

International Experience and Technical Assistance Program Overview

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What is IETA?

IETA is a 12-month professional development program consisting of three 3 training workshops in Atlanta and a short-term (3 to 4 month average) assignment with an international public health program. The 3 workshops are designed to prepare the participant for an international assignment. They are typically 3-4 days long.

Our aim is to:

- **Build a recruitment pool of staff for long-term programmatic/administrative management roles in international assignments.**
- **Provide the international country offices with highly qualified staff to meet short-term program needs.**
- **Provide education and a supervised work experience in the international public health sector to participants that will perform at the full performance level during this assignment.**
- **Support personnel needs of CDC programs and organizations benefiting from IETA assignees working abroad.**
- **Create a cadre of staff capable of responding to increasing requests for short-term international technical assistance.**



IETA Background

History

- Originated as a response to field staff survey for training
- Two training groups in 1998 & 1999 (n=14)
- 2000 – Global AIDS Program need for internationally experienced consultants increased and the program expanded from 7 to 25.



Training Design

12-month Program

- Recruitment & Competitive Application
- Workshop 1: Orientation to International Work
- Workshop 2: Preparing for Work Overseas
- International Assignment
- Workshop 3: Trip Reports & Lessons Learned



International Assignments

Programs Hosting IETA since 1998:

- **CDC**

- Global AIDS Program
- STOP Program – Polio Eradication
- Malaria Control
- Tuberculosis Elimination –
- NCBDDD - National Center on Birth Defects and Developmental Disabilities
- NCID – International Emerging Infections Program (IEIP)
 - _ NCHSTP/DHAP
 - _ CDC/NCIPC

- **Carter Center - Global 2000**

- Guinea Worm Eradication

- **World Health Organization**

- SEARO, AFRO
- VIGA, sponsored by World Bank

- **International Federation of the Red Cross**

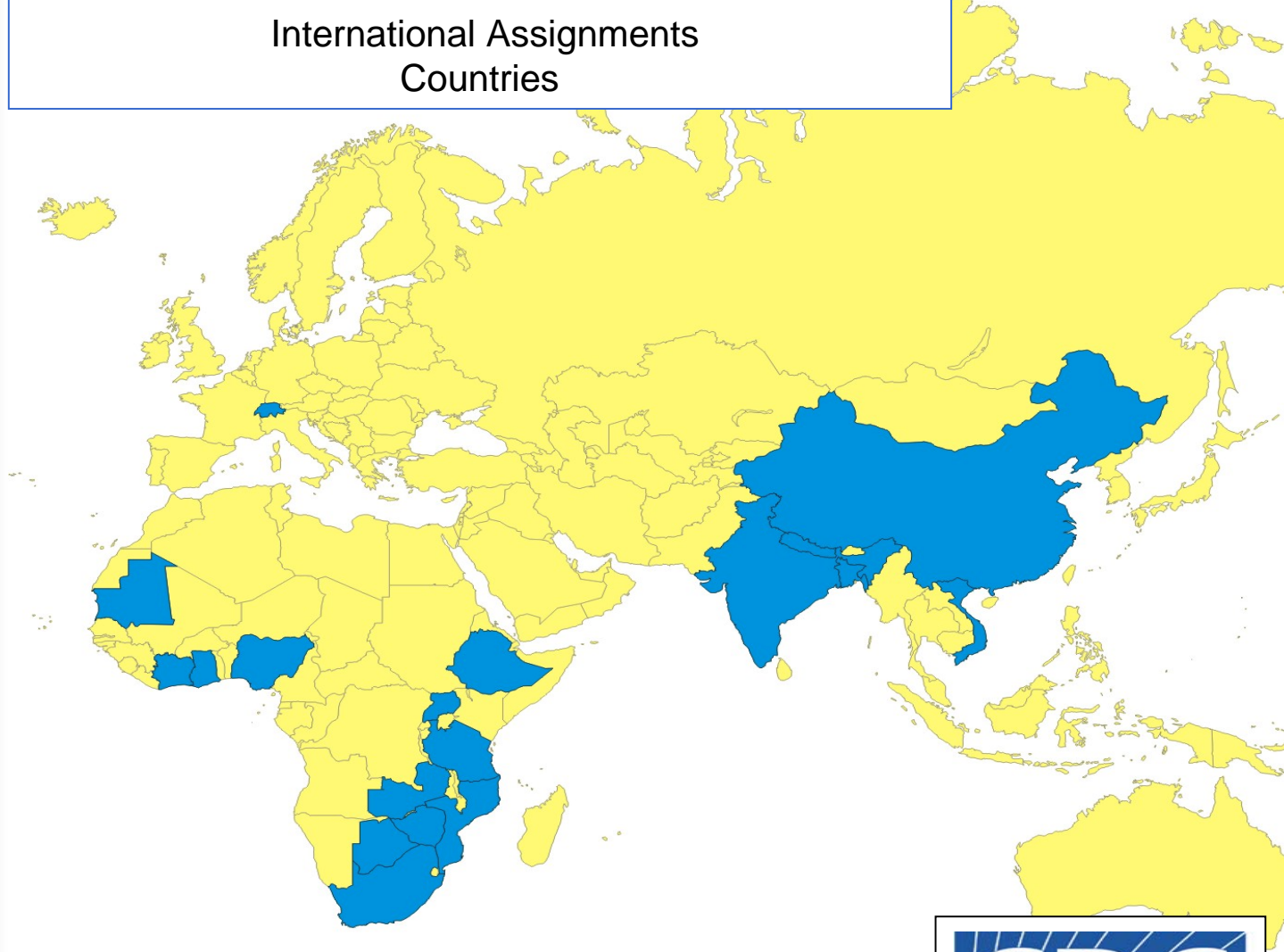


Program Areas for International Assignments

- Program Management
- Program Administration
- Evaluation
- Health Communication
- Epidemiology
- Training
- Health Education
- Program Delivery/Implementation
- Surveillance
- Laboratory
- Behavioral and Social Science
- Informatics
- Policy, Planning and Analysis

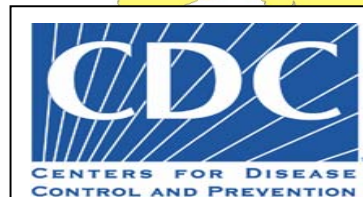
IETA 1998–2006

International Assignments
Countries



Countries

Bangladesh
Botswana
Cambodia
China
Cote d'Ivoire
Ethiopia
Ghana
Guyana
India
Kenya
Malawi
Mauritania
Mozambique
Nepal
Nigeria
Pakistan
Rwanda
South Africa
Switzerland
Tanzania
Thailand
Trinidad
Uganda
Vietnam
Zambia
Zimbabwe



International Experience & Technical Assistance (IETA) Experience

BOTSWANA





OVERVIEW

- BACKGROUND
- COUNTRY PROFILE
- PrEP TRIAL
- MY RESPONSIBILTIES
- CHALLENGES

BACKGROUND

- IETA ASSIGNMENT
- BOTUSA PROJECT





Pre-Exposure Prophylaxis (PrEP) Trial

- What is it?
- Why Botswana?
- Why Tenofovir DF?



TRIAL DESIGN

- Phase II/III, randomized, triple blind, placebo-controlled trial
- In Phase II-participants will be randomized and safety will be assessed
- Phase III- further safety and efficacy



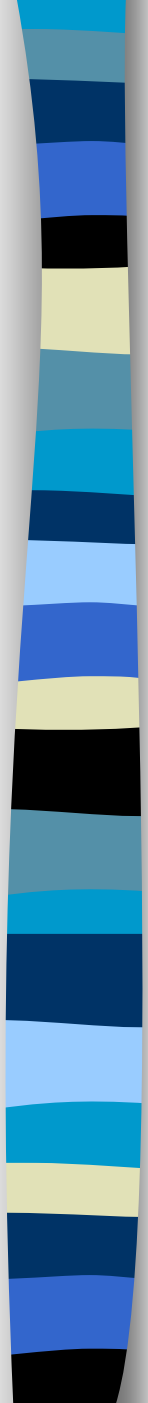
MY RESPONSIBILITIES

- Liaised between Ministry of Health Officials and BOTUSA
- Community Outreach
- Collaborated with U.S. Embassy
 - Procurement



CHALLENGES

- Limited Resources
- Time constraints
- Collaborating with multiple agencies with different agendas









A wide waterfall cascades over a rocky ledge, creating a thick mist. A vibrant rainbow is visible in the mist on the right side of the waterfall. The background shows a hazy, overcast sky and distant hills. The foreground is a grassy slope.

QUESTIONS ?

David Diwa
IETA Fellow
February – May 2004
BOTUSA Project
CDC

Where is Botswana?



Where is Botswana?



Background: Botswana



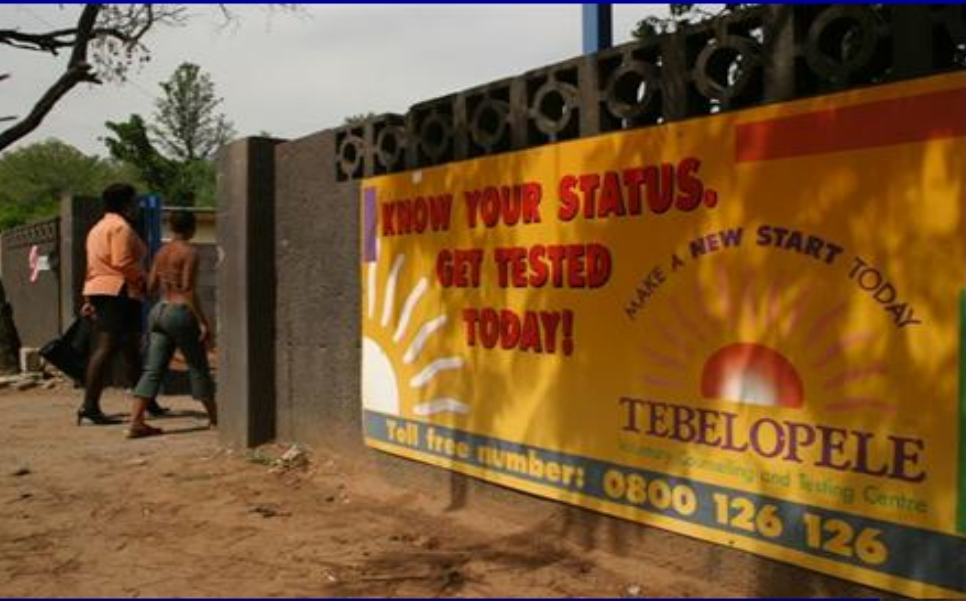
Profile of Botswana

- **Population 1,639,833 (2006 Est.)**
 - Pop. density 3 persons/km²
 - 0-14 years: 35.8% (male 330,377/female 319,376)
 - 15-64 years: 60.3% (male 549,879/female 545,148)
 - 65 years and over: 3.9% (male 28,725/female 42,003) (207 est.)
 - 48% in “urban” settlements
- **Several ethnic groups, Setswana common language**
- **79% adult literacy**
- **75% access to clean water**
- **GDP \$18.72 billion; \$11,400 per capita (est. 2006)**

The BOTUSA Project

- **Collaborative project established in 1995**
 - CDC (Division of TB Elimination)
 - Botswana government—Botswana National TB Program (BNTP)
- **Focus on TB/HIV research**
- **Integrated within large Global AIDS Program (GAP) sites**

BOTUSA



Voluntary Counselling and Testing



Prevention of Mother-to-Child Transmission



Public Health Education Activities



Voluntary Testing and Counseling



US Government Collaboration



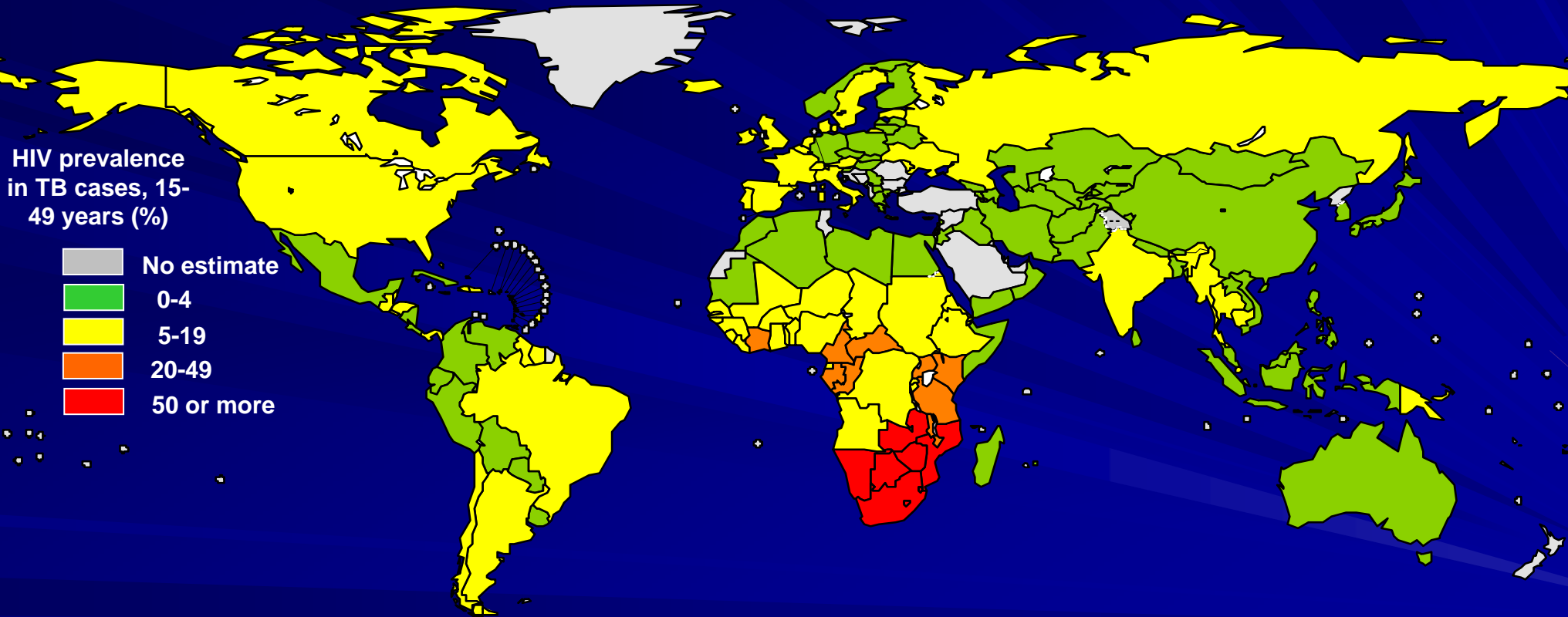
US Government Collaboration



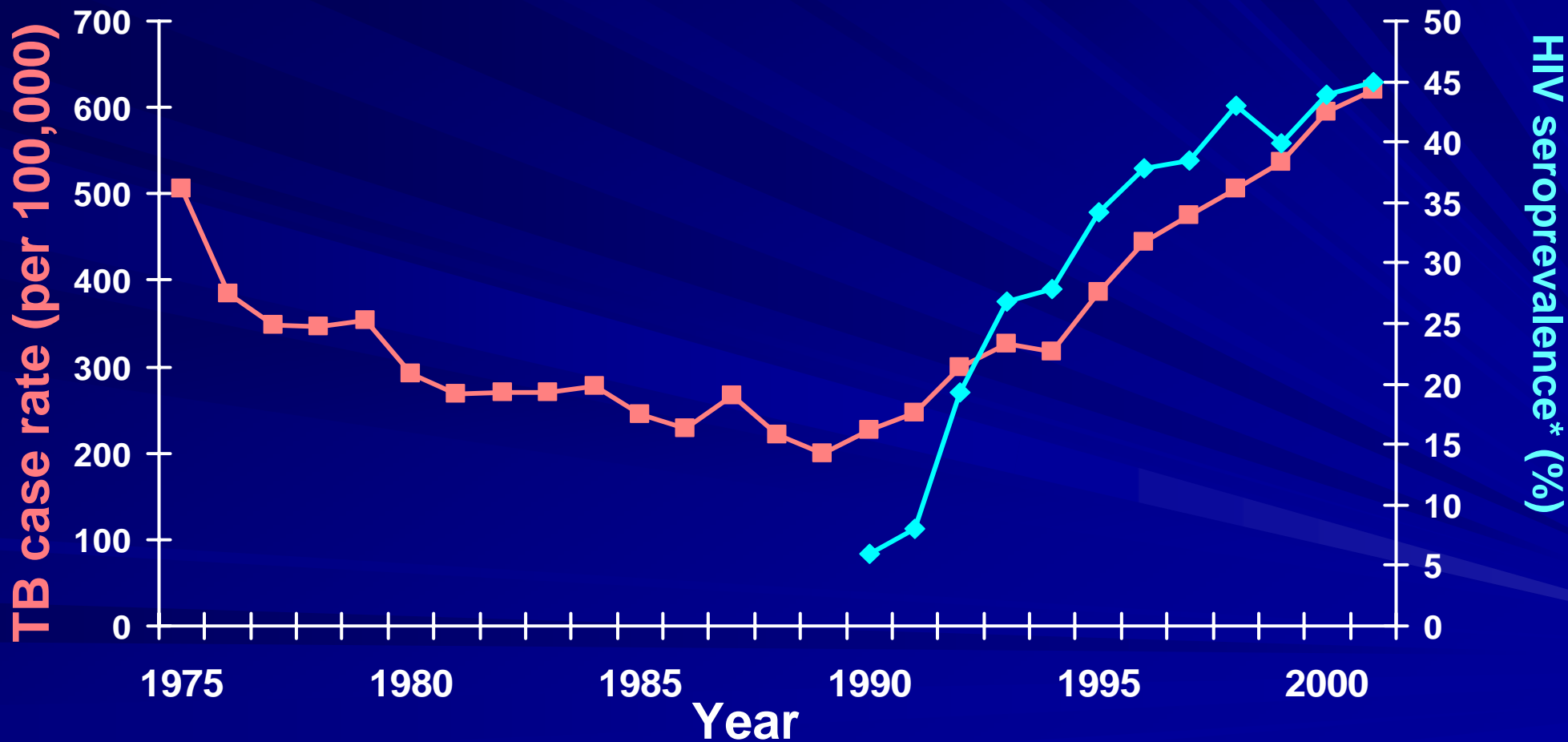
TB in Sub-Saharan Africa

- 11% of the world's population but 27% of the global TB burden
- 35% of TB patients also HIV-infected
- 80% of people who die every year in the world with TB/HIV are in SSA
- 75% of these people are aged 15-54 yrs
- Rising threat of drug-resistant TB

Estimated HIV prevalence in new TB patients, 2005



TB Case Rate and HIV Seroprevalence, Botswana, 1975–2001



*Urban women attending antenatal clinics

HIV/TB Challenges in Botswana

- Spiralling TB epidemic fuelled by HIV
- Overwhelmed public health services
- Workplace-specific challenges:
 - ◆ Increased risk for HIV infection
 - ◆ Increased vulnerability to TB (e.g., silicosis in gold mining)

The TB-HIV link

- HIV-infected people more susceptible to TB infection
- HIV most potent factor for progression of TB infection to disease
 - Without HIV, 10% lifetime risk
 - With HIV, 15% annual risk
- One third of HIV-infected people will develop TB
- 11 – 60% of HIV-infected people will die from TB

TB and HIV in Botswana

TB situation

- 1995: 5,665 TB patients
- 2005: 10,058 TB patients¹
- 60 – 86% of TB patients also HIV-infected²
- TB single biggest killer of PLHIV in Botswana²
 - Kills 13 % of adults
 - Kills 40% of PLHIV

HIV situation

- 17.1% in general population³
- 270,000 adults and children (0-49yrs) living with HIV at end of 2005⁴
- 18,000 AIDS deaths (adults and children) in 2005⁴
- 120,000 AIDS orphans at the end of 2005⁴

¹Global TB Report 2007, ²National TB Manual, ³BAIS II, 2004, ⁴UNAIDS 2006,

BOTUSA Project TB/HIV Objectives

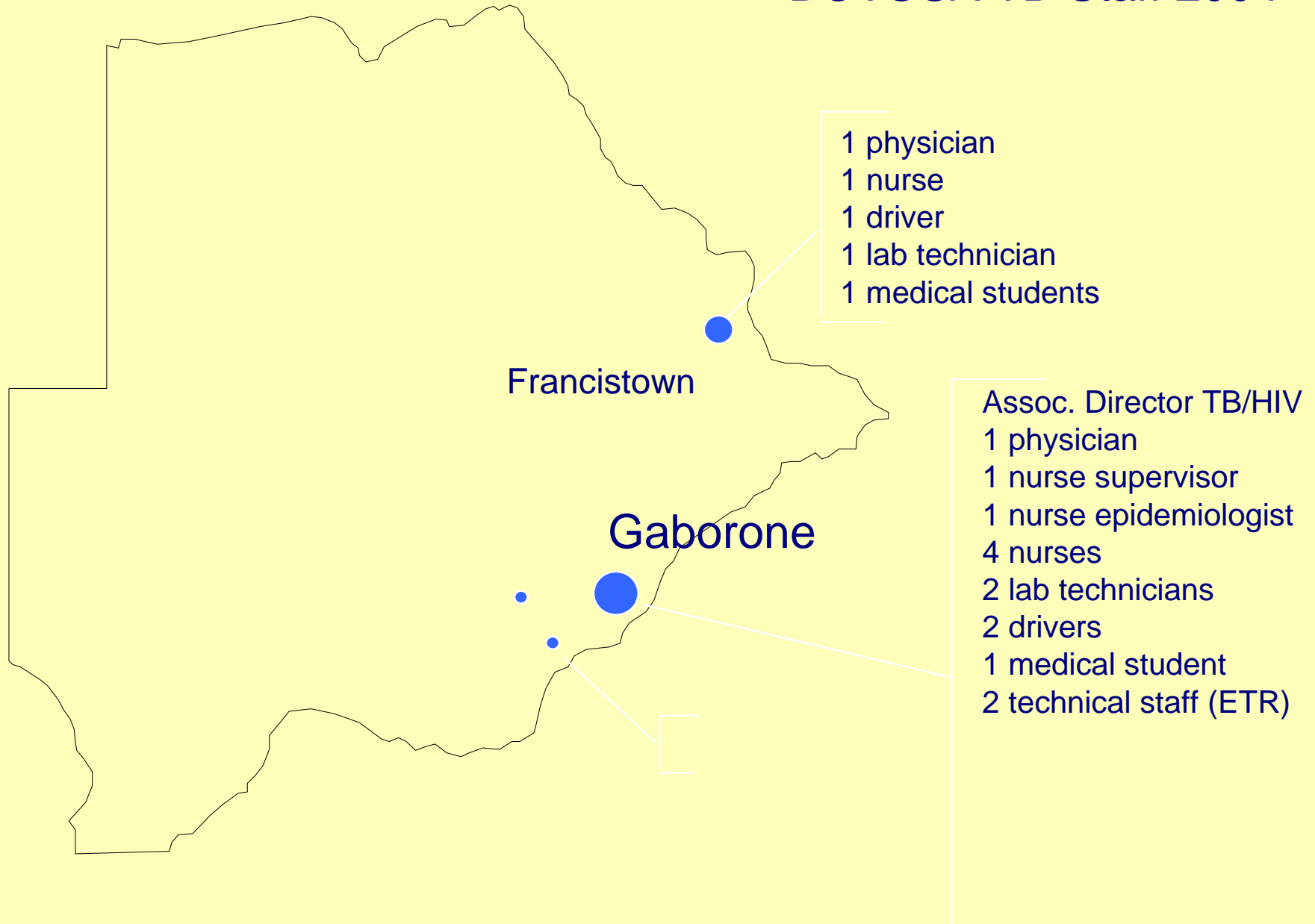
- **Reduce the impact of HIV on TB control in areas of high or raising HIV prevalence by:**
 - **Improving prevention, diagnosis, and treatment of TB in HIV-infected persons**
 - **Promoting and evaluating integration of TB and HIV programs**
- **TB Section headed by Associate Director of TB/HIV research**
- **Two teams: Gaborone and Francistown**

Capacity-Building Initiatives

- **National TB Reference Laboratory**
- **Electronic recording and reporting (ETR)**
- **Assistance with nationwide IPT rollout**
- **Technical and operations research training**

Botswana

BOTUSA TB Staff 2004



TB Research Program Focus

- Conducting research involving:
 - ◆ TB Diagnostic
 - ◆ TB Prevention in people living with HIV/AIDS
 - ◆ TB Surveillance
 - ◆ TB Treatment

Active TB Screening in High Prevalence Settings

Gaborone Prison

- 1027/1173 (88%) screened
- 41 TB cases identified
- Prevalence 4.0% (3797 cases/100,000)
- Results published in *MMWR* 52(12): 250-252
- Formal environmental assessment planned (2/04)

Dukwe Refugee Settlement

- 1615/2365 (68%) screened
- 9 TB cases identified
- Prevalence 0.6% (557 cases/100,000)
- Results presented at IUATLD
- BOTUSA staff participating in UN-sponsored health project

IETA FELLOW ACTIVITIES

- Organize World TB Day
 - Liaise with BNTP and WHO
- Assist with interviewing new hires
 - Write job descriptions
 - Contact potential hires
- Prepare BOTUSA studies and publication database
- Organize quarterly technical meeting
 - March 2004 meeting
 - Venue arrangement at local hotel
- Assist informatics with databases assessments
 - catalogue databases in use
- Prepare pediatric serodiagnostic chest x-ray data for analysis
 - Data entry
 - Edits

IETA FELLOW ACTIVITIES

- Arrange and secure drug storage space in Gaborone and Francistown for the IPT clinical trial
- Provide computer training for Francistown Staff
- Reconcile FY04 TB expenditure with US Embassy and Finance Department
- Assist with obtaining subscription to scientific journals
- Inventory TB Capital Items
 - Cars
 - Furniture
 - Equipment
- Compile study files
 - Protocol + IRB information
- Arrange for and ship TB samples from Johannesburg to Atlanta
 - Labeling
 - Drafting shipping procedures
 - Obtaining price quotations
 - Obtaining CDC and local permits
- Prepare a TB staff performance appraisal database
 - Rank supervisor and self appraisals

Technical Collaboration Between CDC and Botswana MOH



TB Preventive Trial

- **Intro: Optimal duration of Isoniazid Preventive Therapy (IPT) in HIV+ in settings of high TB incidence unknown**
- **Objective: Compare 6 months vs lifelong IPT**
- **Methods: Randomized, placebo-controlled trial (1,000 each arm) through select IPT centers**
- **Timeline: Enrolment started 6/04**

Pediatric Serodiagnostic Study

- **Improvement of TB diagnostic methods in children**
- **Objective: Evaluate diagnostic methods in children**
 - Serodiagnostic test (including PATH ICS)
 - Mycobacterial blood cultures
 - Induced sputum
 - Clinical algorithms
 - Method: Prospective enrollment of inpatient TB suspects < 15 yrs of age
- **Timeline: Enrolment began 8/2003, expected duration 6 months**

Budget-Reconciliation

Salaries

IPT Trial

Travel

Capital Expenditure

Final words

- “ ..we cannot win the battle against AIDS if we do not also fight TB. ...The world has made defeating AIDS a top priority. This is a blessing. But TB remains ignored.”
 - ◆ *Nelson Mandela, speaking at XV International AIDS Conference, Bangkok, Thailand, 2004*



Acknowledgements

- Taraz Samadari
 - Lisa Nelson
- Robert Makombe



BOTUSA RETREAT 2004, SUNDOWN RANCH



Game Reserve - Zimbabwe



Victoria Falls – Zimbabwe May 2004



Victoria Falls – Zimbabwe 2004



Botswana Okavango Delta April 2004



Okavango Delta Botswana April 2004



Traditional Village Compound - Botswana



Dukwe Refugee Camp - Botswana



Johannesburg – South Africa April 2004



Victoria Falls – Zimbabwe May 2004



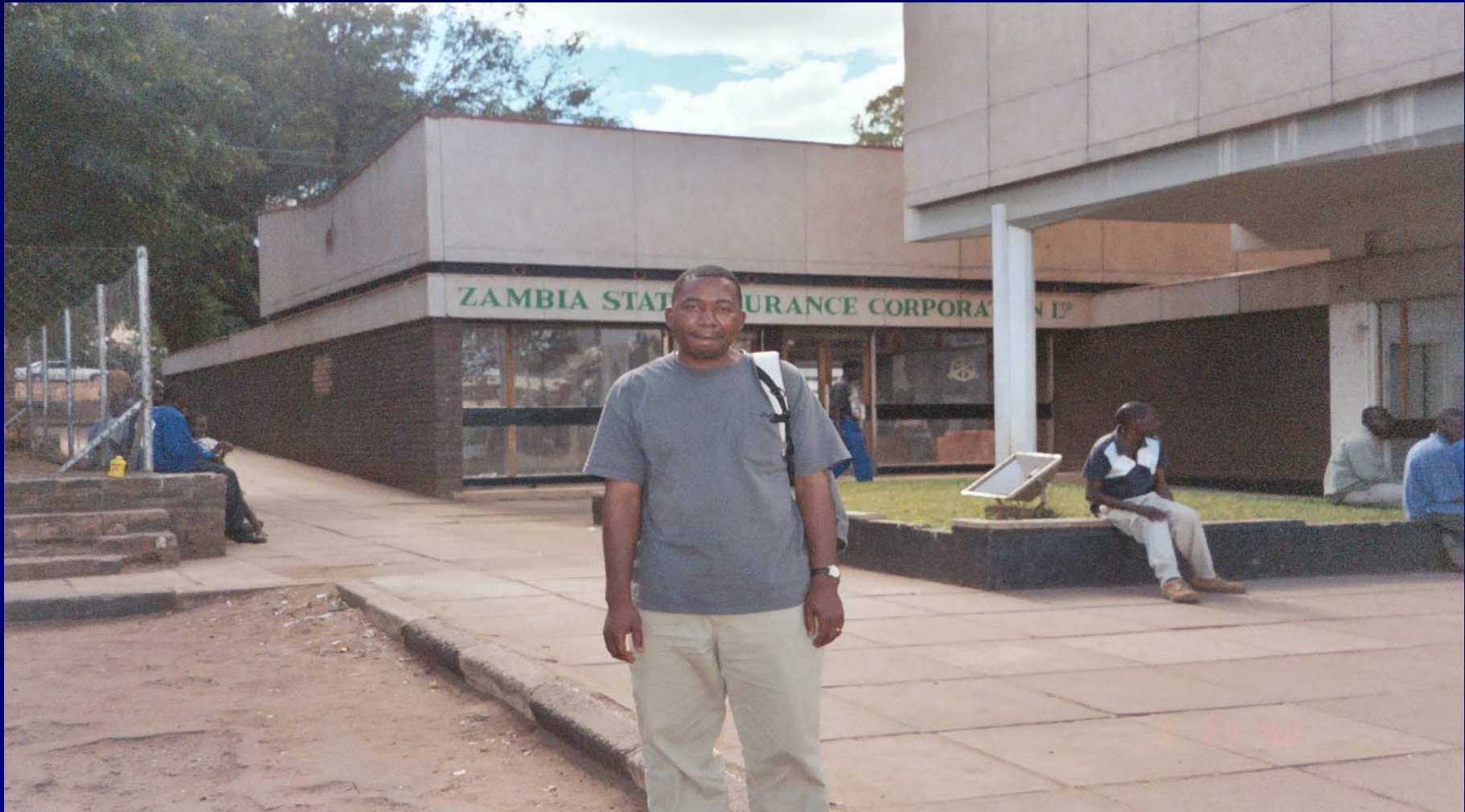
Limpopo River – Zimbabwe – May 2004



Zambezi River – Zimbabwe May 2004



Livingston – Zambia May 2004



Victoria Falls Zimbabwe



BOTUSA Office Complex Gaborone- Botswana April 2004

