Step 1: Partner with Government

focuses on the creation of the business case for establishing an HIV pediatric care and treatment program in the resource-limited setting in question and, thereafter, utilizing this business case to engage and partner with the government and to mobilize local health and community resources to invest in the program in order to ensure effective implementation. In addition, this step describes how to establish a legal organizational framework for the program’s operation.

Objectives

- Develop a preliminary business case for the introduction of a pediatric care and treatment program in the selected community.
- Identify resources from the public health, civil society and private sector that can help deliver this program to people living with HIV/AIDS in the community.
- Obtain government support and collaboration for introduction of this pediatric care and treatment program.
- Establish a legal organizational framework.
Develop a Preliminary Business Case

To achieve this, you should:
- Perform a baseline survey.
- Set the goal.
- Identify implementing and collaborating partners.
- Identify available resources.
- Calculate the cost.

Conduct Baseline Survey

The starting point for designing a program of this nature is to conduct a baseline survey including a) a situational analysis; and b) an assessment of existing resources. Such an assessment will define the problem and determine where existing health services and community resources can be enhanced and strengthened, and where additional resources can be leveraged to successfully address gaps in the program.

A situational analysis defines the problem statement, the need and situational factors contributing to gaps in care. Data and descriptions should be collected on the following:
- Epidemiology, including a local disease summary, incidence and prevalence of HIV and other relevant diseases, demographic and morbidity and mortality data
- Population distribution
- Factors affecting access to healthcare including geography, transportation, education and other socio-economic factors
- Existing national health policies and treatment guidelines

Some of the data might be available in existing reports and documents from the country specific Ministry of Health and/or National AIDS Secretariat.

A resource assessment defines existing strengths that can be enhanced, united and leveraged to address the identified need. Data and descriptions should be collected on the following:
- Local healthcare infrastructure (including hospitals, clinics, laboratory facilities and pharmacy services, etc.)
- Health personnel in both public and private sectors (including physicians, nurses, counselors, pharmacists and lab technicians)
- Inventory of existing community services, community-based organizations, faith-based organizations, non-governmental organizations and associations for persons living with HIV/AIDS that provide or could potentially provide critical care and support services
- Inventory of international institutional organizations and their partners and/or subcontractors, i.e., USAID, Centers for Disease Control and Prevention (CDC), UNICEF, UNDP, WHO, World Food Program, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Irish AID, DFID, GDZ, CARE, Clinton Foundation, Partners in Health, Population Services International, Save the Children, World Vision
- Opportunities for collaboration and sharing of activities
- Community leaders and gatekeepers who can be engaged in community mobilization and greatly assist the reduction of stigma

Pediatric AIDS Corp physicians confer during a ward round at Kamuzu Central Hospital in Lilongwe
Some of the data might be available in existing reports and documents, for example, the annual district health planning reports, local CBO/FBO/NGO association membership listings, etc. Other data will need to be collected during this stage.

**TOOL NO. 1** is a Baseline Survey checklist including a situational analysis and a resource assessment.

Depending on available resources, conducting a more detailed survey may be helpful. This could include the population's educational level, its knowledge of HIV and the level of stigma in the community. As an example, a questionnaire (Knowledge, Attitudes and Beliefs) to collect this information is to be found in **TOOL NO. 2**.

### Set the Goal

Having established the problem statement and the resulting need, it is important to set the overall goals. Goals are defined as general statements that describe the hoped-for result of a program. Goals are achieved over the long term (5-10 years) and often through the combined efforts of multiple programs (e.g., reduction of HIV incidence)

A sample goal for a pediatric care and treatment program could be the following:

*Provide comprehensive care for ## children and their families with HIV testing, ## patients with HIV for follow-up without ARVs, and ## patients with AIDS with treatment with ARVs in the NAME district.*

### Identify Implementing Partners

#### Government Partners

Although senior government officials may not always be involved in daily management of the program, the government will be a critical partner to ensure integration of your program into existing public health systems, as well as providing overarching policies, guidelines and standards. Any new pediatric program should be aligned with government policies and priorities. Therefore, consult with key stakeholders from health, social services and other relevant government departments (e.g., laboratory services, pharmaceutical services, TB services, nutrition services, social welfare department, education department etc.) in order to:

- Share information on existing programs and the evidence base for their effectiveness.
- Determine processes for integrating program into public health systems of care.
- Formally request partnership and, if necessary, request resources.
- Outline partnership through a memorandum of agreement.
- Agree upon mutual evaluation protocols including sharing of program data.

It is important to know which level(s) of government and agencies are appropriate for partnership based on their responsibility for public health policies and resources, e.g., primary hospitals, district hospitals, ARV procurement, etc. Do you need a national, regional, district or local level partnership or a combination?

#### International and Institutional Partners

The Baylor College of Medicine International Pediatric AIDS Initiative has long established partnerships with both institutional and international partners throughout its Network of Children’s Clinical Centers of Excellence. These partnerships often allow for greater diversity in the delivery of services, better leveraged resources, both direct and in-kind. Partners may also enhance a program through additional branding or publicity opportunities by the partner organizations.

For programs that may be smaller in scope, international and institutional partners may be a source of funding or in-kind resources, as well as a linkage to government and community-level programs they may support.

#### Private Partners

Private enterprise in the form of locally strong private industries and companies may be interested in partnering on HIV/AIDS programs, either because it is in their interests to do so by assisting their workforce and sustaining their customer base or because they have philanthropic or social responsibility programmes. They are worthy of consultation and courting, as they may enhance available resources, both by providing more funding and by lending their expertise either in the form of guidance or in-kind service provision. The latter should not be overlooked. Private companies have expertise in such crucial areas as financial and project management, IT infrastructure, procurement and distribution, all of which skills may be inadequate among the not-for-profit partners of the programme.
However, in other areas, these private partners play a much less significant role and your efforts might be directed elsewhere, such as community and institutional partnerships.

It is known that in many developing countries, particularly in Africa, traditional healers provide an important community service and are an integral part of its way of life. Traditional healers should be engaged in a community where ARVs will be provided, in order that they can support your program appropriately. They should be able to talk to their clients about HIV and its symptoms. They should also be educated about how ARVs work, how they should be taken and their side effects, so that they can identify symptoms and refer community members to your clinic, when appropriate.

**Community Partners**

The assessment of community resources will help with the identification of potential partners to provide the community-based components of care. The partners selected should be intimately familiar with the community’s circumstances and needs and be well accepted by the community. Depending on the community’s needs, CBOs may provide home-based care, food security interventions, people living with HIV/AIDS (PLWHA) support groups, adherence counselling, patient tracking services, volunteerism, buddy programmes and income-generating activities. Some organisations may have the potential to take on more services than they currently offer while others may need increased capacity or resources. Program implementers should try to include such organisations and then help to build their capacity accordingly.

The Secure the Future program funded by the Bristol-Myers Squibb Foundation has developed a comparable Toolkit to this one entitled “Secure the Future Manual: Seven Steps to Involving the Community in Treatment Support Programs.” The reader is referred to this manual [Resource No. 2](#) for invaluable details on how to secure community support services.

**Identify All Available Resources**

Resources include funds, personnel, infrastructure, community organizations and their existing skills and capacities.

Existing BIPAI sites have demonstrated many times the innovative and leveraged approach of teams in these situations in finding solutions to resource constraints. The involvement of the private sector, institutional and international organizations and of the community should all be considered.

Additional resources should be mobilized wherever possible to help supplement any gaps found in the assessment of available partners and other resources. Suggested approaches for filling in any gaps include the following:

- Upgrade the skills of existing personnel.
- Foster innovative approaches to project design which increase productivity.
- Encourage NGOs, CBOs and FBOs to take on new or additional roles.
- Foster community ownership of the project and increase the number of individuals engaged.
- Lobby for additional targeted funding or support from, among others:
  - Government
  - International and institutional donors
  - Local donors, community-based, non-government and faith-based donors
  - Local private sector
  - Wealthy local citizens

**Faith-based organizations are key partners in the provision of care to vulnerable children**
Make a Preliminary Calculation of the Cost

The costs associated with the program will obviously vary from country to country. They include both start-up costs related to the baseline survey, infrastructure upgrading and training of personnel as well as the running costs associated with providing the anticipated clinical services. At this point, only a preliminary estimation of cost should be made for discussion with government and other partners. A comprehensive budget can be created later (see Steps 2 and 3). **Tool No. 3** can be used to calculate and display the preliminary cost estimates in a simple format.

Engage Government and Secure its Support

Your business case can now be assembled, including the baseline survey, the problem statement, the overall goal, the potential implementing and collaborating partners, the available and additionally required resources, a preliminary estimate of cost and any anticipated problems and opportunities. To develop the case appropriately ensure that the existing country policies and treatment guidelines have also been taken into account.

Field Story No. 1: BIPAI Partners with the Kingdom of Lesotho

BIPAI’s ability to create viable public-private partnerships with Government for the rapid scale-up of pediatric HIV/AIDS care and treatment is clearly evidenced in the Kingdom of Lesotho. BIPAI has provided pediatric HIV/AIDS care and treatment technical assistance and capacity enhancement initiatives in health professional education and training in Lesotho since 2002, supported by the Bristol-Myers Squibb Secure the Future program and the Fogarty International Center of the National Institutes of Health. In the fall of 2004, members of the Baylor International Pediatric AIDS Initiative traveled to the Kingdom of Lesotho to conduct a comprehensive country assessment to determine the need and feasibility of establishing BIPAI’s second Children’s Clinical Center of Excellence (COE) on the African continent. This assessment and feasibility study included evaluation of political receptiveness, healthcare and HIV/AIDS infrastructure, health professional capacity, existing and sustainable HIV/AIDS resources, integration of community-based organizations and non-governmental organizations (NGOs), and the pediatric HIV/AIDS epidemiological landscape. Additionally, meetings with Government outlined the parameters of establishing a public-private partnership between BIPAI and government for the support, operations and sustainable resources for the COE. Over the course of several

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Create a Legal Organizational Framework

Once government buy-in has been secured, in order to function smoothly within the legal requirements of the country in question, a formal legal organization should be established. Creating a legal organization will also provide a platform in which to hire employees, pay taxes, open and operate bank accounts, own assets, and solicit donors, including grant requests. The legalization process will vary from country to country but the first step in creating a legal organizational framework is to engage local legal counsel who is familiar with the creation, registration and legalization of non-government organizations (NGO). Additionally, this will entail the appointment of a board of directors and the creation of the NGO’s bylaws or constitution, which outlines the mission of the organization, responsibilities of the board of directors, executive director and management team, as well as the general rules of the organization. Many countries have a formal framework by which organizations are registered and legalized, often through a Non-Government Organization Board, which clearly defines the criteria for creating, registering, legalizing and maintaining an NGO.

Lessons Learned

- Governments can be engaged if the proposed program aligns with national policies, addresses critical challenges and integrates itself within the public health systems of care.
- Align your program with the national vision and set broad goals before a detailed assessment of the available resources.
- Understand the role of various government bodies and units to ensure inclusive consultation and buy in, and determine what provisions in the national policy allow for alignment of an HIV/AIDS service delivery program or model.
- Recognize the need to create a legal organizational framework for the provision of integrated HIV/AIDS services in the community.
The Baylor College of Medicine Bristol-Squibb Children’s Centre of Excellence was officially opened during Lesotho’s National recognition of World AIDS Day, December 2005