

In 2009, the Doris Duke Charitable Foundation's African Health Initiative awarded grants totaling approximately \$44 million to support the following four Population Health Implementation & Training (PHIT) Partnerships. Over a period of five to seven years, the research partnerships will design and implement large-scale primary healthcare programs to strengthen health systems serving 3.5 million people in sub-Saharan Africa.



MOZAMBIQUE

Strengthening Integrated Primary Health Care in Sofala Province, Mozambique

Grantee Institution: Health Alliance International

Co-PIs: Kenneth Gimbel-Sherr, MPH, PhDc;
Maria de Fatima Cuembelo, MD, MPH

The Mozambique PHIT Partnership will improve and integrate primary health care service delivery at nearly 140 health facilities by strengthening district-level planning and management capacity in Sofala province's thirteen districts, covering over 1.6 million people. The three major project objectives will be to 1) strengthen integrated health systems management in Sofala at district and provincial levels through in-service training and continuous mentoring; 2) improve the quality of routine data and develop appropriate tools to facilitate decision-making for provincial and district managers; and 3) build capacity for and conduct innovative operations research, including program evaluation, in order to guide integration and system-strengthening efforts. The PHIT Partnership will build on the extensive collaborative history of the project partners, including the Mozambique Ministry of Health, Sofala Provincial Health Directorate, Health Alliance International, the University of Eduardo Mondlane, and the University of Washington Departments of Global Health and Industrial Engineering.



RWANDA

Strengthening and Studying Community-Based, Integrated Primary Health Care Systems in Rural Rwanda

Grantee Institution: Brigham and Women's Hospital

Co-PIs: Michael Rich, MD, MPH; Agnes Binagwaho, MD

Brigham and Women's Hospital, Harvard University, Partners In Health and the Government of Rwanda will implement a PHIT Partnership in two rural districts in Rwanda. Integrated primary healthcare will be delivered through a coordinated, district-wide network of care, including community health workers, strengthened health centers and district hospitals, and robust district-wide referral. The project will pilot the Rwandan Government's national rural healthcare framework, providing a roadmap for implementation nationally. Implementation research will evaluate the model's efficacy in improving population health and access to care, complemented by evaluation of its cost and cost-effectiveness. Operations research will contribute new knowledge in evidence-based approaches to healthcare delivery while building capacity with government and academic partners in Rwanda. The project aims for impact on multiple levels, from a healthier local population, to stronger district health systems, to global advances as lessons learned help guide further expansion of primary healthcare in Rwanda and beyond.





TANZANIA-GHANA

Accelerating Millennium Development Goal Progress by Exchanging Health System Innovations between Tanzania and Ghana

Grantee Institution:

Columbia University (Mailman School of Public Health)

Co-PIs: James Phillips, PhD; John Koku Awoonor-Williams, MD, MPH; Godfrey Mbaruku, MD, PhD

Tanzania and Ghana have pioneered healthcare innovations in sub-Saharan Africa. Following an initiative that provided district managers with tools to make evidence-based decisions about allocation of healthcare resources, Tanzania experienced a significant decline in child mortality. Districts in Ghana have achieved similar success by posting nurses to rural villages and engaging communities in outreach. But access, quality, and cost of primary healthcare remain a challenge for people in both countries. The absence of a trained health workforce has hindered community-based care in Tanzania. Due to a variety of bottlenecks, particularly a lack of district-level planning capabilities, Ghana's community-based healthcare model is not scaling up as rapidly as hoped. The Tanzania-Ghana Health Partnership will test the hypothesis that the country-to-country transfer of evidence-based programs to fill these and other gaps will help ensure that essential health interventions reach underserved populations and consequently reduce child and maternal mortality.



ZAMBIA

Clinical Mentoring and Community Engagement to Improve Health Outcomes

Grantee Institution: University of Alabama at Birmingham

Co-PIs: Jeffrey Stringer, MD; Namwinga Chintu, MD

The PHIT Partnership focuses on three rural districts in the Lusaka Province of Zambia. This approach begins with a simple and inescapable fact: good health outcomes are largely the result of good clinical care. A successful HIV/AIDS program has already transformed expectations through clinical mentoring, data collection, and monitoring. This model, applied to the delivery of integrated primary care, will reverse the patterns of the past 20 years in Chongwe, Kafue, and Luangwa districts and produce measurable improvements in Millennium Development Goal health indicators. The primary clinical intervention is district-based clinical quality improvement teams. The primary community intervention is patient follow-up and household assessments by community health workers. Clinic and community health workers will have clear protocols and receive ongoing mentoring, measuring, and performance reviews. The sequential roll-out from facility to facility will facilitate a rigorous outcomes evaluation through the use of multi-round community surveys.

To learn more about the African Health Initiative, visit www.ddcf.org/mrp-ahi or write to AHl@ddcf.org.