WHO/Italian Initiative on HIV/AIDS in Sub-Saharan Africa

World Health Organization
August 2002

HIV/AIDS Department
Family and Community Health Cluster
Abbreviations and acronyms

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<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>ABUBEF</td>
<td>Association Burundaise pour le Bien Etre Familial</td>
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<tr>
<td>AFRO</td>
<td>African Regional Office (of WHO)</td>
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<tr>
<td>AIDS</td>
<td>acquired immunodeficiency syndrome</td>
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<td>AVSI</td>
<td>Associazione Volontari per il Servizio Internazionale</td>
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<td>CAREVSHP</td>
<td>Voluntary Sector Health Programme (managed by Care International)</td>
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<td>CBO</td>
<td>community-based organization</td>
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<td>CDCs</td>
<td>Centres for Disease Control</td>
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<td>CESVI</td>
<td>Cooperazione e Sviluppo</td>
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<td>CIRBA</td>
<td>Centre Intégré de Recherches Biocliniques D’Abidjan</td>
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<td>CMSR</td>
<td>Centro Mondialità Sviluppo Reciproco</td>
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<td>CO</td>
<td>country office</td>
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<td>CUAMM</td>
<td>Collegio Universitario Aspiranti Medici Missionari</td>
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<tr>
<td>GVC</td>
<td>Gruppo Volontari Civile</td>
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<td>HAART</td>
<td>highly active antiretroviral therapy</td>
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<td>HAI</td>
<td>Health Alliance International</td>
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<td>HDI</td>
<td>Human Development Index</td>
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<td>HIV</td>
<td>human immunodeficiency virus</td>
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<td>HQ</td>
<td>Headquarters</td>
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<td>HSD</td>
<td>Health Sub-District</td>
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<td>IEC</td>
<td>information, education and communications</td>
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<td>MAP</td>
<td>Multi-Country HIV / AIDS Programme for Africa</td>
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<td>MCH</td>
<td>maternal and child health</td>
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<td>MTCT</td>
<td>mother-to-child transmission</td>
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<td>NACP</td>
<td>National AIDS Control Programme</td>
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<td>NAP</td>
<td>National AIDS Programme</td>
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<td>NGO</td>
<td>nongovernmental organization</td>
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<td>OPEC</td>
<td>Organization of Petroleum Exporting Countries</td>
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<td>PLWHA</td>
<td>people living with HIV/AIDS</td>
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<td>PMTCT</td>
<td>prevention of mother to child transmission</td>
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<td>STI</td>
<td>sexually transmitted infection</td>
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<td>TASC</td>
<td>The AIDS Support Centre</td>
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<td>UNAIDS</td>
<td>United Nations Joint Programme on HIV/AIDS</td>
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<td>VCT</td>
<td>voluntary counselling and testing</td>
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<td>WFP</td>
<td>World Food Programme</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Combating HIV/AIDS is one of the biggest challenges facing Africa in the 21st century. Given the gravity of the epidemic, establishing better prevention and care interventions has become an urgent necessity. It is in this context that the Government of Italy and WHO in February 2001 launched an innovative partnership to strengthen health sector responses to HIV/AIDS in 10 sub-Saharan African countries.

This partnership, the “Italian Initiative for the Fight against AIDS in Africa in Collaboration with WHO” ("the Initiative") as it is officially known, covers 10 countries – Angola, Burkina Faso, Burundi, Côte d’Ivoire, Mozambique, Rwanda, Swaziland, the United Republic of Tanzania (henceforth, Tanzania), Uganda, and Zimbabwe.

Since its launch more than 18 months ago, the Initiative has sought innovative and effective ways of dealing with HIV/AIDS in the participating countries. It has achieved this by taking integrated and district-based approaches, forging partnerships and synergies among stakeholders, and ensuring the involvement and participation of communities.

A total of US$500,000 was allocated to each country, to be disbursed in three installments. The Initiative is planned for 24 months, but some countries have chosen shorter periods.

The focus is on the following key programme areas: surveillance, voluntary counselling and testing, prevention of mother-to-child-transmission of AIDS, management of sexually transmitted infections, youth, blood safety and universal precautions, and care – including home-based care.

A first group of country work plans was approved and funded in July 2001 and the total planning phase was completed in November 2001, when the final workplan met all criteria set for approval and funding. By the end of the first phase, planning had been completed and partnerships were formalized through the establishment of contracts.

Following completion of the planning phase, all participating countries have begun implementation of the Initiative. With all of these activities underway, the Initiative in 18 months has become one of the largest country-based interventions supported by WHO.

Taking an integrated district-based approach, the Initiative has established country level partnerships between governments, national and international nongovernmental organizations, UN agencies, institutes and other bodies to fight HIV. In the process, WHO and governments have engaged civil society – at both international and local levels – to carry out activities in the areas of community- and home-based care.

The Initiative has also:
- Helped support health systems to scale up capacities to deliver services to ensure sustainable national responses to HIV/AIDS.
- Completed procurement and distribution of the drugs, supplies and equipment necessary to provide the selected services at district level.
- Provided training for district health professionals in selected interventions and management to ensure that these activities are undertaken properly. This has allowed rapid implementation of
interventions and demonstrates that districts have major potential for expanding services.

- In most countries, has established either a steering or technical committee to monitor the Initiative's progress and to ensure corrective measures are taken.
- Set up a monitoring and evaluation system that allows for appropriate responses throughout the duration of the projects at country level.
- Benefited the Italian Government by allowing it a visible profile in the fight against HIV/AIDS in Africa. This partnership can also benefit other programme areas that WHO is working on with the Italian Government.
- Given WHO a more prominent role in the fight against HIV/AIDS at country level and boosted its role as a major technical organization.

However, additional resources are needed after completion of the project in 2003, so that more people can continue to benefit on a large enough scale to have a demonstrable impact on the epidemic. There is a need for consolidation of the investment the Initiative has made to date in building systems at district level to expand and continue the partnership response.

The Initiative established a flexible and quick disbursement of funds to countries and offers an opportunity to develop models and best practices for some of the key interventions of initiatives that will be supported by other funds. In this regard, it is anticipated that funds from the Global Fund to Fight AIDS, TB and Malaria, World Bank Multi-Country HIV/AIDS Program for Africa and WHO's new OPEC Initiative will eventually complement and strengthen the activities put in place by the WHO/Italian Co-operation.

The Initiative’s work will, thus, continue to be critical in strengthening systems and institutional capacity to absorb and effectively utilize these other funds.
Combating HIV/AIDS is one of the biggest challenges facing Africa in the 21st century. Despite the many strategies and interventions over the last two decades, HIV/AIDS continues to sweep across the region at an alarming rate. If current trends continue, the disease by 2005 will claim 13,000 lives every day in Africa, amounting to almost 5 million deaths annually.

Given the gravity of this epidemic, establishing better prevention and care interventions has become an urgent necessity. It is in this context that in February 2001 the Government of Italy and WHO launched an innovative partnership to strengthen health sector responses to HIV/AIDS in 10 sub-Saharan African countries.

This partnership, the “Italian Initiative for the Fight against AIDS in Africa in Collaboration with WHO” (“the Initiative”) as it is officially known, covers 10 countries – Angola, Burkina Faso, Burundi, Côte d’Ivoire, Mozambique, Rwanda, Swaziland, the United Republic of Tanzania (henceforth, Tanzania), Uganda, and Zimbabwe.

Since its launch more than 18 months ago, the Initiative has sought innovative and effective ways of dealing with HIV/AIDS in the participating countries. It has achieved this by taking integrated and district-based approaches, forging partnerships and synergies among stakeholders, and ensuring the involvement and participation of communities.

The experience acquired will prove valuable at the country level as the Initiative’s achievements provide the basis for further expansion. Meanwhile, at the global level, lessons learned will help to refine strategies and approaches of new funds coming in.

A progress report was issued in January 2002, covering the Initiative’s first year. It included the initial planning phase and its outcomes in the 10 countries. This mid-term report refers to the period January to July 2002 and provides an overview of the Initiative’s progress to date. It looks at the changing global situation, some of the key lessons learned, the achievements and challenges encountered by each of the participating countries, and maps the way forward.

10 Sub-Saharan countries covered by the WHO / Italian Initiative

- Angola
- Burkina Faso
- Burundi
- Côte d’Ivoire
- Mozambique
- Rwanda
- Swaziland
- The United Republic of Tanzania
- Uganda
- Zimbabwe
Country | Population | PLWHA* | AIDS Deaths | HIV Prevalence (%) | AIDS Orphans
--- | --- | --- | --- | --- | ---
Angola | 13.50 | 350 000 | 24 000 | 5.5 | 100 000
Burkina Faso | 11.80 | 440 000 | 44 000 | 6.5 | 270 000
Burundi | 6.60 | 390 000 | 40 000 | 8.3 | 240 000
Côte d’Ivoire | 14.50 | 770 000 | 75 000 | 9.7 | 420 000
Mozambique | 18.90 | 1 000 000 | 60 000 | 13.0 | 420 000
Rwanda | 7.30 | 500 000 | 49 000 | 8.9 | 260 000
Swaziland | 0.95 | 170 000 | 12 000 | 33.4 | 35 000
Tanzania | 35.90 | 1 500 000 | 140 000 | 7.8 | 810 000
Uganda | 24.00 | 600 000 | 84 000 | 5.0 | 880 000
Zimbabwe | 12.80 | 2 300 000 | 200 000 | 33.7 | 780 000
Total | **146.25** | **8 120 000** | **728 000** | | **4 215 000**

*PLWHA = People living with HIV/AIDS
In the face of the global – as well as regional – AIDS menace, the Declaration of Commitment at the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS in June 2001 called for renewed action worldwide against the disease. In response, international organizations, national governments, nongovernmental organizations (NGOs) and civil society have ushered in a new era of intensive and innovative treatments, initiatives and partnerships.

- The newly established Global Fund to Fight AIDS, TB and Malaria allocates to HIV/AIDS more than 60% of the US$616 million committed following the first round of proposal submissions in March 2002. The Fund will attract, manage and disburse its resources through a public-private partnership, giving priority to areas with the greatest burden of disease. Thus, the Fund will focus on increasing coverage of critical and cost-effective interventions and strengthening health systems.

- The World Bank initiated in 2001 the Multi-Country HIV/AIDS Program for Africa (MAP). This was launched in collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS), the International Partnership Against AIDS in Africa, key bilateral donors and leading NGOs. The Fund has earmarked an initial US$500 million to increase resources for fighting the spread of HIV/AIDS in a comprehensive, multi-sectoral way and to provide increased access to prevention, care and treatment programmes.

- A landmark report of the Macroeconomic Commission on Health, released by WHO in December 2001, charts existing initiatives against HIV/AIDS, tuberculosis and malaria, and outlines a “road map” to scaling up efforts to control these diseases.

- Significant advances have been made in the treatment of HIV, especially with the development since the mid-1990s of highly active antiretroviral therapy (HAART). This has substantially reduced mortality among treated patients by about 70% and improved their quality of life. In the process, HAART has dramatically changed perceptions of HIV/AIDS from being an automatic death sentence to that of a manageable chronic illness.

- The World Health Organization (WHO), supported by its member states, has stepped up its commitment and contribution to the global response to AIDS. On the administrative side, a new HIV Department has been established at WHO’s HQ, while more HIV experts have been recruited within WHO country offices’ teams and Regional Programmes on AIDS.
Of the more than 40 million people that were estimated to be living with HIV/AIDS worldwide at the end of 2001, at least 28 million are in sub-Saharan Africa. The region accounts for only one tenth of the global population, yet it bears the burden of more than 80% of AIDS deaths worldwide. Each day in sub-Saharan Africa, HIV/AIDS kills another 7000 men, women and children.

The 10 countries in the region covered by the Initiative have a combined population of 146 million, of which more than 8 million are living with HIV.

For 2001 alone, the death toll due to HIV/AIDS in the 10 countries was estimated at 730 000, making it one of the leading causes of death.

Adult prevalence rates in the 10 participating countries range from a low of 5% in Uganda, where the epidemic is showing clear signs of decline, up to 33.7% in Zimbabwe, where the spread of HIV does not yet seem to be stabilizing, despite the high level reached.

An epidemic on this scale is understandably, putting high pressure on these countries’ already over-stretched health systems. They suffer from lack of equipment, supplies and drugs; poor infrastructure; shortages of skilled staff; lack of complementary inputs; and a weak information base for policy formulation.

In the face of such problems, scaling up of evidence-based interventions offers the best chance to combat the HIV/AIDS epidemic.

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1 According to estimates of the World Health Organization and Joint United Nations Programme on HIV/AIDS.
The WHO/Italian Initiative dates back to November 1999, when discussions began between the Government of Italy and WHO on an initiative to combat HIV/AIDS in 10 sub-Saharan African countries. The Italian Parliament made available L16 billion (US$7.7 million) in funds and the Direzione Generale per la Cooperazione allo Sviluppo (DGCS) invited WHO to take responsibility for the Initiative.

Both partners bring considerable resources to the fight against AIDS:

- WHO has unparalleled technical experience in all health sector aspects of HIV/AIDS and an extensive network of experts in Headquarters and the regional and country offices.
- The Italian Government provides funding and considerable technical expertise through involvement of its country experts, institutes and NGOs.

Meetings were held with the Italian authorities to first establish and then elaborate and refine the terms of the Agreement governing the Initiative. The agreement was signed on 16 November 2000.

The Initiative was officially launched in February 2001 with the first strategic planning meeting held in WHO HQ, Geneva. The workshop defined the ground rules, including a range of programmatic areas of intervention for each participating country and the general management mechanisms.

### Parameters

A total of US$500 000 was allocated to each country, to be disbursed in three installments. Initial seed money of US$50 000 was given for the planning phase, followed by a second installment of US$200 000 on approval of work plans. A third installment will follow on approval of the first progress report.

The Initiative is planned for 24 months, but some countries have chosen shorter periods; in some instances (e.g. Tanzania, where the Initiative has been fully implemented) as short as 12 months. Also, a few countries – Angola, Côte d’Ivoire, Swaziland and Zimbabwe – have been allocated a level of funding slightly beyond the ceiling set during the first planning meeting in Geneva.

The focus is on the following key programme areas: surveillance, voluntary counselling and testing (VCT), prevention of mother-to-child-transmission (PMTCT) of AIDS, management of sexually transmitted infections (STIs), youth, blood safety and universal precautions, and care – including home-based care.

### Key programmes of the Initiative

Approx. US$500 000 distributed (in three installments) to each of the 10 countries participating to tackle:

- Surveillance
- VCT
- PMTCT
- STI management
- Youth
- Blood safety and universal precautions
- Care (including home-based care)
Headquarters in Geneva co-ordinates the Initiative, in collaboration with the Regional Office for Africa (AFRO) and participating country offices.

Following the first meeting, WHO Representatives in the participating countries, in collaboration with the UN Theme groups for HIV/AIDS, established ad hoc working groups at country level that included representatives of the Italian Co-operation. The task of supporting national authorities in the development of work plans was assigned to these groups.

The planning phase has moved through various steps, including a meeting of the Proposal Review Committee at WHO Regional Office in April 2001, followed by several HQ / AFRO joint country missions providing technical support to Governments in planning the work.
The main objective of the Initiative was to support the National HIV/AIDS Strategic Plans of the 10 participating countries of sub-Saharan Africa. Country work plans address HIV/AIDS priorities, as highlighted by national authorities. The activities are carried out in the context of the International Partnership against AIDS in Africa (IPAA) and are consistent with those in the UNAIDS Unified Budget and Workplan.

The deadline for the submission of country proposals was set for March 2001. After close contacts were established with participating WHO country offices to review the drafts, all countries in the Initiative submitted their proposals according to schedule. The Proposal Review Committee met in Harare, Zimbabwe, from 9 to 11 April 2001 to review and assess country proposals and to issue recommendations for implementation of the Initiative.

A first group of country work plans was approved and funded in July 2001 and the total planning phase was completed in November 2001, when the final workplan met all criteria set for approval and funding (see Landmarks Box 1). For administrative and monitoring purposes, dates of approval and funding of country work plans are considered to be the start dates of activities.

By the end of the first phase, planning had been completed and partnerships were formalized through the establishment of contracts. As a result of major efforts in capacity building at country level, the Initiative benefited from WHO’s network of National Programme Officers and National Focal Points for HIV/AIDS.

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**Box 1: Landmarks of the Initiative’s first phase, 2001**

12–13 February Initiative launched during a strategic planning meeting in Geneva.
March Deadline for the submission of country proposals.
9–11 April Proposal Review Committee meets in Harare, Zimbabwe, to review and assess country proposals and to issue recommendations for the implementation of the Initiative.
May Work plans officially approved for Burkina Faso, Mozambique, Tanzania and Uganda.
25 July First disbursement of funds. Work plan for Swaziland approved and funded.
End-August Work plans for Burundi and Zimbabwe approved and funded.
Mid-September Work plan for Angola approved.
End-October Work plan for Rwanda approved.
Mid-November Work plan for Côte d’Ivoire approved.
9–10 November Capacity building session held in Harare to discuss the Monitoring and Evaluation System of the Initiative with all HIV/AIDS National Programme Officers and Focal Points of participating countries.
Overview

Following completion of the planning phase, all participating countries have begun implementation of the Initiative. This has included recruitment and training of health professionals; procurement and distribution of drugs, supplies and equipment; putting in place monitoring and supervision mechanisms; and initiating service delivery.

With all of these activities underway, the Initiative in 18 months has become one of the largest country-based interventions supported by WHO. This has not only given the Organization a more prominent role in the fight against HIV/AIDS at country level, but also more influence as a major technical agency by providing direct technical and financial assistance. Meanwhile, it has provided the Italian Government with a more visible profile in the support it is providing to the fight against HIV/AIDS.

In some countries, the Initiative is strengthening existing HIV/AIDS services helping them to gear up towards expansion. At the same time, it is bringing key health sector services beyond urban areas to places where otherwise they would not have been possible.

Taking an integrated district-based approach, the Initiative has also established country level partnerships between governments, national and international NGOs, UN agencies, institutes and other bodies to fight HIV. The Initiative recognizes that NGOs and community-based organizations (CBOs) serve as the much needed interface between health systems and communities. Thus, WHO and governments have for the first time engaged civil society – at international and local levels – to carry out activities in the areas of community- and home-based care.

The following sections summarize some of the key achievements to date.

### Key achievements of the Initiative

- WHO and governments have engaged civil society at international and local levels
- Takes an integrated district-based approach
- Formed multiple partnerships at the country level between governments, NGOs, UN agencies, institutes and private bodies
- One of the largest country-based interventions supported by WHO
- Greater role and leverage for WHO in African countries
- Higher profile for the Italian Government in its efforts to fight HIV/AIDS

### Building partnerships

The Initiative has played a catalytic role in bringing partners together to promote effective and sustainable national responses to HIV/AIDS at international, national and district levels.

**International level.** The OPEC International Fund for Development has launched an initiative that will fund WHO-backed projects. With a budget of US$8.1 million, the OPEC initiative will support prevention and
care of HIV/AIDS in 12 sub-Saharan African countries. As six out of the 12 countries under the OPEC Initiative overlap with those of the Italian Initiative, this will allow further strengthening of district health systems and ultimately increase the responses to the HIV/AIDS epidemic.

**National level.** The Initiative allows governments to maximize the contribution of all partners based on their comparative advantage. For example:

- the Government of Belgium has provided funds to complement those from the Initiative for home-based care in Mozambique and Tanzania.
- the Centres for Disease Control (CDCs) are providing free HIV test kits to support PMTCT in the four districts of Zimbabwe participating in the Initiative and financial assistance to strengthen the surveillance system in Angola.
- In several countries, the United Nations Children’s Fund (UNICEF), CDCs, NGOs and Italian institutes have joined forces in supporting government efforts in PMTCT and HIV surveillance.
- WHO is working with the World Food Programme (WFP) to help four countries – Rwanda, Mozambique, Tanzania and Uganda – to maintain nutrition levels among needy families and people living with HIV/AIDS. Building on the Initiative, it is envisaged that food supplements will be distributed in the four countries through CBOs as part of home-based care services. WHO is also in the process of developing guidelines on HIV/AIDS and nutrition. Following on from the innovative partnership between WFP and WHO, there is the possibility that other donors may soon consider replicating the experience in other countries.

**District level.** The Initiative is bringing together all efforts of partners under the leadership of national governments in collaboration with civil society and international organizations. NGOs are working directly with district health authorities to enhance the technical skills of district health professionals and CBOs (Box 2 overleaf).

**Normative work**

Normative work includes the establishment of essential policies, guidelines, surveys, data bases and training materials that provide a consistent and sustainable framework. Under the Initiative, many of the participating countries have made progress in this area. For example:

- In Mozambique, national policies on VCT/PMTCT, use of antiretrovirals and management of opportunistic infections have been drawn up as an essential framework for improving services for those living with HIV/AIDS.
- In Rwanda, sero-surveillance, VCT and PMTCT guides and protocols have been prepared, along with an HIV/AIDS care protocol and a revised STI management guide.
- In Swaziland, a comprehensive blood policy and VCT guidelines have been drafted and are awaiting Ministry of Health approval.

**Capacity building**

A strong component of the Initiative is support for capacity building of district health systems. An important part of this is training district health professionals in selected interventions and management to ensure that these activities are undertaken properly.

Such training is key to the continuity and sustainability of the services offered. This becomes more crucial as the services, once established, create an increasing demand for others.

- The case of Zimbabwe shows how the Initiative is generating wide interest in not only the services it sets up, but also other new ones. The Initiative’s focus on PMTCT in that country has created demand in rural communities for VCT services, which are not yet available.

As implementing partners, NGOs in collaboration with district health authorities are helping to build local capacity. They are assisting district health professionals to gain skills in the key interventions as well as in monitoring and supervision. Through this process, districts no longer have to wait
for the central level to initiate training of district health professionals. HAI’s work in Mozambique provides an example (see Box 2).

Government has also been engaged in building capacity at the district level by organizing national-level training for provincial and district health workers.

- In Burkina Faso, 45 health workers have been trained to become trainers on universal precautions. Also, 30 laboratory workers have been trained in blood safety and about 50 health workers trained in PMTCT at the project site in Ouagadougou.

**Box 2: Examples of NGOs as partners in the fight against HIV/AIDS**

**Centro Mondialita Sviluppo Reciproco.** CMSR, an Italian NGO active in several countries in Africa and Latin America, is an implementing agency for the Initiative. It is providing support to the Dodoma region in Tanzania in the VCT and home-based care components. Working in close collaboration with the council health management teams in Dodoma Municipality, Mpwapwa and Kondoa districts, CMSR has been training service providers. It also provides supervision, and has helped in procurement and distribution of drugs and supplies, behaviour change and service promotional activities, and monitoring and evaluation.

**Collegio Universitario Aspiranti Medici Missionari.** CUAMM, an Italian NGO, is conducting health co-operation programmes with church and government counterparts in Tanzania, where it has more than 30 years of experience. The NGO is one of the implementing partners of the Initiative. It is responsible for delivering the VCT and home-based care components by providing training for district health professionals, support supervision, drugs and supplies procurement and distribution, behaviour change and service promotional activities, and monitoring and evaluation. It undertakes all these activities in close collaboration with the Council Health Management Teams for Njombe, Makete and Ludewa districts. CUAMM is also an implementing partner of the Initiative in Rwanda, namely in Nyagatare district where it contributes to community mobilization efforts and the establishment of post test clubs.

**Cooperazione e Sviluppo.** CESVI, an Italian NGO working in Zimbabwe since 1998, was one of the first organizations to establish a PMTCT project for AIDS in the country (2001). With this experience in mind, CESVI has been contracted to provide technical support in:

- Training of health workers in the promotion of VCT and prevention of MTCT in the four participating districts. As a result:
  - CESVI has successfully trained all key health personnel in the districts on key issues related to PMTCT (more than 150 health workers);
  - it will provide periodic on-the-job training and refresher courses throughout the life of the project;
  - the NGO held sensitization meetings for auxiliary staff in the four districts.
- Provision of VCT and MTCT in the four districts, as follows:
  - It will be responsible for ensuring that VCT services are available at the district hospital and all other centres that provide maternity services. It has assisted the project by hiring eight qualified counsellors – two for each district. Although nevirapine and rapid testing kits are provided by the Zimbabwe Government, CESVI is responsible for ensuring that these are available in the four districts.

CESVI will also be responsible for follow-up of the mother and baby pairs that test HIV-positive and putting them in touch with other organizations for psychosocial support.

**Health Alliance International.** HAI, an American NGO, is an implementing partner of the Initiative in the Sofala province of Mozambique. It is working with the Sofala Provincial Health Directorate; and the District level Health Directorates of Dondo, Nhamatanda and Buzi; as well as the Italian Co-operation. It is responsible for the establishment of three VCT sites, the training of health personnel in opportunistic infection management and laboratory personnel in HIV/AIDS and universal precautions, the identification of local home-based care partners, and the distribution of drug kits for volunteers. To date, HAI has trained counsellors in each participating district, opened the three VCT sites, and identified and provided technical – specifically clinical – assistance to the home-based care partner, Kubatsirana. The training and supervision of health and laboratory personnel as well as home-based care volunteers will continue throughout the life of the project.

**Delivery of services and procurement**

Given the needs in the 10 countries, procurement has accounted for a consistent share of resources, ranging from the refurbishment of the blood transfusion service and VCT and care buildings in Swaziland, to the distribution of testing kits, STI drugs and home-based care supplies in Tanzania.

Following the start of the Initiative’s implementation phase, delivery of services at district level has begun in most of the countries. Recruitment and training of health professionals; and distribution of drugs, supplies and equipment have been undertaken.
The following provide examples of service provision under the Initiative:

- In Angola, sex workers have received STI treatment in the Ilha de Luanda and Viana health centres and Cajuieiros Hospital, while in Huila Provincial Maternity Hospital, 230 (mostly pregnant) women and their partners received STI treatment in the first quarter of 2002.
- In Côte d’Ivoire, specially recruited social workers have counselled more than 3500 pregnant women as part of an HIV, STI, VCT and PMTCT package introduced in two district hospitals. More than 1000 pregnant women have undergone VCT, of whom 73 tested positive for HIV.
- In Mozambique, a VCT centre has become operational in two out of three districts and the public health system can now provide VCT services at the local level. Before the Initiative, testing, including confirmation of HIV diagnosis, was not available in the three participating districts through the public health sector. Instead, people had to travel long distances to access HIV/AIDS services or faced long waits to receive test results, medications and referrals.
- In Tanzania, drugs have been procured and distributed to most of the participating districts, allowing the initiation of VCT service delivery in the public health sector.
- In Uganda, high-quality home-based care is being supported in 10 districts, through technical support from the Ministry of Health and NGOs.

The committees meet to discuss progress or constraints facing the activities. This is beneficial in that it provides space for open dialogue among the various stakeholders and allows them to identify elements that need further strengthening.

- In Côte d’Ivoire, a Steering Committee meets every quarter to support and co-ordinate all activities of the project. The committee includes representatives of the Ministry of Health and the Ministry of HIV/AIDS, implementing districts, hospitals and NGOs, Centre Intégré de Recherches Biocliniques D’Abidjan (CIRBA), the Italian Embassy and the WHO Country Office.
- In Swaziland, three co-ordinators have been nominated to closely monitor blood safety, VCT and care activities, while a management committee oversees the Initiative.
- In Zimbabwe, a steering committee comprising the various stakeholders (the Ministry of Health, WHO and CESVI) has been established to conduct joint monitoring of the project. The Ministry of Health chairs the committee, with WHO serving as the secretariat.

**Monitoring and evaluation**

The Initiative is supported by a monitoring and evaluation system that functions as a management tool to allow for appropriate responses throughout its duration at country level. It assists in tracking progress and helps to document the experience in implementing the selected interventions. In the process, it contributes to the building of capacity at district level in data collection, co-ordination and financial accountability.

It is an area that many countries have been struggling with. But given the stage of implementation of the Initiative, the monitoring and evaluation system put in place at the beginning of the year will prove very useful in measuring the outcomes of the Initiative at a later stage. Some examples of the monitoring and evaluation framework include:

- In Mozambique, at the national level, quarterly meetings and on-site progress monitoring visits have been held jointly...
with the central Ministry of Health, HAI, WHO and the Italian development co-operation. In addition, HAI submits quarterly reports using the monitoring and evaluation tools developed by the Initiative.

- In Zimbabwe, quarterly monitoring visits have been conducted by the steering committee and an internal review was held in June involving all partners connected with the project.

**Technical support from WHO**

WHO itself has been able to step up the amount of direct technical support to the countries under the Initiative. The deployment of financial support, thus, has enabled WHO to increase its influence in the 10 countries.

- In Angola and Mozambique, WHO is providing additional direct financial support.²

²Angola and Mozambique requested additional funds to make up for a shortfall in their country proposals. AFRO is providing a total of US$66 000 to Angola and US$30 000 to Mozambique, drawing from its own resources.

**Networking and discussion forum**

An online discussion group has been established to share experiences on implementing key health sector interventions among the 10 countries of the Initiative. Participants of the online discussion group are national focal points for the Initiative, HIV/AIDS focal points in WHO country offices and staff members of AFRO and HQ, as well as other resource persons.

<p>| Table 1: Country Support to Swaziland and Rwanda |</p>
<table>
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<tr>
<th>Country</th>
<th>Mission Dates</th>
<th>Achievements/Outputs</th>
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| Swaziland | 8 March–9 April 2002 | Developed plan for National Quality Assurance Programme  
Developed guidelines and algorithms for HIV testing |
| Swaziland | 17–27 March 2002 | Developed draft guidelines for VCT  
Revised the training curriculum for VCT  
Conducted training of trainers for VCT  
Conducted training of trainers for HIV testing |
| Rwanda | 1–7 April 2002 | Revised guidelines for STI syndromic management |
| Rwanda | 20 May–8 June 2002 | Reviewed clinical guidelines and the expansion of VCT and ARV services |
| Rwanda | 19 May–8 June 2002 | Developed guide for community- / home-based care service provision |
Angola. The Initiative is being implemented in six provinces, establishing a sentinel surveillance system for HIV/AIDS as well as STI case management and VCT services. To date, much of the focus has been on building the country’s surveillance system via training of health professionals in carrying out surveillance activities and treating STI patients.

Burkina Faso. The Initiative is contributing to the establishment of a National Centre for Transfusion Safety to co-ordinate the national blood safety programme. Procurement of supplies has been carried out, including equipment for PMTCT activities, together with drugs, kits and consumables to all the participating sites. Also, MTCT services have become officially available at the project site in Ouagadougou.

Burundi. The Initiative has encountered enormous difficulties following the assassination of the WHO Representative and the blockage of all WHO activities by the national authorities. The arrival in Bujumbura of a WHO special envoy in May 2002 has helped to restart the implementation process. Little progress can be reported on the establishment of a model youth friendly VCT centre in Bujumbura, expected to become a pilot project undertaken by twinned NGOs (GVC with ABUBEF).

Côte d’Ivoire. The Initiative is bringing MTCT+ and care services into two semi-rural areas and improving the general level of HIV care in Alépé and Bonoua districts.

Mozambique. The Initiative is contributing towards the Government’s provision of integrated HIV/AIDS services using VCT as an entry point. There has been intensive collaboration with WFP, supporting home-based care activities through the provision of food supplements to families affected in the participating districts in Sofala Province.

Rwanda. The project has played a catalyzing role in finalizing norms, standards and protocols on HIV surveillance, VCT and PMTCT. Major inputs were provided, including external technical support, to update HIV/AIDS care and STI management protocols. Collaboration with WFP is envisaged, which could be extended to partner NGOs already carrying out some of the activities.

Swaziland. The main focus of the Initiative here is improving the access to VCT, HIV care services and strengthening the National Blood Service. The Initiative’s major contribution has been building national capacity in the selected intervention areas.

Tanzania. The Initiative has contributed towards improving and expanding VCT, STI, and home-based care services and safer blood services in 19 districts in the Mainland and in two districts of Zanzibar.

Uganda. Implementation of activities is widespread across a number of districts and sub-districts, as a result of broad partnerships at the local level. Major emphasis has been put on capacity building. In Hoima district where MTCT services are available, more than 700 new antenatal clients have been counselled. Support provided to normative work at the central level has contributed to the release of PMTCT guidelines, and the 2001 HIV surveillance report.

Zimbabwe. The programme is entirely focused on the provision of VCT and PMTCT services to rural communities in four districts. It has contributed in the development of a comprehensive national strategy for PMTCT and training of health workers.
The Initiative is establishing a sentinel surveillance system for HIV/AIDS as well as STI case management and VCT services.

**Initiative start date**  15 September 2001  
**Duration**  18 months  
**Expected end date**  15 March 2003  
**Target districts**  Luanda, Benguela, Cabinda, Lubango, Huila, Lunda-Sul and Malange provinces  
**Priority interventions**  Surveillance, STI, VCT  

**Objectives**  To strengthen health systems capacity in collecting, analysing and reporting on HIV/AIDS prevalence, as well as on population behaviours. Strengthen provision of prevention services, focusing on STI case management and VCT, and improve laboratory capability in HIV/STI testing. Specifically through:  
   i. Establishment of a surveillance system  
      • HIV-STI sentinel surveillance and AIDS reporting  
      • Behavioural surveillance surveys  
   ii. Improvement of STI case management  
   iii. Introduction of VCT within STI management

**Achievements**

**Normative work**
- A sero-epidemiological and behavioural study of sex workers was conducted in Luanda province in September 2001.
- Elaboration of protocols for data collection and analysis is complete.
- A cross-sectional survey was conducted to determine HIV prevalence in pregnant women and STI patients in Malange, Benguela, Huila and Cabinda provinces.

**Capacity building**
- One national and four provincial seminars were held for laboratory technician training of sentinel sites in February 2002.
- Training was provided for 12 laboratory technicians for the sentinel sites of the six project provinces.
- Also trained were 83 technicians for the antenatal clinic.

**Human resources**
- One national co-ordinator, two data managers and one secretary have been recruited for the Initiative.
- Additional recruitment includes two national consultants and four national technicians for the revision and adaptation of manuals, laboratory diagnosis and skills techniques, and conducting of the provincial seminars.

**Procurement and supplies/refurbishment**
- Equipment and laboratory materials have been distributed to the six provinces.

**Delivery of services**
- Sex workers have received STI treatment in Ilha de Luanda Health Centre; Cajueiros Hospital and Viana Health Centre.
- Pregnant women and their partners have received STI tests and treatment in the Provincial Maternity Hospital of Huila province. At least 230 patients were treated.
in the first quarter of 2002: 61 men, 136 pregnant women and 33 non-pregnant women; 129 cases of syphilis were diagnosed, 47 of candidiasis and 24 of trichomoniasis, etc.

**Monitoring and supervision**

- The National HIV/AIDS Programme within the Ministry of Health and WHO-Angola Office co-ordinate the planning, implementation and monitoring of activities, focusing on the integration of the different levels of the health system to optimize the use of resources.
- A Steering Committee involves the Vice Ministry of Health, WHO Representative, NAP, WHO National Programme Officer for Communicable Diseases and NDPH. The role of the Committee is to assess strategies, monitor progress and evaluate outcomes, implementation and control of administrative procedures and control the personnel indicated by the NPL.

**Partnerships**

INSP, AMSA, CAJIRO, FISH, MAR, ACÇAO HUMANA, GAAM, IPMP, UNAIDS, UNICEF, UNDP, PSI, Italian Co-operation, INTERSOS, Nuova Frontiera.

**Challenges and constraints**

- The lack of transport, at provincial and central level, has caused difficulties in implementation.
- If it is to become more efficient, the project will require quarterly supervision.

**Budget**

Total = US$550 000 (with US$90 000 to be mobilized through other sources)

**Expenditure**

US$285 940 or 51.99% of budget spent to 20 August 2002

**Sources:**

- Global report on HIV/AIDS epidemic. UNAIDS 2002
The Initiative is contributing to the establishment of a National Centre for Transfusion Safety.

**Initiative start date** 25 July 2001  
**Duration** 24 months  
**Expected end date** 25 July 2003  
**Target districts** Koupela, Nanoro, Bobo Dioulasso, Gaoua, Ouahygouya, Ouagadougou  
**Priority interventions** Blood safety, PMTCT, general prevention

**Objectives**
- Ensure 100% blood safety in project area.
- Reduce risk of HIV transmission among health workers.
- Provide VCT in antenatal clinics and maternal and child health (MCH) services and apply the protocol for PMTCT to 50% of HIV-positive pregnant women.

**Achievements**

**Normative work**
- Work is in progress to update national policies and guidelines on blood safety.
- National guidelines and standards on PMTCT have been finalized.
- A national plan of action for expansion of PMTCT throughout antenatal clinic services has been launched at the project site by the Minister of Health.

**Capacity building**
- In compliance with government guidelines and training modules, 45 health workers have been trained to become trainers on universal precautions.
- 30 health professionals working in laboratories have been trained on blood safety and 49 health workers have been trained on various aspects of PMTCT at the project site in Ouagadougou.

**Procurement and supplies/refurbishment**
- Equipment, consumables and reagents for blood safety have been provided and distributed to all participating sites, along with protective materials and disinfectants.
- Laboratory equipment, consumables, HIV test kits, drugs and formula milk have been supplied to the Hôpital Pères Camiliens in Ouagadougou.
- Antenatal clinic facilities for counselling and laboratory activities have been renovated and equipped at the Hôpital Pères Camiliens in Ouagadougou.

**Delivery of services**
- Since May 2002 MTCT services have become available at the project site. During the first two months, more than 500 new antenatal clinic clients have received group counseling on HIV/AIDS, and almost 100 pregnant women have received individual counseling prior and after undertaking an HIV test.
- Prevention of MTCT has been initiated among HIV positive mothers.

**Monitoring and supervision**
- Burkina Faso is to create a National Centre for Transfusion Safety to co-ordinate the national programme of blood safety. The project’s activities fall under the
activities of the national programme and are implemented and followed up by the National Centre of Transfusion Safety. Quarterly supervision of activities is envisaged.

- PMTCT: A technical committee to pilot PMTCT activities has been set up to ensure co-ordination of the national PMTCT programme. It comprises representatives of the Hôpital Pères Camilliens, Permanent Secretariat of the National Council of Fight Against AIDS and STI, Italian Co-operation in Burkina Faso, a UNAIDS Adviser, UNICEF and WHO. This committee examines the reports produced quarterly by the Hôpital Pères Camilliens, proposing solutions to any problems encountered. The focal point for PMTCT, Director for health of the family and the WHO HIV/AIDS focal point carry out quarterly follow-ups.

**Partnerships**

Roll Back Malaria, Hôpital Pères Camilliens, UNICEF

**Challenges and constraints**

**PMTCT**
- To increase utilization of antenatal clinic services by pregnant women.
- To adjust PMTCT procedures in order to minimize drop out.
- To consolidate the intervention and integrate it into the routine of the medical centre.

**Blood safety and prevention of accidental contamination risks**

Strengthening the co-ordination between voluntary blood donors associations and blood transfusion services

**Budget**

Total = US$500 000

*Project management costs incorporated across programme areas

- 30%
- 60%
- 10%

**Expenditure**

US$373 589 or 74.72% of budget spent to 31 July 2002

- 2.44%
- 2.26%
- 5.80%
- 89.49%

**Sources:**

- Global report on HIV/AIDS epidemic. UNAIDS 2002
After encountering enormous difficulties, the arrival in Bujumbura of a WHO special envoy in May 2002 has helped to restart the implementation process.

Objectives

- Increase by 30% the number of new voluntary blood donors.
- Provide care and support for HIV-positive blood donors.
- Increase VCT uptake by 30% in the three provinces.
- Establish a Youth Urban Model Centre in Reproductive Health in Bujumbura Mairie to help promote:
  - youth awareness on reproductive health issues, including HIV/AIDS
  - VCT for HIV
  - medical and psycho-social support to people living with HIV/AIDS
  - the use of condoms

Achievements

Human resources
- Recruitment of a National Programme Officer is under way.

Procurement and supply/refurbishment
- A project vehicle has been ordered through the WHO procurement system.
- Laboratory and blood bank equipment for the three sites has been purchased, including a laboratory chair, blood mixer and Isothermes box.

Delivery of services
- A campaign for the promotion of voluntary blood donation has been initiated.
Challenges and constraints

The low rate of implementation reflects the critical difficulties facing the WHO Country Office in Burundi, following the assassination of the WHO Representative and the blockage of all WHO activities by the national authorities.

Sources:
- Global report on HIV/AIDS epidemic. UNAIDS 2002
The Initiative is bringing MTCT+ and care services into two semi-rural areas and improving the general level of HIV care in Alépé and Bonoua districts.

**Initiative start date** 19 November 2001  
**Project length** 24 months  
**Expected end date** 19 November 2003  
**Target districts** Alépé Health District- Hôpital Général d’Alépé; Grand Bassam Health District- (Hôpital Général de Bonoua)  
**Priority interventions** PMTCT and HIV care

**Objectives**
- Promote VCT among antenatal clinic and maternal and child health (MCH) clients  
- Apply protocol for PMTCT to 60% of pregnant women testing positive for HIV.  
- Strengthen psycho-social support and clinical management of people living with HIV/AIDS.  
- Provide access to antiretroviral treatment to HIV-positive pregnant women and their partners.  
- Expand access to antiretroviral treatment in target districts.

**Normative work**
- Government policies and guidelines on PMTCT, care and support, including management of HIV infection and antiretroviral therapy, are fully developed and have been therefore adopted by the project.

**Capacity building**
- In compliance with government standards and training modules, 58 health professionals, including various professional profiles, have been trained on the different aspects of PMTCT.
- Health professionals from Bonoua Hospital have participated in training activities on STI management being organized by the Ministry of Health.
- Laboratory technicians from both districts have also been trained in HIV testing techniques.

**Human resources**
- An administrator has been recruited within the WHO country office team to support the overall management of the project and three counsellors (social workers) have been recruited and assigned to participating districts.
- An agreement for performance of work worth US$18 408 out of the overall planned US$128 857 (first step) for the provision of laboratory, training and technical assistance intended for antiretroviral treatment has been signed with CIRBA.

**Procurement and supply/refurbishment**
- A vehicle has been purchased to ensure logistic support to activities in the two districts.
- Supplies to the district hospitals and partner NGOs have been delivered, including rapid tests (1700+480 Determine and Genie II), drugs (nevirapine 500 tablets and six bottles of syrup, 36 500 tablets of Cotrimoxazole, 990 STI kits, 1500 doses of antiretroviral), substitute formula milk (9600 boxes), and
information, education and communications (IEC) material (20,000 condoms, videocassettes, demonstrators).

- Furniture and computers have also been supplied to participating districts.

**Delivery of services**

- HIV, STI, voluntary testing for HIV and PMTCT have been integrated in group counselling routinely delivered at antenatal clinics and MCH services of the two district hospitals. The social workers recruited have so far counselled more than 3,500 pregnant women and 1,087 have undergone VCT. Of these, 73 tested positive for HIV. Nevirapine has been administered to 12 HIV-positive mothers and their newborns. Three newborns are on formula feeding.
- Availability of STI kits has enhanced the capability of antenatal clinic and MCH services in the treatment of STIs among 351 pregnant women and partners.
- 500 home care kits for people living with HIV/AIDS are available at the project sites.

**Project management**

- A steering committee including representatives of the Ministry of Health and the Ministry of HIV/AIDS, implementing districts, hospitals and NGOs CIRBA, the Italian Embassy, and WHO Country Office supports and co-ordinates all activities of the project. The committee meets once every quarter.
- A technical committee led by WHO meets once every month; it operates in close co-ordination with the two technical committees overseeing project progress at the participating districts. Ten supervisory missions have been carried out, mainly to support capacity building and the delivery of equipment and supplies. Reports are being developed following the meetings of the committees and the supervision missions. Each quarter (technical and financial) reports are sent to the African Regional Office.

**Partnerships**

Centre d’Education Sanitaire des Soeurs Dorothee Alépé (CESDA), Centre Integre Des Recherches Biocliniques D’Abidjan (CIRBA), Don Orione

**Challenges and constraints**

- Achieving full integration of MTCT activities with the minimum package of antenatal care services is a key step of the programme. Continued efforts will be required to maintain health personnel motivation so that they are able to cope with the extra burden that the intervention is generating.
- When considering the public health implications of the programme, attention should be given to the following aspects:
  - the need to ensure sustained adhesion of families living in target districts to the MTCT programme;
  - difficulties in guaranteeing acceptability and confidentiality while maintaining quality and ethical standards; and
  - issue of notification of HIV infection.

**Sources:**
- Global report on HIV/AIDS epidemic. UNAIDS 2002
Mozambique

The Initiative is contributing towards the Government’s provision of integrated HIV/AIDS services using VCT as an entry point.

Objectives

To provide technical support to the NACP of the Ministry of Health
To provide essential services to mitigate the impact of HIV/AIDS in three districts of Sofala Province. Specifically, it will:
- provide technical support in the development of policies and guidelines on MTCT, and clinical management of HIV including ARV therapies and home-based care;
- support the National Blood Transfusion Programme in improving the quality of blood;
- provide institutional support to the NACP at the Sofala Province Health Directorate; and
- provide essential services in three districts regarding
  - blood safety,
  - clinical management of opportunistic infections, and
  - home-based care.

Normative work

- National policies on VCT/PMTCT and use of ARVs and management of opportunistic infections have been drawn up as an essential framework for improving services for people living with HIV/AIDS.
- Policy guidelines and training guides for home-based care have been developed and are awaiting final Ministry of Health approval.

Capacity building

- Six VCT counsellors and one VCT supervisor have been trained by the national secretariat.
- 15 laboratory personnel have been trained in improved laboratory practices related to HIV/AIDS diagnosis and monitoring
- 40 home-based care volunteers have been trained by Kubatsirana with clinical support from the district health system.

Human resources

- An HIV/AIDS supervisor has been recruited within the WHO country office as a focal point to provide technical and programmatic assistance. In addition, a national co-ordinator from the Ministry of Health has been critical in accelerating implementation at the provincial and district levels. These two work closely with HAI, the implementing partner.
- Various HAI, Ministry of Health and CBO staff have been recruited at the field level, as follows:
  - HAI: one co-ordinator, one field supervisor;

Achievements

- Project start date 25 July 2001
- Duration 24 months
- Expected end date 25 July 2003
- Target districts Dondo, Nhamatanda and Buzi districts in Sofala
- Priority interventions VCT, HIV care, blood safety, policy and guidelines development, institutional support

Project start date 25 July 2001
Duration 24 months
Expected end date 25 July 2003
Target districts Dondo, Nhamatanda and Buzi districts in Sofala
Priority interventions VCT, HIV care, blood safety, policy and guidelines development, institutional support

Population 18 900 000
GNP per capita US$230
HDI rank 169
Life expectancy 44
Estimated no. PLWHA 1.1 million (including 630 000 women)
Adult HIV prevalence 13% (2002)
Estimated no. AIDS deaths 60 000 (2001)
Estimated no. AIDS orphans 420 000 (2001)