

African Health Professions Regional Collaborative

2016 Updates

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Overview

- ARC Phase I – key activities and successes
- ARC Phase II – key aims and activities
- LARC Initiative – objectives and new grants

ARC – PHASE I (2011-2015)

- Ensure nurses' participation in HIV care
- Improved regulation for HIV service delivery
- Supported nursing and midwifery leaders
- Focused East and Southern Africa
- Launched – ARC West and Central Collaborative (July 2015)

ARC Partners

- Centers for Disease Control and Prevention (CDC)
- Emory University, Nell Hodgson School of Nursing
- East, Central and Southern Africa Health Community
- Commonwealth Nurses and Midwives Federation
- ARC Secretariat, Commonwealth Secretariat (Y1 & Y2)

Key ARC Participants: “The Quad”

• Ministry of

• Nursing and



Training
Institutions

Professional
Association

The ARC Approach

Grants

TA

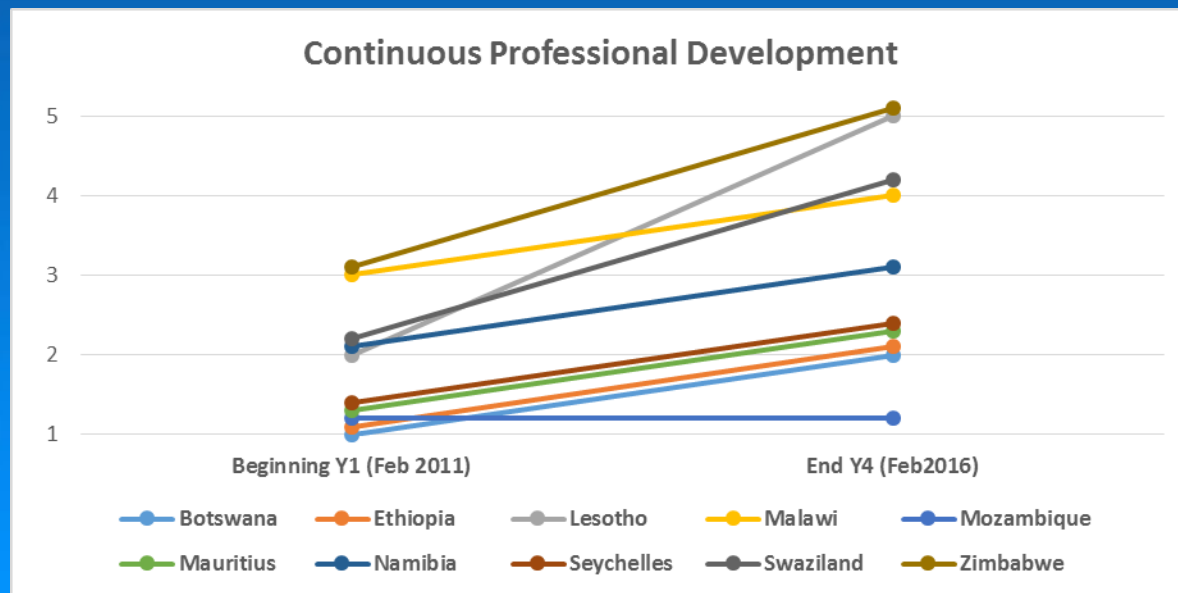
Collaboration/
Convenings

Program
Evaluation

ARC I Grants – National Investments

- 7 countries – Establish CPD programs
- 12 countries – Advance CPD programs
- 5 countries – Review and revise SOPs
- 3 countries – Review and update acts/regs
- 1 country – Decentralize council services
- 2 countries – Develop entry to practice exams

ARC Impact on CPD: Y1-Y4



Advancing NIMART – Policy & Regulation

- **Continuing Professional Development**
 - Require select HIV care CPD hours
 - Botswana, Lesotho, Namibia, Zambia, Seychelles, Tanzania
 - Develop NIMART Modules
 - Rwanda (NIMART), Kenya (Pediatric HIV)
 - Trained Nurses and Midwives in NIMART
 - Lesotho (PMTCT), Zambia (B+, Pediatric HIV), Zimbabwe (NIMART/Ped)
- **Scope of Practice** – Authorizing NIMART
 - Botswana, Rwanda, Seychelles, South Sudan, Uganda
- **Accreditation** – Specialty certification for NIMART (South Africa)
- **Licensure** – Entry to Practice HIV Competencies (Swaziland)
 - OSCE for PMTCT B+/Ped HIV (Mozambique)

ARC West and Central

Improving the quality of nursing practice at priority, high-volume sites

- **Cameroon** – *Conduct on-site CPD for nurses and midwives providing PMTCT B+ and pediatric HIV services*
- **Cote d'Ivoire** – *Facilitate task sharing (i.e. NIMART) for PMTCT and pediatric HIV services*
- **DRC** – *Improve PMTCT and pediatric HIV clinical documentation by nurses and midwives at 3 hospitals in Kinshasa*



ARC II – PHASE II (2016-2018)

Supporting quality improvement of HIV care at priority, high-volume sites

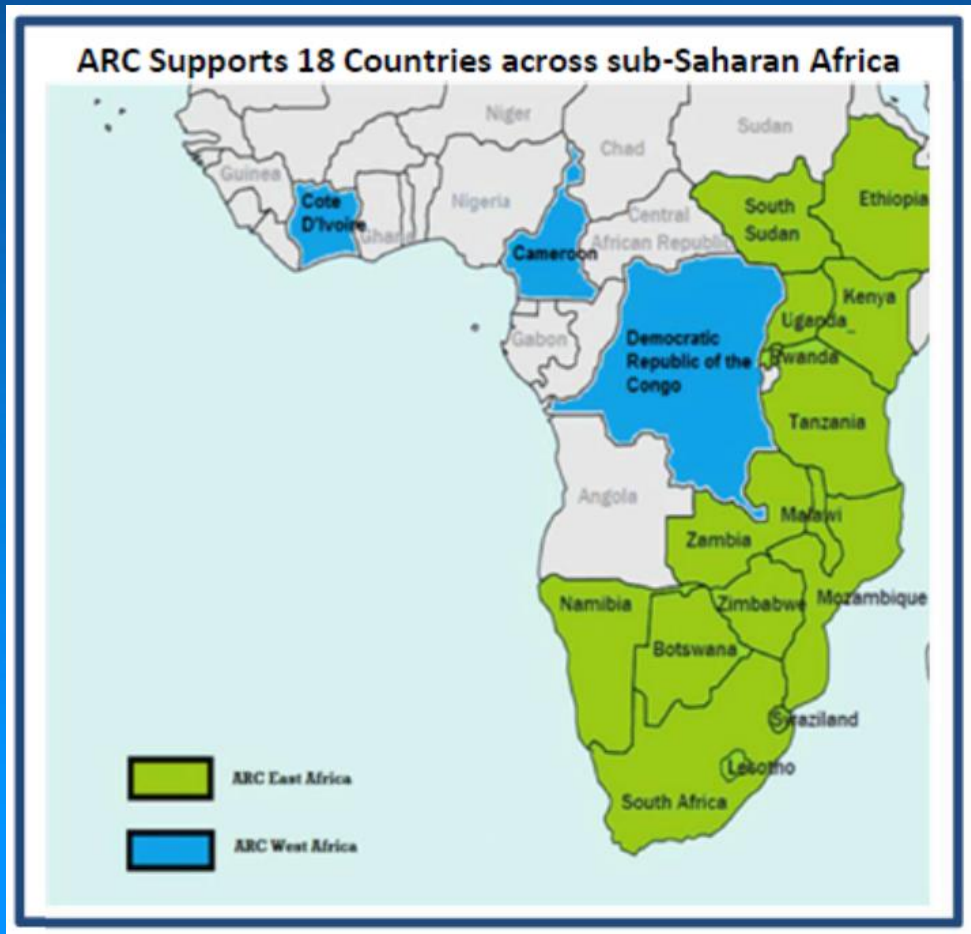
ARC II

- Improving nurse-led PMTCT B+ services and pediatric HIV care

LARC

- Addressing bottlenecks in the viral load scale-up

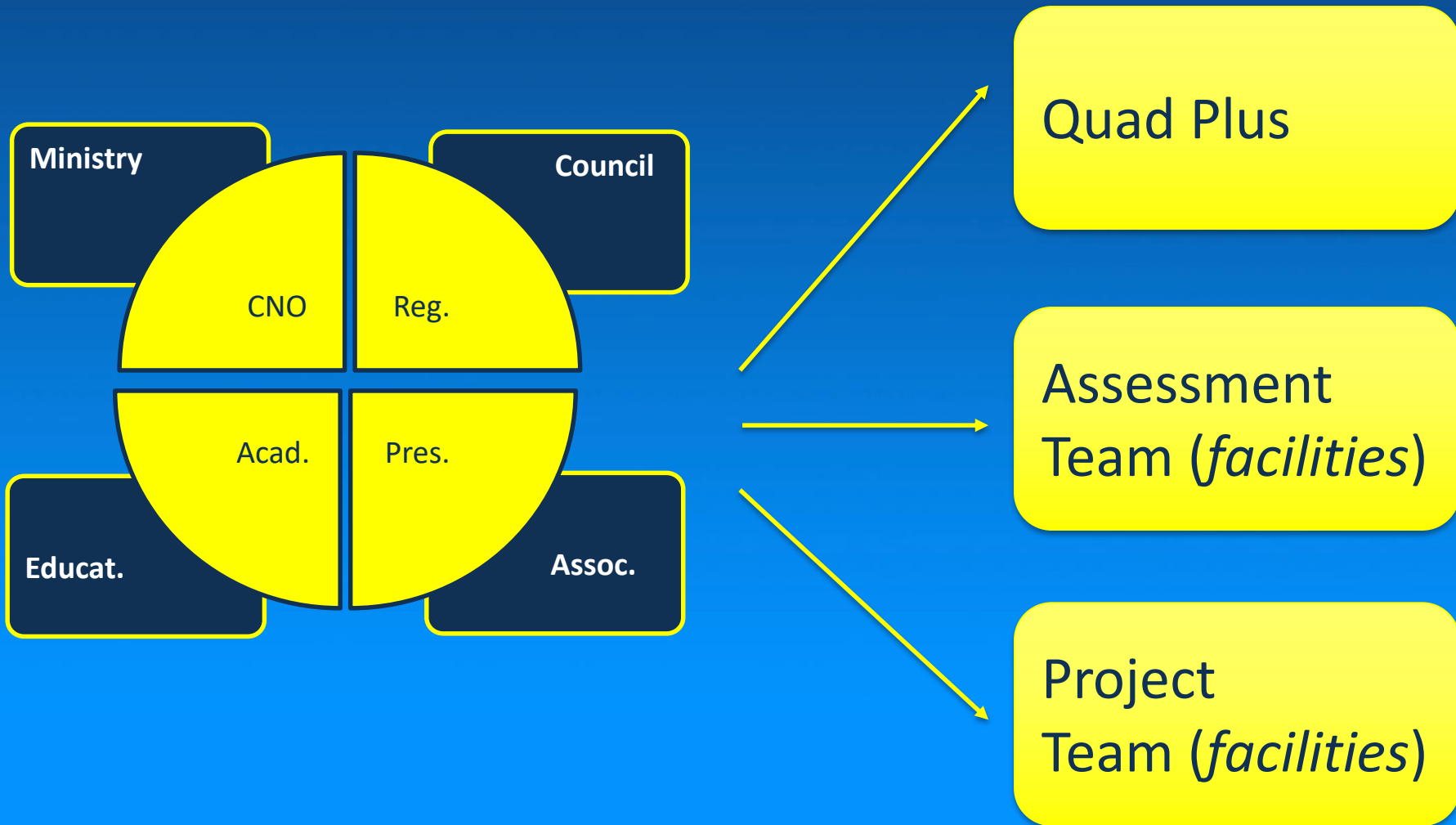
ARC II Collaboratives



*ARC East
Grants in
August
2016*

*ARC West
Grants in
December
2016*

Key ARC Participants: “The Quad”



Evaluation

- Facility Assessments – annually
 - Pre- Post- Data – quality improvement projects
- 3 Tools
 - In-depth Interviews – supervisors
 - Surveys – nurses and midwives
 - Program and Materials Audit – supervisor
- Protocol – CDC clearance process

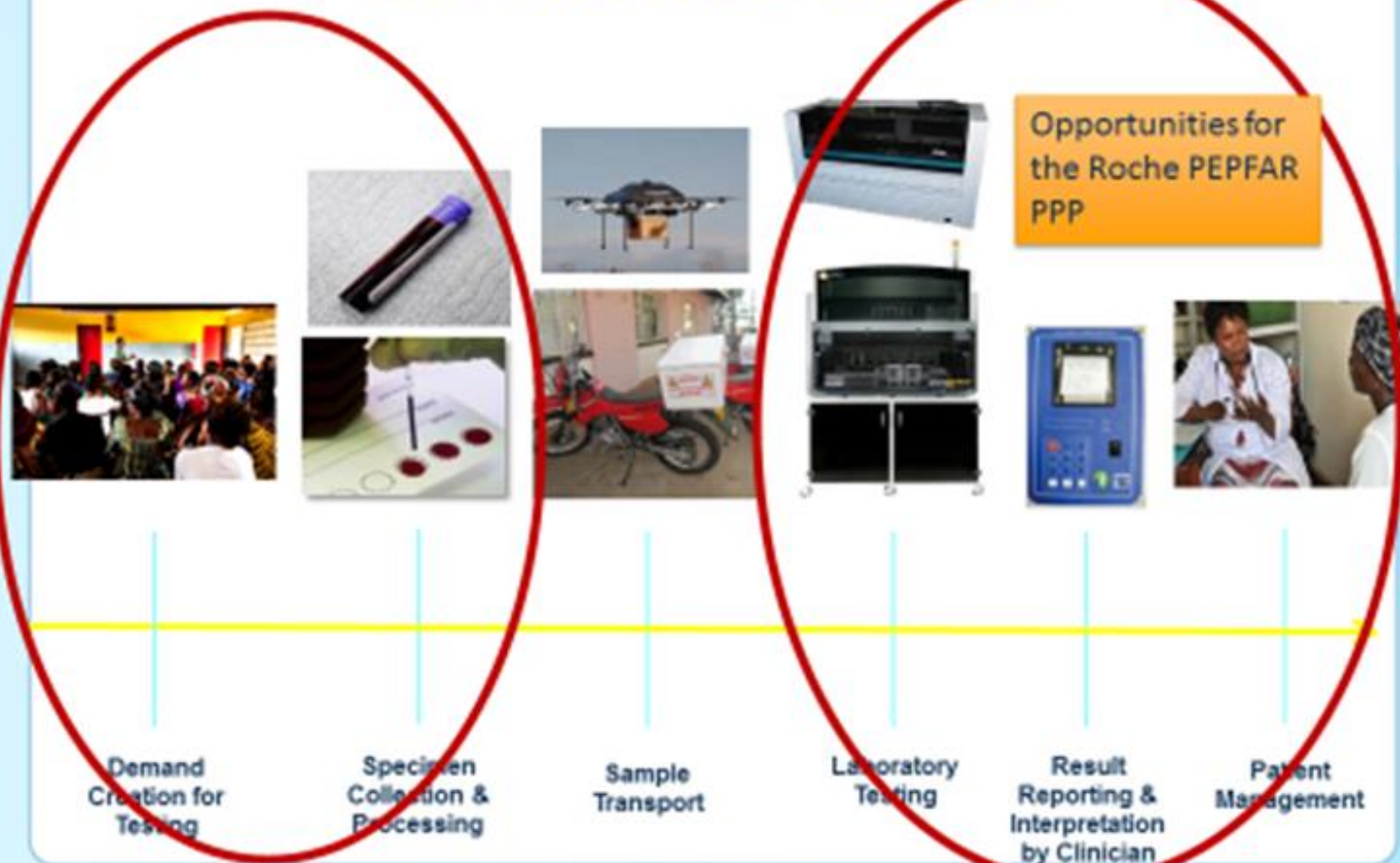
LARC (1 year)

- Laboratorian African Regional Collaborative
- Launched: February 18-19, 2016
- Objective: Support viral load scale-up
- Prioritization by PEPFAR of 6 Countries:
 - Kenya, Malawi, Mozambique, Swaziland, Tanzania, and Uganda

Why VL Monitoring

- ***Viral Load*** monitoring measures the amount of virus in the blood
 - CD4 monitoring assesses the *chance* of infection while
- Virological failure is the first indication that ART is not working (before immunological or clinical failure)
- Viral load monitoring is the strategy of choice:
 - Identify treatment failure early
 - Avoid drug resistance
 - Avoid unnecessary switches to 2nd line treatment

The Viral Load Cascade



Slide from: Ellenberger, D. Viral Load Presentation, ARC Meeting, Namibia, 2015

LARC Model

- **Country Teams** – Lab and nursing leaders
 - Including CDC Lab Advisors
- **Small Grants** – site-based quality improvement projects
- **Evaluation** – business process mapping (BPA)
 - identify areas for improvement
- **Regional Meetings and Technical Assistance**

LARC Grants (July 2016-June 2017)

- Kenya—Improve specimen collection (SOPs)
- Malawi—Increase patient demand of VL testing via community groups
- Mozambique—Implement MOH VL guidelines, train staff and improve workflow
- Swaziland—Train lab staff and nurses to read high VL results for better patient follow-up
- Tanzania—Improve quality of VL reporting by clinicians
- Uganda—Implement SOPs to assure VL results are used for clinical decision-making in timely manner



THANK YOU