

## Regional Training Centers: Collaboration and Responsibility to Ensure Competent Providers of Health Care

Auteur: F., Birungi<sup>1</sup>; A., Kutwa<sup>2</sup>; I. Leimane<sup>2</sup>; A. Gebhard<sup>2</sup>; Y. Mucyo<sup>3</sup>; M. Gasana<sup>3</sup>

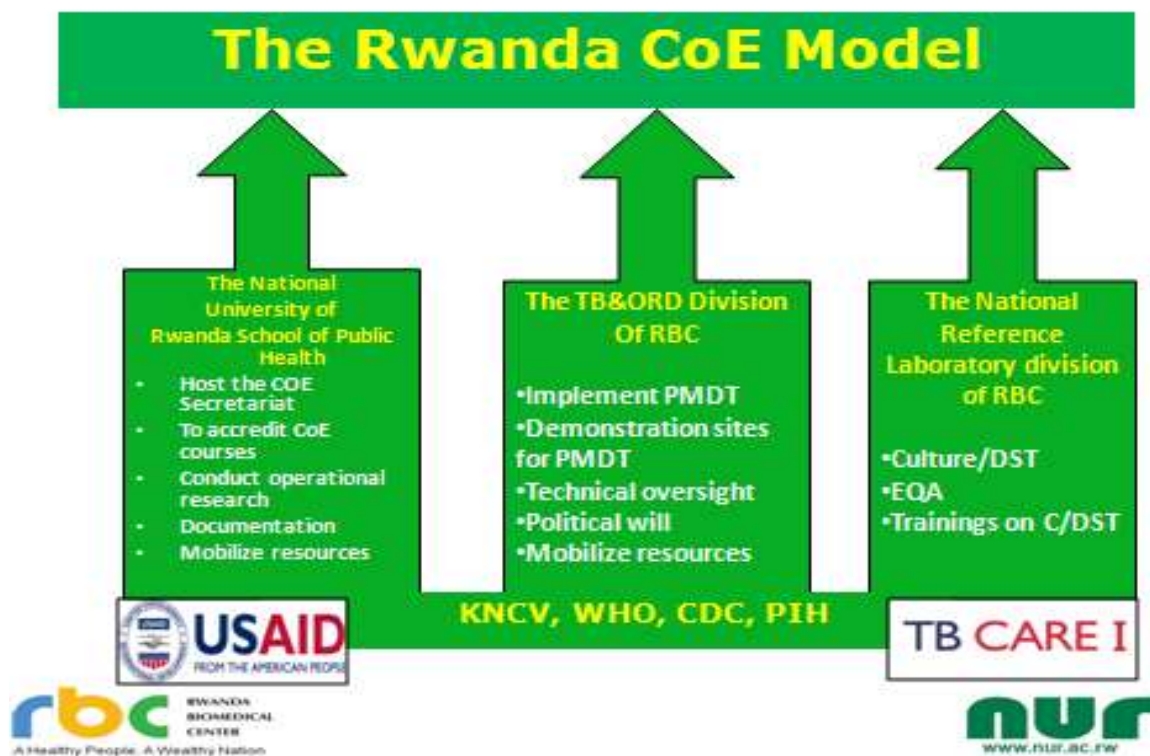
Affiliation: 1. School of Public Health, University of Rwanda, Republic of Rwanda,

2. KNCV Tuberculosis Foundation, The Netherlands

3. Rwanda Biomedical Center/ Tuberculosis and Others Respiratory diseases Division

### I. Introduction

The Regional Centre of Excellence (CoE) on Programmatic Management on Drugs Resistant Tuberculosis (PMDT) was established in Kigali, Rwanda in 2010. The CoE was founded with financial support from USAID East Africa through TB CAP and TB CARE I, with KNCV TB Foundation being the lead technical agency. The CoE is located at the School of Public Health of National University of Rwanda (SPH/NUR) in collaboration between the National Tuberculosis Program (NTP) and National Reference Laboratory (NRL) of the Rwanda Biomedical Centre (RBC), supporting trainings in relevant disciplines and hosting field visits.



The CoE provides trainings in Programmatic management of Drug Resistant Tuberculosis (PMDT), TB Infection Control (TB IC), and Integrated TB/HIV care and laboratory services for all levels of health staff and public health managers at national and regional levels. This includes study visits, assisting countries to develop own CoE on PMDT, provide technical assistance and coordinate a “Regional Core Group” of experts on PMDT to coordinate program peer reviews, to develop regional operational standards and promote operational research (OR).

## II. CoE PMDT Achievements

### II.1 Trainings (curricula developed)

Nine (9) training courses have been held: four on PMDT, three on TB IC respectively and two in TB laboratory. In total 186 program officers from **seventeen countries** have participated in the trainings (see Table 1), including Teams of policy makers from Ethiopia, Burundi, Kenya and Uganda NTLN have visited Rwanda on study missions (experience exchange on PMDT implementation).

**Table1: Numbers of trainees by country**

Country	PMDT	TB IC	LAB	Total
Rwanda	34	34	8	<b>71</b>
Kenya	6	3	2	<b>10</b>
Uganda	10	4	2	<b>11</b>
Tanzania	9	3	1	<b>9</b>
Ethiopia	9	5	1	<b>12</b>
Somalia	0	0	3	<b>3</b>
Malawi	3	1	1	<b>5</b>
Liberia	7	0	0	<b>7</b>
Burundi	5	2	1	<b>7</b>
Zambia	9	1	4	<b>14</b>
Zimbabwe	2	0	3	<b>5</b>
Nigeria	0	1	0	<b>1</b>
South Sudan	1	3	1	<b>5</b>
Botswana	<b>2</b>	<b>0</b>	<b>1</b>	<b>3</b>
India	0	1	0	1
Djibouti	1	1	0	1

Ghana	2	0	0	0
<b>Total</b>	<b>99</b>	<b>59</b>	<b>28</b>	<b>186</b>

### **II.3 L facilitators of the courses**

The CoE PMDT utilized the services of the faculty of National, Regional and Global experts on PMDT, TB infection control, TB/HIV integration and laboratory. The national exerts represent 70% of all facilitators to work forward for the sustainability of the CoE.

### **II.3 Alumni**

The CoE PMDT is keeping in touch with former course participants through its web based information centre and workshops during conferences. This year the centre will start regular PMDT literature updates for its alumni.

## **III. Conclusion**

1. Although CoE has been initially planned for the Eastern African countries, other countries on the African continent and even Asia also benefit from the Rwanda CoE on PMDT.
2. CoE has trained experts to be able to implement PMDT activities in their respective countries.
3. The CoE is developing training programs based on the regional needs, expanding training programs and developing materials based on the needs and feedback of the participants.