



**LMS** | *Leadership, Management  
and Sustainability Program*

**VIRTUAL LEADERSHIP DEVELOPMENT PROGRAM  
FOR EASTERN EUROPE AND EURASIA**

FINAL REPORT

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## Acronyms

<b>ADRA</b>	Adventist Development and Relief Agency
<b>ART</b>	Antiretroviral Treatment
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>CLM</b>	Center for Leadership and Management
<b>E&amp;E</b>	Eastern Europe & Eurasia
<b>GFATM</b>	Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>HIV</b>	Human Immunodeficiency Virus
<b>LMS</b>	Leadership, Management, and Sustainability Program
<b>LPI</b>	Local Protocol of Interaction
<b>MDRTB</b>	Multidrug resistant Tuberculosis
<b>MOH</b>	Ministry of Health
<b>MSH</b>	Management Sciences for Health
<b>NGO</b>	Non-Governmental Organization
<b>PIU</b>	Project Implementation Unit
<b>PLWHA</b>	People living with HIV/AIDS
<b>USAID</b>	United States Agency for International Development
<b>VCT</b>	Voluntary Counseling and Testing
<b>VLDP</b>	Virtual Leadership Development Program
<b>WCA</b>	Workgroup Climate Assessment

## **Executive Summary**

Effective and sustainable health programs and organizations require sound management and leadership practices. In different Eastern European countries, such practices and skills are necessary to address barriers to effective implementation of the TB/HIV co-infection management programs and activities. In many countries in the region, TB and HIV/AIDS programs function as separate, vertical programs that lack an integrated approach to the management of TB/HIV co-infection.

Understanding the importance of strengthening leadership and management capacity and integrating government and non-government agencies working in HIV and TB, the E&E Bureau of the United States Agency for International Development (USAID) funded the Virtual Leadership Development Program (VLDP) through the Leadership and Sustainability (LMS) program of Management Sciences for Health (MSH). The VLDP is a 13-week Internet-based, blended learning program that combines face-to-face team work with distance learning methodologies. VLDP participants complete seven modules and learn and practice key leadership practices and competencies. They do so while working as a team to identify a real organizational challenge and develop an action plan to address this challenge.

The VLDP was delivered in Russian from October 20, 2007 to February 8, 2008 to ten multi-disciplinary teams working in TB and HIV in Belarus, Kazakhstan, Russia, and Ukraine. Through the VLDP participants strengthened their teamwork and applied their leadership skills to identifying and addressing a specific challenge related to HIV and TB program integration.

The action plans that teams developed to address specific challenges were of high quality and showed a firm understanding of the concepts and competencies discussed in the program. Many challenges reflected complexities in the environment where participating senior management teams carry out their work, as well as the magnitude of problems that they face at the national level. Some examples of the challenges chosen by the teams included:

- How can we strengthen/enhance interaction between AIDS and TB services and coordinate program activities to better manage patients with TB/HIV co-infection despite the lack of a plan for collaborative activities and co-infection specialists?
- How can we establish, ensure, and support dialogue between different organizations and establishments that work in the area of HIV/AIDS and TB to increase political commitment to and ensure effectiveness of actions to address HIV/AIDS and TB epidemics in Ukraine?
- How can we overcome insufficient information among the population and lack of interaction between HIV/AIDS and TB services to increase the number of HIV-positive patients screened for TB in the city of Togliatti?

The teams are currently implementing their action plans. MSH will follow-up on team progress in June 2008. According to the participating teams, the VLDP is a successful way to strengthen the leadership practices and competencies of health managers and their staff managing TB/HIV co-infection activities. The program brought HIV and TB health managers together to function more effectively as teams. Participants reported improved communication and strengthened essential leadership and management practices as a result of their participation in the program.

Program participants suggested that expansion of leadership and management development opportunities for TB/HIV co-infection programs in the region can further benefit their respective programs at the country level and at the Oblast and/or peripheral levels. They also reported that additional local capacity building in strategic planning would be useful. It may also be beneficial to offer a regional conference using virtual conferencing technology that could connect up to three hundred TB/HIV co-infection professionals for a robust, 3-day technical exchange on HIV/TB co-infection challenges and continue the virtual exchange begun during this VLDP.

## **Introduction**

*The Virtual Leadership Development Program: A vehicle for strengthening leadership skills of teams working in the context of the TB/HIV co-infection management*

Effective and sustainable health programs and organizations require sound management and leadership practices and overall capacity. In the countries of the former Soviet Union, which are committed to a transition from the Soviet health model to sustainable health care systems, such practices and skills are needed to address barriers to effective implementation of the TB/HIV co-infection management programs and activities.

TB and HIV programs in many countries in the region function as separate, vertical programs that lack an integrated approach to the management of TB/HIV co-infection. Failure to develop integrated/coordinated approaches to managing TB/HIV co-infection may undermine the implementation of ongoing programs in TB and HIV/AIDS and complicate the epidemiological situation in this region. While some efforts were made in a number of countries towards integration of TB and HIV services for effective TB/HIV co-infection management, this experience has been extremely limited in the region. Visionary and inspirational leadership skills and sound management practices are critical to ensure coordinated efforts of governmental and non-governmental organizations/agencies working in the tuberculosis and HIV/AIDS field, and effective implementation to HIV/TB co-infection programs.

Understanding the importance of strengthening leadership and management capacity and integrating government and non-government agencies working in the field of HIV and TB, the E&E Bureau of the United States Agency for International Development (USAID) funded the Virtual Leadership Development Program (VLDP) through the Leadership and Sustainability (LMS) program of Management Sciences for Health (MSH). The VLDP was delivered from October 20, 2007 to February 8, 2008. Through

the VLDP, multidisciplinary teams working in the fields of TB and HIV had the opportunity to identify a specific challenge related to HIV and TB program integration, while simultaneously developing leadership practices and competencies, and strengthening team work and capacity to address challenges.

Developed by MSH, the VLDP is a 13-week Internet-based, blended learning program that combines face-to-face team work with distance learning methodologies. VLDP participants complete seven modules and learn and practice key leadership practices and competencies. They do so while working as a team to identify a real organizational challenge and develop an action plan to address this challenge. Support and feedback from the program facilitators and an M&E expert are given regularly. Prior to the launch of the program, print workbooks containing the entire program were sent to each participant.

To date, the VLDP has been offered twenty times to more than 1,500 health managers and more than 200 teams in 44 countries in Africa, Asia, Latin America and the Caribbean, the Middle East, and in Eastern Europe and Eurasia. The program is available in Arabic, English, French, Portuguese, Spanish, and Russian. Evaluation studies show that the VLDP strengthens leadership and management capacity, improves team work and workgroup climate, and helps teams to address identified organizational challenges to improve service delivery and management systems.

The VLDP consists of seven modules. Each module consists of individual reading, individual online exercises, group work, and a forum section where teams post and report about the results of their group work. The program modules include:

*Module 1: Getting Started*

Participants are oriented to the VLDP Web site and materials, and are introduced to the concept of team dynamics. Participants also create a calendar to plan their team meetings and activities for the rest of the program, and complete the Workgroup Climate Assessment (WCA).

*Module 2: Leadership in Health Programs and Organizations*

Through individual and group exercises, participants are introduced to the leadership and management framework, and the eight leadership and management practices.

*Module 3: Identifying Challenges*

Considered the heart of the VLDP, module 3 has participants identify an organizational challenge they are facing and develop an action plan to address this challenge using the Challenge Model. The action planning process is an iterative process, in which the teams create action plan drafts and work with the facilitators and a Monitoring and Evaluation (M&E) specialist to revise and clarify their plans.

#### *Module 4: Leadership Competencies*

To focus on personal mastery, participants assess and discuss their own leadership competencies by completing the Leadership Assessment Instrument<sup>1</sup>.

#### *Module 5: Communication*

In addition to targeted reading, participants complete an exercise to assess their patterns of communication and communication styles, and discuss this assessment with their teams.

#### *Module 6: Managing Change*

Participants are introduced to the concept of change management through a case study and story about perspectives on change and change management. Participants are also introduced to John Kotter's eight stages of change<sup>2</sup> and are asked to apply these stages to their work on their action plans.

#### *Module 7: Coming to a Close*

Participants are asked to reflect upon the program, complete the final program evaluation, as well as a second, post-intervention application of the WCA.

### **Overview of the USAID E&E Bureau-funded VLDP**

This VLDP was the first VLDP offered to countries in the E&E region. The VLDP was launched on October 20, 2008 and conducted for teams working in the field of TB and HIV/AIDS who are committed to providing care and treatment for patients with TB/HIV co-infection. The VLDP was conducted by two facilitators from MSH and one from Adventist Development and Relief Agency (ADRA), with support from an MSH monitoring and evaluation specialist. The program was conducted in Russian by fluent Russian speakers.

The teams were composed of experts from national programs and universities, monitoring and evaluation experts, project management specialists, district health department and other public health experts, outreach workers, and researchers. Most of these multidisciplinary teams included senior management of TB and HIV/AIDS programs, specifically National TB Institute Directors, Deputy Directors, Chief Medical Officers, Heads of Departments, regional/local coordinators and experts from international organizations (e.g. Regional Coordinator of Capacity project), and managers of GFATM PIU.

These teams were identified by local USAID Missions, and USAID implementing partners in the participating countries working in the TB and HIV fields.

The requirements for participating in this program included:

- A commitment to dedicating four to five hours a week per participant to complete program requirements and work.

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<sup>1</sup> Linkage, Inc., Leadership Assessment Instrument: Self-Managed Assessment (Lexington, MA: nd)

<sup>2</sup> Kotter, John P. Leading Change. Cambridge: Harvard Business School Press, 1996.

- Reliable access to the internet.
- Teams that work in the field of TB and/or HIV, TB/HIV co-infection management, and plan to carry out activities to address TB/HIV co-infection.

The teams participating in the VLDP are listed in the table below.

<b>Team</b>	<b>Country</b>	<b>Number of participants</b>
HIV/AIDS Team, Belarus	Belarus	4
Tuberculosis Team, Belarus	Belarus	3
HIV/AIDS Team, Kazakhstan	Kazakhstan	9
Tuberculosis Team, Kazakhstan	Kazakhstan	11
NGO Coalition Team	Ukraine	8
Dnepropetrovskiy Region Team	Ukraine	7
Network of People Living with HIV/AIDS Team	Ukraine	3
TB/HIV Team, Togliatti	Russia	7
TB/HIV Team, St. Petersburg	Russia	8
TB/HIV Team, Saratov	Russia	6
<b>TOTAL</b>	<b>4 countries</b>	<b>66 participants</b>

Please see Annex A for a complete participant list.

#### *Team Composition*

Teams participating in a VLDP generally include “intact” and “composed” teams. An “intact” VLDP team is generally defined as a group of individuals that frequently work together on common organizational challenges. Fully intact teams included HIV/AIDS Belarus, TB Belarus, NGO Coalition Ukraine, and the Network of People Living with HIV/AIDS Ukraine.

A “composed” team is a group of individuals that do not frequently work together on common organizational challenges, and who have formed a team for the sake of the program. This VLDP enrolled numerous teams who did not fit either team type. These teams included individuals who had not closely worked together previously due to the uncoordinated, vertical nature of TB and HIV/AIDS programs, but who need to work together to best provide coordinated case management. Members of these teams shared TB/HIV co-infection related challenges. These teams included HIV/AIDS Kazakhstan, TB Kazakhstan, Dnepropetrovsky Region, Ukraine, HIV/TB Togliatti, Russia, TB/HIV St. Petersburg, Russia, and HIV/TB Saratov, Russia.

Both team types were successful in the program as they shared common challenges and had a need to better cooperate and collaborate to provide integrated services.

### Team Challenges

During the third module of the program, teams identified an organizational challenge they are currently facing and developed an action plan to address this challenge. The challenges were to be achievable within six months. The challenges selected and the associated action plans were of high quality and showed a firm understanding of the concepts and competencies discussed in the program. Many challenges reflected complexities of the environment in which the participating senior management teams carry out their work, as well as the magnitude of problems that they face at the national level. The facilitators worked closely with the teams and helped them to learn and apply leadership and management methodologies, while working on their respective action plans.

The table below outlines the challenge identified by each team and the measurable results each team chose to track progress in addressing their challenge.

<b>Team</b>	<b>Challenge</b>	<b>Measurable results</b>
<i>HIV/AIDS Belarus</i>	How can we organize testing of HIV infected patients so that all those who need antiretroviral treatment, receive it, despite limited diagnostic resources/means and patients' cautious attitude towards treatment?	By August 2008, ARV treatment in the Republic of Belarus will be provided to 900 patients (about 10% of all HIV infected).
<i>TB Belarus</i>	How can we improve care of patients treated for MDR TB despite current organizational, clinical and laboratory testing problems?	By June 16, 2008, the "Research Institute for Pulmonology and TB" clinic will have: <ol style="list-style-type: none"> <li>1. Increased by 10%, the number of tests conducted to determine sensitivity of patients to all anti-TB medicines available to the clinic;</li> <li>2. Reduced by 10%, the lapse time between diagnosis of lung TB in new TB patients and the diagnosis of MDR TB;</li> <li>3. Increased the number of patients receiving adequate individualized treatment of MDR TB by 10%.</li> </ol>
<i>HIV/AIDS Kazakhstan</i>	How can we strengthen/ enhance interaction between AIDS and TB services and coordinate program activities to better manage patients with TB/HIV co-infection despite the lack of a plan for collaborative activities and co-infection specialists?	By December 2008, <ol style="list-style-type: none"> <li>1. A functioning TB and HIV/AIDS services interaction model will be in place that includes a monitoring and evaluating system.</li> <li>2. A training program for TB/HIV co-infection specialists will be developed and 40 physicians will be trained using this program.</li> </ol>

<i>TB Kazakhstan</i>	How can we improve the current interaction between TB and HIV services/agencies so that each new case of TB registered after Jan 1, 2010 in the Republic of Kazakhstan receives voluntary counseling (both in inpatient and outpatient care), prior to taking an HIV test?	<ol style="list-style-type: none"> <li>1. By August 2008, 15 doctors and nurses in Alma Ata will be trained in VCT for TB patients. A selected group will also undergo a training of trainers.</li> <li>2. By the end of 2008, 100% of TB patients registered after August 1st in the National TB Center and TB Dispensary of Alma Ata who test positive for TB will receive VCT for HIV.</li> <li>3. By the end of 2008, six national trainers will train 44 TB specialists in Kazakhstan in VCT.</li> <li>4. By the end of 2009, six national trainers will train 176 TB specialists in Kazakhstan in VCT.</li> </ol>
<i>NGO Coalition, Ukraine</i>	How can we establish, ensure, and support dialogue between different organizations and establishments that work in the area of HIV/AIDS and TB to increase political commitment to and ensure effectiveness of actions to address HIV/AIDS and TB epidemics in Ukraine?	<p>By August of 2008, we will have:</p> <ol style="list-style-type: none"> <li>1. Increased the number of partners that have signed the resolution from 2nd Ukrainian Conference on the National Response to the TB Epidemic (5 public sector organizations, 10 NGOs);</li> <li>2. Increased the total number of working meetings as a result of signing the resolution;</li> <li>3. Increased the number of organizations included in the conference electronic mailing list by 30;</li> <li>4. Posted the resolution on the NGO Coalition website and increased the number of site visits;</li> <li>5. Increased the number of hard copies of the resolution printed and distributed;</li> </ol>
<i>Dnepro- petrovskiy Region, Ukraine</i>	How can we create standards to develop local protocols of interaction (LPI) between HIV and TB services, develop M&E standards for the protocol, implement a pilot of the LPI in Dneprodzerzhinsk, and verify its effectiveness?	<p>By August of 2008,</p> <ol style="list-style-type: none"> <li>1. The LPI will be developed and submitted to the City Committee on Harmful Infections;</li> <li>2. Indicators will be developed to evaluate the LPI;</li> </ol> <p>By August 2008, as result of utilizing the LPI,</p> <ol style="list-style-type: none"> <li>1. The number of HIV-positive patients tested for TB will increase from 20% to 30%;</li> <li>2. The number of HIV/TB patients receiving non-medical assistance will increase from 20% to 35%.</li> </ol>
<i>HIV/TB Togliatti, Russia</i>	How can we overcome insufficient information among the population and lack of interaction between HIV/AIDS and TB services to increase the number of HIV-positive patients	<p>By the end of 2008,</p> <ol style="list-style-type: none"> <li>1. The % of patients screened for TB will increase by 10%, and <ol style="list-style-type: none"> <li>a) Fluoroscopy will increase to 35%;</li> <li>b) Microscopy will increase to 60%;</li> <li>c) Tuberculin testing will increase to</li> </ol> </li> </ol>

	screened for TB in the city of Togliatti?	16%. 2. At least 100 patients per a year will be selected for TB prophylaxis treatment.
<i>TB/HIV St. Petersburg, Russia</i>	How can we overcome the lack of public knowledge regarding TB/HIV co-infection and low quality HIV/AIDS and TB services in polyclinics to increase the number of patients that receive annual fluorography and a TB test in the Krasnogvardeysky region of St. Petersburg?	By March 2008, 1. Ads published in local newspapers encouraging people to go for testing will have increased. By August of 2008, 1. The number of HIV infected patients that receive fluorography will increase to 90%; 2. Staffing in the Infectious Diseases Cabinet will increase to 80%; 3. Computerized evaluation of 50 random patient records will be conducted for HIV+ in local polyclinic #107 to identify quality of medical services.

Ten teams registered for this VLDP and eight teams completed the program and received certificates of participation. The two teams that did not complete the VLDP were the TB/HIV Saratov Team from Russia and the Network of People Living with HIV/AIDS (PLWHA) from Ukraine. The PLWHA team members actively participated in most of the program, visited the website, discussed topics in the Café, and worked on exercises. This team reported that it could not complete the program due to the time constraints and concurrent priorities. Two members of this team (of three total participants) expressed interest in continuing to participate in the program, despite their challenges, and, with the encouragement of the facilitators, participated individually in the program.

The other team that did not receive a certificate of participation, TB/HIV Saratov, Russia, had internet connectivity challenges. Due to lack of internet access, two participants discontinued their participation and the remaining four members participated until the end of the program. While the team was unable to complete all the assignments, they informed the facilitators of their progress via telephone calls and infrequent emails. The team completed the work in their print workbooks. Addressing a lack of systems in place for collecting data and analyzing information about HIV/TB co-infected patients, the team prepared draft procedures to collect information on services available for TB/HIV co-infected patients. They analyzed their current situation, carried out a review, and developed an action plan. This action plan was not submitted to MSH for review. The Russian Federation Ministry of Health expressed interest in their work. The team also indicated that the program helped them to develop and publish guidelines for patients and primary health care workers during the course of the program.

The eight teams that concluded the program actively visited the VLDP website, participated in virtual discussions in the café and remained engaged through the completion of the program. These teams identified their challenges and developed action plans to address them, completed exercises and other homework and worked closely with the facilitators to develop and improve their action plans.

## Program Results

### *Improved Workgroup Climate and Communication*

The Workgroup Climate Assessment (WCA) is a tool that is applied in the first and last modules of the program to measure improvement in workgroup climate over the duration of the program (please Annex B for complete results). Workgroup climate is the prevailing atmosphere in a workplace, as experienced by the members of the group.

Comparison of pre-intervention and post-intervention WCA results demonstrate that workgroup climate improved in all eight teams. Improved workgroup climate is an important change because of the relationship between a team's work climate, their motivation and their individual and team performance. An improved workgroup climate score is an indicator of greater team motivation and improved individual and team performance.

Participants commented that their interpersonal communication had improved. The program gave them an understanding of and increased tolerance for others, which greatly improved team dynamics, motivation, and their ability to respond to change. Most participants commented that they are now working more effectively as a team. Many stated that their ability to set goals and plan to achieve their goals has improved.

For a full summary of participant evaluations, please see Annex C.

### *Action Plan Implementation and early results*

In the end-of-program evaluations, 100% of respondents reported that their teams had already begun implementing their action plan and were beginning to show results.

The table below outlines the current progress made by each team on their action plan to address the challenge each identified. This progress was reported by each team in the final program evaluation.

<b>Team</b>	<b>Progress made to date on team action plans</b>
<i>HIV/AIDS Belarus</i>	"We are currently collecting data that will be used to analyze laboratory capacity for diagnosing HIV and to develop a program to analyze HIV laboratory data for HIV positive patients that are on ART."
<i>TB Belarus</i>	"We started to implement the first three steps of the plan: we met with administration of our Research Institute, we presented our plan at an organization-wide staff meeting, and we conducted meetings with individual staff members"
<i>AIDS Kazakhstan</i>	"We created a working group of experts and we developed a packet of key documents. We selected TB/HIV coordinators for two programs and monitoring teams. Finally, we are conducting baseline surveys of the interaction between HIV and TB programs."

<i>TB Kazakhstan</i>	“We prepared a draft order (Department of Health of Almaty City) for a pilot project to improve interaction of TB and AIDS services, including training for medical workers from TB facilities in voluntary counseling. We worked out a Strategy for combating TB/HIV in the Republic of Kazakhstan for 2008-2010, the goal of which is to decrease the TB morbidity and the mortality rates associated with HIV infection. Challenges and concrete actions to address each of these challenges have been set in order to achieve this goal.”
<i>NGO Coalition, Ukraine</i>	“Our team prepared for distribution a hard copy of the resolution of the Second (All-)Ukrainian conference on national response to TB epidemics”
<i>Dnepropetrovskiy Region, Ukraine</i>	“All TB dispensaries (there were three TB dispensary managers in the program) quantified the number of systems necessary for required HIV testing and procurement that will be carried out in March-April, 2008. A database of NGOs that work in the field of TB/HIV co-infection is being developed. An order for TB diagnostic supplies for HIV positive patients for Dneprodzerzhinsk was prepared and submitted for approval.”
<i>HIV/TB Togliatti, Russia</i>	The team submitted a request to the City AIDS Center for information on fluorography tests that were conducted for HIV+ patients by local polyclinics. Work is being conducted to educate general practitioners on the importance of conducting of fluorography for HIV positive patients.
<i>TB/HIV St. Petersburg, Russia</i>	“The VLDP coincided with the acquisition of new staff to treat HIV+ patients. As a result, we enrolled 87.6% of HIV positive in the district in an observation program. TB testing of HIV positive patients also increased.”
<i>HIV/TB Saratov, Russia</i>	“Currently there is no system to collect and analyze information on TB/HIV co-infection. In agreement with Federal Public Health Agency, we prepared a working draft of a procedure to collect and analyze information on services available for patients with TB and/or HIV/AIDS.”

### *New Skills Obtained*

Participants commented on the usefulness of the methods learned in and the skills obtained during the program. Particularly useful for the participants were the four leadership and management practices. Participants also commented on the utility of the “Five Whys” method and the “Fish Bone Diagram”, both root cause analysis tools. Also frequently mentioned was learning to develop SMART (Specific, Measureable, Appropriate, Realistic, and Time bound) objectives.

### **Feedback from VLDP participants about the VLDP**

Overall, the feedback from the program participants was very positive. 97% of the evaluation respondents reported that they have brought about changes in their organizations as a result of the program, and 96% of respondents reported they would recommend the VLDP to another organization.

The participants also reported about sharing the information and tools, such as the Strength Deployment Inventory, with other colleagues, who became extremely interested in the program and participated in the team meetings. The feedback received from the participants reflected a high level of the enthusiasm. The communication in the Café continued even upon completion of the VLDP, with many participants sharing about their inspiration, expressing their gratitude and even writing a poem about the program.

Selected participant comments are below:

*HIV/AIDS Belarus:*

“We began to understand each other’s capabilities better and learned to distribute job responsibilities with consideration for each team member’s interests and capabilities.”

*Dnepropetrovskiy Region:*

“The knowledge and skills obtained will be a part of each participant’s ‘personal treasury’. In addition, the VLDP not only developed the personal skills of the participants, but also provided an additional ground for reforming health care provision for HIV/TB patients. The work on addressing the challenges will last much more than one year...”

*NGO Coalition:*

“Colleagues who were not participating in the program expressed interest in what we were doing during the course. I sent them emails from facilitators that were of interest to them, and these colleagues eventually joined us during our group work.”

*TB/HIV St. Petersburg:*

“Our participation in the program coincided with the structural changes that occurred in our polyclinics’ infectious services (new staff positions were created to manage patients with HIV infection). This program facilitated our work to register 87.6% of HIV-infected patients in the dispensaries. Accordingly, testing for TB has improved.”

*Dnepropetrovskiy Region:*

“The issues that were discussed/explored during the VLDP were system issues that relate not only to TB/HIV health issues, but to any other issue as well. Moreover, many of the methods learned (during the VLDP) can be used in daily life to improve relationships and understanding within one’s family and with friends and to make life more comfortable and happy. (The program) also gives the opportunity to help us to be more fulfilled.”

## **Conclusions and Recommendations**

### *Conclusions*

Results to date from this program demonstrate the VLDP is a successful way to strengthen the leadership practices and competencies of providers managing TB/HIV co-infection.

It is essential to establish coordination and leadership for the management of HIV/TB co-infection. This has not historically been the case in Belarus, Kazakhstan, Russia, and Ukraine, as HIV/AIDS and TB programs and cases are predominantly managed vertically. The VLDP brought HIV and TB health managers together to function more effectively as teams. This is demonstrated by the improved work climate scores observed in the eight teams that completed the program and the self-reported participant assessments of improved team work and collaboration. The teams additionally reported improved communication. Teams in the VLDP also reported having gained essential leadership and management skills due to their participation in the program.

These new skills paired with improved collaboration between previously independent programs enabled the teams to develop action plans to address HIV/TB co-infection challenges. At the conclusion of the program, all teams had begun to implement their action plans to address their identified challenge. The VLDP facilitation team will follow up with participant teams on the implementation of their action plans in May 2008 and August 2008. Participants had the opportunity to enroll in LeaderNet, a virtual, global network of health managers and leaders, at the conclusion of the VLDP. Through LeaderNet, participants will have the opportunity to participate in virtual forums on topics relevant to management and leadership challenges.

### *Recommendations*

Feedback received from program participants indicates that expansion of leadership and management development opportunities for TB/HIV co-infection programs in the region can further benefit their respective programs at the country level. Senior managers responsible for national HIV and TB programs are medical doctors with little experience in leadership, management, and national level coordination, and, for this reason, they are often ill-prepared to effectively lead a national strategy. Participants commented these senior leaders would benefit greatly from an intervention such as the VLDP and prepare them to more effectively implement coordinated national HIV and TB strategies.

Team action plans focused on implementing TB/HIV co-infection management activities in selected pilot areas, facilities and cities. Experience in the region with TB/HIV co-infection management is limited and a stepwise approach is used by teams for strengthening care for TB/HIV infected patients. VLDP participants commented that the program provided a ground for reforming care provision for TB/HIV patients, and it will take more than one year to implement the planned activities. Expansion of the activities from a pilot level to the national level will require the adaptation of the approaches used in the pilots to the national level, and development and implementation of long-term sustainable strategies. Further technical activities should therefore focus on building local capacity in strategic planning and ensuring sustainability of the projects/activities. These interventions could be provided wither with face-to-face technical assistance, or virtually.

Leadership should happen at all levels of an effective and efficient health system. Strengthening leadership and management at all levels is essential to providing well-

coordinated HIV/TB services. It would be appropriate to expand leadership interventions such as the VLDP, or the face-to-face Leadership Development Program, to the Oblast or peripheral levels. Such a program would prepare health managers to more aptly manage TB/HIV co-infection challenges.

Participants of this Virtual Leadership Development Program shared their experiences, best practices, and lessons learned in the website café. A participant from Dnepropetrovsky Region Team from Ukraine, for example, started a discussion about his team's experience with local interaction protocols for TB and HIV/AIDS services. The HIV/AIDS Kazakhstan team recently began implementing a similar program and was very interested to learn from the Ukraine team. Such exchanges were valuable for participants and could be expanded. A regional conference using virtual conferencing technology would connect up to three hundred TB/HIV co-infection professionals for a robust, 3-day technical exchange. This technology has been successfully used in Latin America and Africa. The virtual conference would include presentations and audio from teams successfully implementing TB/HIV co-infection programs and virtual discussions between presenters and participants, and be used as a venue to disseminate the final results of the VLDP EE team leadership projects.

*Annex A: VLDP EE Participant List*

<b>HIV/AIDS Team, Belarus</b>		
Oleg Dubovik	oleg.dubovik@un.minsk.by	Head of Infectious Diseases, Minsk City Medical Center
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*Annex B: Workgroup Climate Assessment Results*

<i>Team Name</i>	<i>Pre-intervention team score, Oct07</i>	<i>n1=number of responding team members</i>	<i>Post-intervention team score, Feb08</i>	<i>n2=number of responding team members</i>	<i>Pre/Post-intervention score difference</i>	<i>Valid? (n1=n2)</i>
<b>Valid scores (n1 = n2)</b>						
HIV/AIDS, Belarus	3.84	4	4.56	4	0.72	VALID
TB Team, Belarus	3.71	3	4.63	3	0.92	VALID
HIV/AIDS Team Kazakhstan	3.97	9	4.57	9	0.60	VALID
TB Team, Kazakhstan	3.91	11	4.75	11	0.84	VALID
TB/HIV Team Togliatti, Russia	4.55	7	4.75	7	0.20	VALID
TB/HIV Team St. Petersburg, Russia	4.27	8	4.73	8	0.46	VALID
NGO Coalition Team, Ukraine	3.86	8	4.63	8	0.77	VALID
Dnepropetrovsk Region Team, Ukraine	3.45	7	4.52	7	1.07	VALID
<b>Invalid scores (n1 ≠ n2)</b>						
TB/HIV Saratov, Russia	3.88	3	4.06	4	0.18	INVALID
NPLWHA, Ukraine	3.88	3	0	0	(3.88)	INVALID

*Annex C: VLDP final evaluation summary responses*

Sixty-two (of sixty-six) final evaluation responses were received in February, 2008.

*Evaluation by Module:*

	<b>Number of participants, who answered “Very Helpful”</b>	<b>Number of participants, who answered “Helpful”</b>	<b>Number of participants, who answered “Somewhat useful”</b>	<b>Number of participants who answered “Not useful”</b>	<b>Total Responses</b>	<b>Percentage responding “Very Helpful” or “Helpful”</b>
Module 2	35	26	1	0	62	98%
Module 3	43	18	1	0	62	98%
Module 4	38	23	1	0	62	98%
Module 5	40	19	3	0	62	95%
Module 6	42	18	2	0	62	97%

*Evaluation by Component:*

	<b>Number of participants, who answered “Very Helpful”</b>	<b>Number of participants, who answered “Helpful”</b>	<b>Number of participants, who answered “Somewhat useful”</b>	<b>Number of participants who answered “Not useful”</b>	<b>Total Responses</b>	<b>Percentage responding “Very Helpful” or “Helpful”</b>
Café	24	24	14	0	62	77%
Daily Message	33	18	8	3	62	82%
Forum	34	23	5	0	62	92%
Email with facilitators	40	17	3	2	62	92%
Tools/references	22	26	12	2	62	77%
Self-assessments	36	19	7	0	62	89%
Editorials	42	18	2	0	62	97%

*Evaluation of facilitation team:*

	<b>Number of participants who answered “Excellent”</b>	<b>Number of participants who answered “Good”</b>	<b>Number of participants who answered “Average”</b>	<b>Number of participants who answered “Poor”</b>	<b>Number of total responses</b>	<b>Percentage of “Excellent” or “Good” ratings</b>
Usefulness of Facilitators’ input	48	12	2	0	62	97%
Availability of Facilitators	47	12	0	3	62	95%

*Other evaluation statistics:*

- 33% (20/60) used the workbook as their primary means to participate in the program.
- 60% (36/60) used the Web site as their primary means to participate in the program.
- 7% (4/60) used the email as their primary means to participate in the program
- 100% (60) report having started to implement their action plan.
- 97% (58/60) report having brought about changes in their organization as a result of the program.
- 89% (53/60) said they would likely access an alumni Web site after the conclusion of this VLDP