



DORIS DUKE
CHARITABLE FOUNDATION
Medical Research Program

NEWS RELEASE

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APPROXIMATELY \$44 MILLION COMMITTED TO SUPPORT FOUR PARTNERSHIPS TO STRENGTHEN HEALTH SYSTEMS SERVING 3.5 MILLION PEOPLE IN SUB-SAHARAN AFRICA

***Teams will address barriers to delivering integrated primary healthcare in
Ghana, Mozambique, Rwanda, Tanzania and Zambia***

NEW YORK, July 31, 2009 — The Doris Duke Charitable Foundation's African Health Initiative announced today that it has selected four research partnerships to design and implement large-scale primary healthcare programs in sub-Saharan Africa. DDCF grants totaling roughly \$44 million over five to seven years will support the following projects (see pages 4-5 for additional details):

- **Mozambique: “*Strengthening Integrated Primary Health Care in Sofala Province*”**
Grantee Institution: Health Alliance International

Health Alliance International has worked with the Mozambican Ministry of Health for over 20 years, achieving a highly integrated partnership. The focus of their DDCF grant will be management of health care services at the district level. Health systems require good management in order to keep track of supplies, ensure adequate staffing, monitor outbreaks and respond to emergencies. This team, working closely with the provincial Ministry of Health, will focus on strengthening district health management teams in Sofala province, where there are nearly 140 government health facilities. On-the-job training will give mid-level district health managers the skills they need to collect, manage and use data to improve services.

- **Rwanda: “*Strengthening and Studying Community-Based, Integrated Primary Health Care Systems in Rural Rwanda*”** Grantee Institution: Brigham and Women's Hospital

Brigham and Women's Hospital, Harvard University and the Boston-based non-profit Partners In Health have partnered with the Rwandan Ministry of Health to implement and study an innovative model of comprehensive, community-based health care in two rural districts. The DDCF grant will help the partners expand their community-based model to additional health centers and strengthen the medical and social services they provide beyond HIV and tuberculosis to address the full spectrum of primary health care needs and chronic diseases. An electronic medical record developed initially for HIV/AIDS and TB patients will be expanded to use for all health services. Research will evaluate improvements in health outcomes at the district and local levels, as well as the costs and cost-effectiveness of the model.

- **Tanzania and Ghana: “*Accelerating Millennium Development Goal Progress by Exchanging Health System Innovations between Tanzania and Ghana*”**
Grantee Institution: Columbia University, Mailman School of Public Health

During the 1990s, the governments of Tanzania and Ghana piloted innovative district approaches to primary healthcare that reduced child death rates by more than half, where fully implemented. Both programs have faced challenges with national scale up, but to address these challenges, the DDCF is bringing together teams of researchers from Columbia University Mailman School of Public Health, the Swiss Tropical Institute, the

University of Ghana, the Ifakara Health Institute of Tanzania with teams of government health service implementers. In an exchange that builds on two successful African initiatives, implementation teams from Tanzania and Ghana will transfer evidence-based approaches to the other country, enabling both country teams to develop comprehensive pilot projects for guiding national efforts to strengthen health systems.

- **Zambia: “Clinical Mentoring and Community Engagement to Improve Health Outcomes”** Grantee Institution: University of Alabama at Birmingham (UAB)

The UAB-affiliated Center for Infectious Disease Research in Zambia has collaborated with the Government of Zambia for more than 10 years. Together, they concluded that the key to better clinical outcomes is high-quality care. In 3 rural districts in Zambia, clinical quality teams will help train health workers in standard management protocols for common conditions and assure that each health center has the resources it needs to deliver recommended care. Community health workers will work to assure patients remain in care and return for follow-up. An electronic medical record will help measure how well service delivery meets standards of care and identify areas that need improvement.

The DDCF African Health Initiative was launched in 2007 after a review of the factors underlying sub-Saharan Africa’s high rates of maternal and child death. Mortality rates from many common and easily treatable diseases remain unacceptably high, and life expectancy at birth is below 40 years in many countries. Although there is widespread agreement among global health agencies that inefficient and fragile health systems are one of the most significant barriers to better health, funding is still directed overwhelmingly to specific diseases such as HIV/AIDS, tuberculosis and malaria. The goal of the African Health Initiative is to fund partnerships between teams of researchers, practitioners and local governments that will strengthen fragile health systems and address inefficiencies that prevent health agencies from providing higher quality integrated healthcare.

“What makes these partnerships so potentially powerful is that they are designed to save lives by strengthening the very systems that are needed to support the growing number of vertical programs for particular diseases like AIDS and malaria,” said Peter Ndumbe, MD, MSc, PhD, DLSHTM, Dean of the Faculty of Health Sciences at the University of Buea, Cameroon and co-chair of the expert panel that reviewed the partnership proposals.

The partnerships will work to improve district health services in defined areas with populations ranging in size from 300,000 to 1.6 million. The close collaboration between the research teams and government health systems is a unique feature of these partnerships. The researchers will both ensure the delivery of health services and rigorously measure the impact of these services on people’s lives. Importantly, government involvement will ensure that the programs are aligned with national plans and policies, which should improve their sustainability when DDCF funding ends.

In the fall of 2009, the research teams will begin establishing baseline measures to determine the impact of these interventions on reducing child mortality and other health outcomes, and they will also analyze health system performance. The foundation is committed to ensuring that relevant data and information collected by the partnerships be made available to the public in a timely fashion.

“We are grateful to the many experts and advisors whose input has helped inform the African Health Initiative, and we look forward to sharing what we learn and to collaborating with other partners in the global health community in the coming years,” said Elaine Gallin, Director of the Medical Research Program at the Doris Duke Charitable Foundation.

“We are proud to support this challenging but critical work,” said Ed Henry, President of the Doris Duke Charitable Foundation. “We hope the foundation’s grants will provide the funding and flexibility the four partnerships need to address some of the delivery gaps that will improve the healthcare systems in the regions where they are working.”

Selection Process and African Health Initiative Advisors

The four partnerships were selected using a three-stage competitive review process. The foundation first issued an open call for letters of interest from teams working in nine target countries. Following an expert review of the 137 letters of interest received, the foundation invited 29 teams to submit proposals for planning grants of up to \$150,000 each. Eleven teams received planning grants following a second expert review process. During the third and final stage, members of the African Health Initiative’s Advisory Council and other experts in epidemiology, health economics and statistics reviewed each planning grant team’s proposal against the following criteria: 1) potential to significantly strengthen the local health system and improve health; 2) strength and quality of the team; 3) presence of local leadership; 4) alignment with local and national activities; 5) ability to build on existing programs; and 6) innovation and potential for replication. Based on the recommendations of the expert reviewers and availability of DDCF funds, the foundation selected four partnership teams to receive grants ranging from \$8 million to \$15 million each over five to seven years.

In designing and implementing the African Health Initiative, DDCF staff has utilized the advice of numerous experts, including an African Health Advisory Council that includes: **Barry Bloom**, Ph.D., Dean, Faculty of Public Health, Harvard School of Public Health; **Jo Ivey Boufford**, M.D., President, The New York Academy of Medicine; **Roger Glass**, M.D., Ph.D., Director, Fogarty International Center, U.S. National Institutes of Health; **Demissie Habte**, M.D., Former International Director, James P. Grant School of Public Health, BRAC University, Bangladesh; **Marian Jacobs**, M.D., Dean, Faculty of Health Sciences, University of Cape Town, South Africa; **Adetokunbo Lucas**, M.D., Adjunct Professor of International Health, Harvard School of Public Health; **Cheikh Mbacke**, Ph.D., Independent Consultant; and **Peter Ndumbe**, M.D., MSc, Ph.D., DLSHTM, Dean, Faculty of Health Sciences, University of Buea, Cameroon.

The mission of the Doris Duke Charitable Foundation (www.ddcf.org) is to improve the quality of people’s lives through grants supporting the performing arts, environmental conservation, medical research and the prevention of child maltreatment, and through preservation of the cultural and environmental legacy of Doris Duke’s properties.

**Doris Duke Charitable Foundation African Health Initiative
Teams Selected to Receive PHIT Partnership Grants**

| Grantee Institution | Project Title & Description | Team Leaders | Grant Amount | Press Contacts |
|------------------------------------|--|---|----------------|---|
| Health Alliance International | <p>Mozambique: “Strengthening Integrated Primary Health Care in Sofala Province, Mozambique” 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 (OR), 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.</p> | <p>Kenneth Gimbel-Sherr, MPH, PhD Maria de Fatima Cuembelo, MD, MPH</p> | \$10 million | <p>Emily deRiel deRiel@u.washington.edu</p> |
| Brigham and Women’s Hospital, Inc. | <p>Rwanda: “Strengthening and Studying Community-Based, Integrated Primary Health Care Systems in Rural Rwanda” 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.</p> <p>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.</p> <p>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.</p> | <p>Michael Rich, MD, MPH Agnes Binagwaho, MD</p> | \$8 million | <p>Andrew Marx, Communications Manager at Partners In Health, amarx@pih.org 617-432-1976</p> |
| Columbia University, | Tanzania and Ghana: “Accelerating Millennium Development Goal | James Phillips, PhD | \$14.7 million | Anne Foulke, |

| Grantee Institution | Project Title & Description | Team Leaders | Grant Amount | Press Contacts |
|---|---|--|----------------|--|
| Mailman School of Public Health | <p>Progress by Exchanging Health System Innovations between Tanzania and Ghana 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 TGHP 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.</p> | <p>John Koku Awoonor-Williams, MD, MPH Godfrey Mbaruku, MD, PhD</p> | | <p>Communications Officer, MSPH Dean's Office af2231@columbia.edu 212-342-5312</p> <p>Stephanie Berger, Associate Director, Office of Communications, MSPH Dean's Office sb2247@columbia.edu 212-305-4372</p> |
| The University of Alabama at Birmingham | <p>Zambia: "Clinical Mentoring and Community Engagement to Improve Health Outcomes" 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 MDG 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.</p> | <p>Jeffrey Stringer, MD Namwinga Chintu, MD</p> | \$11.1 million | <p>Harmony Chi, CIDRZ harmony.chi@cidrz.org</p> <p>Namwinga Chintu Namwinga.chintu@cidrz.org</p> <p>Lindsay Wright, LSHTM Lindsay.Wright@lshtm.ac.uk</p> <p>Justin O'Brien, ZAMBART Justin@zambart.org.zm</p> |