

**Project title****INTEGRATION OF THE FIGHT AGAINST THE DIGITAL DIVIDE AND THE FIGHT AGAINST HIV/AIDS****Country, region(s)/ city(cities) of intervention**

BURUNDI – Bujumbura, Gitega, Ngozi and Kamenge

**Executing agency**

AIDSETI – AIDSETI liaison office in Bujumbura in partnership with the following associations, active in the fight against AIDS:

- ANSS Bujumbura and Gitega
- SWAA Bujumbura, Gitega and Ngozi
- SEP/CNLS, MPLS, USLS santé, CPLS Bujumbura, Gitega
- Kamenge University Hospital.

**Project manager**

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**Brief summary of the project**

The project aims to associate ICTs in the fight against HIV/AIDS in Burundi by way of exchanges of experience, strengthening of monitoring and evaluation capacities, in the framework of the national action plan to combat AIDS in Burundi. The project developed out of collaboration between AIDSETI and associations active in the fight against AIDS, whether or not they are part of the network, hospitals providing care with ARV drugs and agencies of the SEP/CNLS. It covers three provinces in Burundi: Bujumbura Mairie, Bururi, Gitega and Ngozi. It has established interconnections between 14 sites: ANSS Bujumbura and Gitega, SWAA Bujumbura, Gitega and Ngozi, SEP CNLS, MPLS, USLS santé, CPLS Bujumbura, Gitega and Ngozi, the hospitals of Gitega and Ngozi and the Kamenge University Hospital.

**Beneficiary(ies)**

Target groups: actors in the fight against HIV/AIDS including:

- Public structures and associations providing medical care to people living with HIV in the provinces of Bujumbura Mairie, Gitega and Ngozi, research and training institutions and coordinating structures in the fight against AIDS in the three provinces covered by the project;
- People living with HIV/AIDS who thus benefit from services of quality;
- Medical and paramedical personnel receiving distance training;
- The executive staff of the structures fighting AIDS, for whom coordination and monitoring will be facilitated;
- Research workers and training supervisors, through greater accessibility of the tools they need.

**General aim of the project**

The application of ICTs, and specifically Internet access, in the service of communities living with HIV/AIDS by improvement of the care of PLHIV in Burundi

**Specific objectives****Development of tele-medicine:**

- Direct preventive and diagnostic interventions and treatment including guidelines for care delivery to patients.
- Remote clinical assistance and consultation in respect of treatment guidelines.
- Remote follow-up including reading and interpretation of results
- Rehabilitation service

**Development of tele-education:**

- Remote interactive training programme for medical and paramedical personnel
- Remote help to patients with regard to administration of medicines
- Computer training for patients and their families, including women and children

**Information exchange:**

- Interconnection between the various care centres, referral hospitals in the capital, the interior and abroad
- Creation of an effective partnership with centres of expertise in other countries (South Africa, Europe, USA)
- Decentralization of prevention, medical care and treatment databases
- Possibility for nursing staff teams in Burundi to contribute to international databases

**Development of income-generating activities (IGAs):**

- Creation of ICT services by the beneficiaries including the creation of CYBERHEALTH centres
- Training and exchange of skills within the community
- Production of local contents (training, prevention) and their dissemination among members (beneficiaries)

**Integration of ICTs in the beneficiaries' work:**

- ICTs awareness-raising and training of beneficiaries
- Organization of an intranet network in each care delivery and treatment centre

**Activities****Tele-medicine:**

- Direct preventive and diagnostic interventions and treatment including guidelines for care delivery to patients.
- Training of nursing staff in participating centres in the use of ICTs for remote diagnosis
- Remote diagnosis: Communication of test results and discussion between medical personnel in the presence of the patient (planning by way of a centralized calendar in which each physician proposes a time frame for consultations on line, during which he or she remains connected so as to be accessible: this would be a daily service organized by physicians in Bujumbura). During the first year, the 12 centres connected by VSAT will organize sessions 2 hours per day, 5 days per week.
- Remote medical prescription and guidelines for care delivery: 2 hours per day (5 days per week)
- Remote clinical assistance and consultation in respect of treatment guidelines.
- Organize remote consultations for patients and psychosocial assistance sessions for patients, care delivery structures and peripheral associations: service organized and available to respond as required 2 hours per day, 5 days per week.

**Tele-education:**

- A remote interactive training programme for medical and paramedical personnel:
  - one 8-hour course for physicians each quarter by an international trainer;
  - one 8-hour course for paramedical staff each quarter by an international trainer;
  - one 8-hour course for counsellors and psychologists each quarter by an international trainer;
  - one 8-hour course for physicians each quarter by a national physician.
- Remote training of patients regarding administration of medicines
- Computer training for patients and their families, including women and children
- A 2-hour video conference session each quarter between the local physicians and paramedical staff to study a theme concerning the medical management of HIV. The theme would be proposed by one of the physicians concerned.
- A further quarterly session of 2 hours between counsellors, social workers and psychologists to be organized around a subject proposed by a psychologist.

**Information exchange:**

- Improve the existing databases by their secure installation on line for consultation by treatment centres:
  - adapt the database to meet the needs of management staff and research workers;
  - train users who contribute to the database and consult it;
  - complete all the fields in the various tables;
  - render the database secure.
- Interconnection between the different care centres, referral hospitals in the capital, the interior and abroad
- Creation of an effective partnership with centres of expertise in other countries (South Africa, Europe, USA)
- Decentralization of prevention, medical care and treatment databases

### **Development of income-generating activities (IGAs):**

- Development of ICT services by beneficiaries including creation of CYBERHEALTH centres
- Training and exchange of skills within the community
- Production of local contents (training, prevention) and their dissemination among members (beneficiaries)

### **Integration of ICTs in the beneficiaries' work:**

- ICTs awareness-raising and training of beneficiaries
- Creation of an Intranet link between the treatment centres

### **Expected results**

- Better coordination and collaboration between all involved in the fight against HIV/AIDS (community, public sector, private sector, research institutions, associations, NGOs, etc.)
- Greater quality of care through the use of tele-medicine by medical and paramedical personnel ministering to PLWHIV/AIDS
- Improvement in the knowledge and practice of medicine by the nursing staff of the participating sites
- Improved quality of service at the participating peripheral centres
- Availability of remote medical, social and psychosocial assistance of quality to vulnerable people (women, children living with HIV/AIDS) in rural areas by way of ICTs
- A greater understanding in the community and among PLWHIV/AIDS through tele-education
- A high-quality centralized database (containing information on prevention, medical management and treatment) on hand for research purposes and to aid preparation of situation reports by authorized participating sites
- Enhanced capacity and quality of scientific research within the institutions
- Reduction of the economic precariousness of PLWHIV/AIDS thanks to ICT-based income-generating activities
- Availability of efficient and effective services at the participating institutions thanks to the use of ICTs and the intranet

### **Success indicators in terms of results**

- At the end of the first year of the project, each participating unit possesses telemedicine and tele-teaching equipment and uses them for the services they provide.
- At the end of the project, each participating structure offers above-average quality of services of care for PLHIV/AIDS as initially forecast
- At the end of the project, the quality of life of PLHIV covered by the project is above average on the scale established initially
- At the end of the project, all the medical staff of the participating sites are familiar with the use of ICTs in their everyday medical practice
- At the end of the project, 60% of the PLHIV/AIDS have improved their knowledge in respect of the fight against HIV/AIDS as a result of tele-teaching
- At the end of the project, each authorized participating centre has access to an interactive database and uses it as required
- At the end of each year, from the information in the database, four publications are published in journals with editing committees
- 70% of PLHIV/AIDS who apply have an IGA based on the application of ICTs with financial autonomy
- At the end of the project, the cost/efficiency ratio of the services offered by the participating institutions is above average thanks to the use of ICT and the Intranet in particular

### **Long-term vision/ Sustainability**

The project will be based on capacity building within the participating structures to ensure long-term exploitation of the experienced gained. The strategy will concentrate on strengthening the existing human resource capacities of the structures, permitting them to be independent of the project in respect of funding of human resources. Stress will be laid on the maintenance of the equipment made available to the participating centres by building their capacity in this respect.

Before a centre can be included, it will be required to present a development plan to ensure the long life of the project. To ensure continued financing at the end of the project, the executing agency will be a State structure financed by the State.

Self-financing of the project: small tele-centres will be installed in the areas where the beneficiary structures are located. These tele-centres will offer ICT services to the public for a fee: Internet, international telephony, printing, etc.

Sources of funding: inform other sponsors committed to the fight against AIDS about the project. The positive impact of the project in the care of PLHIV will encourage other funding agencies to provide support. The inclusion of further centres will come about progressively following preliminary analysis providing the operation of existing centres is successful.