities during Attachment Site Rotation

- Meetings with Attachment Site Mentor, as required
- Weekly meetings with Primary Mentor
- Monthly meetings with the entire Mentoring Team
- Afya Bora project report (a.k.a. final report) and evaluation due last day of rotation



Collaboration & Partnerships I

- Working Group
 - Multidisciplinary representatives from 9 universities
 - Weekly phone calls
 - Biannual meetings in Africa
- Modules
 - Locations rotate among African universities
 - North-South co-leadership of each module
 - Majority of lecturers African faculty and experts





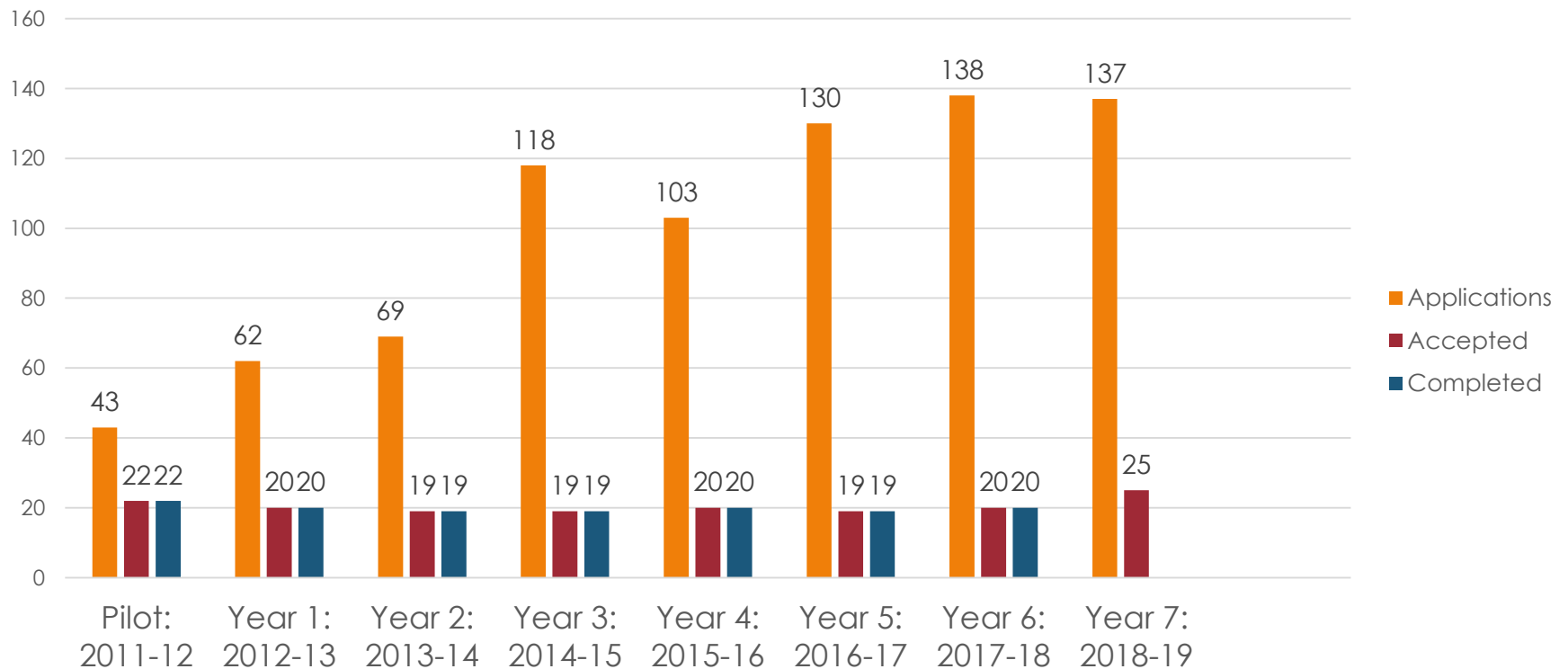
Collaboration & Partnerships II

- Attachment Organizations
 - Foster local collaboration among local health organizations
 - Orientation & mentorship training with attachment organization collaborators
- Fellows
 - Building network of young leaders in health sectors of 5 countries
 - Involve alumni in mentorship and program continuation
- Institutions
 - Expand modules to enrich academic curricula
 - Bridge academic & public health organizations
 - Capacity for ownership of training, research & health programs

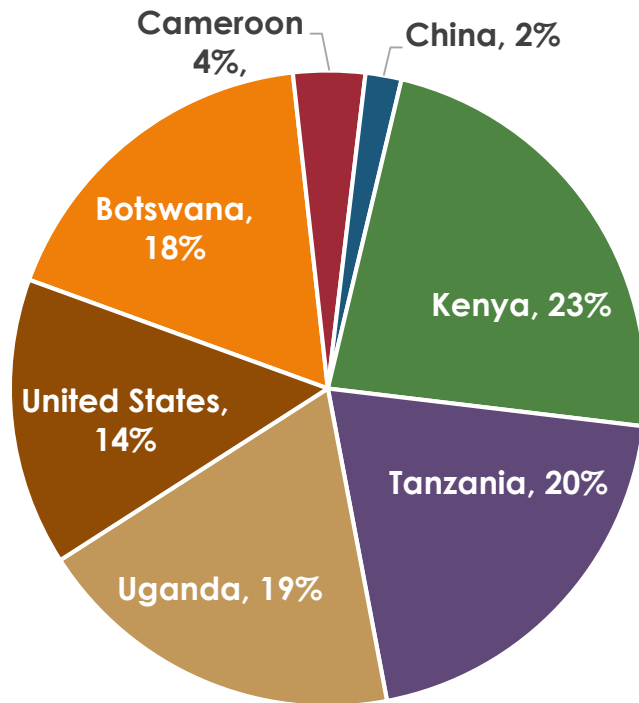


Afya Bora Fellows Recruitment & Selection

Afya Bora Fellow Recruitment and Selection Rates



Afya Bora Fellows' Country of Origin, 2011-2018 (164 total)



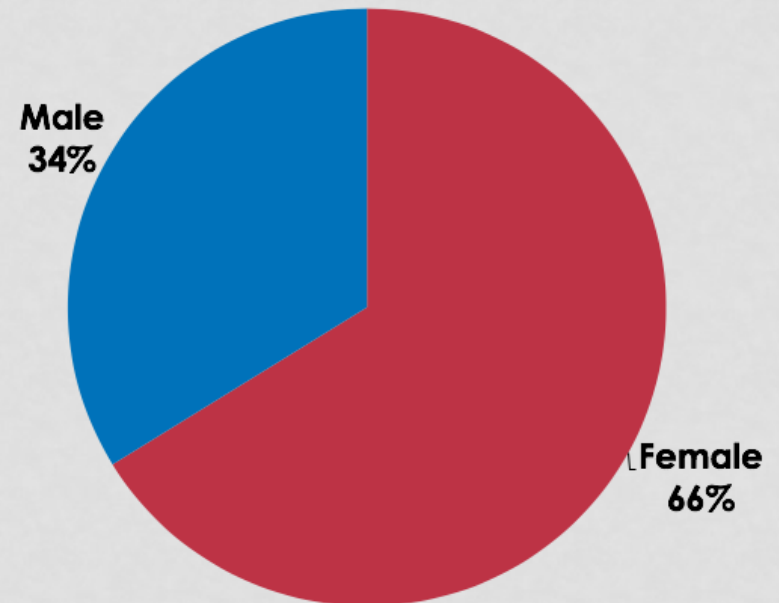
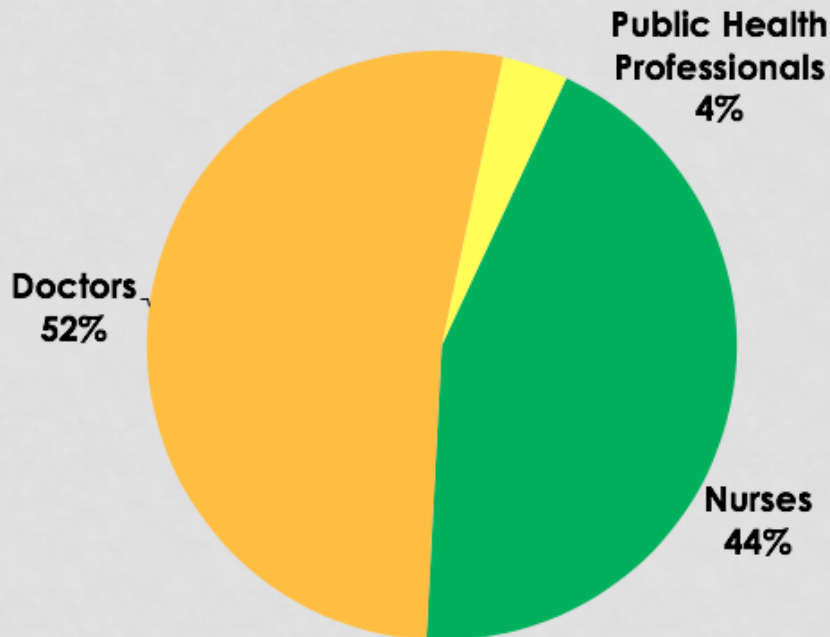
- Botswana (n=29)
- Cameroon (n=6)
- China (n=3)
- Kenya (n=38)
- Tanzania (n=33)
- Uganda (n=31)





2011-18 Afya Bora Fellows II

Afya Bora Fellows' Profession and Gender, 2011-2018 (139 total)

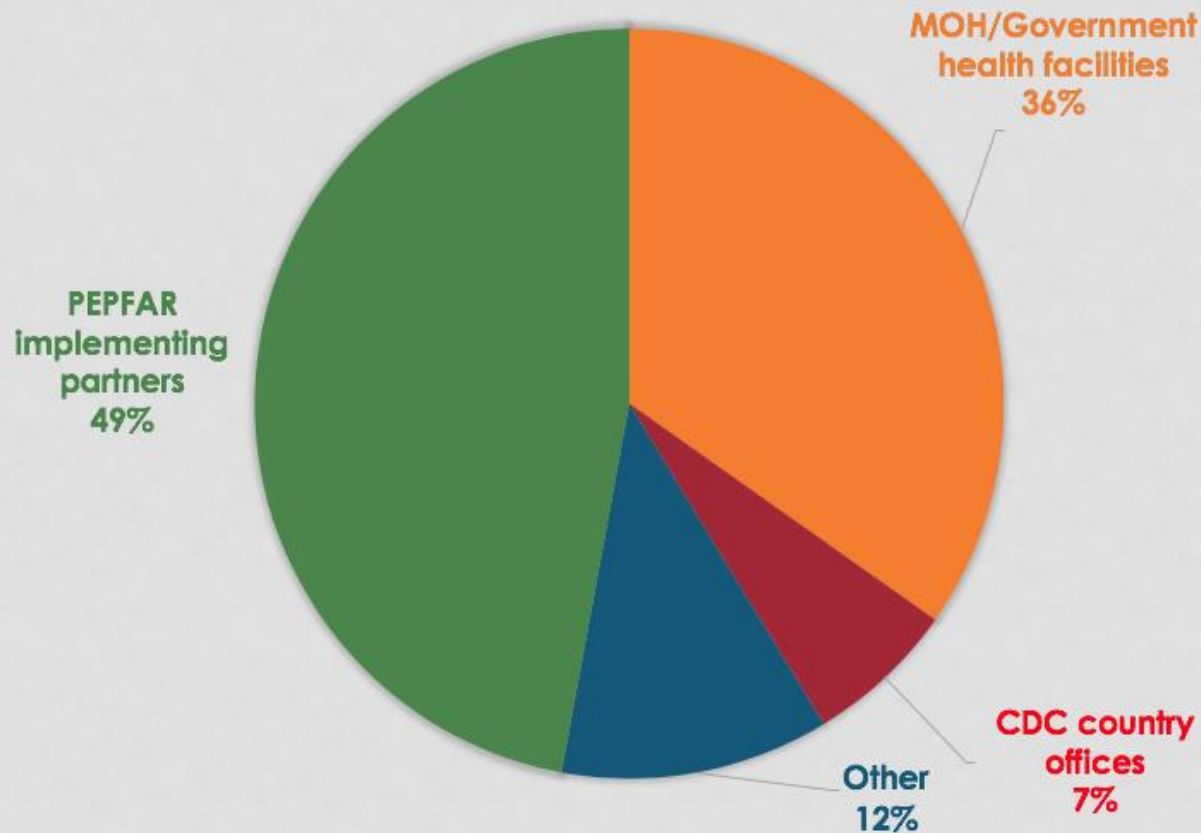


Of 139 program graduates, 100% of African fellows have remained in their home countries during the last 7 years



Types of Attachment Organizations

Afya Bora Fellows' Place of Attachment 2011-2018 (134 Total)





Fellows' Contribution to HIV Epidemic Control

- Of 134 who completed fellowship projects:
 - **85%** (n=118) of all 139 fellow special projects focused on 90:90:90
 - **46%** (n=55) were on the health of women, children, and adolescents
- Most fellows' projects took place in areas of high HIV prevalence
- Project topics included:
 - HIV prevention, testing, and linkage/retention in care
 - Evaluation of data quality, service delivery, and facility readiness



Examples of HIV-related policy and programmatic changes resulting from Fellows' projects I

After assessing *early infant diagnosis (EID) loss to follow-up in Uganda*, one fellow concluded the most effective and cost-effective approach to increase HIV testing and linkage-to-care was to treat all HIV-positive infants, not just those deemed eligible based on WHO guidelines. Working with MOH and CDC, he spearheaded integration of the **“Treat All” policy into pediatric HIV clinics.**



Photo credit: <http://smofoundation.org/>



Examples of HIV-related policy and programmatic changes resulting from Fellows' projects II

Fellow study of risk factors for TB among HIV exposed infants was used to **influence the national MOH to adopt new tools to screen HIV exposed infants for TB.** This fellow now serves as a mentor at an NGO to expand the study and develop a new pediatric framework with WHO and the MOH.



Photo Credit: <https://www.healthynewbornnetwork.org>



Stakeholder Testimonials

“The value of Afya Bora to public health in Kenya and to HIV in particular is absolutely indispensable...to have fellows that have a better understanding of monitoring and evaluation, project management, budget and health policy, to name a few, is essential to ensure programs are a success and truly sustainable. Grant writing, one of Afya Bora's modules, is a skill all ministries need to have on board...I only heard positive comments related to the program from stakeholders... **We have the funds we need in Country X...now (we) just need to ensure we have properly trained health care providers and leaders.”**

*Former PEPFAR Country Coordinator in Kenya
(Based on 5 years of observing the Afya Bora Fellowship in Kenya)*



Stakeholder Testimonials

“I wish to assure Afya Bora that my Ministry and the Government in general recognise the contribution of the Afya Bora in building leadership capacity in global health. **We will ensure that graduates from the Afya Bora are assigned to areas where their impact can be felt, specifically strategic places where [they can contribute] to addressing challenges related to the HIV and NCD epidemics.**”

*Hazel Reaitsanye
Deputy Permanent Secretary
Ministry of Health and Wellness, Botswana*



Afya Bora Consortium Jan 2015, Nairobi, Kenya

Thank you