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

CAMEROON
University of Buea
Johns Hopkins University

UGANDA
Makerere University
Johns Hopkins University

BOTSWANA
University of Botswana
University of Pennsylvania

KENYA
University of Nairobi
University of Washington

TANZANIA
Muheimili University
*University of California, San Francisco
### Structure

#### Didactic Modules
- Orientation
- 3 Week-long modules

#### Attachment Organization
- 5 Month rotation
- Structured mentorship
- Distance learning modules

#### Didactic Modules
- 3 modules
- 2 workshops
- Mid-program reports

#### Attachment Organization
- 5 Month rotation
- Structured mentorship
- Distance learning modules

#### Didactic Modules
- 2 Week-long modules
- Final reports

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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**

- Leadership Skills
- Communication & Media Skills
- Monitoring & Evaluation

**Distance Learning**

- Responsibly Conducted Research
- Research Methods

**Didactic Modules**

- Qualitative Workshop
- Effective Grant Writing
- Implementation Science
- Human Resources & Budget Management
- Excel Workshop

**Distance Learning**

- HIV as a GH Challenge
- Program & Project Management

**Didactic Modules**

- Health Informatics
- Health Policy & Governance
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

AfyaBora
Fellowship in Global Health Leadership
• 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

Pilot: 2011-12
Year 1: 2012-13
Year 2: 2013-14
Year 3: 2014-15
Year 4: 2015-16
Year 5: 2016-17
Year 6: 2017-18
Year 7: 2018-19

Afya Bora Fellow Recruitment and Selection Rates

- Applications
- Accepted
- Completed

Graph showing the recruitment and selection rates for each year.
### Afya Bora Fellows’ Country of Origin, 2011-2018 (164 total)

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>18%</td>
<td>29</td>
</tr>
<tr>
<td>Uganda</td>
<td>19%</td>
<td>31</td>
</tr>
<tr>
<td>Tanzania</td>
<td>20%</td>
<td>33</td>
</tr>
<tr>
<td>Kenya</td>
<td>23%</td>
<td>38</td>
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<tr>
<td>United States</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>Cameroon</td>
<td>4%</td>
<td>6</td>
</tr>
<tr>
<td>China</td>
<td>2%</td>
<td>3</td>
</tr>
</tbody>
</table>

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

- MOH/Government health facilities: 36%
- PEPFAR implementing partners: 49%
- CDC country offices: 7%
- Other: 12%
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/](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
“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)
“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*
Thank you