



Applied Public Health Management Training

Goal and Proposed Outcomes

In synergy with ongoing efforts to build the capacity of Guyana's HIV surveillance system, NASTAD was asked to implement the Applied Public Health Program Management Training (APHPMT) framework with a defined cadre of MoH and National AIDS Programme Secretariat (NAPS) staff in order to increase staff capacity to lead and manage the national surveillance system. The impact of this project would be to develop a cadre of strong public health managers who could interpret and implement national public health guidance, lead and manage quality public health programs, and collect, report, and use quality public health data for planning, M&E, both within the HIV case-based surveillance system and in other disease areas.

Strategy and Approach Used

To strengthen HIV program management and cross-programmatic collaboration, with a particular emphasis on data collection and data use for program planning, NASTAD:

- Designed and implemented an assessment of role-specific skills, knowledge, needs, and gaps (vs. public health competencies) in the areas of public health data interpretation and use, evidence-based program planning, and program leadership and management, within the identified cadre of HIV program staff (Regional Health Teams). The results of this assessment were used to prioritize training needs and inform curriculum and applied project work development.

Guyana



- Adapted and expanded existing NASTAD curricula to the Guyana context, including from the Applied Leadership Development Program (Botswana); Epi Surveillance MPH course (Haiti); and Epidemiology for Data Users (Zambia), incorporating the results of the role-specific assessment.
- Developed relevant and applied field activities related to improving processes driving, and data quality from Guyana's case-based HIV surveillance system, as well as applied management activities that emphasize the effective collection, reporting, and use of public health data for program planning, and M&E.
- Co-facilitated an intensive Regional Leadership and Management Training with 30 national-level MOH staff and HIV program coordinators to build capacity of the Regional Health Teams.
- Developed and implemented a tool to evaluate the impact of the Regional Leadership and Management Training on both public health practice and clinical outcomes, with particular emphasis on the national HIV case surveillance system and HIV testing and care processes.

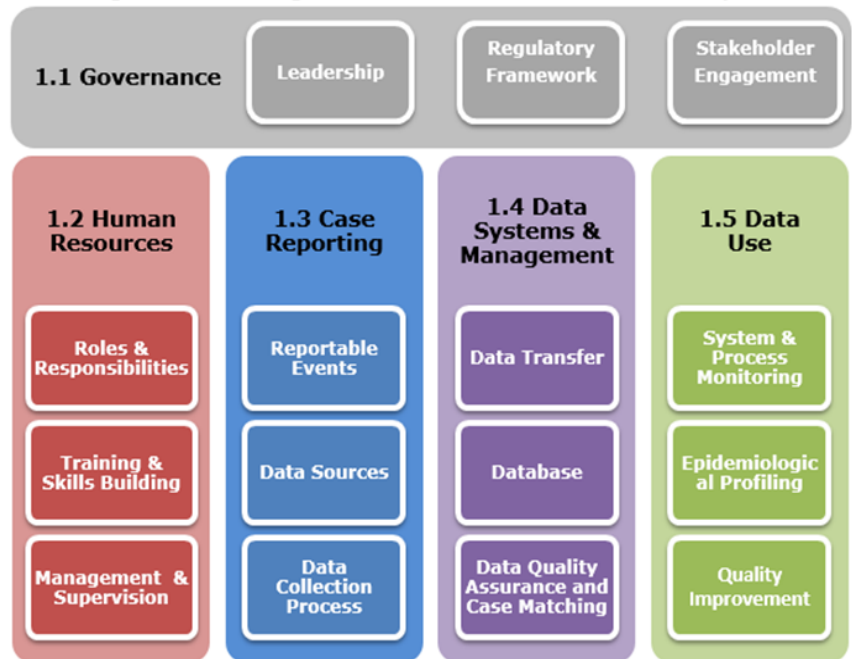
A peer-to-peer and partner-based approach was prioritized throughout the process. NASTAD engaged with MOH, NAPS and Regional health staff to identify core public health competencies in line with MOH guidance and procedures, and to outline a common program vision and a collaborative development and implementation process. The expertise of U.S. health department staff facilitated a peer-to-peer exchange of experience and skills in public health program management and the effective management and use of quality public health data systems. Finally, NASTAD facilitated communication and collaboration between in-country implementing partners and national and sub-national HIV program managers throughout the training development and implementation processes in order to leverage local expertise and facilitate peer-to-peer follow up and mentoring between the target cadre and the MOH facilitators.

Results

The program built human resource and leadership capacity of 20 key HIV program managers at both the national and sub-national levels, while simultaneously strengthening case reporting, data systems, and data use processes. MOH and NAPS leadership were involved in all stages of the development and implementation processes and are now poised to reproduce the program in other geographic regions and programs

The Applied Public Health Leadership and Management Program in Guyana serves to strengthen critical components of the existing HIV CBS system, and support stronger national surveillance of HIV such that robust data are available to guide program action.

Figure: Building Blocks of a Case-based Surveillance System



Summary of Outcomes and Impact

While implementation of this program is currently in progress, we can report that as a result of the highly collaborative program design process, NASTAD has recognized:

- Increased interest in cross-programmatic collaboration and communication between national MOH staff, NAPS programmatic staff, and Regional Health Services staff, including strong interest in a peer-mentorship model that would allow these staff to support one another in the areas of public health leadership and management.
- Increased support of the HIV CBS system and the steps that must be taken to refine and strengthen the reporting and collection processes at both the regional and national levels (see Figure 8).
- Commitment from all partners to align and triangulate data from both the HIV CBS system and other strategic information systems for proactive and data-driven program planning.

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