

Annual Report

'08

HEALTH[e]FOUNDATION

[www.healthefoundation.eu](http://www.healthefoundation.eu)



Hope in a stick

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Just over 5 years ago, it was considered almost impossible to communicate electronically with anyone in sub-Saharan Africa, let alone a healthcare worker in a rural health facility. Back then the availability of computers was limited to large urban health institutions, and most healthcare workers had very little, if any, knowledge about computers. So when Health[e]Foundation came up with the innovative idea of training healthcare workers in resource limited settings, using computers and USB memory sticks with linkage to the Internet, no one expected them to succeed.

But then it turned out that we had all underestimated the knowledge gaps these healthcare workers had, particularly in HIV and TB care, and how enthusiastic and motivated they were to get them filled. Health[e]Foundation has developed a platform that runs online as well as offline on a USB memory stick, through which healthcare workers on the frontlines of HIV care can access vital information on HIV and TB; can update their knowledge on management, including the use of antiretroviral drugs; and can also consult colleagues or their e-tutors living thousands of miles away. All these skills are acquired within three months through self-study, even by healthcare workers who had never used a computer before at the time when they started their training.

Health[e]Foundation has contributed to the reduction of the HIV related morbidity and mortality in the high burden countries by empowering healthcare workers to provide better HIV and TB care through continuous e-education. I am proud and privileged to be part of such a visionary organization.

**Professor Elly T Katabira**

Supervisory and Scientific Advisory Board Member

*Department of Medicine, School of Medicine, Makerere University College of Health Sciences, Kampala, Uganda.*

*President-Elect International AIDS Society*

Health[e]Foundation is a nonprofit organization based in Amsterdam, the Netherlands. It was established in the belief that a good healthcare system is essential for sound socio economic growth in developing countries.

Health[e]Foundation offers high quality blended learning programs for healthcare workers all over the world on issues such as HIV/AIDS, tuberculosis, pediatric HIV, mental health, and malaria. Our courses are available in several languages.

Each course starts with a kickoff meeting, followed by a computer-based self-study period of three months and is closed with a three-day workshop. Continuous Medical Education is guaranteed through annual updates of content, guidelines and references.

The web-based participant portal enables participants to communicate with each other and their e-tutors. The portal enables them to update themselves on specific topics and to discuss clinical cases and other issues with fellow healthcare workers.

In 2008, Health[e]Foundation further expanded and consolidated its activities thanks to continuous funding of the Dutch Ministry of Foreign Affairs and other sponsors.

There are now four complete courses available: HIV[e]Education, pediatric HIV[e] Education, Mental Health[e]Education and TB[e]Education. These programs are involving an increasing number of participants in a growing number of countries. They are continuously updated, refined and translated to meet the needs of healthcare workers in a great variety of settings. Country-specific programs are developed in collaboration with local Ministries of Health and local medical associations.

Community[e]Education is under development. This program is specifically designed as a handhold for previously trained healthcare workers who reach out to the community to teach about HIV treatment and prevention. As part of this program, the school program was implemented halfway 2008.

Organisational changes have been made, to be able to continue to train as many healthcare workers as possible. More emphasis will be on outsourcing activities to local representatives.

Health[e]Foundation is determined to fulfill its goal to train healthcare workers in resource poor settings so that they can manage and prevent communicable poverty-related diseases in as many patients as possible.

Health[e]Foundation remains an organization unique in the field of blended learning for medical training in resource poor settings. Thus, 2008 was another opportune year for expanding our activities (see table). To keep the quality of our work on an equally high level, we have realized that it is important to focus on efficient ways to branch out activities.

### Strategic Development

Our strategy for the initiation of new training activities has always been demand-driven. We seek collaboration with well-established local partners, the educational level of participants should be moderate to high, and language barriers as low as possible. In order to be able to maintain this approach, Health[e]Foundation needs to grow in two directions. First, because we will train more groups per country and give these trained groups access to our follow-up programs, we need the assistance of local representatives and/or country coordinators. The best example of this local support of our programs is in Uganda, where most trainings are conducted thanks to the office of Country Coordinator, Nadine Pakker, and her Assistant Coordinator, Hanipha Kakooza. Working in countries where the Ministry of Health acknowledges our trainings and where we have contact with well-known organizations and local experts, is of course most efficient. Second, we will expand our activities to new countries that request training programs. We are always open for new collaborations: if a well-established organization asks for training in a new country, we consider all possibilities to make the collaboration sustainable, and we make an effort to adapt our programs to the specific situation in that country to realize optimal impact.

Our current plan of action is to focus first on the countries where we have a well-developed network, and then on training in new countries, upon serious request from local organizations with long-term collaborative potential. We were able to adapt our strategic plans after our participation in an international consulting firm's 'Crossroads program', seeking NGOs as case studies to analyse their management and growth. In this project, young professionals analysed our organization and advised us on how we could optimise our impact while remaining a small and flexible organization. Branching out to countries with the assistance of local offices the way we did in Uganda and in Mozambique were emphasized as the best practice for our efforts in approaching other regions. The advice was to work the same way in new countries and start a local office or have a local representative to assist in collaborating with local ministries of health, as well as universities and other medical organizations.

Our newfound approach led to the expansion of our team with local representatives from Curaçao, Senegal, Thailand, and Kenya. They are all young professionals who recognize the need for training healthcare workers in their environment, who appreciate the efficiency of our programs, and who want to make an effort to train as many healthcare professionals as possible on a qualitatively high level in a short period of time.

### Language Development

To keep our promise of a low language barrier, we translated several of our programs in French, Portuguese, Spanish, Thai, and Russian. The Russian translation includes a completely new training program on Mental Health, written by the Global Initiative on Psychiatry (GIP group).

The importance of translation into local languages was first experienced after training students in Mozambique, whose performance improved dramatically after

#### Number of newly trained healthcare workers per country

Indonesia	46
Curaçao	64
Senegal	44
El Salvador	54
Poland	36
Malawi	44
Uganda	94
Thailand	60
Cameroon	49
Mozambique	43
GIP/ Eastern Europe	175
Netherlands HIV consultants	9
Mill Hill College Goirle, ASH	
Wassenaar, Unic Utrecht	132
<b>Total</b>	<b>850</b>

the translation of HIV[e]Education into Portuguese. To continue this success, the pediatric program's translation into Portuguese was started in 2008, and follow up trainings for interns and residents will start in 2009.

The first launch of the training in French, the translation was realized by Mark Wainberg and his group, was organized with Papa Salif Sow in Dakar. Thanks to the new Regional Representative in Senegal, more trainings will be given in French in collaboration with the Ministry of Health. In 2009 we will also start training in the French speaking region of Cameroon.

The language barrier in Thailand and Indonesia also made us realize that the translation of HIV[e]Education into Thai and Indonesian is essential for increasing the number of potential program participants. In both countries we found experts willing to collaborate in the translation; in Thailand thanks to Jintanat Ananworanich and her group, and in Indonesia thanks to Samsuridjal Djauzi and his group. These translations will be completed in 2009.

### Program Development

In 2008 we continued the development of new training programs. The TB[e] Education program was finished and reviewed by the Scientific Advisory Committee in December, and the English and French versions will be rolled out in 2009. A part of the Mental Health program mentioned above will be implemented in a 'Mental health and AIDS' module in the HIV[e]Education training program. Vice versa, five modules of HIV[e]Education were added to the Mental Health program to give mental health workers more insight into state of the art HIV/AIDS treatment and care.

There is a frequent participation of laboratory staff in our training groups. During the trainings it became clear that the interaction and communication between them and the clinicians is minimal. However, both groups recognize the need for more communication and better understanding of each others' activities. Therefore, we initiated the development of Bacteriology[e]Education, in close collaboration with the Bacteriology Department of the Academic Medical Center, Amsterdam in December 2008.

The start up of Community[e]Education began in 2007. After we decided to reach out to the schools and communities via healthcare workers who formerly participated in Health[e]Foundation trainings, the structure and content of the program materialized. It was a two-way initiative; healthcare workers asked us for tools to stimulate prevention within their own community, and requests came from schools for educational material for adolescents. The program should be finished and implemented in the second half of 2009.

With all these new developments we realized that a tailor made software program was needed. Crossmarx, a Dutch prize-winning IT organization, has developed an application engine on which our programs, the website, the participant portal, as well as the learning management system are running. To facilitate a smooth transition from our previous IT platform to this new one, we hired two students, Ruth Roukema and Ruben Furman. They inserted all modules and translations into the new software, and made sure we were able to deliver the new version of the training program without any delays.

#### **Amsterdam Office**

To be able to attract and interact with our growing number of local representatives, responsibilities and tasks in the office in Amsterdam had to change as well. The operational management was taken over by project manager Lieke van Kerkhoven. Debby Heuft will be responsible for the programs, translations, and software applications. Esther Erwteman and another project manager to be appointed in 2009 will be responsible for the running of the trainings. Since the activities have grown, the office tasks will be managed by a dedicated person, Margo Caslavka, who completed the team just at the end of the year.

With all the new branches on the tree and the changes implemented to establish the firm structure of the organization, I can only say that this dream-team will make us all able to look forward to 2009 with many more new plans and initiatives. I would like to end with a big thank you for all the authors, who so generously write and update the modules and make our programs so valuable.

#### **Fransje van der Waals**

Executive Director of Health[e]Foundation

One of the greatest challenges in healthcare in resource-limited settings is to overcome the lack of well-trained personnel. The gap becomes even more apparent in those countries hardest hit by the HIV epidemic. The brain drain of educated and trained people to more secure working environments contributes to this growing problem.

#### **Mission Statement**

Health[e]Foundation is a not-for-profit organization based in Amsterdam, the Netherlands. It was established in the belief that a good healthcare system is essential for sound socio-economic growth in developing countries. It focuses on sustainable methods of training and educating healthcare workers on treatment and prevention of communicable and poverty-related diseases by means of a distance-based e-learning system.

#### **Introduction**

Health[e]Foundation was founded in 2003, after the successful demonstration of a draft version of the HIV[e]Education training program during the International AIDS Conference in Barcelona in 2002. Subsequent funding facilitated the development of a complete training program.

#### **The Concept**

Health[e]Foundation offers several blended learning programs with different areas of focus, such as HIV/AIDS, pediatric HIV, and tuberculosis. Each program consists of a three month training period with post certification, electronic updates and continuous education. The training period constitutes a kickoff meeting, an e-learning course available online and offline (on a USB memory stick), and a three-day closing workshop. Participants are encouraged to interact with peers and to seek e-tutor support via their personalized e-learning account, the participant portal. Health[e]Foundation guarantees continuous medical education to all participants following completion of the training through annual updates of course content as well as access to new modules and programs.

#### **Kickoff Meeting**

Each three-month training program starts with a one-day kickoff meeting with a "class" of approximately 30 participants, composed of a mixed group of physicians, nurses and counsellors. During the meeting, members of the Health[e]Foundation team introduce the organization and explain the program to the participants. In

addition, participants fill out a clinical case study as well as a registration and training needs form in order to assess their pre-course knowledge and experience. Following a demonstration of the computer-based component, every participant is given a chance to practice with their personalized USB memory stick. The kickoff wrap-up includes time for participants to submit evaluation forms providing feedback on their experience during the meeting.

#### **Computer-based Clinical Training**

The e-learning course consists of a number of self-study modules, written by world-renowned experts in the field, and several clinical cases, which have been written by local experts in each country. Each module begins with a pre-test and ends with a post-test. The pre-test can only be done once; the post-test can be repeated as many times as needed. References used for the content of the modules are available on the USB memory stick as PDF files, as are the most current treatment guidelines.

Participants have an average of three months to study the content at their own pace. Since most participants come from areas without reliable internet connections, the program is followed mostly via the USB memory stick. The course is done offline, and if the internet is available, the USB synchronizes automatically in order to obtain updated modules and guidelines, test results are uploaded to our database, and participants can communicate via email with other participants in their group and the e-tutor.

#### **On-site Workshop**

The three-day closing workshop addresses key topics of the course in a collaborative setting. Every workshop includes a balanced schedule with lectures, interactive clinical case discussions, and individual and group exercises. Presentations are given by local experts combined with an international faculty, and people living with HIV/AIDS are invited to provide insight into their personal experiences. The workshop promotes teamwork and emphasizes the importance of communication skills. Progress is measured by asking the participants to complete the same clinical case study that was administered during the kickoff meeting. The content of the computer-based program, experiences in its usage, as well as the workshop itself are evaluated in focus groups and with questionnaires.

#### **Participant Portal**

The participant portal provides users with the online means of synchronizing their USB data with Health[e]Foundation's online content management system and vice versa. Thus, emails written offline on the USB stick are automatically sent when the user connects to the internet, and any updates of content are immediately downloaded to the USB stick.

Furthermore, the participant portal serves as an interactive network between users. Photos taken of each participant during the kickoff meeting are used to create personalized accounts in the portal. This portal stores group contact information—forming a virtual class—and is designed to stimulate each participant's communication with peers in their field. A forum is also available via the portal that is accessible for all participants of all courses in all countries, on which complicated cases can be discussed, knowledge and experiences can be shared, and participants can be informed about upcoming events.

#### **Continuous Medical Education**

The content and the guidelines of all programs are updated annually. Updates can be downloaded to the USB memory stick if participants connect to the internet. They are announced by group e-mails, text messages and a notification on the participant portal.

Once participants have completed one course, they can access all other available courses online. We prefer to implement these following courses in combination with a kickoff meeting and workshop as well, because this improves impact. Furthermore a mentoring program has been initiated, which is described more into detail in the Training of Trainers section.

### **The Organization**

#### **Culture**

The organisational culture within Health[e]Foundation is an open and positively driven atmosphere with a serious commitment to improving healthcare, especially in resource limited settings. It is a small, flexible organization with good contacts and strong communication lines between staff and collaborators.

To enhance sustainability and maintain local support, Health[e]Foundation seeks cooperative partnerships with local, well-established organizations and stakeholders in the countries where it is active. The team makes an effort to be accessible to all who are interested in participating in its programs.

#### **Staff**

##### **Amsterdam**

Health[e]Foundation continues to grow, and in order to be able to meet all demands and to continue delivering high quality products, organisational changes were initiated in 2008, which will be continued in 2009.

By the end of 2008, structural decisions were implemented to more clearly define and enhance staff roles at the Amsterdam office. First of all, Margo Caslavka

joined the team as Office Assistant in November to create continuity and to ease office workflow. Secondly, current staff adapted organisational changes, effective 1 January 2009, which will designate each team member with a more specific title and job description. Lieke van Kerkhoven became Operational Manager and will be mainly concerned with operational aspects of the organization, external communication, and managing the international team of representatives. Debby Heuft has become Program Manager and will be responsible for the improvement of existing courses and management of the development of new courses and of translations. The organisational restructuring has given Fransje van der Waals, the Executive Director, more time for external promotion of the courses, improvement of existing courses, development of new courses and content, and maintaining and expanding our network of partners and authors. Esther Erwteman will serve as Project Manager and together with another Project Manager to be hired in 2009, will execute local activities, maintain contact with local training partners, and contribute to the improvement of on-site training activities.

The organization and its product are also supported by the work of many other contributors. In 2008 Patricia Kalil and her team assisted us again by translating Pediatric HIV[e]Education into Portuguese, and by implementing large parts of the content of courses into our new software platform. She will continue translating and providing IT assistance in 2009. Gijsbert Ruitenbeek was responsible for IT support and consultancy at the Amsterdam office. Furthermore, a great number of volunteers, interns, and temporary employees contributed to the organization as a whole.

#### Regional Representatives

With regard to our on-site activities, they continue to be a collaborative effort and are coordinated by our local representatives. In Uganda, this remained Nadine Pakker (Country Coordinator) and Hanipha Kakooza (assistant Country Coordinator), and in Mozambique, Jeannet Bos (Country Coordinator). In addition, in 2008 our team expanded with new Regional Representatives: Jasper van der Lugt (Thailand), Gonneke Hermanides (Curaçao), Maaïke Cotterink (Senegal), and Sammy Ole Oinyiaku (Kenya). These Regional Representatives are independent; they work for other organizations or are freelancers. They help organize training activities, contribute to increasing our exposure, and represent Health[e] Foundation towards local stakeholders. Because the aim is to outsource more activities to the Country Coordinators and Regional Representatives, in the future they will become even more closely involved in the development of new projects and the continuation of established ones.

With the growing number of Country Coordinators and Regional Representatives, Health[e]Foundation is in the process of designing ways to monitor and evaluate

their activities. For this purpose they are asked to update the office in Amsterdam on a regular basis, which is mainly done by phone contact. Starting at the beginning of 2009, a biweekly update will be sent via email to all local team members in order to briefly inform them on activities in Amsterdam and of their colleagues in other parts of the world. In order to optimise its effect, form, content and frequency will be evaluated in April 2009.

#### Finances

As a not-for-profit organization, Health[e]Foundation depends on funding from foundations, public and private international organizations, and private individuals. The income of Health[e]Foundation was secured on 1 January 2006 when the Dutch government funded the organization with a generous grant of €3,393,094 that will cover 65% of the costs of many of its projects until 2010. Since 35% of the funding comes from other sources, we are grateful for the support of many organizations in 2008, including Cordaid, GILEAD, The Dutch AIDS Foundation, International Child Support (ICS), Abbott Kenya, Femi Foundation, Give Milk Stop AIDS, INTERACT, IATEC, Global Initiative on Psychiatry (GIP), Stichting HIV Monitoring (SHM) and Penta Foundation.

In 2008 Health[e]Foundation's financial administration was thoroughly reorganized by the firm, Jac's den Boer & Vink bv, which specializes in financial administration and advice for nonprofit organizations. Health[e]Foundation has decided not to obtain the CBF seal of approval, due to the high costs that the required rearrangement of the financial administration and office structure would involve.

#### Main Expenses

The major costs for Health[e]Foundation are related to IT. The costs for the development and maintenance of the e-learning program are high. The Learning Management System that is included in the e-learning program is an essential, though expensive tool.

Since the e-learning program is Health[e]Foundation's core business, efforts are made to keep expenses for the on-site workshops to a minimum. Costs for the airplane tickets are relatively high, but flight purchases are minimized by making efficient use of local representatives and inviting local experts to give presentations. In the future, we aim to use these local resources even more efficiently. The initiation of a Training of Trainers (ToT) workshop will contribute to savings on travel expenses.

Topic	Aims for 2008	Results 2008	Aims for 2009
Staff	Employ a 4 <sup>th</sup> project manager	By the end of 2008 there were some internal rearrangements: Lieke van Kerkhoven became Operational Manager and Debby Heuft became Program manager	Continue the organizational change in order to further enhance efficiency and effectiveness
		Application procedure for new project manager was initiated in November	Employ a new project manager
	Employ a fixed office support	Margo Caslavka was hired as Office Assistant	
	Closer involvement of satellites (Country Coordinators and start working with Regional Representatives)	Four new regional representatives were added to the team: Gonneke Hermanides (Curaçao), Maaïke Cotterink (Senegal), Sammy Ole Oinyaku (Kenya) and Jasper van der Lugt (Thailand)	Invest more in local networks. Strengthen the existing team with more frequent updates on the organization's ongoing activities. Further expand the worldwide network with more local representatives.
Partners	Continue training groups from existing partners	Good collaborations with previous partners continued: UCM Beira Mozambique, HIVNAT Thailand, Penta group in El Salvador, SHM in Curaçao, University of Jakarta Indonesia, Gilead Netherlands	Continue productive relationships with existing partners
	Start training groups from new partners	Several new partnerships were initiated: Dignitas international Malawi, Solthis Foundation, International Child Support, Kampala City Council Uganda	Expand our network of training partners in familiar countries and also in new countries
Culture			Although the organization is growing, we will strive to maintain the atmosphere open and positive. Special efforts will be made to more closely involve all local representatives in the organization

Topic	Aims for 2008	Results 2008	Aims for 2009
Finances	Continue seeking funds to be able to train new groups	In addition to the grant from the Dutch Ministry of Foreign Affairs, Cordaid, GILEAD, The Dutch AIDS Foundation, International Child Support (ICS), Abbott Kenya, Femi Foundation, Give Milk Stop AIDS, INTERACT, IATEC, Global Initiative on Psychiatry (GIP), Stichting HIV Monitoring (SHM) and Penta Foundation facilitated training in 2008.	Continue seeking funds to initiate new projects and to continue existing ones
	Financial administration will be done by Jac's den Boer & Vink bv	Jac's den Boer & Vink bv reorganized the financial administration	Investments will be made in the local representatives, with the vision that they will be able to work independently in the future, saving travel expenses and generating income through the realization of new activities
IT	Invest in the development and maintenance of the e-learning platform	A new software platform was launched. This contains the learning management system, the website, and the participant portal.	Improve and strengthen the new software platform

**HIV[e]Education**

The aim of HIV[e]Education is to provide healthcare workers with complete and updated information on all aspects of treatment and care for patients with HIV/AIDS. In the beginning of 2008 all modules were updated by their authors and made available to all participants. Specific epidemiology modules and clinical cases were developed by local experts for new countries, such as Malawi and Cameroon. New modules on Good Clinical Practice (Remko van Leeuwen, IATEC by The Netherlands), the Clinical Pharmacist's Role (Francis Kalemeera, ATIC Kampale Uganda), and Mental Health and HIV (Annemiek Schade, LUMC, Amsterdam, The Netherlands) were added to the core program.

To be able to train more people in their own language, HIV[e]Education has been translated into French, and partly into Russian. Translation into Thai and Bahasa Indonesia was initiated at the end of the year. Due to budgetary reasons, the Spanish translation has been postponed until 2009.

Topic	Aims for 2008	Results 2008	Aims for 2009
Translation	Translate into Spanish and French	Translated into French	Translation into Spanish, Thai, Bahasa Indonesia and Russian
Modules	Add new modules on GCP, Mental health & HIV/AIDS, Vaccines, STDs, Gender & HIV/AIDS	GCP, Clinical pharmacist's role, and Mental health & HIV/AIDS were added to the program	Further develop modules on Gender & HIV/AIDS, STD's, and Reproductive health
	Provide Kenyan participants with country-specific epidemiology	Participants received country-specific modules	

**Pediatric HIV[e]Education**

The aim of Pediatric HIV[e]Education is to improve treatment of children with HIV/AIDS, by providing healthcare workers with complete and updated information on a broad range of topics related to the specific challenges in treatment of children with HIV/AIDS.

In 2008 the entire program was translated into Spanish, and on request of the PENTA Foundation, a group of pediatric healthcare workers initiated training in El Salvador. In July a training was organized by Abbott in Pattaya, Thailand. In the preparatory to this training it was decided to develop four Asian specific modules on 'Epidemiology', 'Transmission and Diagnosis', 'Antiretroviral treatment and children' and 'Immunization of HIV-infected children'. The modules were written by Jintanat Ananworanich, pediatrician and one of the directors of the HIV Netherlands Australia Thailand Research Collaboration (HIV-NAT) in Bangkok, and Thanyawee Puthanakit, professor in pediatrics at the University of Chiang Mai, Thailand. To complete the program, Thai specific clinical cases were added as well. At the same time the Portuguese translation should be finished as well, which will be offered as a follow-up program to the medical students in Mozambique. In collaboration with the International Child Support (ICS), a group of Kenyan healthcare workers will start this course in February 2009.

Topic	Aims for 2008	Results 2008	Aims for 2009
Program	Add a specific module on Pediatric HIV/AIDS in Asia	4 Asian specific modules and 2 Thai specific clinical cases were completed	Update all modules
Translation	Implement French version	Implementation initiated	Implementation in French
	Translate into Spanish	Translation completed, first training was in El Salvador	Translate into Portuguese
Trainings	Provide HIV[e]Education participants with the Pediatric program in Uganda, Mozambique, Indonesia and Curaçao	Groups were trained in Thailand and El Salvador	Offer Pediatric program to a broader public, after completion of HIV[e]Education
	Train new groups involved in Pediatric HIV care in Thailand and El Salvador		

*Someone in the world is newly infected with TB bacilli every second - WHO*

### **TB[e]Education**

Tuberculosis (TB) has for many years been a major contributor to morbidity and mortality in the developing world. Globally, there are an estimated 9 million new cases of TB each year, and each year 2 million people are thought to die from TB, with the majority of the cases and deaths occurring in some of the poorest countries of the world.

HIV infection, by reducing the body's cellular immune function, is the most important driving force behind the current TB epidemic, while TB is the most common cause of death in HIV-infected patients. The emergence of multidrug-resistant (MDR) TB and extensively drug-resistant (XDR) TB, particularly in settings where many TB patients are also infected with HIV, confirms the urgent need to strengthen basic TB control.

To provide HIV/ AIDS healthcare workers with state-of-the-art knowledge on a broad range of topics related to Tuberculosis, TB[e]Education was initiated during the international AIDS conference in Toronto, Canada, in August 2006. A special scientific advisory board headed by Mario Raviglione (Director of STOP TB, WHO) was formed and a number of authors were asked to participate.

In 2007 the first modules for TB[e]Education were finished, and the course was finalized in 2008. After approval of the content by the scientific advisory board, implementation of the modules into the software will begin in January 2009. In 2009 the first group of participants, who completed HIV[e]Education in November 2008, will start TB[e]Education in Kampala, Uganda.

In 2009 TB[e]Education will be translated into Portuguese and French, and more modules will be added to the course like 'Adherence/DOTS lessons learned from HIV/AIDS' by Gerald Friedland and 'New Diagnostic Tools' by Antonino Catanzaro.

<b>Topic</b>	<b>Aims for 2008</b>	<b>Results 2008</b>	<b>Aims for 2009</b>
Program	Complete in 2008	Completed and approved in 2008	Expand program with new modules
Translation			Translate into French and Portuguese
Trainings			Start trainings in Uganda, Kenya Senegal and Mozambique

### **Scientific Advisory Board**

Mario Raviglione (WHO)  
 Martien Borgdorff (The Netherlands)  
 Jerrold Ellner (USA )  
 Anton Pozniak (UK)  
 Jerald Sadoff (USA)  
 Francis Adatu (Uganda)

### **Courses and Authors TB[e]Education**

#### **Epidemiology**

Chris Dye, World Health Organization, Geneva  
 Martien Borgdorff, KNCV Tuberculosis Foundation, The Netherlands

#### **Clinical management of TB in HIV positive patients**

Anthony Harries, HIV Unit Ministry of Health, Malawi; London School of Hygiene and Tropical Medicine, UK  
 Rony Zachariah, Médecins sans Frontières, Belgium

#### **Drug drug Interactions**

Rob Aarnoutse, Universitair Medisch Centrum Nijmegen, The Netherlands

#### **MDR-TB/ XDR-TB**

Agnes Gebhard & Kitty Lambregts, KNCV Tuberculosis Foundation, The Netherlands

#### **HIV-TB co-infection**

Anton Pozniak, Imperial College, UK

#### **Childhood Tuberculosis**

Jeffrey Starke, Baylor College of Medicine, USA  
 Flor M. Munoz, Baylor College of Medicine and Ben Taub General Hospital, USA

#### **New Drugs**

Melvin Spigelman, TB Alliance, USA

#### **New vaccines**

Jerald Sadoff, Dustin Meyer, Aeras, USA

### Mental Health[e]Education

In the beginning of the year we were contacted by the Global Initiative on Psychiatry (GIP). Over the past 27 years, they have implemented mental health projects in Central & Eastern Europe, the Caucasus, and Central Asia. More recently, they have initiated projects in Africa, Asia and the Caribbean, where there is a great need for more attention for mental health issues.

Mental health problems are linked to HIV/AIDS in a complex and often not fully understood manner. In some instances, mental health problems can pose an additional risk factor for infection with the HIV virus. In other cases, mental health difficulties follow from infection. Good mental health care and support for people living with HIV/AIDS is therefore key to both improving the lives of people living with HIV and preventing further spread of the virus. Yet, the interconnections between these two fields are often not recognized or acted upon by medical professionals, social workers and counsellors, and people living with HIV themselves.

GIP has been involved in dealing with the complex intricacies of mental health and HIV since 2005, when it began its innovative Mental Health and HIV/AIDS (MAIDS) program in the Caucasus, Central Asia and Southeastern Europe. During the ensuing period Expert Centers focusing on the relations between mental health difficulties and HIV/AIDS were established in 9 countries (Armenia, Azerbaijan, Bulgaria, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Serbia and Tajikistan). Annemiek Schade, the main author from the Netherlands, and Katja Assouan of GIP discussed with us the option of implementing the content of their courses into our software platform to enable partners to stay informed on this important subject. They also facilitated translation of a part of HIV[e]Education into Russian to give the participants a complete view on HIV/AIDS treatment as well. The first USB memory sticks were delivered at the end of November. For 2009 plans are made to expand our activities in Russia.

### Bacteriology[e]Education

During several training activities, we experienced that interaction and communication between laboratory staff and clinicians is minimal. Both sides recognized the need to improve understanding of each others' activities in order to strengthen their cooperation and mutual effort. Therefore, the development of Bacteriology[e]Education was initiated together with the Bacteriology Department of the Academic Medical Center, Amsterdam.

This program will contain a broad range of topics: from an empty laboratory in an isolated resource poor setting to high-tech testing; from media to storage; from quality control to teaching procedures of bacteriology and serology. It will start with an interactive module on clinical laboratory, explaining how the laboratory staff can provide insight to clinicians on test results and their implications. Not only will it help clinicians treat patients more effectively, but it will also generate understanding of testing capacities and optimise usage. In addition, information on a great variety of test procedures will be included, starting with gram and Ziehl-Neelsen sputum stains.

In the future a distance-testing-forum will be implemented. Within the AMC hospital an automated digitalization will be offered, showing plates and slides on the computer screen in order to be able to diagnose from a distance. This project initiated at the end of 2008, will be made available to participants by the end of 2009.

Topic	Aims for 2008	Results 2008	Aims for 2009
Programs in Development	Completion and implementation	Implemented	Offer to participants as continuous medical education
Trainings in Development		First participants received USB memory sticks in November	Collaborate in trainings with AFEW in Russia

### Community[e]Education

Community[e]Education was developed as a tool for healthcare workers to reach out to the community with prevention education. Although available treatment is of great importance in the fight against HIV/AIDS, 70% of the (known) HIV-infected individuals remain untreated.

At the same time an additional 2.5 million people became infected in 2007, which is 2.5 times higher than the increase in the number of people on antiretroviral drugs in that year. Therefore, next to treatment programs, prevention programs that mobilize awareness about HIV infections are most urgent.

The Community[e]Education program addresses HIV/AIDS prevention in an interactive way that can be adjusted to specific needs per group. It is designed for healthcare workers to reach out to the community with a tool to stimulate discussions in children and adolescents about sex in general and HIV and its transmission in particular. It uses a variety of engaging media such as animations, cartoons, 'trigger' tapes, and interactive games to explain and inform about general health, HIV/AIDS, treatment, treatment failure (resistance, toxicity), and safe sex. It also contains instructions on how to teach on the principles of life skills-based education, which provides a balance of knowledge, attitudes, and communicative and negotiation skills.

Health[e]Foundation deliberately chose to channel its efforts through healthcare workers, due to the fact that they are confronted with the disease and its consequences on a daily basis. With their knowledge and experience, trained healthcare workers are able to discuss HIV/AIDS as professionals in the field without stigma and discrimination. Being able to reach beyond cultural and social boundaries of schools and workplaces in their communities, in time healthcare workers can expand and deepen awareness about HIV/AIDS.

Not only will we implement this program in resource poor areas, but also in the Netherlands, where a Community[e]Education school program was initiated in 2008.

Topic	Aims for 2008	Results 2008	Aims for 2009
Bacteriology[e]Education		Start development	Complete development and implement into software
Community[e]Education	Continue development	Several items have been completed. Pilot program initiated at Dutch high schools	Finish and implement the program
		Start training plans for schools in Curaçao	Setup of trainings in schools in Thailand

Health[e]Foundation is active in an increasing number of countries. Since each country has its own identity and history on HIV/AIDS, training programs have to be adjusted to particular circumstances.

### Cameroon

Health[e]Foundation has started training in Cameroon in collaboration with the foundation Give Milk Stop Aids. The first training took place in their first project location, Banga, which is located in the south-western province of Cameroon and is English speaking. The kickoff meeting welcomed 49 new participants, the majority of whom had no previous computer experience. Several participants of the enthusiastic group asked for the opportunity to present a clinical case prepared during the self-study period at the upcoming workshop in March 2009. Arrangements are being made to meet with regional contacts while in Cameroon in March in order to discuss future training opportunities in this area.

### El Salvador

A four-day workshop was organized in May by Instituto Italo Latino America (IILA) with the Pediatric European Network for Treatment of AIDS (PENTA) foundation in San Salvador, El Salvador. IILA is an international intergovernmental organization based in Rome, Italy, and PENTA was established as a collaboration between pediatric HIV centers in Europe. The PENTA foundation is the innovator of a training program for healthcare workers specifically responsible for the treatment and care of children with HIV/AIDS and regularly organizes workshops all over the world. The content of their course, Tr@nforPedHIV, formed the basis for Health[e] Foundation's Pediatric HIV[e]Education program. In the beginning of 2008 the course was translated into Spanish.

During the four-day workshop, healthcare workers from Latin America and the Caribbean gathered to learn from presentations held by experts in the field of pediatric HIV infection, from discussions between colleagues and from case presentations. All 54 participants received a USB memory stick with the Spanish version of the Pediatric HIV[e]Education course.

There was no closing workshop following the event, so despite good intentions we do not know how many participants used their USB memory stick. It was concluded that participants can benefit most if the Pediatric HIV[e]Education program is provided three-months prior to the on site PENTA workshop. In this way the participants can not only prepare and benefit most from the workshop, but also receive the follow-up that is part of Health[e]Foundations' blended learning approach.

### Indonesia

With its many islands, distance learning has proven to be a useful tool for Continuous Medical Education in Indonesia. Together with the Netherlands Batam (NeBa) Foundation, the University of Jakarta and the Indonesian Ministry of Health, the first kickoff meeting for a HIV[e]Education training was organized on the island of Batam and the surrounding Riau Islands in 2007.

In 2008 the Ministry of Health accredited HIV[e]Education for healthcare workers. This means that the certification provided by Health[e]Foundation to participants who successfully complete the blended learning cycle is recognized by the government. In collaboration with the University of Jakarta a second group of 46 healthcare workers completed the HIV[e]Education course in 2008. At the request of the participants and thanks to the WEB.Foundation, the animation film, Bobo, was subtitled in Bahasa Indonesia.

Funding for training in Indonesia was supplied by the Dutch AIDS Foundation. The epidemiology module was written by Dr. Irwan Kosasi of the Ministry of Health and the first clinical cases were provided by Professor Samsuridjal Djauzi of the University of Jakarta. The HIV[e]Education program will be translated by Professor Samsuridjal's team into Bahasa Indonesia in order to train healthcare workers in other areas of Indonesia in 2009.

### Kenya

In December 2007 Health[e]Foundation trained the first group of 40 healthcare workers from the Mary Help of the Sick Mission Hospital (MHSMH) and the Thika District Hospital. Due to the unstable situation in Kenya after the elections in December 2007, the follow-up workshop was postponed to June 2008, 6 months after the Kickoff training. Only 21 healthcare workers of the original 40 participated at the follow-up workshop. This was due to the long timeframe between kickoff and workshop, and many healthcare workers were repositioned to hospitals in other regions of Kenya in January and unable to follow-up. Nevertheless, 20 of the 21 motivated participants present during the workshop received a certificate, and all provided excellent contributions to the interactive workshop discussions. The training course was generously sponsored by Abbott Kenya. After this successful course, a proposal for a new training in Thika has been written, and we hope to continue the collaboration with MHSMH.

In September 2008 we came in contact with Sammy Ole Oinyaku. Sammy received his Masters in Public Health at the Columbia University in New York, USA in 2002. Since then he has worked in Kenya for organizations such as AMREF and Global Health Action. After a meeting in Kampala, Uganda in December 2008, Sammy started working for Health[e]Foundation on a freelance basis. As the Regional Representative for Kenya, he will be responsible for finding new training partners and organizing local activities.

In 2009, the first group of healthcare workers will start the Pediatric HIV[e] Education course in Busia, which will be co-funded by the International Child Support (ICS).

### Malawi

In collaboration with Dignitas International, Health[e]Foundation trained the first group of Malawian healthcare workers in 2008 with the HIV[e]Education program. The healthcare workers work for Dignitas, as well as in the health centers of the Ministry of Health in the Zomba district. The country specific epidemiology module was written by Dr Anthony Harries from the HIV Unit Ministry of Health, Malawi; and London School of Hygiene and Tropical Medicine, UK. The Ministry of Health and the Medical Council of Malawi agreed that participants will receive CME credits after successful completion of the course. Since the participating centers were not all equipped with computers, Health[e]Foundation donated 10 computers to facilitate a successful training program. The participants were greatly appreciative of the training opportunity and emphasized the convenience of receiving up-to-date information. A number of them expressed interest in the Pediatric HIV program or wanted to organize a new training for colleagues who did not participate in this one.

In 2009 a new group of healthcare workers will start training. Negotiations are in process for providing Pediatric HIV[e]Education to the healthcare workers who finished HIV[e]Education.

### Mozambique

Health[e]Foundation started its first HIV[e]Education pilot program in Mozambique in September 2006 at the Faculdade de Medicina, Universidade Católica Moçambique (UCM) in Beira, Mozambique. Due to its success the HIV[e]Education program has become part of the university's medical curriculum, requiring a training for all fifth year students just before they enter their clinical program (internships). In 2007 the program was translated into Portuguese to facilitate learning in one's own language.

In 2008 a new group of fifth year students at UCM Beira started a training with HIV[e]Education, and efforts were made to create solutions to local technical problems. During previous experiences, groups encountered computer viruses that corrupted their USB memory sticks. Therefore, at the kickoff meeting in November, we warned participants not to use the devices for any other purpose except for the course and advised the IT department of the university to keep updating the antivirus programs in the computer rooms. A president and two vice-presidents were elected from the participants, who would be first contact persons for students experiencing problems. Once again sticks have been infected and

were to be replaced, which will be addressed at the workshop in March 2009. Pediatric HIV[e]Education has been translated into Portuguese during 2008. The plan is to offer this course to all students of UCM Beira, who have previously finished the HIV[e]Education training, and are now graduates of the University.

#### **Poland**

The first group of 36 healthcare workers from Warsaw started to train with HIV[e] Education in June 2008. This training was the result of a successful collaboration with Dr. Andrzej Horban, Director of the Warsaw Hospital of Infectious Diseases, and Dr. Remko van Leeuwen, who are both part of the Network European Aids Treatment (NEAT). NEAT's mission is to strengthen European HIV clinical research capacity by building a clinical and laboratory network in HIV therapeutics. NEAT is committed to designing the roadmap for a durable reshaping of the way clinical research is carried out in Europe. The new module on Good Clinical Practice (GCP) was written by Remko van Leeuwen and Melissa van Alst, both from IATEC, and is now part of the HIV[e]Education program.

#### **Senegal**

In 2008, thanks to the great efforts by Mark Wainberg and his team at the McGill AIDS Centre, HIV[e]Education was translated into French. The first group of French speaking healthcare workers began the HIV[e]Education course during the Interest Workshop in Dakar in May. They were affiliates of the Centre Hospitalier National Universitaire de Fann in Dakar and were invited by Papa Salif Sow. It was during this meeting that we met our new Regional Representative Maaïke Cotterink. She has lived in Senegal for several years and is involved in a broad range of projects. A joint effort with her proved successful after she helped organize the workshop in September for this first group of participants. With Maaïke Cotterink representing us locally, there are already several new projects in sight for 2009. Once translated, the group trained in 2008 will receive the Pediatric HIV program as well as the TB[e]Education program. Also a new group will be trained with HIV[e]Education through Papa Salif Sow, and several other organizations have shown interest in our programs.

#### **The Caribbean**

Health[e]Foundation started training healthcare workers in The Netherlands Antilles in 2007 at a meeting organized by the Dutch HIV Monitoring Foundation, the St. Elisabeth Hospital (SEHOP), Stichting Rode Kruis Bloedbank, and the Medical and Public Health Service of Curaçao (GGD). At the same workshop in 2008, it was noticed that the training was not as effective when no formal course

was organized. Therefore, attendees of the 2009 meeting were offered HIV[e] Education already at the end of 2008 by our Regional Representative Gonneke Hermanides. With the active contributions of Gonneke Hermanides on site, we hope to be able to extend our activities in the Caribbean to the other islands and the mainland.

#### **The Netherlands**

In 2008 Health[e]Foundation's programs have been accredited for nurses in the Netherlands. The accreditation recognizes the certification provided by Health[e] Foundation to participants who successfully complete the blended learning cycle, which includes attendance of a kick-off meeting and a workshop and completion of all modules.

#### **HIV Counsellors, Utrecht**

With the financial support of Gilead we were able to organize the 2<sup>nd</sup> workshop for ten HIV counsellors in the Netherlands, this time from the Utrecht area. With the feedback from the counsellors of the previous group from Rotterdam, we adapted and improved the program with up-to-date slides and study results. Participants' expectations regarding the program were met; the workshop was especially appreciated. The presentations during the workshop were very well received and positive overall feedback was given. More specifically, participants referred to the presentation about an older HIV patient as a good start for better observation of this special patient category. We have agreed with Gilead to train many more HIV consultants in the rest of the Netherlands in 2009.

#### Mill Hill College, Goirle

In April the first training day for Dutch high school children was organized at the Mill-Hill College in Goirle. Three classes with a total of 90 students of 4 VWO participated in the interactive day. The aim of this day was to provide students with general information about epidemiology, prevention and manifestation of HIV/AIDS in both developing countries as well as in The Netherlands, and to break stigma on talking about related 'sensitive' subjects. The students were very enthusiastic and participated actively in the program. See also the 'other activities' section.

#### American School, The Hague

In September Grade 10 Social Studies students at the American School of The Hague in Wassenaar participated in a workshop given by Health[e]Foundation. The students had spent the month previous to the visit studying the historic, geographic and economic aspects of the African continent and, from that information, tried to ascertain what could be the future of Africa. Can it be, indeed a hopeful one? Health[e]Foundation taught the students about how HIV and AIDS are tackled and dealt with, both by the local as well as the medical professional community. They gave an example of an NGO which works with efficacy and strength to build an educational structure to try and help the people of Africa rectify their current health situation. The students absorbed so much information to that they independently cited Health[e]Foundation as a source in their end of term essays.

#### Uganda

In 2004 the first computer-based format of HIV[e]Education was instantly accepted in Uganda as a useful and timely tool to train the many healthcare workers who were needed to roll out the treatment program. From 2004 through 2008, Health[e]Foundation has trained over 600 healthcare workers in Uganda. In collaboration with Interact Uganda an additional 100 healthcare workers affiliated with Kampala City Council (KCC) were trained in 2008.

The KCC healthcare workers will receive the new TB[e]Education training program in 2009, and plans are made to train Infectious Disease Institute (IDI) staff with this program as well. Furthermore, of the 100 KCC participants, 15 are selected to become mentors. They will receive a special mentoring training, in order to mentor and support 3 colleagues with the HIV[e]Education program. This should lead to an additional 45 new participants, for whom a workshop will be organized with input from the mentors.

#### School Pilot Project in The Netherlands

Although sexual education is part of the standard curricula in secondary schools in the Netherlands, students have indicated that more information is wanted and needed. More specifically, students emphasized their need not only for education on the biology and risks of sexual interaction but also on related social skills and attitudes.

In order to address the needs of these students, Health[e]Foundation started the Community[e]Education school project in 2008 in the Netherlands. The pilot programs took place in Goirle, Wassenaar and Utrecht, where schools from distinct levels and backgrounds (International schools and VWO, VMBO schools) participated. The training tool kit consisted of animations, cartoons, trigger tapes and interactive games to explain and inform about general health, sexuality, HIV/AIDS and other sexually transmitted diseases. Special attention was paid to social skills, such as how to react in compromising situations, and how to say 'no'. As an outside party, Health[e]Foundation represented a sounding board for students to openly discuss issues beyond the regular boundaries of the daily academic structure.

Students responded to the school project with words of praise:

*'Everyone could give his/her opinion or keep it to themselves. Everyone was accepted and nobody felt uncomfortably. This was due to the Health[e]Foundation team and the student groups themselves'* - STUDENT, GOIRLE

*'Yes, this was really needed and also a lot of fun'* - STUDENT ABOUT THE CONDOM WORKSHOP

Because of its success, the School project will continue in 2009, not only in new schools but also again in the schools in Goirle and Wassenaar.

#### Translations

The translation of HIV[e]Education into Portuguese in 2007 for university students in Beira proved to us the importance of learning in one's own language. In order to be able to train more non-native English speaking healthcare workers, we decided to translate the programs of Health[e]Foundation into more languages.

#### Portuguese

After the successful implementation of the translated HIV[e]Education program, we decided to translate Pediatric HIV[e]Education into Portuguese as well. This will allow us to offer a broader range of training options to Portuguese speaking healthcare workers, not only in Mozambique, but also countries such as Angola and Brazil. The Pediatric HIV translation will be ready in the beginning of 2009, after which the new TB[e]Education program will be translated as well. All Portuguese translational activities are undertaken by Patricia Kalil and her group.

### French

HIV[e]Education was translated into French in 2008 under supervision of Mark Wainberg of McGill University, Canada. The first group of healthcare workers was introduced to the program in French at the Interest Workshop in Dakar, Senegal. Wainberg's group will also translate TB[e]Education in 2009.

The Pediatric HIV[e]Education program was translated into French by the PENTA foundation in 2008 and will be entered into our IT platform in 2009.

### Spanish

Thanks to the collaboration with the PENTA foundation, which resulted in the Pediatric HIV[e]Education program, the content of the course was translated into Spanish and introduced to the participants of the IILA congress in El Salvador in May. Our 2009 plans are to translate HIV[e]Education into Spanish in order to expand our training possibilities in Latin America.

### Russian

The content of the course, Mental Health and HIV/AIDS, was developed by the Global Initiative on Psychiatry (GIP). GIP is a major contributor to improving mental healthcare in Central & Eastern Europe and countries of the former Soviet Union. They have established centers to conduct research and training and engage in advocacy and awareness-building around the theme of mental health and HIV/AIDS. Since GIPs' trainings mainly take place in Eastern Europe and the former Soviet Union, the Mental Health course was translated into Russian.

Plans are made to translate HIV[e]Education into Russian in 2009.

### Thai

In 2008 HIV[e]Education was translated into Thai by the HIVNAT staff, under the supervision of Jintanat Ananworanich (HIVNAT and SEARCH, Bangkok). In January 2009 the Thai HIV[e]Education course will be launched at the HIVNAT symposium in Bangkok, Thailand.

### Bahasa Indonesia

After two successful trainings in Indonesia it has been decided to translate HIV[e]Education into Bahasa Indonesia in order to reach even more healthcare workers in Indonesia. The translation will start in January 2009.

### Software Platform

Following the advice of our former IT partner TinQwise, Health[e]Foundation decided to switch to another e-learning platform in 2007, in order to make it easier to insert new modules, new training programs, annual updates and translations. Despite the efforts of all involved the results were unsatisfactory, so we have

chosen a new IT partner: Crossmarx. Crossmarx has developed an innovative tool which consolidates all forms of Health[e]Foundation's e-communication - website, e-learning course, participant portal and Learning Management System - into a single platform. Having a single 'warehouse' to manage stored content in one database, facilitates data transmission more readily. It is because of this new content management system that test scores from participants are automatically uploaded to our database and participants can download new or updated content to their USB memory stick with ease. The new multi-functional platform provides the opportunity to oversee all ongoing activities and has made functioning with, adapting and improving content much easier.

In 2009 the platform will be further developed. Currently, Health[e]Foundation staff in Amsterdam can adjust and create the content of the courses, the website and the participant portal. In the future the plan is to be able to have content management tasks made available to others, such as authors, editors and translators, in order to work directly in the platform if needed. All updated modules will be made available to participants in the beginning of 2009 for download to their USB sticks. The online version of the courses, which communicates and synchronizes with the offline version, will also be ready in the beginning of 2009.

### Conferences

#### Thailand: HIVNAT

In January 2008 we attended the 11<sup>th</sup> Bangkok Symposium on HIV Medicine, which was organized by the HIV Netherlands, Australia, Thailand AIDS Research Collaboration (HIV-NAT). This yearly symposium aims to provide updated information on HIV treatments and research for physicians and allied health professionals. An expert faculty of speakers from Thailand, the Asian region, the United States, Europe and Australia, presents a comprehensive overview on state-of-the-art HIV/AIDS and TB management. The symposium also aims to stimulate debate through a series of panel discussions on issues such as access to care and the cost of ARV's in developing countries.

We were given the opportunity to present our program during one of the workshops and to show some of our interactive exercises, which stimulated positive responses from the workshop participants. During the conference, we renewed our local contacts, and Jintanat Ananworanich and Thanyawee Puthanakit committed themselves to writing the Thailand specific modules for the HIV[e]Education course.

**Efficient collaboration through the use of Web Portals for healthcare workers in resource poor settings**  
Debbie Heuft, Françoise van der Waals, Esther Ertelmen, Lieske van Kesteren

**HEALTH[e]FOUNDATION**  
focuses on training and educating healthcare workers in a sustainable way on poverty-related diseases (such as HIV/AIDS, Tuberculosis and malaria) by means of blended learning programs. There are interactive courses on several topics available, which can be followed both online as well as offline.

**Issue**  
One of the largest challenges in healthcare in resource-limited settings is well-trained personnel. The increase in knowledge and skills in treatment and care of PLWHA is essential. Our participant portal gives access to information and enables collaboration among healthcare workers.

**Description**  
Participants are provided with personal codes to access the e-learning program as well as the portal. The portal shows personal details of all participants, all courses, updates and recent guidelines. Participants can contact each other to plan meetings, consultations and/or refer patients. Health[e]Foundation can reach out to all participants through group mail, forum or individual contact. Contacting in all directions is easy and simple.

Through the HIV forum the healthcare worker can ask colleagues all over the world about their opinion on difficulties faced in the care of a PLWHA. The professions are medical doctors, nurses, counselors, midwives but also reporters, medical students and pharmacists. In this way a virtual network is established.

**Professions**

Profession	Number of Registered Workers
Physician	~500
Clinical officer	~400
Medical officer	~300
Nurse	~200
Counselor	~150
Midwife	~100
Pharmacist	~50
Student	~50
Other	~50

In total 2039 healthcare workers are registered now. The 26 different nationalities are scattered all over the world.

**Tools**  
Different tools are used to stimulate the usage of the portal. Each year new guidelines and new modules are put online for the participants. But also addressing topics on the HIV Forum, sending group emails, sending personal sms, and bi-monthly newsletters with topics relating to the HIV[e]Education website are used to stimulate the usage.

**Conclusion**  
Major benefit of the participant portal is the easy way to contact colleagues all over the world. Also the usage is easy, cheap and efficient. Also the HIV Forum is a valuable tool to enhance collaboration between healthcare workers. Especially the availability of the most recent guidelines is evaluated as valuable.

### Mexico: IAS

The entire Health[e]Foundation staff from Amsterdam visited the XVII International AIDS Conference in Mexico City, where we distributed promotional material, strengthened connections with former contacts, and created opportunities for building future relationships. In our booth in the large exhibition hall, many interested individuals and representatives received more information on all our programs. It was also a good occasion to meet many people whom we have worked with in the past, including several authors and old participants. We had the honor of visits from the Dutch Minister of Developmental Aid, Bert Koenders, and the IAS president-elect, Elly Katabira from Uganda. Our abstract on the usage of web-portals in resource poor settings was accepted as a poster presentation.

### Senegal: Interest Workshop

The International Workshop on HIV Treatment, Pathogenesis and Prevention Research in Resource Poor Settings (INTEREST) took place in Dakar, Senegal, in May 2008. The investigators, researchers, policy makers and officials at the INTEREST meeting highlighted the need for more research by local investigators in resource-limited settings. With the support of Papa Salif Sow we were able to do the first kickoff meeting with the French version of our HIV[e]Education program. Since most of the board members of Health[e]Foundation were present at the conference, the annual board meeting also took place in Dakar.

### Netherlands: RAI

Leadership was the theme for World AIDS Day 2008, promoted with the campaigning slogan, "Stop AIDS. Keep the Promise." It was meant to encourage leaders at all levels to stop AIDS and to empower everyone to be a leader in the fight against AIDS. 2008 marked the 20th anniversary of World AIDS Day. Since 1988, the face of AIDS and the response to it have greatly changed. While many of these changes are positive, this anniversary offered an opportunity to highlight how much more still needs to be done. Health[e]Foundation was present at the RAI Conference Center in Amsterdam for World AIDS Day, introducing its new community program and offering the HIV[e]Education program to possible participants. Many people passed by our stand, asked questions and/or took material.

**Regular Healthcare Workers as a Vehicle for Community AIDS Education**  
Françoise W van der Waals, Debbie Heuft, Health[e]Foundation, Amsterdam; info@health[e]foundation.eu

**Background**  
Health[e]Foundation has built up a wide experience in training doctors, nurses and counselors in resource poor settings through blended learning in HIV, pediatric HIV, and TB treatment and care.

**HIV care is associated with a reduced prevalence of sexual risk behavior among persons living with HIV infection**  
**Positive prevention interventions for those receiving ART do reinforce safer sex practices and partner disclosure**

HIV prevention programs are often limited to community workers, experienced patients and teachers, while healthcare workers are the ones skilled in providing adequate prevention information. We are planning to test the advantage of providing healthcare workers with a tool to train in schools and the community.

**Community[e]Education**

**Methods**  
Community[e]ducation is a specific tool with animations, films and games to be used for prevention in schools, hospitals, communities and workplaces. Healthcare workers receive a specific short training to use and distribute the Community[e]ducation program. The program also provides a user-friendly manual for the healthcare worker, which can be passed on together with the different tools to teachers, community workers and experienced patients.

**Results**  
We started providing the Community[e]ducation program in Dutch schools as a pilot program. We came into the schools as outsiders, not interfering in the student-teacher interaction and therefore could openly address issues outside the regular boundaries of the class culture. We could talk about HIV/AIDS as healthcare workers without stigma and discrimination. This change in behavior can make the disease a household word. Discussing and treating HIV/AIDS as a preventable chronic disease can help to curb the epidemic, anywhere in the world. The follow-up is guaranteed since healthcare workers can pass their knowledge on to teachers and community members. This program will be piloted in Indonesia, Thailand, Kenya, Tanzania and Curaçao.

**Conclusion**  
Including healthcare workers in prevention programs could be of mutual benefit for both healthcare workers as well as for school and community members. The bonus is that prevention is discussed in a tailor made fashion to different age groups and communities.

Community[e]ducation is funded by Dutch Ministry of Foreign Affairs and ICS (International Child Support)

### Netherlands: SHM

In November Stichting HIV Monitoring (SHM) organized its annual conference on pathogenesis, prevention and treatment of HIV. For the first time there was the possibility for attendants to present own work in a poster session.

### Netherlands: AMC

The Netherlands first encountered HIV infected pregnant women and children in 1986. Initially, Prevention of Mother-to-Child Transmission (PMTCT) was handled by discouraging breastfeeding, but transmission from mother to child was still 1 out of 3. Today transmission is almost always prevented. Pediatricians, gynecologists, midwives, pharmacists, general physicians and nurses were present at the meeting organized by the Academic Medical Centre in Amsterdam in April 2008. Health[e]Foundation was given the opportunity to present our training possibilities to all those involved in care for people infected with HIV.

### Training of Trainers

Health[e]Foundation's aim is to train as many healthcare workers as possible in a short period of time. Every year, more people are being trained and requests for training are increasing. In order to be able to fulfil these requests, Health[e] Foundation will start a specific Training-of-Trainers program, which will augment our on-site training support. The program will carefully select participants from the HIV[e]Education course to become a mentor to two or three colleagues. These mentors will receive special training, including instructions on teaching methods and more information about the content and functioning of the program. The Training-of-Trainers/ Mentoring program will start in Uganda because our network and experience are the strongest there. In the beginning of 2009, 15 selected participants from the KCC [Kampala City Council] group, who enrolled in the HIV[e]Education course in 2008, will receive a special training. They have selected 2 or 3 colleagues in advance, whom they will introduce to HIV[e]Education, and support while studying. In June a workshop will be organized for these mentees in collaboration with the mentors.

Health[e]Foundation plans to start a similar mentoring project at IDI [Infectious Disease Institute, Kampala, Uganda] with the TB[e]Education program following completion of the standard course. A few participants will be selected to become mentors and to support two or three mentees during a subsequent training.

These Training of Trainers/Mentoring programs are financially supported by Cordaid.

Health[e]Foundation aims to monitor and evaluate all training activities in order to gain clear insight into the functioning of programs and participants' needs. This is done through questionnaires, group discussions, clinical case studies and the pre- and posttests of the programs.

With the increasing number of participants and programs, Health[e]Foundation is working on a new standardized evaluation measure, which should facilitate better measurement of the impact of the courses over time and enable comparisons between groups. In 2009 an intern will start assessing our current evaluation tools. She will also initiate the development of a standardized questionnaire for obtaining an objective picture of each participant's comfort level before and after the course with regard to computer usage, prescribing antiretroviral drugs, and interactions with colleagues. This will also facilitate differential comparisons between groups. The new IT platform has made it possible to implement a follow-up test in order to monitor the participant's retention of the knowledge acquired. For instance, if they use the program after a pre-defined period of time, they will automatically have to do a test before logging onto the system. In this way, the long-term impact of the programs will be assessed.

Furthermore, the usage of so-called 'mystery patients' is still considered an attractive option for assessing the quality of care. These are actors who would consult the clinician without the latter knowing he/she is not a real patient. There are some objections to this approach (it creates extra workload), but it could provide excellent feedback on the effect of the e-learning courses in daily clinical care. Other options are also being explored, including simple evaluation tools such as ART prescription patterns before and after training.

In 2009 the Training of Trainers/Mentoring program will be implemented, which will be evaluated extensively. At the training day for mentors the importance of evaluation will be explained to them and they will be asked to keep a weekly diary on their experiences. At the closing workshop for their mentees, focus group discussions will be organized with the mentees, and separately with the mentors. Experiences of both mentees and mentors will also be evaluated with specially developed questionnaires. In 2007 there were some groups who started training but did not have a closing workshop after the self-study period, and the same concept was used in El Salvador in 2008. It has been observed that these groups are less active: they do not synchronize their results nor do they seek contact with Health[e]Foundation team members or e-tutors. After the most recent experience in El Salvador, it was decided that programs without a closing workshop are not effective and that Health[e]Foundation will no longer offer this option.

**Balance**

as at 31 December 2008  
in Euro's

Assets	31-12-2008	31-12-2007
Intangible fixed assets	150,590	225,886
Tangible fixed assets	2,400	0
<b>Total fixed assets</b>	<b>152,990</b>	<b>225,886</b>
Receivables	76,385	74,483
Cash and cash equivalents	867,076	817,677
<b>Total current assets</b>	<b>943,461</b>	<b>892,160</b>
<b>Total</b>	<b>1,096,451</b>	<b>1,118,046</b>
<b>Liabilities</b>		
Health[e]Foundation purpose reserve	236,632	282,811
Short-term liabilities	859,819	835,235
<b>Total</b>	<b>1,096,451</b>	<b>1,118,046</b>

**Statement of Income and Expenditure**

as at 31 December 2008  
in Euro's

Revenue	31-12-2008	31-12-2007
Revenue from in-house fundraising	190,115	293,261
Government grants	495,738	341,992
Revenue from investments	30,642	13,330
<b>Total (A)</b>	<b>716,495</b>	<b>648,583</b>
<b>Expenditure</b>		
Supporting improvements in healthcare	629,415	412,231
Promoting the notion that good healthcare is a precondition for growth in developing countries	89,642	76,336
<b>Total Expenditure on Purposes</b>	<b>719,057</b>	<b>488,567</b>
Costs of in-house fundraising	19,890	37,743
Costs of obtaining government grants	11,220	0
<b>Total for raising revenues</b>	<b>31,110</b>	<b>37,743</b>
Management and administration Costs of management/administration	12,507	9,025
<b>Total (B)</b>	<b>762,674</b>	<b>535,335</b>
<b>Result A - B</b>	<b>-46,179</b>	<b>113,248</b>

### Explanatory Note for the Balance

#### General

Assets are held for the purposes of the Foundation, unless otherwise indicated.

#### Principles for the Valuation of Assets and Liabilities

The annual financial statements for 2008 had been prepared in accordance with the 'Guideline for reporting by fundraising institutions'. Guideline 650 issued by the Council for Annual Reporting, i.e the guideline for fundraising institutions, was followed when the annual financial statements were being prepared.

The assets and liabilities incorporated in the Balance Sheet are included at fair value unless stated otherwise. 'Fair value' is understood to mean the amount received or paid at the appropriate time on settlement of the relevant entry.

#### Intangible Fixed Assets

The intangible fixed assets comprise principally the development costs of the programme, consisting of self-guided modules, case studies, pre- and post-testing and a mechanism for course feedback, with the objective of making clinicians better equipped to start and keep patients on ARV therapy.

Intangible fixed assets are valued at cost price less cumulative depreciation. Depreciation commences from the date of acquisition. The rate of depreciation on intangible fixed assets is 16.67%.

The development costs for the HIV/AIDS programme can be charged against the HIV[e]Education project as a result of a grant agreement relating to the project for doctors and healthcare workers, up to and including 2010, with the Dutch Ministry of Foreign Affairs. As a result of this, the depreciation period for these intangible fixed assets was amended to six years in 2006.

#### Tangible Fixed Assets

Tangible fixed assets are valued at their historical cost less depreciation based on their anticipated useful economic life. Depreciation is applied pro rata in the year of acquisition. The depreciation rate applied is 20%.

### Explanatory Note for the Revenue and Expenses

The financial year 2008 closed with a negative operating balance of € 46,179; a negative operating balance of € 540,000 had been budgeted.

#### Revenue

Total revenue was € 66,105 lower than budget. Revenue from in-house fundraising remained € 132,885 below budget, explained to a large extent by the fact that the budgeted contributions for translations (total of € 78,000) were received in kind (through volunteer efforts) rather than in cash.

In addition, the contribution for 2008 from Stichting Cordaid was budgeted too highly and the contributions for HIV[e]Education training workshops remained below budget.

The contribution from the government is set at 65% of the total expenditure and, calculated at € 495,738 is therefore € 36,138 higher than budget. The promised grant amounts to a maximum of € 600,000 for 2008. The difference between the calculated contribution and the maximum contribution cannot be claimed, because the work in kind cannot be valued and audited by the accountant. Furthermore, € 30,642 of non-budgeted interest income was achieved.

#### Expenses

Total expenses were € 559,926 lower than budget.

The cost of the training courses and associated activities ended up being € 742,288 lower than budget. The principal reason for this was the lower number of training courses undertaken. The transition to the new IT software platform meant that no training courses could be provided during the transitional phase. By contrast, this meant that the costs of a number of training programmes, such as Paediatric HIV[e]Education, were actually higher because the content had to be loaded on to the IT platform all over again.

As with revenue, costs not achieved through the input of volunteers, such as translations and content renewal, for instance, were budgeted for in the expenses budget.

Health[e]Foundation purchased more training materials locally and used more local workers in 2008. This was another reason why operating expenses were lower than the budget figures.

Personnel, accommodation, office and general costs as well as depreciation expenses were all higher than budget, because they were not estimated accurately enough at the time when the 2008 budget was being prepared. The costs of PR and conferences were € 15,535 above budget, because more conferences were attended in 2008 than had been predicted.

## Revenue

as at 31 December 2008  
in Euro's

Revenue	31-12-2008	31-12-2007
<i>Revenue from in-house fundraising</i>		
Grants:		
AIDS Fund	20,000	80,000
Cordaid Foundation	60,000	30,000
Tibotec	0	67,113
ICS	54,000	50,000
Mattel contribution	0	19,130
Training workshops HIV[e]Education	50,513	47,018
Community programme	1,790	0
Volunteer input	1,312	0
Other revenues	2,500	0
<i>Government grants</i>		
Ministry of Foreign Affairs	495,738	341,992
<i>Revenue from investments</i>		
Interest from banks	30,642	13,330
<b>Total</b>	<b>716,495</b>	<b>636,583</b>

## Expenses

as at 31 December 2008  
in Euro's

Expenses	31-12-2008	31-12-2007
Content renewal	169,782	28,139
Organisation and implementation per country	186,884	236,563
Implementation, monitoring and evaluation	1,484	0
Development of Paediatric HIV and Community programme	24,322	1,592
Development of TB and malaria programme	4,240	1,530
<b>Total activities</b>	<b>386,712</b>	<b>267,824</b>
AIDS meetings/conferences	45,535	40,234
<b>Total for PR and conferences</b>	<b>45,535</b>	<b>40,234</b>
<i>Personnel expenses</i>		
Salary costs	188,066	136,293
Miscellaneous personnel expenses	4,842	29,314
<b>Total personnel expenses</b>	<b>192,908</b>	<b>165,607</b>
<i>Office and general expenses</i>		
Rental	6,604	11,867
General expenses	55,429	49,803
<b>Total office and general expenses</b>	<b>62,033</b>	<b>61,670</b>

Health[e]Foundation's aim is to train as many healthcare workers as possible in a short period of time.

### Organization

With the expanding activities, the challenge of 2009 will be to organize ourselves in a way that we continue to grow without losing the character of a flexible, enthusiastic group for whom no plan is too much of a challenge. With the world in economic crisis, we are lucky that we have always worked on a slim budget and have not grown into an overspending, bureaucratic organization. Next year we will start planning the budgets for 2011-2015. We are grateful for a group of excellent, world-renowned authors who do most of their work on voluntary basis. To be able to maintain the creative culture in the organization as well as the constant quality of our trainings, we will focus on collaborating activities with our growing network of local representatives and coordinators in Africa, Asia and South America.

### Programs

As every year, all existing courses, HIV[e]Education, Pediatric HIV[e]Education, Mental Health[e]Education, and TB[e]Education, will be updated and expanded with new modules. The development of Community[e]Education was started in 2007 and will be finalized in second half of 2009. The development of Bacteriology[e]Education was initiated in December 2008 and will continue in 2009. Malaria[e]Education, and a program on Heart Disease and Diabetes are still on our wish list, and initiation of both programs will start in 2009. Furthermore, there are several other programs on the roster for the coming years; for example, dermatology, which is extremely fit for computer-based learning and diagnosing, and gastroenterology. Updates and new modules are written by authors who are not only clinicians but also scientists and policy makers at the forefront of their field, which means that they often have overfilled agendas. Although we would like to have new programs finished instantly, patience is needed to develop high quality programs, while also maintaining the high standard of existing ones.

### Languages

As mentioned earlier we strive to minimize the language barrier for our participants. Due to our long-term commitment in Mozambique, the importance of a Portuguese translation became obvious. The success of this initiative has shown the importance of learning in ones own language. It has inspired us to translate the programs into French, Spanish, Russian, Indonesian and Thai. Furthermore, we will revise the possibility of a Chinese translation, which had been a part of the earliest plans of Health[e]Foundation.

## Countries

### Africa

As in previous years, in 2009 most of our workshops will take place in Africa. In Uganda, plans are to continue the successful collaboration with INTERACT and to organize follow-up courses for the healthcare workers of KCC. We will begin training IDI staff members, and initiate a new group with our long-time partner Uganda Catholic Medical Bureau (UCMB), whose healthcare workers we have trained successfully in the past. With our new Regional Representatives in Kenya and Senegal, several new and renewed connections will result in trainings in 2009. In Mozambique a new group of 5<sup>th</sup> year students will begin HIV[e]Education, and efforts will be made to make the other programs of Health[e]Foundation available to the UCM alumni. After the first successful pilot in Cameroon, options will be explored to expand our activities there.

### Asia

In the beginning of 2009 in Dhaka, we will start in Bangladesh, with the HIV[e] Education program in collaboration with ICDDR,B. After two successful trainings in Indonesia, we decided to translate the HIV[e]Education course into Bahasa Indonesia in order to reach more healthcare workers in areas where English is not well understood. The translation will start in January 2009. The Thai translation of HIV[e]Education will be launched in Bangkok in early 2009. Newly trained participants as well as healthcare workers from the SEARCH group will receive extra training so that they can participate in a local Thai school program. New initiatives are also planned in India and possibly in Cambodia.

### Latin America and The Caribbean

In 2009 a new group of healthcare workers will participate in a 3 day workshop/symposium in Curaçao. At the same time a school program is planned in order to involve the newly trained healthcare workers more closely in the training of school children in their own district. In 2009 HIV[e]Education will be translated into Spanish. This will increase our training options in Latin America.

### The Netherlands

The longstanding collaboration with Gilead continues in 2009. They will introduce Dutch HIV counsellors to HIV[e]Education themselves, and after the self-study period, a workshop will be organized for them. The official accreditation of the program for nurses will make this a continuous event. The school program in the Netherlands will continue. Schools who have participated already requested the program again, and requests came from other schools as well. They are specifically interested in education focused on STDs and HIV/AIDS, sexuality, and behavior.

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 SEARCH, Bangkok Thailand  
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 Foundation for Professional Development, Johannesburg, South Africa  
 GGD, Willemstad, Curaçao  
 Give Milk Stop AIDS, Amsterdam, The Netherlands  
 Global Initiative on Psychiatry (GIP), The Netherlands  
 Harvard Perinatal Transmission Program, Chiang Mai, Thailand  
 Hospice Africa Uganda, Kampala, Uganda  
 Infectious Diseases Institute, Kampala, Uganda  
 Interact Uganda, Kampala, Uganda  
 Joint Clinical Research Center (JCRC), Kampala, Uganda  
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