aware HIV/AIDS

Disseminating and Replicating Best Practices in West Africa

Strengthening West Africa's Response to the HIV/AIDS Epidemic

USAID FROM THE AMERICAN PEOPLE

© Family Health International, 2008. All rights reserved. This publication was made possible through the support of the US President's Emergency Plan for AIDS Relief through the US Agency for International Development (USAID) under cooperative agreement 688-A-00-03-00066-00 with Family Health International. The opinions expressed herein do not necessarily reflect the views of USAID.

At a Glance

Since 2003, the USAID-funded AWARE-HIV/AIDS Project has been working to identify, document, disseminate, and assist the replication of proven best practices in HIV prevention, care, and treatment in West and Central Africa. It began with a stakeholders' workshop that defined a best practice and identified expert taskforces that would be charged with selecting such practices after a call for submissions. The 19 selected were disseminated widely. AWARE-HIV/AIDS brought the originators of the best practices together with national AIDS coordinating bodies expressing interest in them, then funded study tours and trainings and provided support for the development and implementation of replication action plans.

National and regional learning centers supported by the project built in-country capacity to replicate and adapt best practices. AWARE-HIV/AIDS also supported the training of trainers; provided and facilitated ongoing, expert technical assistance; and engaged in-country partners and stakeholders in replication processes.

AWARE-HIV/AIDS thus stimulated action, was a catalyst for stakeholder collaboration, and powered the initiation and scale-up of effective HIV prevention, care, and treatment interventions across the region. Among the 18 countries covered by the project, 13 adapted at least one of the selected best practices and several adapted three or four. The project's work not only saved valuable time and resources, but likely saved lives by increasing access to effective HIV interventions. Sustaining and extending these achievements requires local stakeholder involvement and donor support for national coordinating bodies that pursue best-practice replication in the region.

AWARE-HIV/AIDS works in 18 countries in West and Central Africa:

Benin
Burkina Faso
Cameroon
Cape Verde
Chad
Côte d'Ivoire
The Gambia
Ghana
Guinea
Guinea-Bissau
Liberia
Mali
Mauritania
Niger
Nigeria
Senegal
Sierra Leone
Togo

AWARE-HIV/AIDS identified, disseminated, and supported the replication of proven best practices and facilitated the sharing of experiences and lessons learned between countries.

Replicating Best Practices: A Useful Approach in Scaling Up the Response

In 2003, the West Africa Mission of the US Agency for International Development (USAID/WA) funded the AWARE-HIV/AIDS Project, which aimed at

- identifying and disseminating proven and high-impact prevention, care, and treatment practices in West and Central Africa
- strengthening and increasing the involvement in local responses of regional institutions and networks, communities, and people living with HIV and AIDS
- promoting policies that foster an enabling and sustainable environment for excellent HIV prevention and care programs

The West Africa region requires large-scale efforts to prevent the explosion of the epidemic, mitigate its impact, and provide care and treatment for those infected and affected by HIV. To rapidly scale up evidence-based interventions, countries need to learn from each other's experiences and avoid wasting valuable time trying to "reinvent the wheel." To contribute to this urgent need and in line with USAID/WA's strategic objective "increased adoption of selected high-impact health policies and approaches in West Africa," AWARE-HIV/AIDS identified, disseminated, and supported the replication of proven best practices and facilitated the sharing of experiences and lessons learned between countries.

While the process of defining, selecting, and disseminating best practices was not new, AWARE-HIV/AIDS introduced a very significant innovation. Instead of ending with documentation and dissemination, a critical step was added: AWARE-HIV/AIDS would provide support to national AIDS coordinating bodies in the region that expressed interest in replicating or applying the best practices identified, and would work collaboratively with development partners and donors in so doing. This meant that countries could embark on this course with confidence, without wasting time and resources.

What We Did and How We Did It

AWARE-HIV/AIDS hosted a regional workshop in Dakar, Senegal, in March 2004 for key stakeholders in 18 countries, including national AIDS control programs and national AIDS councils, the World Health Organization, UNAIDS, NGOs, associations of people living with HIV, and regional institutions and networks.

Defining and Identifying Best Practices

The project's first task was to initiate a participatory process to define the term "best practice" and determine how such a practice should be selected, documented, and disseminated. To this end, AWARE-HIV/AIDS hosted a regional workshop in Dakar, Senegal, in March 2004 for key stakeholders in 18 countries, including national AIDS control programs and national AIDS councils, the World Health Organization (WHO), UNAIDS, NGOs, associations of people living with HIV, and regional institutions and networks.

Workshop participants agreed to define a best practice as "an experience, initiative, or program" that had been proved effective; contributed to the response to HIV; and could serve as "an inspiring model" for program planners, managers, implementers, and other actors. Several criteria were added: a best practice had to be practical, capable of bearing fruit within a reasonable time, relevant, cost-effective, ethically acceptable, and sustainable. In addition, the experience, initiative, or program needed to be owned by and recognized as a best practice by its initiator or initiators, who also needed to take part in ensuing documentation, dissemination, and replication processes.

The workshop recommended that the selection of a best practice should be the province of a taskforce of between eight and twelve experts in each area of HIV prevention, care, and treatment: behavior change communication; counseling and testing; advocacy and policy change; prevention of mother-to-child transmission of HIV (PMTCT); adapted services for sexually transmitted infections (STIs); HIV care and treatment; and community health financing to support the HIV response. Taskforce members needed to be familiar with similar interventions in the particular content area and possess a working knowledge of West Africa and project assessment.

AWARE-HIV/AIDS also hosted a dissemination workshop in 2005 in Accra, Ghana, to showcase the documented best practices and bring together their originators with representatives of national AIDS coordinating bodies and other stakeholders across the region.

What We Did and How We Did It *(continued)*

To standardize the rating and selection process, AWARE-HIV/AIDS produced scoring forms, guidance, and explanatory notes on criteria. The project sent out a call for submissions through national AIDS coordinating bodies and other local partners in July 2004. The response was gratifying: more than 50 submissions were received from across the region.

Members of each taskforce individually reviewed and rated the submissions in their technical area, then arrived at consensus at a meeting. They reported to AWARE-HIV/AIDS on their deliberations and recommendations, and remained engaged in the process as much as possible, providing any needed technical support to originators to document their best practices.

The taskforces selected 19 submissions as best practices. By technical category, the largest number—nine—were in community health financing. Three were in care and treatment, two each in PMTCT and advocacy for policy change, and one each in behavior change communication, STI services, and counseling and testing.

Documenting and Disseminating Best Practices

The best practices selected needed to be thoroughly documented by their originators to guide replication efforts. AWARE-HIV/AIDS developed a documentation template to ensure the inclusion of key information and provided technical assistance—through a consultant who was usually also a taskforce member—for originators lacking the capacity to provide thorough documentation.

The project then published a compilation of the best practices selected, in French and English. It was widely disseminated in electronic and hard copies across the region, including to national AIDS control programs and national AIDS councils, USAID, UN agencies, and a range of national and regional partners. AWARE-HIV/AIDS also hosted

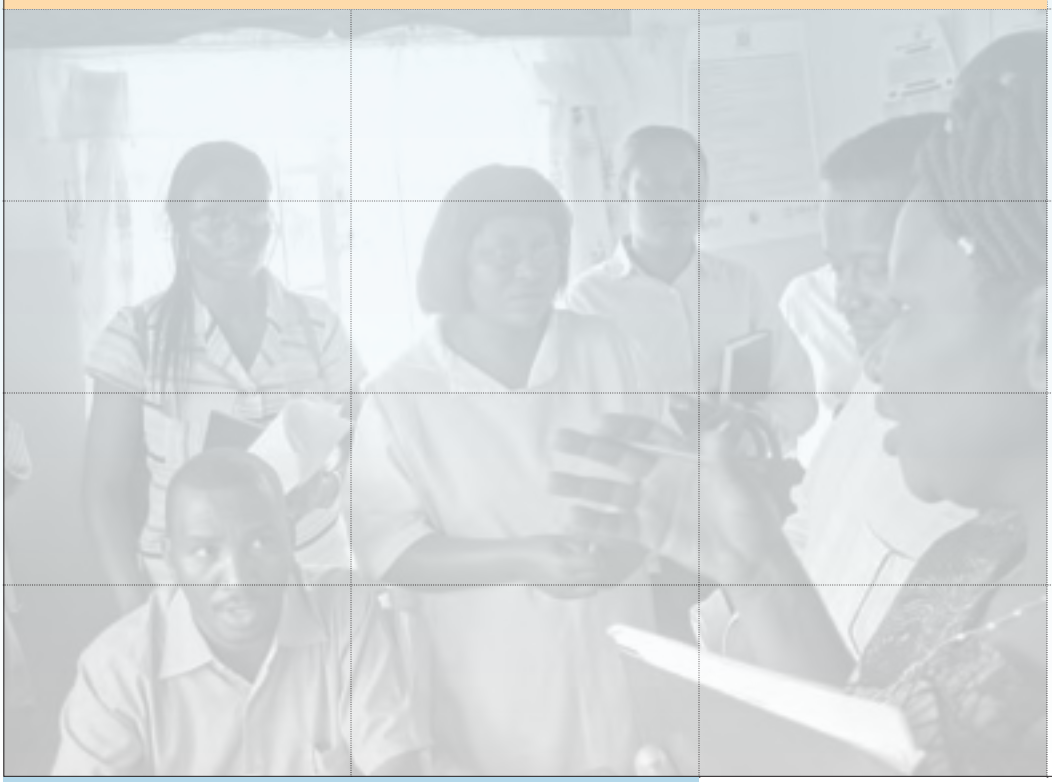
a dissemination workshop in 2005 in Accra, Ghana, to showcase the documented best practices and bring together their originators with representatives of national AIDS coordinating bodies and other stakeholders across the region. At this workshop, the coordinating bodies expressed interest in adapting and applying specific best practices and indicated whether they wished to receive support from AWARE-HIV/AIDS to do so.

Supporting Replication

National AIDS coordinating bodies requesting AWARE-HIV/AIDS support to adapt or apply a documented best practice filled out forms that outlined their relevant capacities and listed partners willing to be involved in the process. The AWARE-HIV/AIDS technical team analyzed these requests in light of each country's HIV epidemiologic situation and response, then recommended those considered most meritorious. The project engaged national-level stakeholders and secured their participation and support for the replication action plans. As much as possible, collaborations between AWARE-HIV/AIDS, national AIDS authorities, and in-country development partners were materialized in memoranda of understanding, and the project also signed subagreements that detailed the support that it would provide.

In general, AWARE-HIV/AIDS facilitated the process of skills transfer, built national capacities, provided expert and ongoing technical assistance, and engaged and leveraged the support of in-country partners and stakeholders.

AWARE-HIV/AIDS facilitated the process of skills transfer, built national capacities, provided expert and ongoing technical assistance, and engaged and leveraged the support of in-country partners and stakeholders.



What We Did and How We Did It *(continued)*

Facilitating skills transfer

Throughout each phase of a best-practice replication, AWARE-HIV/AIDS facilitated the transfer of skills between originators and would-be replicators. As the first step, the project facilitated study tours and trainings for national delegations from countries expressing interest in a given best practice. Depending on the technical area, these national coordinating bodies chose the program managers, providers, or other personnel who would attend the study tours or trainings at sites where a given best practice was being implemented.

During the tours or trainings, the national delegations developed draft replication action plans, with support from best-practice originators and AWARE-HIV/AIDS. After the delegations returned home, the national coordinating bodies received in-country technical assistance from AWARE-HIV/AIDS and best-practice originators to finalize the action plans.

Building in-country capacity

The implementation of the action plans required building the technical capacities of national AIDS programs, as well as a certain amount of infrastructural capacity building. To this end, AWARE-HIV/AIDS helped to establish, refurbish, and equip national learning sites in specific HIV technical areas to provide the theoretical and practical training that was needed. Where necessary, the project also supported the design of national logistics management information systems (LMIS) and the development of related tools, such as forms, standard operating procedures, and training manuals.

AWARE-HIV/AIDS also collaborated with best-practice originators to support training of trainers, who in turn conducted cascade trainings in technical areas of interest and created national-level cadres of providers to support the rolling out of replications. To ensure that these cadres provided high-quality training, their first training sessions were jointly conducted with experts from AWARE-HIV/AIDS and best-practice originators.

Providing ongoing and expert technical assistance

To support smooth, high-quality implementation of activities outlined in the replication action plans, AWARE-HIV/AIDS and best-practice originators provided ongoing and expert technical assistance and responded to requests. In general, technical assistance was provided to set up learning sites (where needed), train trainers, and train and mentor service providers. AWARE-HIV/AIDS also offered confidence-building advice and guidance when countries initiated activities and services, reviewed all activities implemented, and supplied constructive feedback.

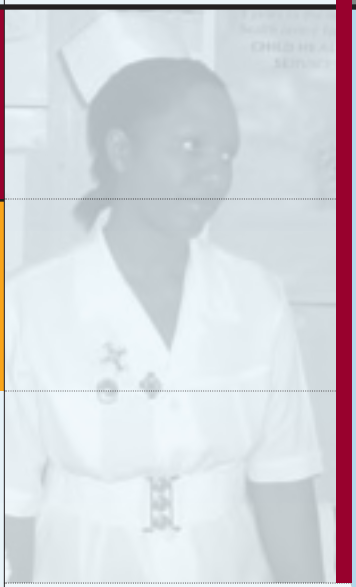
Expert technical assistance was also offered by regional learning centers that AWARE-HIV/AIDS supported in different countries. Earlier, the project selected four of them for institutional strengthening, based on their expertise in an HIV technical area and their potential to offer region-wide training. As it turned out, most of the centers that were strengthened had originated or been closely associated with a best practice.

Engaging and leveraging the support of in-country partners and stakeholders

Recognizing its role as a catalyst, rather than an implementer at country level, AWARE-HIV/AIDS engaged country-level partners and stakeholders in all phases of the replication process and worked to secure their buy-in and support for replication action plans.

The project secured the participation of many partners, including a number of UN agencies, the World Bank, the Global Fund, the MTN Group Ltd., MTN one of the largest mobile phone companies in Africa. AWARE-HIV/AIDS signed memoranda of understanding with these partners to ensure their contributions were coordinated.

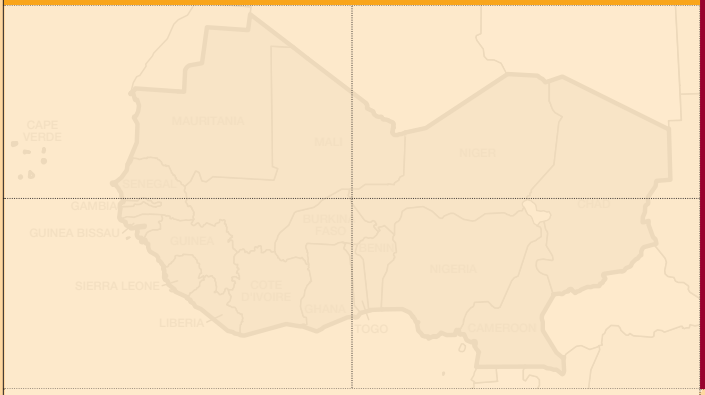
Recognizing its role as a catalyst rather than an implementer at country level, AWARE-HIV/AIDS engaged country-level partners and stakeholders in all phases of the replication process and worked to secure their buy-in and support for replication action plans.



Regional Institutions Providing Expert Technical Assistance in Best Practices

- Cameroon Baptist Convention Health Board, chosen as the regional learning site for PMTCT, was an originator of a best practice that focused on the rapid scale-up of this service.
- Burkina Faso's Centre d'Information, de Conseil et de Documentation sur le SIDA et la Tuberculose, chosen as a regional learning site in counseling and testing, was associated with a best practice that increased the access of youth to this service.
- Senegal's Centre de Recherche et de Formation, Service des Maladies Infectieuses et Tropicales, chosen as the Francophone regional learning site in care and treatment, had been closely connected to a best practice that decentralized access to antiretroviral drugs using a mentoring approach.
- Ghana's Komfo Anokye Teaching Hospital, chosen as the Anglophone regional learning site in care and treatment, was associated with a best practice on comprehensive HIV clinical care that includes the use of treatment monitors ("buddy system").
- Two regional learning sites in STI adapted services for most-at-risk populations were established in upgraded STI clinics: one in Cotonou, Benin, and another in Accra, Ghana. Both were associated with a best practice that effectively linked STI screenings and STI management for sex workers to behavior change and community outreach activities.

Best Practices Replicated with AWARE-HIV/AIDS Support



Advocacy for Policy Change

☐ **Adaptation and adoption of the HIV law to create an enabling environment for HIV prevention, care, treatment, and support**

Originator
Network of Parliamentarians for Population and Development, Benin

Key features
A quick and effective four-step process: advocacy to involve partners and stakeholders (government, UN agencies, and civil society organizations, including people living with HIV and AIDS), development of draft law with the involvement of all partners, examination by parliamentarians, and passage of the law

Countries supported to adapt the practice
Burkina Faso, Cape Verde, Niger

☐ **Involvement of religious leaders in the HIV response and the use of religious principles in combating HIV/AIDS**

Originator
Network of Religious Leaders of Mali

Key features
A core of involved and committed religious leaders; consultations with other leaders and encouragement to join; capacity building in advocacy; sensitization

Countries supported to adapt the practice
Burkina Faso, Guinea, Niger

Care and Treatment

☐ **Decentralization of access to antiretroviral drugs for people living with HIV**

Originator
AIDS and STI Control Division, Ministry of Health and Preventive Medicine, Senegal

Key features
Country-wide decentralization and scale-up of HIV care and treatment, including antiretroviral treatment; the use of experienced providers at the central level to mentor regional-level providers

Countries supported to adapt the practice
Guinea, Guinea-Bissau, Niger, Togo

☐ **Introduction of comprehensive HIV clinical care in a district hospital and use of disclosure and treatment monitors to ensure high adherence**

Originator
National STI/AIDS Control Program, Ministry of Health, Ghana; Family Health International

Key features
Comprehensive HIV clinical care in a hospital setting that includes patient disclosure of HIV status to relatives chosen by patients as their adherence monitors; adherence counseling for patients; their monitors, and home visits

Countries supported to adapt the practice
Liberia, Sierra Leone

Counseling and Testing

☐ **Increased access to voluntary HIV counseling and testing services for young students**

Originator
Program of Support to Community-based Organizations, National AIDS Council, Burkina Faso

Key features
An HIV counseling and testing campaign targeting youth and organized in schools, with the involvement of national AIDS secretariats and ministries of education

Countries supported to adapt the practice
Benin, Cameroon, Guinea-Bissau, Niger

Community Health Financing Schemes

☐ **Community financing of care and support for people living with HIV**

Originator
Association of Research, Communication, and Home Support for People Living with HIV/AIDS, Mali

Key features
A government- and community-supported center providing comprehensive clinical care and psychological support for PLHIV and their families who pay a nominal membership fee of about US$1.

Countries supported to adapt the practice
Togo

☐ **Microcredit loans for people living with HIV**

Originator
Association Espoir 27 of Koumra, Chad

Key features
Micro credit loans of 10,000–25,000 CFA francs (about US$20–50), repayable over 12 months, provided by a PLHIV association to fee-paying members in good standing to help them pay for drugs, medical fees, and daily needs

Countries supported to adapt the practice
Burkina Faso

☐ **Union of health mutual organizations in the district of Bembéréké to organize HIV prevention activities**

Originator
Union of Health Mutual Organizations of Bembéréké, Benin

Key features
Organization-supported training for peer educators and educational campaigns to reduce HIV transmission and health expenses of members

Countries supported to adapt the practice
Cape Verde, Togo

Services to Prevent Mother-to-Child Transmission of HIV

☐ **Introduction and rapid scale-up of PMTCT services in rural areas**

Originator
Cameroon Baptist Convention Health Board

Key features
Scale-up of PMTCT services starting from the bottom up (at the community level), using the opt-out approach and support groups to foster program uptake and community involvement

Countries supported to adapt the practice
The Gambia, Liberia, Mauritania, Sierra Leone, Togo

STI Management Services

☐ **STI adapted services for sex workers and their partners to reduce STI/HIV/AIDS prevalence**

Originator
SIDA-3 Regional Project, Benin; Canadian International Development Agency

Key features
Behavior change communication and community outreach activities, linked with active testing and STI management for sex workers and their partners; promotion of HIV counseling and testing; care for those testing HIV-positive; support for those wanting to exit sex work

Countries supported to adapt the practice
Cameroon, Liberia, Mauritania, Nigeria, Sierra Leone

Other Best Practices Selected by AWARE-HIV/AIDS

Behavior Change Communication

☐ **Sister-to-sister communication for sex workers to promote prevention and management of STI/HIV/AIDS on migratory routes**

Originator
FAMME, a local NGO in Togo

Key features
Peer education among sex workers to increase STI/HIV/AIDS awareness linked to community outreach activities and referrals to clinical care services

Care and Treatment

☐ **Care for people living with HIV through a medico-social assistance center**

Originator
Hope Worldwide-Côte d'Ivoire (Project Centre d'Assistance Socio-Médicale)

Key features
A community-based approach to multiple services and a continuum of care for PLHIV, including on-site and home-based care, psychosocial and nutritional support, community capacity building to support PLHIV, and referrals

Community Health Financing

☐ **"The tantines," a strategy to reduce teenage pregnancy and STI/HIV/AIDS among adolescents**

Originator
GTZ, German-Cameroonian Program on Health and AIDS

Key features
Peer education and counseling support by trained teenaged mothers—the tantines—who receive assistance to implement income-generating activities that support their role as peer educators

- **Development of income-generating activities within a PLHIV association**

  Originator
  Hope Is Rising Association, Cameroon

  Key features
  Contributions of up to 10,000 CFA francs (about US$20) each month by members of a PLHIV association given to one member who submits an income-generating proposal approved by the group

- **Mutual health insurance plan**

  Originator
  Senegal National Traders and Industrialists Union

  Key features
  Financing by union members of a package of health services negotiated by the union with health institutions, as well as periodic campaigns on HIV/AIDS/STI prevention for members and their families

- **Network of PLHIV associations**

  Originator
  RAS+ Togo, a network of PLHIV associations

  Key features
  Sensitization activities, member-training, and microcredit loans for members' income-generating activities; support for member associations that have care and support sites with affordable services

- **Risk-sharing in Dangme and Nkoranza insurance plans**

  Originator
  Dangme West Health Insurance Scheme and Nkoranza Community Health Insurance Scheme, Ghana

  Key features
  Health services funded by members' premiums, with installment plans, government and donor assistance, and for the poorpartnerships with service providers

- **National health insurance schemes**

  Originator
  National Health Insurance Secretariat, Ghana

  Key Features
  National health insurance system, funded through worker contributions and taxes, divided into three schemes to cover all residents in a district and metropolitan area, groups and nonprofit organizations, and private companies

Services to Prevent Mother-To-Child Transmission of HIV

☐ **Integration of PMTCT into pre-service training curricula of national training institutions**

Originator
RETROCI Project, Côte d'Ivoire ; US Centers for Disease Control and Prevention

Key features
Integration of PMTCT in pre-service training curricula in five steps: assessment of current training materials, advocacy, establishment of a national steering committee to oversee and monitor progress, development and adaptation of training materials, and training of expert trainers

UNAIDS Selected Best Practices Disseminated by AWARE-HIV/AIDS

Behavior Change Communication

☐ **Prevent transmission of STI/HIV/AIDS among sex workers and their partners and provide care and support**

Originator
Ministry of AIDS Control, Côte d'Ivoire

Key features
A baseline study to outline needs and map sex-work sites, talks by peer educators; condom demonstrations and distribution; referrals to health facilities for STI management; HIV counseling and testing

☐ **Health education through popular theater**

Originator
Wan Smolbag Theater, New Zealand

Key features
Theatrical sketches that sensitize schoolchildren about preventing STI transmission and unwanted pregnancy

☐ **Lifeskills program: "My future is my choice"**

Originator
Youth Health Development Program, Namibia; UNICEF

Key features
Information on sexual and reproductive health for young people ages 10–18, including on HIV/AIDS/STI transmission and the lifeskills needed to make wise choices

Care and Treatment

☐ **Socio-medical center for PLHIV**

Originator
Hope Worldwide, Côte d'Ivoire

Key features
Improved care for PLHIV at reduced costs through involvement of the community, PLHIV, and a network of care

Counseling and Testing

☐ **HIV counseling for men attending anti-STI clinics**

Originator
National AIDS Research Institute of Pune, India

Key features
Sensitization activities on condom use and HIV counseling and testing at two public STI clinics for male heterosexual clients of sex workers

STI Prevention and Management

☐ **Training in and promotion of syndromic management of STIs**

Originator
Program for Appropriate Technology in Health (PATH), Philippines

Key features
Promotion of syndromic management of STIs within private pharmacies and dispensaries and by community caregivers; flow charts and kits for STI management for clinicians, drug providers, and outreach workers

Our Achievements

Of 18 countries covered by the project, 13 adapted at least one of the selected best practices, with extensive AWARE-HIV/AIDS support, and several adapted three or four. In each country, national AIDS control councils and programs coordinated the contributions of other in-country partners.

Of 18 countries covered by the project, 13 adapted at least one of the selected best practices, with extensive AWARE-HIV/AIDS support, and several adapted three–four. In each country, national AIDS control councils and programs coordinated the contributions of other in-country partners.

Benin replicated the Burkina Faso experience to increase *youth access to HIV counseling and testing,* with in-country partner Population Services International. National counseling and testing norms and procedures and a supervision guide were produced and more than 17,000 young people were counseled and tested during a 10-day campaign. The National AIDS Control Program and Ministry of Education are committed to pursuing this campaign as a yearly activity.

Burkina Faso is replicating three best practices.

- A best practice in *community financing* developed in Chad that provides microcredit loans for people living with HIV is being replicated, with the support of in-country-partner Association "Laafi La Viim."
- Replicating a best practice developed in Mali that promotes the *involvement of religious leaders* has resulted in a new union of religious leaders whose sensitization activities are contributing to the HIV response. The process obtained the support of several in-country partners: Fédération des Eglises Episcopales et Missions Evangéliques, Conférence Episcopale Catholique, Conseil Supérieur de la Chefferie Coutumière et Traditionnelle, Fédération des Associations Islamiques, and the Global Fund.
- Guided by Benin parliamentarians, Burkina Faso replicated the experience on adapting the *HIV model law* with the support of the Parliamentarians' Network, UNAIDS, UNICEF, and Coordination Régionale des Jeunes/Afrique du Centre et de l'Ouest. The law is under consideration by the National Assembly.

AWARE has made a significant contribution in building national capacities for HIV care and treatment in our country. It has also helped to build up strong foundations for the decentralization of access to care and treatment through the establishment of a mentoring system.

Dr Ibrahima Sory Diallo, Programme National de Prise en Charge Sanitaire et de Prévention des IST/VIH/SIDA, Guinea

Our Achievements *(continued)*

Cameroon is replicating two best practices.

- To replicate a best practice in *STI adapted services,* a pilot site providing STI services for high-risk groups was established in Yaoundé and service providers trained. National authorities are working with in-country partners to expand services to new sites.
- The Burkina Faso experience to increase *youth access to HIV counseling and testing* was replicated with the support of in-country partners Ministère de l'Enseignement Secondaire, Ministère de l'Enseignement Supérieur, UNICEF, Association Camerounaise de Marketing Social, and Centre International de Recherche Chantal Biya. A 10-day youth campaign resulted in more than 18,000 young people being counseled and tested, and the government is committed to pursuing it as a yearly activity.

Cape Verde selected two best practices.

- The replication of the Benin experience on adapting the *model HIV law* resulted in the adoption of a national HIV law in 2007, with in-country partner support from the Parliamentarians' Network, UNDP, UNICEF, the United Nations Population Fund (UNFPA), the World Food Programme, and the European Union.
- The replication of *community financing* best practice developed in Benin, where local health insurers pooled efforts in activities to prevent HIV transmission, was supported by in-country partners Associaçao Funerária "20 de Janeiro", Forum Cooperativo, and Federaçao National de Cooperativas de Consumo.

The Gambia adapted the experience developed in Cameroon to *rapidly scale up PMTCT services.* A national PMTCT learning site was established, and manuals for trainers and participants were developed, pre-tested, and validated, along with PMTCT standard operating procedures and a pocket guide. So far, 40 trainers and 40 service providers have been trained in PMTCT, and the opt-out approach, a key feature of the best practice, has been successfully pilot-tested in three PMTCT sites and is now being expanded to all such sites in the country.

Guinea chose two best practices.

- To replicate the experience developed in Senegal to *decentralize access to antiretroviral drugs,* a national learning site in care and treatment was established, more than 70 services providers trained to support decentralization, and a pool of central-level providers assigned to secondary health facilities and oriented to mentoring providers in these locations.
- The experience in Mali that promotes the *involvement of religious leaders* in the HIV response was replicated with the support of in-country partners Religieux Islamiques contre le SIDA, UNDP, WHO, and the USAID mission. Guinea's union of religious leaders now engages in advocacy and sensitization activities to reduce stigma and discrimination against people living with HIV.

Guinea-Bissau is replicating two best practices.

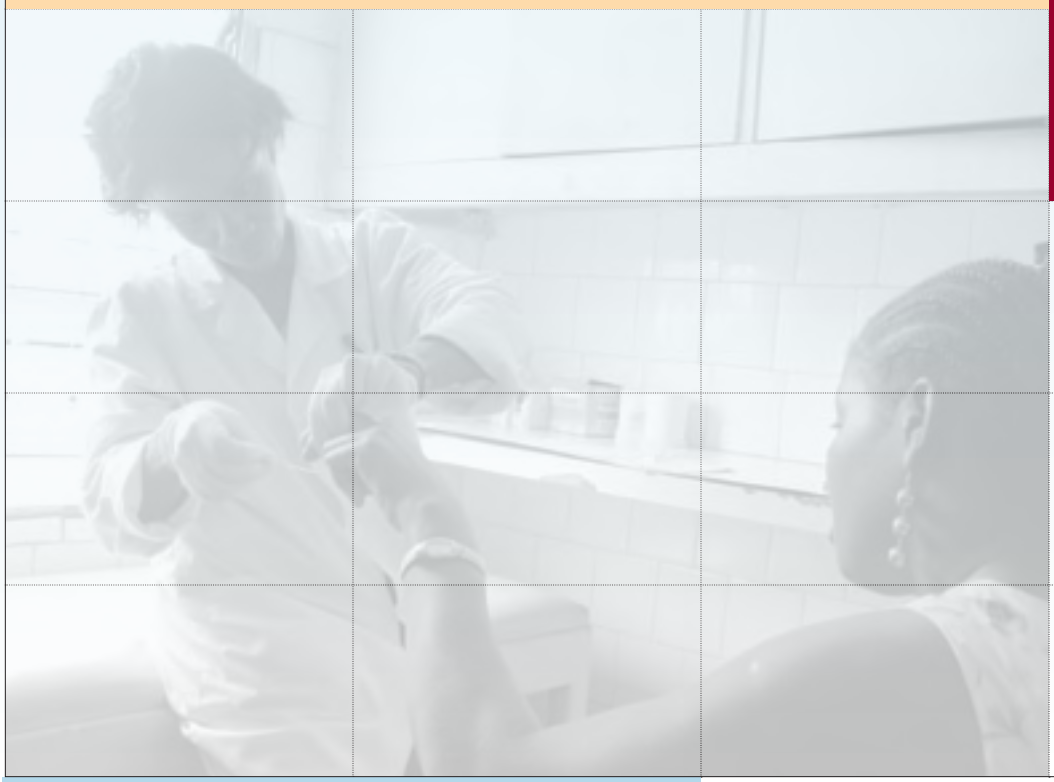
- With financial support from the Global Fund and Brazil Cooperation as an in-country partner, the experience developed in Senegal to *decentralize access to antiretroviral drugs* was replicated. In the process, more than 40 providers were trained to prescribe antiretroviral drugs and a pool of experienced providers was trained to offer mentoring and technical assistance. Between 2007 and early 2008, the number of decentralized sites in the country increased from four to ten.
- Replicating the Burkina experience to increase *youth access to counseling and testing* won the support of in-country partners the Global Fund, UNFPA, the World Bank, and MTN Group Ltd. A one-week national campaign targeting youth tested almost 3,000 in April 2008, and authorities are committed to pursuing it as a yearly activity.

Liberia selected three best practices.

- To replicate the experience developed in Cameroon to *rapidly scale up PMTCT services,* a national PMTCT learning site and a pool of trainers were established, national training manuals and standard procedures developed, and more than 80 services providers from 16 sites trained. AWARE-HIV/AIDS directly supported two new PMTCT sites; others have been established with support from UNICEF and the Clinton Foundation.

AWARE-HIV/AIDS financial contribution has been relatively modest compared to the $US2 million that Liberia received from the Global Fund, but AWARE has made significant contribution in kicking off the scaling up of PMTCT in Liberia.

Dr Khalipha Bility, National AIDS Control Program, Liberia



With your collaboration, centers providing antiretroviral drugs in Dosso, Tahoua, and Zinger districts are currently operational. Moreover, the training opportunities you have offered us will enable us to establish additional centers in Maradi, Diffa, and Agadez in the upcoming weeks.

Dr. Bagnou Abdoulaye, Coordination Intersectorielle de la Lutte contre le SIDA, Niger

Our Achievements *(continued)*

- With financial support from the Global Fund, a best practice developed in Ghana that provides *comprehensive HIV clinical care* and makes use of a buddy system is being replicated. During the process, a national learning site on HIV clinical care was established, along with two new clinical care sites that are directly supported by AWARE-HIV/AIDS.
- To replicate a best practice in *STI adapted services,* a pilot site was established by local NGO and in-country partner WAPCAS Liberia, which is also providing STI adapted services at several sex work sites and seeking funding from other donors to expand the services.

Mauritania chose two best practices.

- In the process of replicating the experience developed in Cameroon to *rapidly scale up PMTCT services,* policies and a training manual were developed, the opt-out approach introduced, more than 100 service providers trained, and a learning site established. The country's first PMTCT site was established in December 2005. By the end of 2007 it had 14, with support from in-country partners Programme National de Santé de la Reproduction, UNICEF, and the World Bank.
- To replicate the experience on *STI adapted services*, AWARE-HIV/AIDS helped to develop STI management guidelines and establish two sites for STI adapted services, one in Nouakchott and the other in Rosso. Programme National de Santé de la Reproduction, Fédération Luthérienne Mondiale, Clinique El Kheir, and SOS Pair-éducateurs are in-country partners.

Niger is replicating four best practices.

- To replicate the experience developed in Senegal to *decentralize access to antiretroviral drugs,* experienced service providers have been trained on mentoring and providing technical assistance for personnel in treatment sites outside the capital. With the support of UNICEF and the Global Fund as in-country partners, antiretroviral treatment is now available in six regions, instead of only in the capital.

- To replicate the Burkina Faso best practice that increased *youth access to HIV counseling and testing*, manuals and norms and procedures were developed and a youth campaign implemented that resulted in over 10,000 young people being tested in 10 days.
- The best practice developed in Benin to adapt a *model HIV law* was replicated with the support of WHO, UNICEF, UNDP, and UNFPA as in-country partners. An HIV law was adopted by the National Assembly in 2007.
- The experience in Mali that promoted the *involvement of religious leaders* in the response was replicated with the collaboration of the West African Health Organization, UNAIDS, and the Parliamentarians' Network. Niger's newly established union of religious leaders now conducts advocacy and sensitization activities to reduce stigma and discrimination.

Nigeria selected the experience on *STI adapted services.* The in-country partner is Total Development Organization, a local NGO, which established a pilot site in Abia State. AWARE-HIV/AIDS closed out its support after USAID requested that the project withdraw from the country. The NGO is now working with local authorities and partners to ensure continuation of services and their expansion into new sites.

Sierra Leone selected three best practices:

- To replicate the Ghana experience that provides comprehensive *HIV clinical care,* its "buddy system" was introduced, a national learning site on HIV clinical care established, and a pool of trainers developed who have trained more than 85 providers. An LMIS system and its related tools were designed in collaboration with the DELIVER Project, and 20 trainers trained in LMIS will soon roll out training for all levels.
- To replicate the experience developed in Cameroon to *rapidly scale up PMTCT services,* a national PMTCT learning site and a pool of trainers were established and 40 service providers trained to support the expansion of the PMTCT program, with UNICEF as in-country partner.
- To replicate an experience on *STI adapted services,* a new pilot site was established and run by a local NGO, West Africa Project to Combat AIDS and STI–Sierra Leone. The National AIDS Secretariat has taken ownership and established two more sites. Needs related to this replication have been included in a Global Fund proposal to ensure continuation and expansion of the services.

Our Achievements *(continued)*

Togo chose four best practices:

- To replicate the experience developed in Cameroon to *rapidly scale up PMTCT services,* a national PMTCT learning site and seven support groups for women who test HIV-positive were established, the opt-out approach was introduced and supervision visits made to all 42 existing PMTCT sites, and patient registers and follow-up tools were developed and disseminated.
- To replicate the experience developed in Senegal to *decentralize access to antiretroviral drugs,* a pool of 15 mentors was established and is working with trained service providers in eight regions to initiate antiretroviral treatment.
- To replicate an experience from Mali in *community financing,* a center was created to provide counseling, testing, care, and support for people living with HIV. A consortium of three local organizations are in-country partners—Confédération Syndicale des Travailleurs du Togo, Confédération National des Travailleurs du Togo, and Espoir Vie-Togo.
- To replicate a *community financing* experience developed in Benin, a health mutual insurance plan was established for 401 members and about 1,300 beneficiaries, with the support of in-country partner Syndicat des Vendeurs de Matériaux de Construction du Togo. It has awarded microcredits to members, trained peer educators, and conducted outreach prevention education and radio broadcasts on HIV and AIDS.

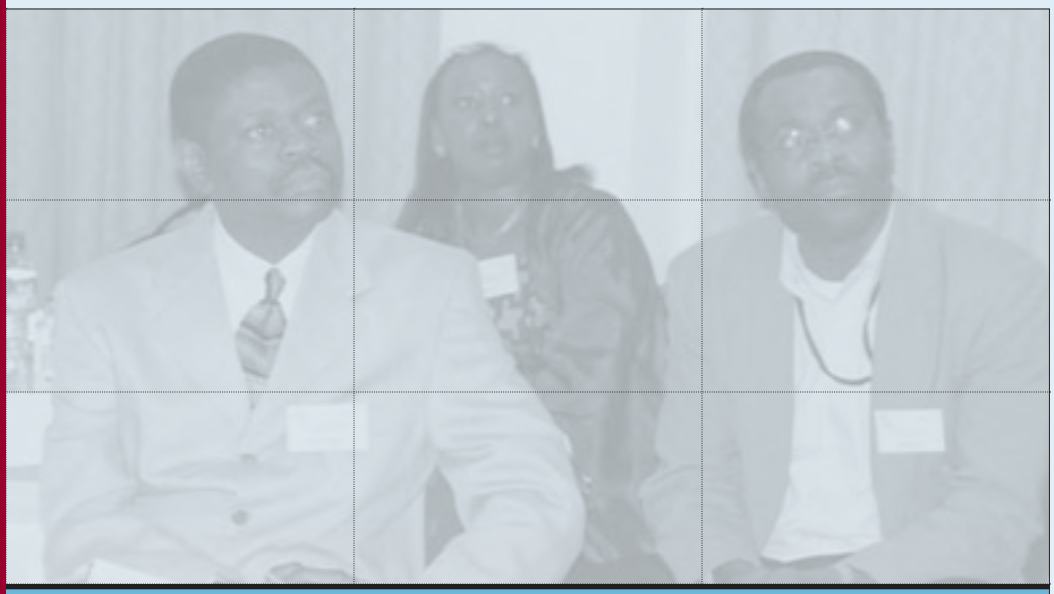
The Lessons We Learned

AWARE-HIV/AIDS has been filling a gap in West and Central Africa, especially in countries that have no USAID missions, providing support for and showcasing the US Government's leadership in the response to HIV and AIDS and increasing the appreciation of host governments for its many contributions. The project has also demonstrated that countries in the region are eager to learn from each other, and that south-to-south exchange is a viable and potentially cost-effective way to make technical assistance more readily available.

A critical factor in the project's success is that the countries themselves expressed interest in replicating the best practices selected, thus creating ownership and political commitment and ensuring that activities were in line with national programs. Other keys to success were the project's facilitation of exchanges between best-practice originators and the countries applying them, as well as the project's engagement of national coordinating bodies and donors at country levels in the development of replication action plans. Though differences in planning and funding cycles of country-level development partners sometimes impeded full involvement and financial contributions, their engagement in the process always stimulated action in countries and collaboration among stakeholders.

Perhaps the most important lesson of AWARE-HIV/AIDS is that providing support for the replication of best practices is an excellent strategy, one that leverages resources and initiates and boosts effective local responses to HIV, saving lives and considerable time.

A critical factor in the project's success is that the countries themselves expressed interest in replicating the best practices selected, thus creating ownership and political commitment and ensuring that activities were in line with national programs.



AWARE-HIV/AIDS demonstrated that when countries in the region learn from each other, effective HIV prevention and care interventions are initiated, scaled up, and accelerated.

Looking to the Future

With limited resources, AWARE-HIV/AIDS made enormous contributions to national HIV responses in West and Central Africa by providing support for the replication of identified best practices. As the project comes to an end, it is important to build on its success in stimulating and accelerating responses to the epidemic across the region.

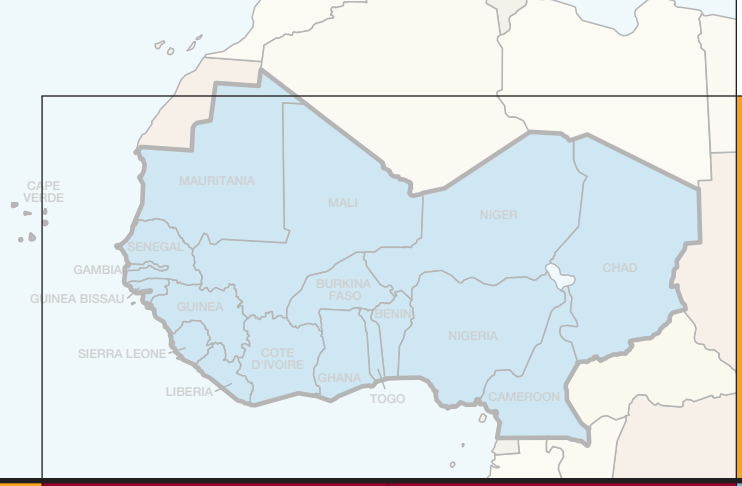
Countries applying best practices should engage donors at country levels to continue their support so that life-saving interventions can be pursued and expanded. To sustain and expand these efforts, national coordinating bodies must ensure that best practices they deem to be relevant are included in funding proposals to the Global Fund, the World Bank, and other large donors.

AWARE-HIV/AIDS demonstrated that when countries in the region learn from each other, effective HIV prevention and care interventions are initiated, scaled up, and accelerated. Facilitating this cross-fertilization promotes a state-of-the art response to a continually evolving epidemic. Regional programs and local stakeholders need to sustain and continue the process, identifying, documenting, disseminating and supporting replication of new best practices.

ACTION FOR WEST AFRICA REGION
aware
HIV/AIDS

The AWARE-HIV/AIDS Project, 2003–2008

Family Health International (FHI) is the prime partner of the AWARE-HIV/AIDS Project. The project is managed as a partnership between FHI, the Futures Group International, and Population Services International as key partners, and Care and Health Program, Centre Hospitalier Affilié à l'Université du Québec, and West Africa Project to Combat AIDS and STIs as associate partners. For the first two and a half years, Bureau d'Appui à la Santé Publique'96, Centre Hospitalier Universitaire de Sherbrooke, and JHPIEGO contributed to the project as associate partners.



The AWARE-HIV/AIDS Project 2003–2008

Initiated in 2003 as a cooperative agreement by the West Africa Mission of the US Agency for International Development, the AWARE-HIV/AIDS Project has been fostering an expanded, comprehensive, and sustainable response to the HIV/AIDS epidemic in West and Central Africa. Working in 18 countries, the project promotes promising and best practices, supports advocacy for policy change, builds the capacity of regional institutions and networks, and strengthens prevention along migratory routes in West and Central Africa.

Family Health International
4401 Wilson Blvd.
Suite 700
Arlington, VA USA 22203

tel: 703.516.9779
fax: 703.516.9781
www.fhi.org
aidspubs@fhi.org

USAID FROM THE AMERICAN PEOPLE

fhi Family Health International

PSI

CONSTELLA CONSTELLA FUTURES