



FPD

ANNUAL REPORT
2008/2009



FPD

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Foundation for Professional Development (Pty)Ltd Registration Number 2000/002641/07

External Directors: D van der Walt (Chairperson), T.K.S. Letlape, M. Raff, I Asia

Executive Directors: G. G. Wolvaardt (Managing Director), N.P. Nkhwashu

Company Secretary: A. Bosman

Registered with the Department of Education as a Private Higher Education Institution Under the Higher Education Act, 1997

Registration Certificate Number 2002/HE07/013



FPD

MISSION, VISION, VALUES & STRATEGIC DIRECTION



Vision

The vision of the Foundation for Professional Development (FPD) is to build a better society through education.

Mission Statement

FPD's mission is to ensure the availability of skilled professionals and managers who will be able to deliver a service to the public that is affordable, evidence based and congruent with international best practice.

Values

All of FPD's activities are based on, and flow from, the following core values, which were developed by FPD staff through a consultative process.

Innovation – FPD strives to be an innovator in the health care system by challenging the status quo and by actively identifying opportunities to effect positive change with a view to shaping the future of health care. This is achieved by aggressively embracing growth opportunities and committing ourselves to producing leadership.

Integrity – FPD and its staff adhere to moral and ethical principles in all their activities. This is reflected in honest and professional conduct, personal accountability and a commitment to not abuse the resources of the organisation or its sponsors. Most of all, FPD will not compromise its institutional principles for the sake of political expediency.

Quality – FPD strives to guarantee the excellence of all its products and services. All such services are designed to meet the current needs of its clients. Underlying this commitment to quality is a continuous drive to achieve excellence and the systems to reward such achievements.

Freedom to Challenge – FPD encourages an environment where staff can voice their opinion without fear of victimisation. Constructive critique and creative debate between stakeholders and staff are encouraged.

Respect – Consideration for the rights of individuals and groups are integral to FPD as an organisation. FPD honours the personal beliefs of its clients, its staff and its service beneficiaries.

Service to Society – All FPD's activities are dedicated to serving the best interest of society. FPD's focus is public health priorities and the promotion of optimal health care.

Strategic Direction

To be the leading private higher educational institution in South Africa with a local and global reach.

Philosophy – “Education is the most powerful weapon which you can use to change the world.”
Nelson Mandela

FPD fully subscribes to this view and has a strong commitment to being a force for positive change in the communities where we work and to helping shape the future of these communities.

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**MESSAGE FROM
THE MANAGING DIRECTOR**

BACKGROUND

**GOVERNANCE & QUALITY
ASSURANCE STRUCTURE**

**ORGANISATION &
MANAGEMENT STRUCTURE**

MESSAGE FROM THE MANAGING DIRECTOR

2008 has been another exciting and challenging year for FPD, marked by substantial growth across most of our areas of work. Student enrolment reached an all-time high of 20 180, up from 16 780 in 2007. Management development is a specific emphasis area for FPD and in 2008 a total of 385 health managers enrolled in an FPD management development course. Predominantly from the public- and not-for-profit sectors, these managers are fully funded through scholarships, making this South Africa's largest health sector management development programme. In total FPD has trained 83 937 health managers and professionals since enrolling our first students in 1998.

The FPD educational philosophy removes barriers to quality education. In 2008 we expanded the number of countries where we provide training at a local level to include Egypt, Eritrea, Ghana and the DRC, with the last of these being our first venture into a francophone country. As another major barrier is cost we have worked at providing access to education at low or no cost. Scholarships provided in 2008 were to the value of R22 million, which brings to R77 million the total value of scholarships provided since 1998.

Breaking down barriers to academic debate and information is one of our priorities and for this reason FPD annually organises a number of pivotal conferences. Pre-eminent among these in 2008 was the 1st South African Tuberculosis Conference. This new conference created a much needed platform for academic and policy dialogue on this critical public health issue and was attended by 2 500 delegates.

The Department of Education expects private institutions of higher education to contribute to the development of new knowledge through research. This is a challenge given that these institutions are barred from accessing public research funding. Despite this the FPD again showed strong growth in academic output,

with 9 research projects, 26 presentations at peer-reviewed conferences, and 7 journal and textbook publications.

Community engagement through capacity development has always been a critical component of our activities. Being a force of positive change in the areas where we work is part of the organisation's identity and 2008 saw us substantially increasing the reach of our capacity-development projects. Projects aimed at developing institutional capacity in the public and not-for-profit sector included:

- Positive Life Project, a donor-funded project that works in partnership with government to support HIV/AIDS/TB services, expanded substantially and by the end of the year was supporting more than 50 000 people on Anti-Retroviral Therapy (ART), while 84 000 people had been reached with counselling and testing programmes.
- Africa Health Placements was functioning fully in 2008. It is a donor-funded initiative designed to address the severe staff shortages in the public sector by recruiting local and international health care professionals to fill these vacancies. Africa Health Placements recruited 300 predominantly medical practitioners to positions in rural hospitals. Despite its relatively small size it is estimated that this project places twice as many medical practitioners in voluntary rural service than all eight medical schools together. Since its launch in 2006 more than 700 health care professionals have been recruited and placed.
- The Compass Project – a project that focuses on developing grassroots NGOs – launched its first annual NGO Conference and through a strategic alliance with the University of KZN supported the publication of a series of annual AIDS-service-organisation directories.

MESSAGE FROM THE MANAGING DIRECTOR

- FPD also worked closely with other academic institutions such as the MRC and Columbia University on large TB and HIV projects.

In 2008 FPD again supported the development of academic capacity in other institutions through two programmes:

- The Infectious Diseases Unit, a joint initiative between FPD, the University of Pretoria and AMPATH, expanded in 2008 to a multi-disciplinary team of 10 clinicians. In collaboration with ICEHA the unit initiated a clinical mentorship programme that brings infectious disease experts from the developed world to work for six weeks in Limpopo province's deep-rural clinics. In its efforts to export clinical mentoring to a larger audience, an HIV Hotline for health care professionals was started in collaboration with UCT.
- The PEPFAR Fellowship Programme is a project that allows FPD to recruit, employ and place masters-level interns with AIDS service organisations for six to 12 months. Forty interns were placed with this project in 2008.

At an operational level our rapid growth has manifested itself in an increase of staff from 101 in 2006, to 479 in 2007, and to 910 in 2008. As in past years, FPD has again shown strong growth in income and especially in securing forward-funding commitments from clients, donors and sponsors.

Internationally 2009 is a year with great uncertainty and challenges. The FPD Board and Management felt that this was an ideal opportunity for rededication to the FPD vision of creating a better world through education. The coming year will see us still actively pursuing growth and strengthening our commitment to being the only Private Higher Education Institution that fully embraces the three scholarship areas of higher education – teaching, research and community

engagement. A key strategic change of direction is to expand beyond the health sector niche area through an organic growth model that will allow FPD to expand its faculties as it identifies opportunities in the market. Exploiting FPD's unique understanding of the educational needs of professionals will be key to this expansion strategy.

This annual report creates an opportunity for me to express my appreciation to the sponsors and donors who have provided such generous support to FPD students and projects, a Board of Directors who inspire us through their strategic vision, and staff who always rise to the challenges such a rapid expansion of activities entails.



Dr Gustaaf Wolvaardt

MBChB (Pret), MMed (Pret)(Int), FCP (SA), AMP (Manch), PGCHE (Pret)

BACKGROUND

The Foundation for Professional Development (FPD) was established in 1997 by the South African Medical Association. The first 72 students were enrolled on an FPD management course in January 1998. FPD's rapid growth led to a decision being taken to establish it as a separate legal entity in 2000 (registration number 2000/002641/07). The South African Medical Association, a Section 21 not-for-profit company, has a 90% shareholding. The remainder of the shares are employee owned.

Focus Areas

FPD prides itself on being one of the few private higher educational institutions that fully engages in the three areas of higher educational scholarship – teaching and learning, research, and community engagement. These areas of scholarship provide the three focus areas of our work:

- Teaching and Learning – FPD provides a comprehensive curriculum of development courses in management and professional skills that are customised to the needs of managers and practitioners. Educational products are presented through formal postgraduate qualifications, short courses, in-house courses and conferences.
- Research – FPD's research priorities focus on promoting action research, clinical research and research on educational practice.
- Community Engagement – This is a critical component of our work and targets areas such as: the development of grassroots NGOs; AIDS and TB treatment and care; and developing institutional capacity within the public sector, utilising a public-private-initiative model.

FPD is based on a virtual business model that places a high premium on strategic alliances with national and international partners to increase its access to state-of-the-art training programmes, technology and faculty. Such partnerships have been established with a wide range of academic institutions, technology partners, professional associations and special interest groups.

Accreditation, Registration and Affiliation

FPD is registered with the Department of Education as a private institution of higher education in terms of Section 54(1)(c) of the Act and Regulation 16(4)(a) to offer the following approved higher education programmes:

- Certificate in Practice Management (CPM)
- Certificate in Advanced Health Management (CAHM)
- Certificate in Risk Assessment and Management (CRAM)
- Diploma in Risk Assessment and Management (DRAM)
- Diploma in Advanced Health Management (DAHM)
- Postgraduate Diploma in General Practice

We also offer a variety of short courses in professional development and management. The majority of these programmes slot into existing mechanisms of continuing professional development accreditation, such as the Continued Professional Development Programme of the Health Professions Council of South Africa.

FPD is also an institutional member of the South African Institute of Healthcare Managers and a member of the Association of Private Providers of Education, Training and Development.

BACKGROUND

FPD Code of Conduct

FPD endorses the principles of non-racialism, non-sexism and non-discrimination. It believes that education should be accessible, affordable and relevant to the country or region where it takes place.

FPD students are expected to treat fellow students, faculty and administrative staff with dignity and respect.

As FPD offers quality educational products, it believes that its students should act with integrity and honesty when participating in and completing programmes and courses offered.

By registering for any FPD course or programme a student subscribes to this Code of Conduct.

GOVERNANCE AND QUALITY ASSURANCE STRUCTURES

FPD governance structures are dictated by the relevant South African legislation that applies to registered legal entities and private institutions of higher education.

FPD Board of Directors

The role of FPD's Board of Directors is modelled as closely as possible to the King II Report and Recommendations on Corporate Governance. Bi-annual corporate governance audits are done by an independent external auditor.

Independent Directors

Mr Douw van der Walt – Chairperson
B.Com, CAIB (SA), MBL, AEP (UNISA)

Dr Kgosietsile Letlape – Director
MBChB, FRCS (OpH)(Ed), FCS (Ophth)(SA), FRCO
PHTH (UK)

Dr Milton Raff – Director
BSc, MBChB, FCA (SA)

Mrs Ida Asia – Director
B.Cur, B.Cur (Hons), MA (Nursing), MBL

Executive Directors

Dr George Gustaaf Wolvaardt – Managing Director
MBChB, M.Med (Int), FCP (SA), AMP (MBS)

Dr Nkhensani Nkhwashu – Executive Treatment Cluster
BSc (Medical Sciences), MSc (Anatomy), PhD (Microbiology)

Company Secretary

Mrs Alet Bosman
B.Com (Fin Man), HED, B.Com Hons (ACC)

Programme Advisory & Quality Assurance Committees 2008

Academic Management Representatives

Dr Gustaaf Wolvaardt
Ms Amor Gerber
Dr Elmie Castleman
Mr Anton La Grange

Industry Representatives

Dr Kgosi Letlape
Ms Ida Asia

Faculty Representatives

Mr Keith Bonsall
Dr Nic Van Zyl
Prof Anton Stoltz

Students and Alumni

Ms Bibi Meyer
Dr Nkhensani Nkhwashu

GOVERNANCE AND QUALITY ASSURANCE STRUCTURES

Participation of FPD Staff in External Governance Structures

FPD encourages senior managers to participate in governance structures of other organisations that have a shared mission with FPD.

Dr GG Wolvaardt – Managing Director

- Dira Sengwe Conferences (Section 21 Company) – Member of the Board of Directors
- South African Institute of Healthcare Managers (SAIHCM) (Section 21 Company) – Member of the Board of Directors
- AIDS Accountability International (Sweden) – Member of the Board of Directors
- Right to Care (Section 21 Company) – Member of the Board of Directors

Mr G Radley – Chief Operating Officer

- FPD Pension Fund: Management Committee

Prof A S Stoltz – Head, Infectious Diseases Unit

- Member MRC, XDR-TB Expert Group
- Member SAMA Science and Technology Committee
- Head Diagnostic Project, Southern African Malaria Initiative (SAMI)
- Member Infection Control Committee Pretoria Academic Hospital
- Member University of Pretoria Protocol Committee

Ms A Bosman – Head HR Administration

- Dira Sengwe Conferences (Section 21 Company) – Company Secretary
- FPD Pension Fund: Management Committee

ORGANISATION AND MANAGEMENT STRUCTURE

FPD staff make up a number of functional departments, organised into clusters and faculties. The structure reflected below will be applicable for 2009.

Health Sciences Faculty

This faculty comprises a number of schools loosely organised to align with the health sector statutory bodies. At present these are the School of Health Sciences and the Nursing School.

Economic and Business Study Faculty

This faculty currently contains all FPD's management development through the FPD Business School.

Student Administration and Quality Assurance

The following academic support services support the abovementioned faculties:

- Academic Programme Development
- Alumni Programme
- Training Logistics
- Quality Assurance & Regulatory Compliance
- Study Material Management
- Marketing and Scholarship
- Learning Support Services
- Graphic Design and DTP Support

Treatment Cluster

The treatment cluster has a strong focus on community engagement, predominantly through private-public-initiatives, for increasing capacity in the public sector. The following departments are part of this cluster:

- Positive Life Project
- ICAP Project
- Infectious Diseases Unit

Special Projects Cluster

The special projects cluster encompasses a variety of independent community engagement projects and business units. These include:

- The Compass Project
- Africa Health Placements
- Conference Management Department
- The PEPFAR Fellowship Programme

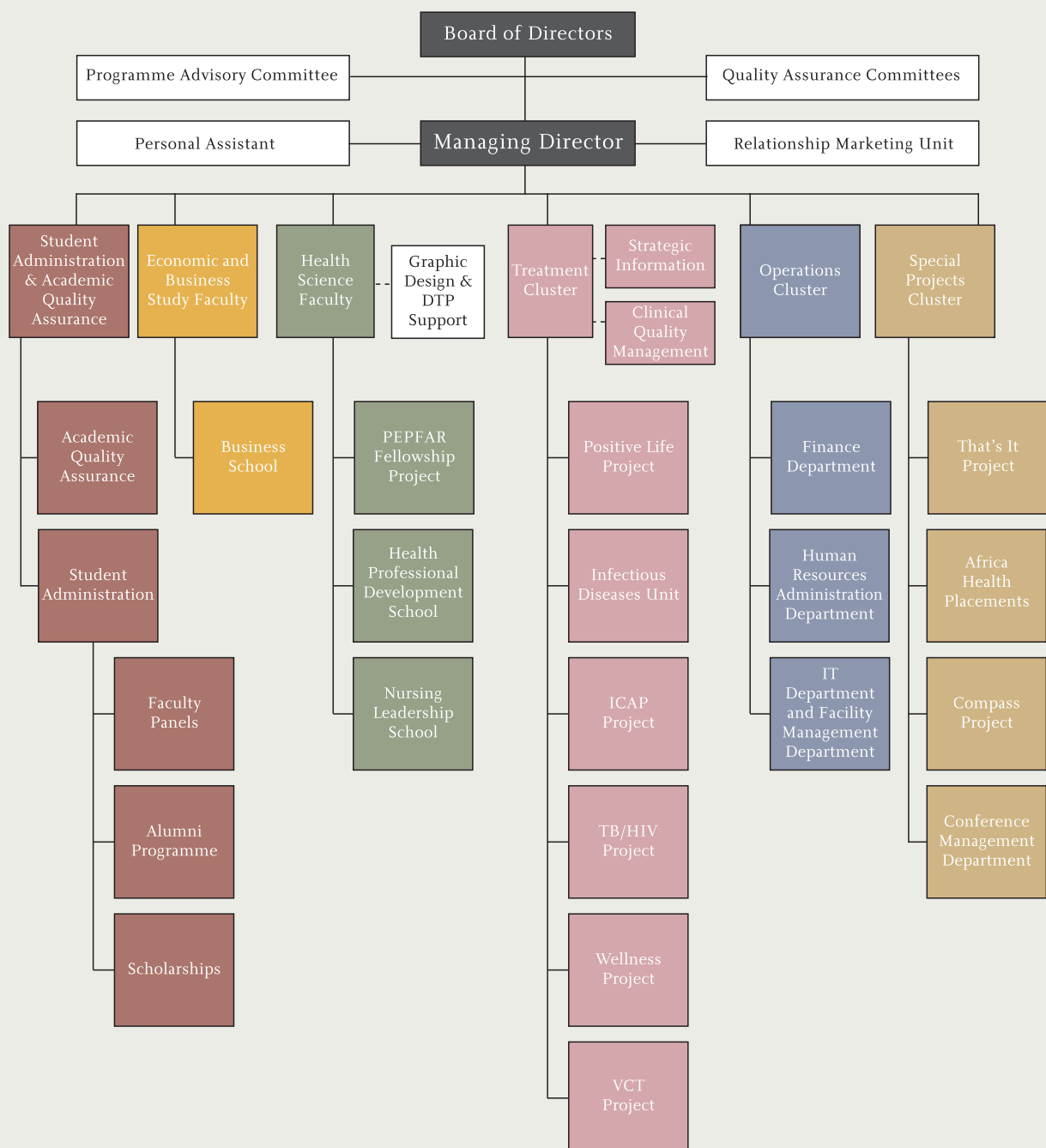
Operations Cluster

The operations cluster provides crosscutting operational support to all FPD departments and includes:

- Finance Department
- IT and Facilities Department
- HR Administration Department

ORGANISATION AND MANAGEMENT STRUCTURE

Foundation for Professional Development – Organogram (2009)



ORGANISATION AND MANAGEMENT STRUCTURE

FPD Management Team

The FPD management team as of 1 January 2009 is:

Senior Management

- Managing Director: Dr Gustaaf Wolvaardt MBChB (Pret), MMed (Pret)(Int), FCP (SA), AMP (Manch), PGCHE (Pret)
- Head Health Sciences Faculty: Dr Elmie Castleman BCur, Dip Nursing Education, Cert O&M, MHPE (Cum Laude), PhD (Health Professions Education)
- Treatment Executive: Dr Nkhensani Nkhwashu BSc (Medical Sciences), MSc (Anatomy), PhD (Microbiology)
- Head Economic and Business Sciences Faculty: Ms Veena Pillay, CBA, DBA, MBA
- Chief Operating Officer: Mr Gauche Radley CA (SA) MCom

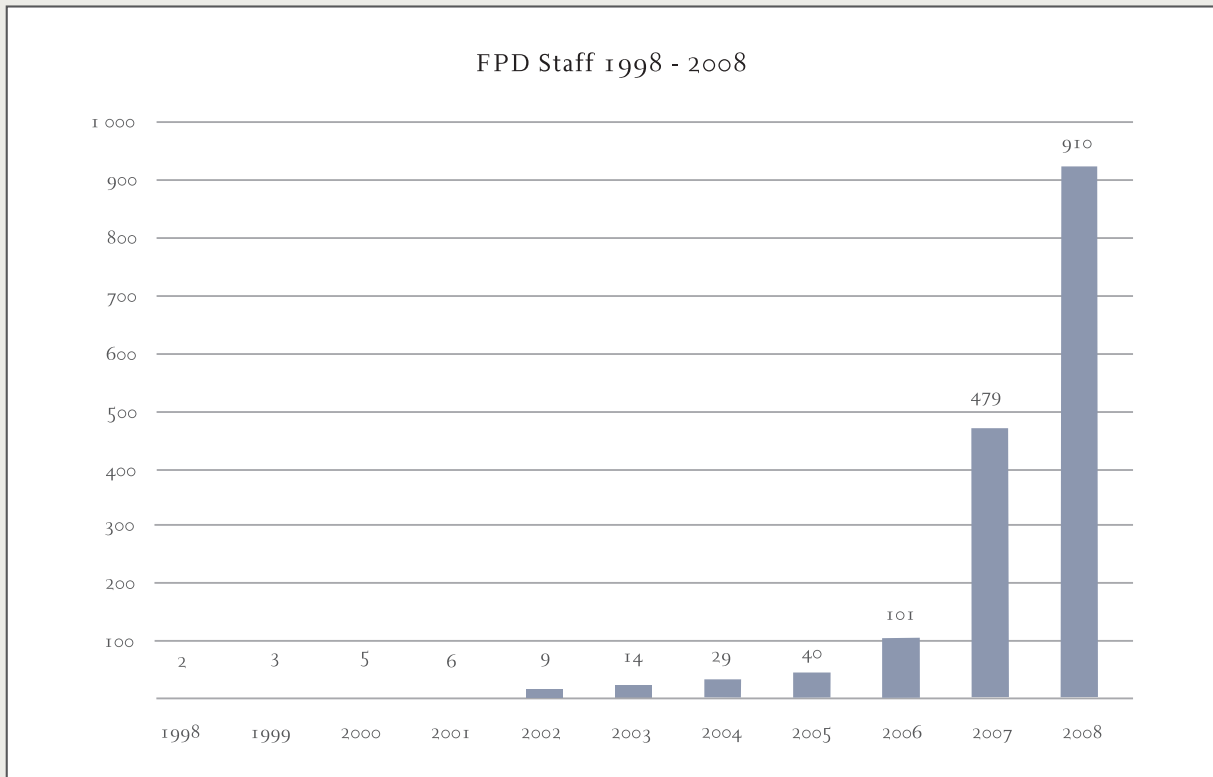
Department, Programme and Project Heads

- Nursing School: Mrs Elizabeth Makoka MCur, PhD
- Training Logistics Department: Mrs Amor Gerber BCom, DTE, SLP
- Africa Health Placements: Mr Saul Kornik M.Comm, CA(SA), CFA
- Compass Project: Ms Janine Mitchell BPE (Biokin)
- PEPFAR Fellowship Programme: Dr Anna-Marie Radloff MBChB
- Conference Unit: Mr Pieter Swart CMP
- That's It Project: Dr Margot Uys MB.BCh (Rand), BA (Mus) Hons, HED
- Positive Life Project, Counselling and Testing: Vacant
- Positive Life Project, Area Managers: Thuso Kewana, Dalene Blom B-Tech: B.Comm
- Positive Life Project, Monitoring and Evaluation: Ms Suzanne Johnson BSLA (Cum Laude)
- TB/HIV & Wellness Programmes
- ICAP Project: Mr Francis Zulu BA Honours
- Finance: Mr. Henk Rheeder B-Compt
- Human Resource Administration: Ms Alet Bosman BCom (Fin Man), HED, BCom Hons (Acc)
- Information Technology: Mr Kershen Naidoo MCSE, MCDBA

ORGANISATION AND MANAGEMENT STRUCTURE

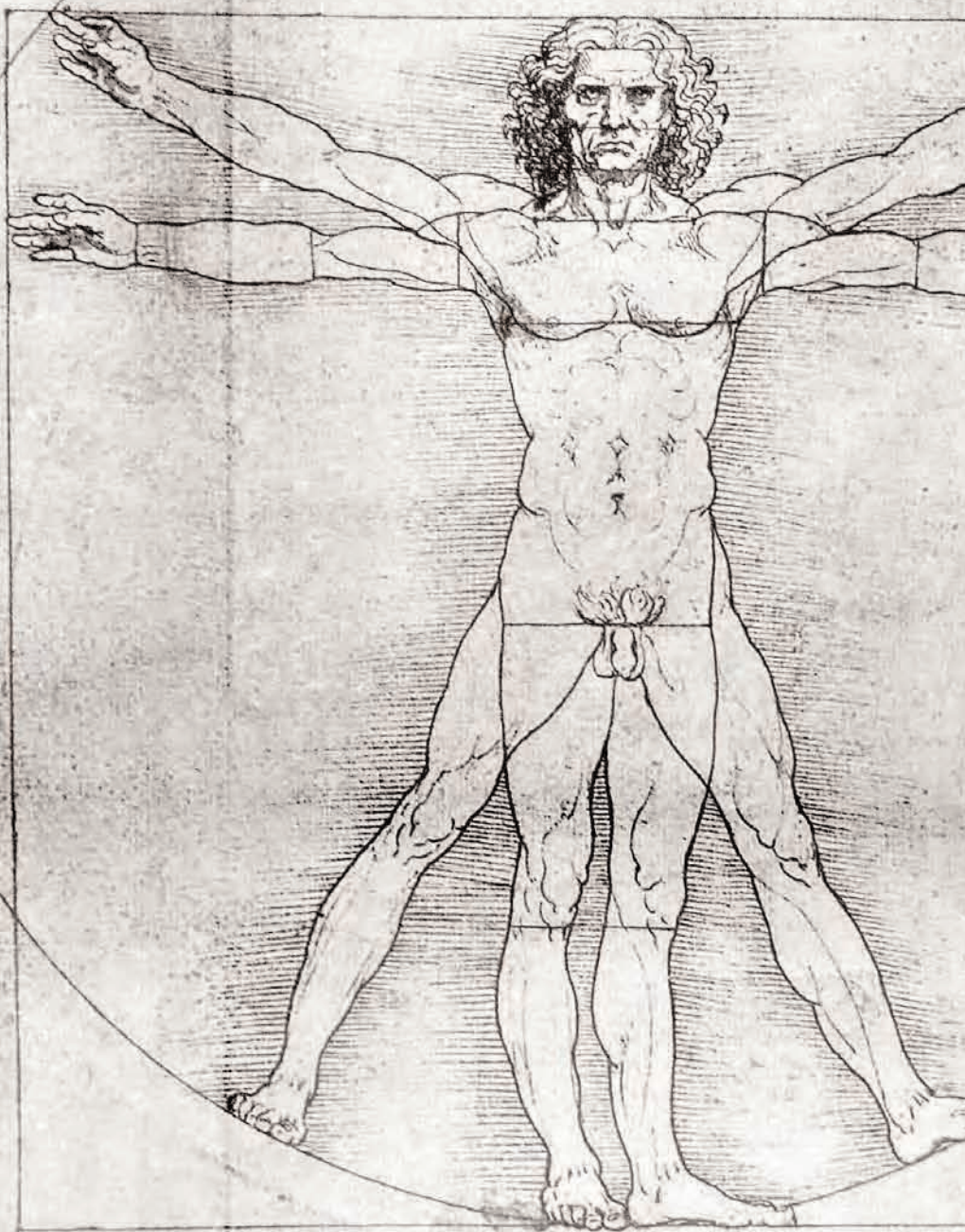
Organisation Structure

The number of staff has increased steadily to keep pace with the increased number of activities we engage in, as depicted in the following graph.



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EDUCATION

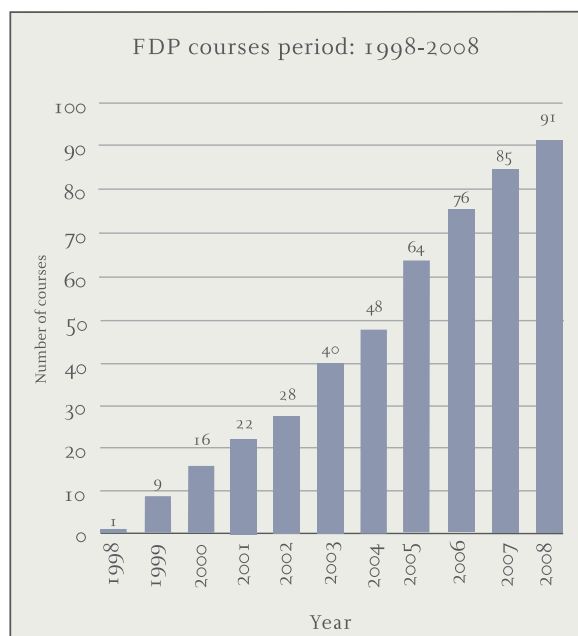
EDUCATION

TEACHING AND LEARNING FOCUS AREA

FPD's teaching and learning programmes are designed to be cutting edge customised education that meets the specific needs of our participants. Such programmes are developed within the regulatory requirements of the Department of Education, the Council on Higher Education, the South African Qualifications Authority and, in the case of those programmes for health care professionals, the Health Professions Council of South Africa.

CURRICULUM DEVELOPMENT

The number of separate courses offered by FPD increased from one in 1998 to 91 by the end of 2008, as shown in the graph below.

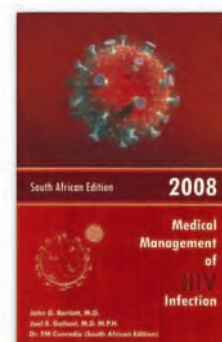


During the past year the following new courses were developed:

- Obstetrics & Gynaecology Sonar Course
- Substance Abuse Course
- Prevention of Mother-to-child-transmission Course
- Multidrug-resistant Tuberculosis Management Course
- Destigmatisation Course
- Palliative-Care Nursing for Professional Nurses
- Case Management for Professional Nurses

The Certificate of Ophthalmic Technology, aimed at Ophthalmic Assistants, was submitted to the Council on Higher Education (CHE) for accreditation. The Higher Education Quality Committee (HEQC) of the CHE reviewed the application and recommended that the Board for Optometrists of the Health Professions Council of South Africa (HPCSA) evaluate the application to make a recommendation. The Board opposed the creation of this qualification on the grounds that such a category of health care professionals might encroach on the work done currently by optometrists. FPD is currently challenging this decision as it does not believe that the decision is in the best interests of the country.

Working with top international and local academics, FPD customised one of the leading HIV textbooks for South African conditions. Ten thousand copies of Medical Management of HIV Infection (South African Edition) were distributed at no cost to South African clinicians.



EDUCATION

STUDENT ENROLMENT

FPD in 2008 again showed strong growth in student registrations with 20 180 student enrolments, bringing the total number of students who have studied with FPD since its launch in 1998 to 83 937. The graph below shows this growth in student numbers.

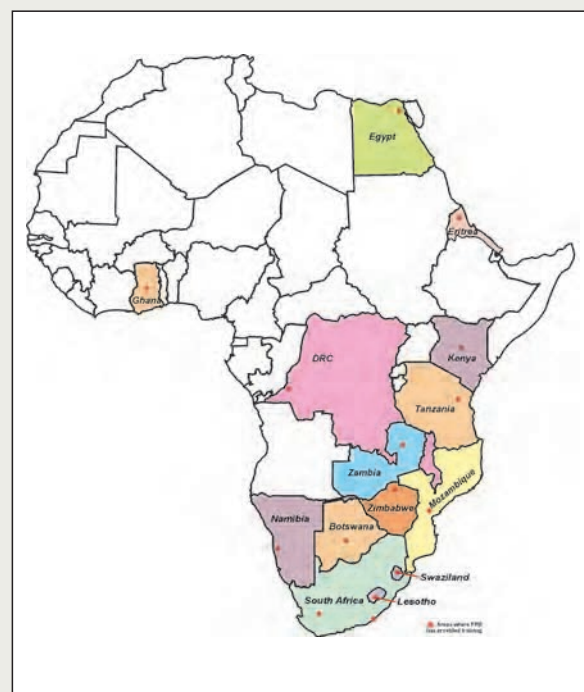
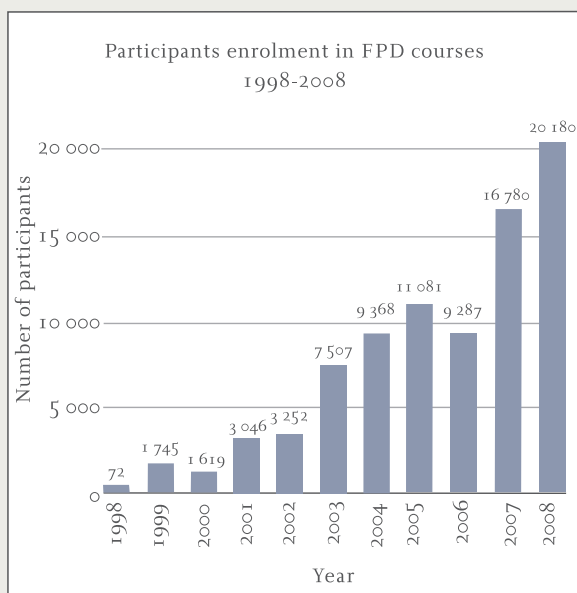
One of the highlights of 2008 was the rollout of the Tomorrow's Leadership Programme (TLP) through a scholarship programme to public sector and NGO junior managers. Two groups of students started in November 2008 on this fully sponsored course and eight more will start in 2009. The TLP was developed as an introduction course for managers who have done no management training and will prepare them to continue onto the certificate in Advanced Health Management (CAHM) or the Advanced Health Management Programme (AHMP) offered at present.

The AHMP is offered in collaboration with Yale University, and is the largest public sector management

training programme in the country that focuses on managers working in the AIDS field. In 2008, a total of 385 healthcare managers in the public or not-for-profit sector from all nine provinces in South Africa were enrolled.

Regional expansion was again a priority activity for FPD in 2008, as can be seen in the graph below. Our educational activities reached the Middle East through a management training programme for AstraZeneca in Cairo, Egypt. This course included participants from Morocco, Saudi Arabia, Lebanon, Jordan, Syria, the United Arab Emirates and Egypt.

In 2008 FPD expanded its training to a francophone country, with an HIV/AIDS Management Course for Doctors held in the Democratic Republic of Congo (DRC) in June 2008. Forty-three doctors from the DRC's Health Department were trained on this three-day course.



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FPD commenced training in Eritrea, with workshops in the Management of HIV/AIDS for Professional Nurses and laid the groundwork for expansion to Angola in January 2009.

LEARNING AND STUDENT SUPPORT SERVICES

FPD maintains a resource centre at its registered head office. Apart from literature associated with its programmes and courses, internet access is also provided. Students receive support required from faculty and facilitators and may request additional assistance from FPD if needed. FPD's website offers students assistance through the provision of assessment and assignment guidelines.

FPD has also established a wiki to support all its enrolled students to achieve formal registered qualifications. This "wiki" (www.fpd.wetpaint.com) is a server programme that allows invited users to collaborate on the website by editing and downloading content from the site from their own computer and at their own time. Visitors can view the web pages and interact with fellow students and facilitators. The wiki allows facilitators and assessors to mentor students on-line and allows students to form student support groups.

MEDIA AND E-LEARNING

In keeping with its virtual business model FPD has established a number of strategic partnerships that support its teaching programmes through the provision of learning support services. In 2008, such partnerships were sustained to support the objective of alternative educational delivery mechanisms. FPD has contractual arrangements with a number of digital educational providers.

Electronic Doctor Interactive (E-Doc) – www.edoc.co.za



E-Doc and FPD provide relevant healthcare information to medical practitioners by means of seminars, discussion groups, healthcare events and DVDs.

Mindset Health – www.mindset.co.za



FPD has a collaborative agreement with Mindset Health to use television for educational programmes aimed at nursing practitioners. Mindset Health delivers health education and promotion to healthcare workers in public sector facilities via television on a mass scale. The Mindset Health channel delivers the content through satellite broadcast and datacast into the user's immediate environment, including over 110 hospitals and clinics all around South Africa.

The following courses are now offered via e-learning.

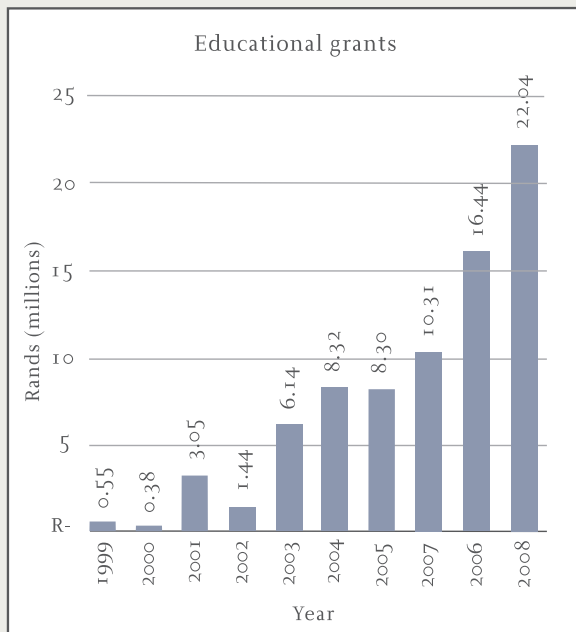
- Clinical Management of Urinary Incontinence
- Course in the Clinical Management of Epilepsy
- HIV/AIDS Management for Professional Nurses
- Tuberculosis for Professional Nurses
- HIV/AIDS Management Course
- Certificate in Practice Management

SCHOLARSHIPS

During 2008, FPD continued to support efforts to promote access to education through securing educational grants from sponsors and donors for all potential FPD students. The funding, grants and sponsorships are utilised in the form of a subsidy to enrol potential students, which reduces the role played by costs as a

EDUCATION

barrier to education. During 2008, educational grants and sponsorships were awarded to FPD students to the value of R 22 043 279.41 This brings the total monetary value of scholarships awarded since 1998 to R 77 027 880.78. (See the following graph.)



ALUMNI PROGRAMME

The FPD Alumni Programme organises alumni into networks based on specific areas of interest and these networks are accessible through the FPD website. Alumni also receive regular clinical updates and a dedicated quarterly newsletter. Through this process FPD creates an environment of continuous learning within a structured network. To coincide with the re-launch of the alumni network in 2008 the following quarterly newsletters were introduced:

1. Alumni Network Newsletter
2. HIV/AIDS/TB CPD Update

3. Diabetes CPD Update
4. Hypertension CPD Update

The first two issues (May and August 2008) were distributed via e-mail to nearly 20 000 FPD alumni who had completed the HIV/AIDS/TB management courses since the inception of these. The third issue (November 2008) was e-mailed to alumni who had completed courses related to HIV/AIDS/TB, diabetes and hypertension during 2007 and 2008 only. These newsletters are accredited for CEU credits.

FPD complements its own alumni services with strategic alliances with two special interest groups. FPD's sponsorship of membership fees for these associations ensures access to a wide variety of continuing educational products such as journals and newsletters, as well as meetings.

FPD currently has arrangements with:

- Southern African HIV Clinicians Society (SAHIVS)
- South African Institute of Healthcare Managers (SAIHCM)

EDUCATION

ORGANISATION DEVELOPMENT (IN-HOUSE) COURSES

FPD has developed particular expertise in developing customised educational programmes for the staff of various organisations. To date FPD has provided customised in-house training programmes for staff of the following organisations, with the 2008 clients identified by an asterisk.

Public Sector Organisations

- Departments of Health – neighbouring countries*
- South African National Department of Health*
- Various Provincial Departments of Health (South Africa)*
- Regional Training Centres Eastern Cape & Mpumalanga*
- Statistics South Africa
- South Africa – Correctional Services*
- UNAIDS
- WHO (Afro)*
- SANPARKS*

Corporations

- Anglo Gold
- Anglo Platinum
- De Beers
- Broadreach*
- Eskom*
- Kumba Resources
- BMW

Medical Schemes/Administrators

- Igolide Health Networks
- Medihelp
- Medikredit

- MX Health
- Impilo Health*
- Umed
- Thebe ya Bopele
- Aurum Health*
- Hospital Groups
- Netcare*

Networks

- GP Net
- Spesnet*
- Prime Cure

Pharmaceutical Industry

- AstraZeneca*
- Alcon*
- Adcock Ingram*
- Bristol-Myers Squibb
- Aspen Pharmacare
- MSD
- Sanofi Aventis

Non-Profit Organisations

- South African Catholic Bishops Conference*
- Lutheran World Relief
- IPPF
- HIV 911*
- Tshepang*
- COPES SA*
- AFRICARE*
- Youth Care Givers
- Soul City*
- ICAP*
- CIDRZ*

Medical Equipment Suppliers

- Stryker South Africa
- IMPILO*
- SSEM Mthembu*

EDUCATION

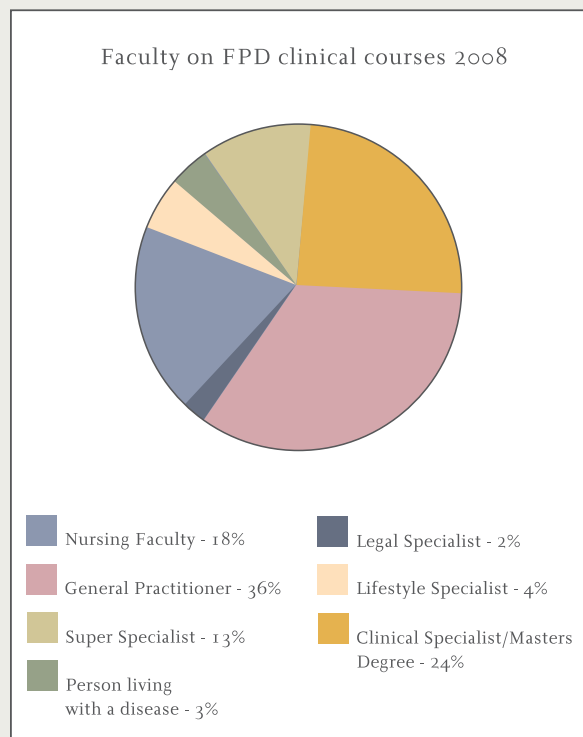
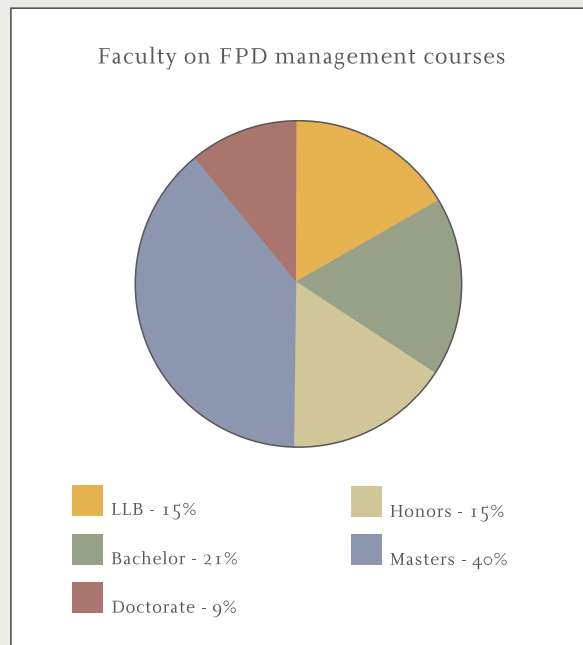
CONTRACTED TRAINING PROVIDED ON BEHALF OF OTHER ACADEMIC INSTITUTIONS

- University of Pretoria*
- CIDRZ (Zambia)*
- Columbia University*
- URC*
- Regional Training Centre: Eastern Cape*
- Regional Training Centre: Mpumalanga*
- ICAP
- MRC*
- SAHCD °
- Quintiles
- PIASA

FACULTY OF THE FOUNDATION FOR PROFESSIONAL DEVELOPMENT

FPD employs a model of using a contracted faculty panel, which enables its access to the best faculty in the field. Most of the FPD department heads also act as faculty.

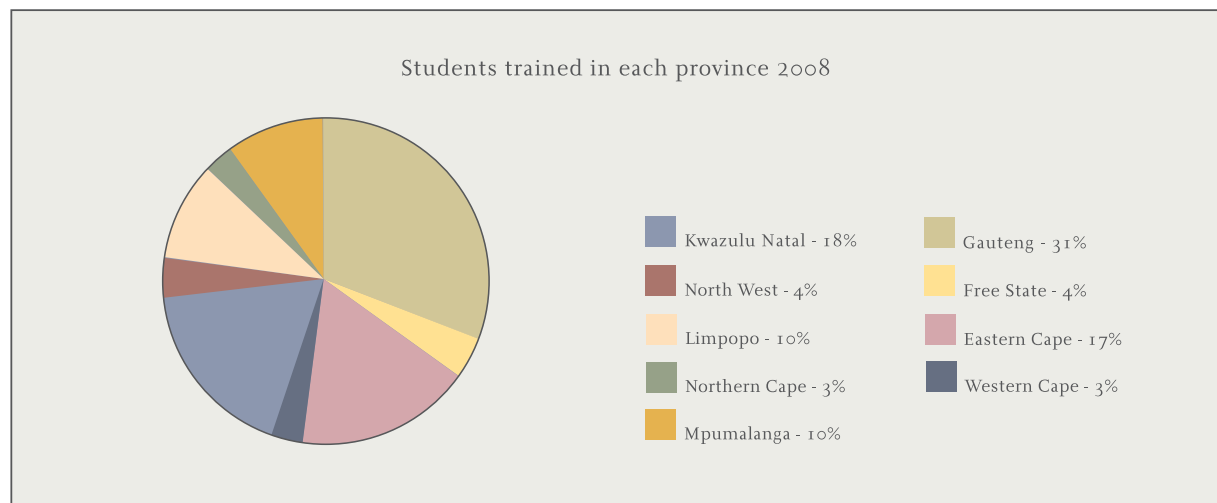
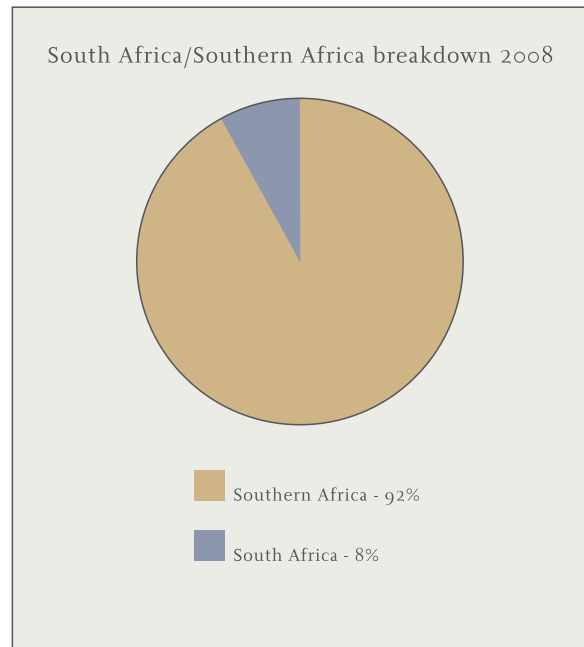
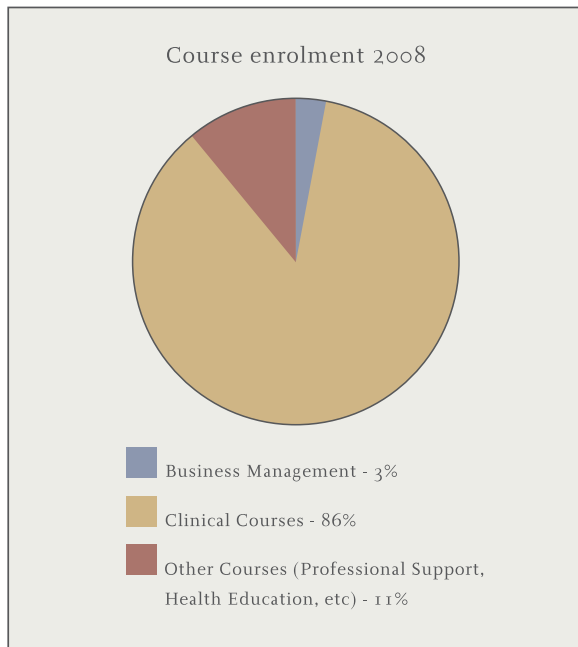
The following graphs provide an overview of the qualifications and expertise of FPD staff who taught on programmes in 2008.



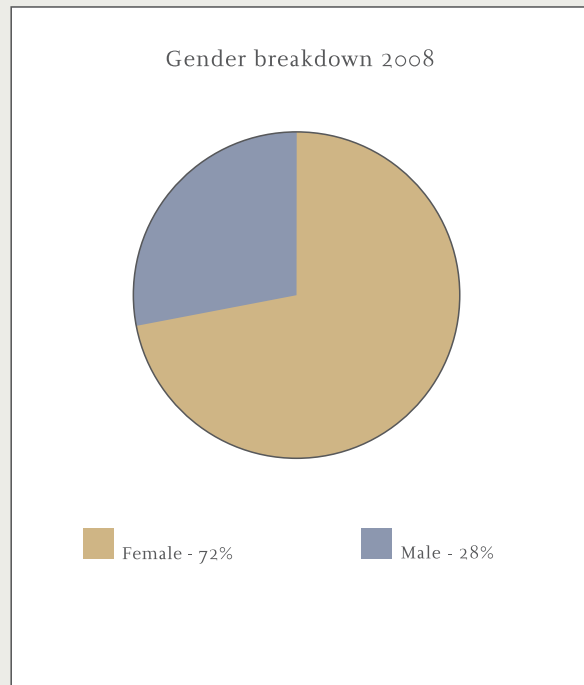
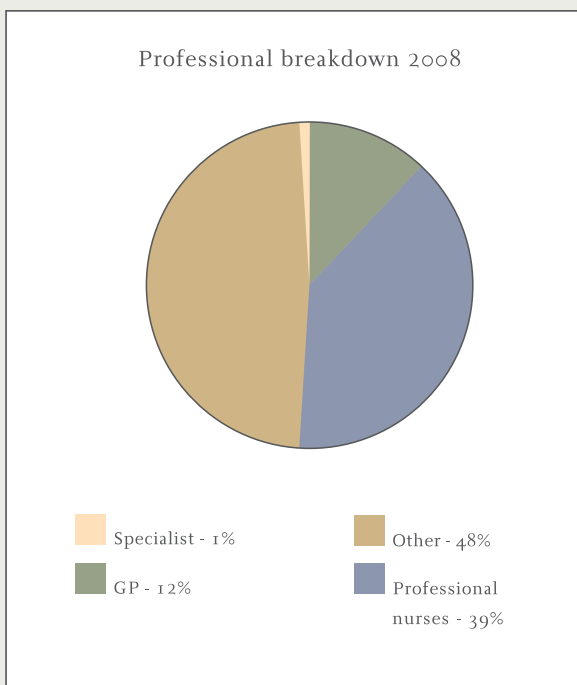
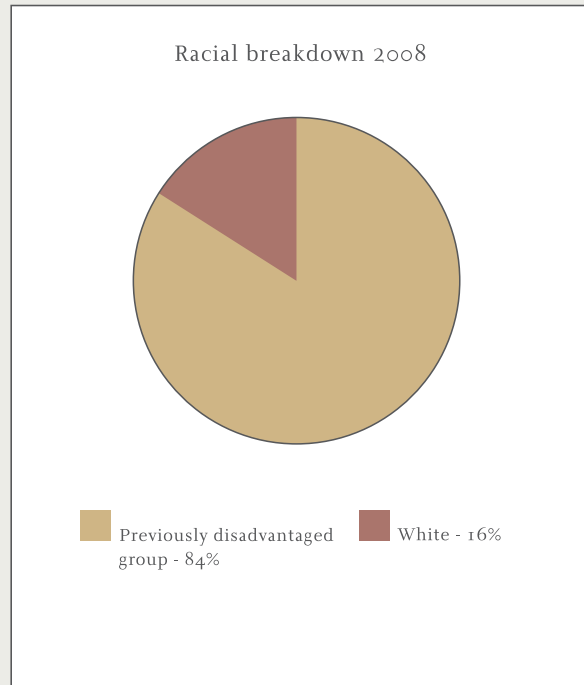
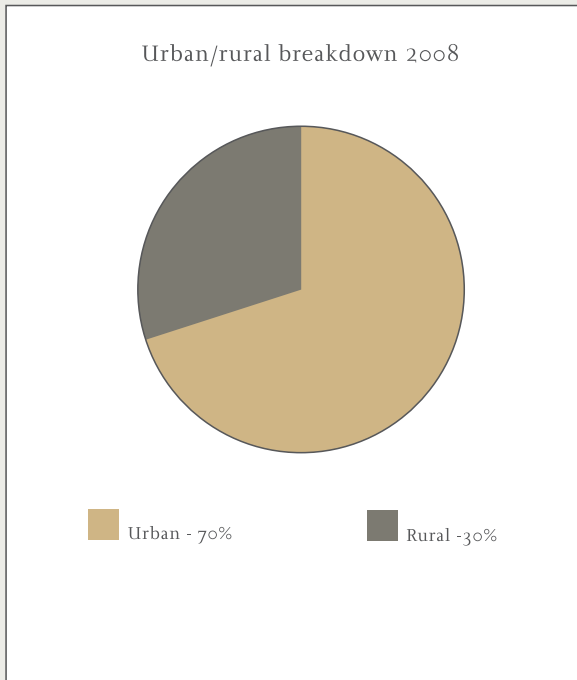
EDUCATION

FACTS AND FIGURES

This section provides an overview in graphic form of the demographics of students who were enrolled in FPD courses during 2008.



EDUCATION



EDUCATION

CONFERENCES

As part of FPD's commitment to continuing education, it has a Conference Management Department (FPD-CMD), which is managed through a joint venture with Conference Consultancy South Africa. FPD-CMD offers a comprehensive range of local and international professional conference-planning and conference-management services to organisations and institutions across all sectors.

FPD-CMD provides a world-class conference planning and management service that focuses on the following activities:

- Strategic Support Services
- Strategic Conference Business Development
- Conference Risk Analysis
- International Conference Bid Production

The full range of conference planning and management services includes:

- Conference secretariat co-ordination
- Abstract- and speaker-management services
- Conference project planning and management services
- Delegate administration services (including registration)
- Exhibition management services
- Financial planning and administration
- Monitoring and evaluation
- Protocol adherence
- Scholarship management services
- Specialised service provider co-ordination, including meeting venue, accommodation, tours, audiovisual, catering, graphic design, document production and printing, information technology, security, transport, conference collateral (i.e. bags, pens and gifts)
- Sponsorship recruitment and exhibition sales

FPD-CMD is a human-resources- and knowledge-and-technology-intensive business unit supported by skilled people operating advanced information technology systems and database platforms. Planning and management of conferences pass through a process of risk analysis; determination and setting of policies; financial, project, and human resources planning and management; and the appointment and management of ancillary service or outsourced suppliers.

Operations are conducted in three phases – planning (pre-conference), rollout (during the conference) and closure (post-conference). Operations are managed according to activities, costed in a master budget, and linked to people and/or service provider companies in a comprehensive project management structure with set timeframes. These activities are meticulously managed through identified deliverables and milestone achievements in the project management system.

Activities

To date FPD has organised the following conferences:

- XIIIth International AIDS Conference (2000)
- Summit on the Future of Medicine (2001)
- 1st South African AIDS Conference (2003)
- SAMA Conference on the Strategies for Survival of Doctors (2004)
- 2nd South African AIDS Conference (2005)
- 8th World Conference on Injury Prevention and Safety Promotion (2006)
- I-TECH Conference of Clinical Mentoring of HIV/AIDS Care and Treatment in Resource Restrained Settings (2006)
- 9th World Congress on Self-Care Deficit Nursing Theory (2006)
- 2nd Conference of the South African Institute for Health Care Managers (2006)

EDUCATION

- 3rd South African AIDS Conference (2007)
- The National Civil Society Conference on Implementing the National Strategic Plan on HIV/AIDS (2007)
- IIA Fraud Conference (2007)
- IIA Corporate Governance Conference (2007)
- IIA SA National Conference (2007)
- Tshwane NGO Community Forum (2008)
- 2nd Burden of Disease Control Conference (2008)
- 1st South African TB Conference (2008)
- 1st Non-governmental Organisation (NGO) Conference (2008)
- IIA Fraud Conference (2008)
- IIA National Conference (2008)
- 4th South African Institute of Health Care Managers Conference (2008)
- 2nd SABCOHA Conference (2008)
- Launch event of AIDS Accountability International (2008)
- Care International Conference (2008)

During 2008 FPD also worked on the following con-

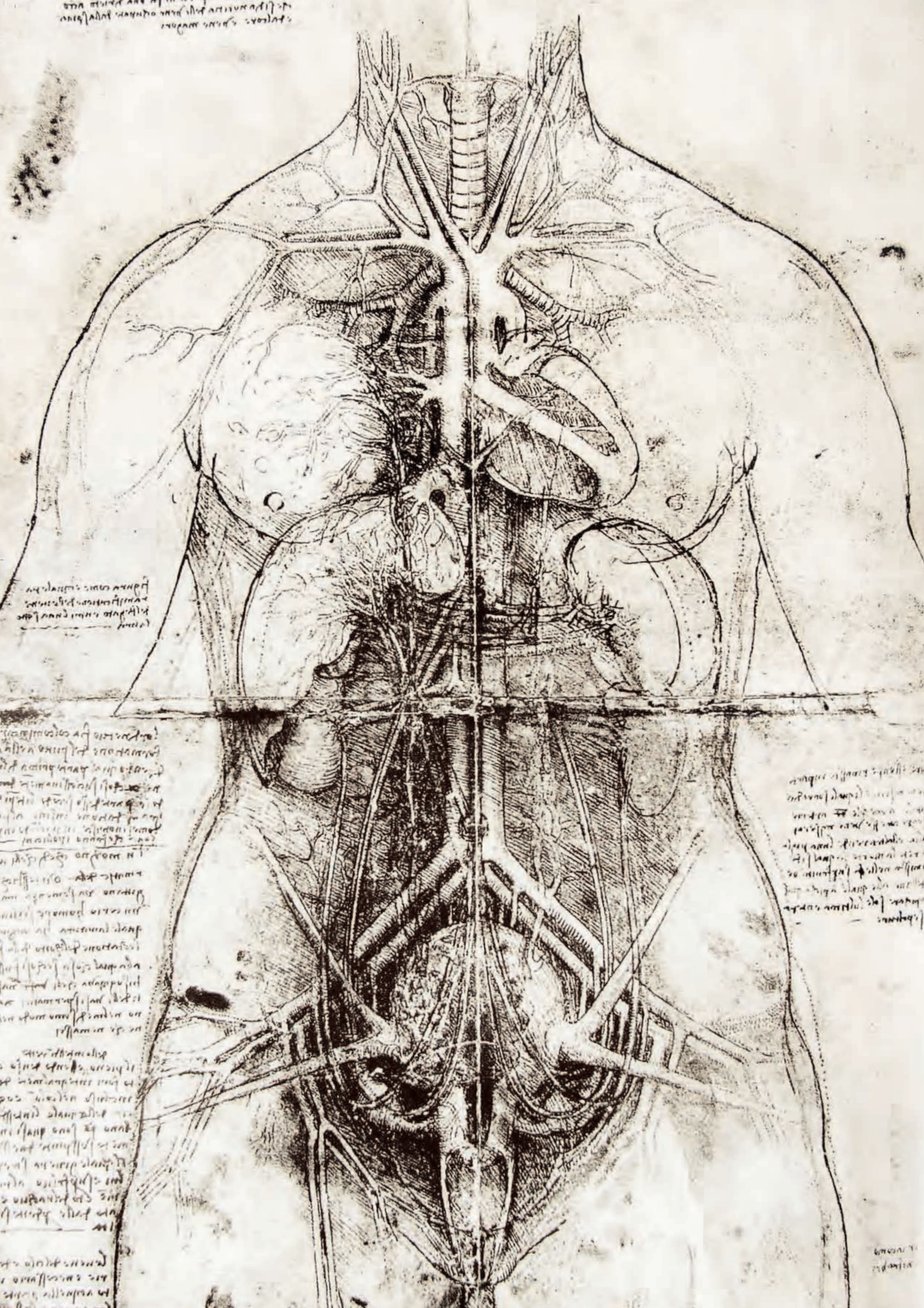
ferences:

- The 4th South African AIDS Conference, ICC Durban, 31 March – 3 April 2009 (www.saaid.com)
- The IIA International Conference, Sandton Convention Centre, 11-13 May 2009
- The IAS 5th Conference on HIV Pathogenesis Treatment & Prevention, CTICC, 19-22 July 2009 (www.iasociety.org)
- The Solar World Congress, Sandton Convention Centre, 11-14 October 2009 (www.swc2009.co.za)

In 2008 FPD also secured the bid to organise the Agricultural Biotechnology International Conference in 2011.

FPD-CMD 2008 Facts and Figures:

- Planned and co-ordinated 9 events
- Managed a combined conference turnover of R15,8m
- Managed 4 892 participants
- Co-ordinated 81 exhibitors
- Secured conference sponsorship and exhibition revenue to the value of R2,6m



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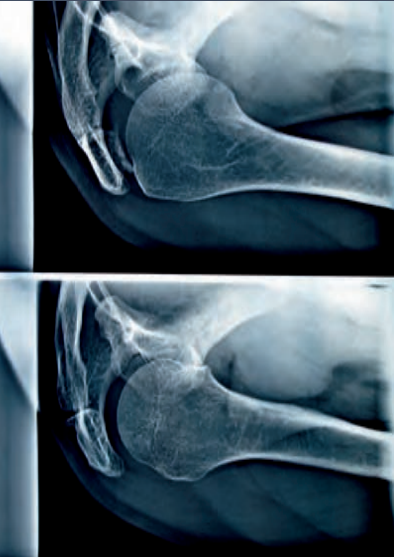
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**CLINICAL &
COMMUNITY
CAPACITY
DEVELOPMENT**



CLINICAL CAPACITY DEVELOPMENT

The educational white paper of 1997 created the imperative for integrating community service into higher education in South Africa. This white paper called on higher education institutions to demonstrate their commitment to social transformation by making available the expertise in these institutions to address the challenges faced by the community. FPD has interpreted this mandate through a focus on developing capacity in the community and dedicates substantial funding and staff to these activities.

POSITIVE LIFE PROJECT



In August 2004, FPD launched the Positive Life Project, which was established to facilitate the accreditation, expansion and integration of facilities providing comprehensive anti-retroviral treatment (ART) and HIV palliative care in the South African public sector. In collaboration with the provincial and district departments of health, the Positive Life Project works in direct support of the South African Government's Operational Plan for Comprehensive HIV/AIDS Care, Management and Treatment. The key focus of all project activities is building sustainable local capacity. Funded by PEPFAR since 2004, the Positive Life Project operates in Gauteng, North West, Mpumalanga and Limpopo provinces.

Through the Positive Life Project, the FPD Treatment Cluster works closely with provincial departments of health and facility management to: increase access to HIV/AIDS service delivery; strengthen integration between TB and HIV services; strengthen referral networks between counselling and testing sites, TB focal points, HIV wellness centres, and ART clinics and faith-based organisations; and develop human capacity to deliver high-quality counselling (HIV testing, TB and ART adherence), HIV palliative care (including TB identification and management) and ART.

The Positive Life Project's design is based on a detailed needs analysis that was conducted in consultation with management at a number of Gauteng public sector ART facilities. The needs analysis identified four areas that constitute key challenges to the rapid scale-up and integration of HIV care and ART in public sector facilities. These include:

- Capacity Development;
- Management Support;
- Operational Systems; and
- Physical Infrastructure and Equipment.

Through a public-private-partnership model, FPD coordinates the following support services to FPD-partnered ART clinics.

Capacity Development

- FPD identifies gaps in training needs (in terms of ART management, HIV palliative care, VCT and adherence counselling, TB management and project management) and coordinates appropriate training.
- FPD assesses human-resource capacity and seconds additional clinical and administrative staff, where this is indicated.

Management Support

- FPD works closely with facility management and DOH officials to: implement jointly developed operational plans, to link and expand HIV/AIDS services; integrate health management information systems; improve monitoring and evaluation capacity; and measure progress towards mutually designated facility DORA and PEPFAR indicators.

Operational Systems

- FPD develops and implements operational systems and strategic management tools in order to improve efficiency, promote quality patient care, and uphold international best practices.

CLINICAL CAPACITY DEVELOPMENT

Physical Infrastructure and Equipment

- FPD facilitates and manages clinic refurbishment and essential renovations and equipment procurement in order to negotiate short- and long-term infrastructural challenges that impede the rapid and successful rollout of ART at the clinic level.

The Positive Life Project currently provides comprehensive support to 35 public sector clinics and one NGO ART clinic, as well as to nine down-referral sites. By the end of 2008, the Positive Life Project was actively involved at a total of 45 service outlets providing ART. (See the table on the following page.)

Overview of FPD Progress on Country Operation Plan Targets from October 2007 to September 2008

The Positive Life Project is funded entirely through USAID and receives support from PEPFAR. In accordance with donor requirements, the project operates according to the PEPFAR year (October to September). All indicators reported below measure project output during the most recent PEPFAR year: October 2007 to September 2008.

In 2007/2008, FPD's Treatment Cluster performed well against all designated targets. By September 2008, FPD was reporting to USAID on a total of 41 service outlets providing counselling and testing according to South African standards; 45 service outlets providing HIV-related palliative care; 36 service outlets providing TB treatment to HIV-infected individuals; and 45 service outlets providing ART. Nine of these 45 sites are down-referral sites at the primary level of care and are affiliated with four hospital-based ART clinics. Of the nine down-referral sites, seven were accredited during 2008 and are in the process of scaling up to report independently.

FPD currently provides support in comprehensive human resources, operations, management, infrastructure and monitoring and evaluation (M&E) to the following 36 primary ART clinics and nine down-referral sites. FPD is working closely with district departments of health and facility management to scale up three additional down-referral sites, which will begin seeing patients in 2009.

Positive Life Project Partnered ART Clinics

Primary ART Clinic

- Belfast District Hospital
- Brits District Hospital**
- Cullinan Rehabilitation Clinic***
- Donald Fraser District Hospital**
- Dr. George Mukhari Hospital**
- Elim District Hospital**
- Fountain of Hope Clinic
- Groblersdal District Hospital
- Jane Furse District Hospital
- Jubilee District Hospital
- Kalafong Tertiary Care Hospital***
- KwaMhlanga District Hospital
- Laudium Community Health Centre
- Letaba District Hospital
- Louis Trichardt District Hospital
- Malamulele District Hospital
- Mamelodi District Hospital
- Mankweng Tertiary Care Hospital
- Mathibestad Community Health Centre
- Messina District Hospital
- Middelburg District Hospital
- Mookgophong PHC
- Mokopane District Hospital
- Nkhensani District Hospital

CLINICAL CAPACITY DEVELOPMENT

- Odi District Hospital***
- Philadelphia District Hospital
- Polokwane Tertiary Care Hospital
- Pretoria West District Hospital
- Rethabile PHC
- Seshego District Hospital
- Siloam District Hospital
- Stanza Community Health Centre
- Tshepong TB Hospital
- Tshilidzini Regional Hospital
- Tshwane District Hospital
- Witbank Tertiary Care Hospital

New and Accredited Down-referral Sites

- Wonderkop PHC (Brits)
- Tiyani Health Centre**** (Elim)
- Soshanguve III CHC**** (DGMH)
- Phomolong PHC (Kalafong)
- Letlabile PHC (Brits)
- Bungeni Health Centre**** (Elim)
- Maria Rantho PHC (DGMH)
- Dark City****
- Bapong PHC (Brits)
- KT Motubatsi CHC**** (DGMH)
- Mutale Health Centre**** (DF)
- Dube Clinic (Odi)

** With down-referral sites reporting under the primary site

*** With down-referral sites not yet reporting to PEPFAR

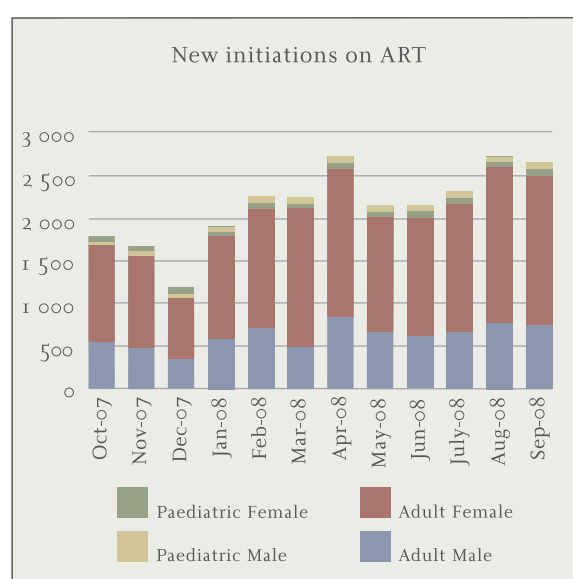
****Newly accredited

The following graphs illustrate FPD's progress towards key treatment indicators. Targets, where indicated, are demarcated by a red arrow.

New Initiations on ART

During the past PEPFAR year, FPD-partnered ART clinics started approximately 2 470 individuals on ART

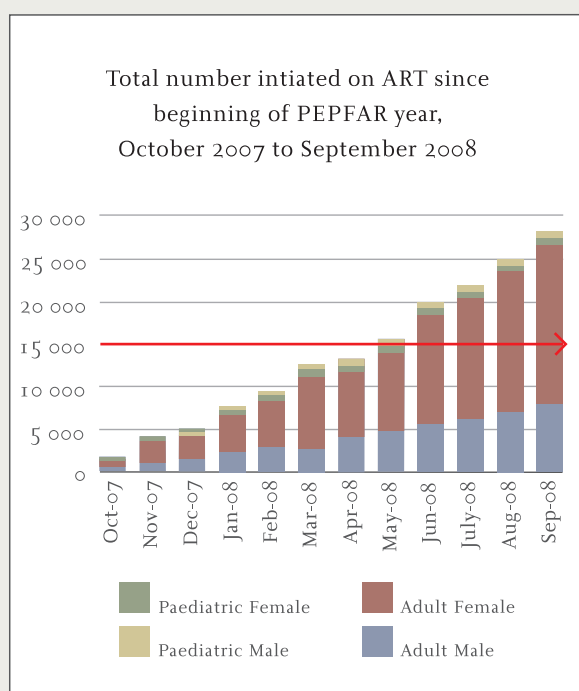
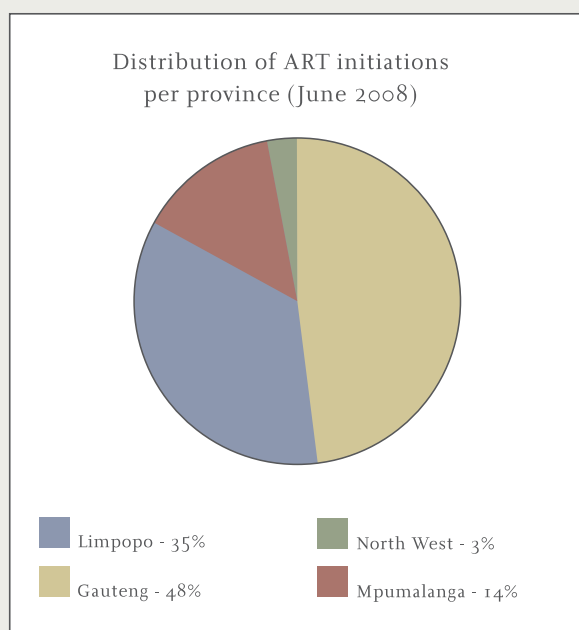
per month; during the last quarter alone, the 36 sites averaged over 2 500 initiations per month.



During September 2008, individual clinic monthly ART initiation numbers ranged from 10 at Tshepong TB Hospital to 194 at Dr. George Mukhari Hospital; and the median monthly ART initiation was 57 individuals. Forty-eight per cent of all monthly initiations at FPD-partnered sites occurred in Gauteng, 35% in Limpopo, 14% in Mpumalanga, and 3% in North West. During the past year, FPD's presence in Limpopo rapidly scaled up to compete with its scope in Gauteng. During 2009, key FPD activities will include the identification and scale up of down-referral sites and the transfer of patients from the secondary level of care to the primary level.

In September 2008, FPD-partnered sites reported a total of 27 661 individuals (25 838 adults and 1 823 paediatrics) started on ART at the 36 FPD-partnered facilities during the reporting period (October 1, 2007 - September 30, 2008).

CLINICAL CAPACITY DEVELOPMENT



Although FPD reached the numerical paediatric targets, the stipulated 10% paediatric ART initiation target continues to pose a challenge. FPD's success with regard to adult initiations negatively impacts the proportion of paediatric over total ART initiations. Despite controlling for five ECHO-partnered clinics (Mankweng, Mokokwane, Polokwane, Rethabile and Seshego) where FPD does not report on paediatrics, paediatric ART initiations fluctuate around 7% of ART initiations. In response to these challenges, FPD is placing a strong emphasis on collaboration, mentorship and specialist support.

FPD priorities for the upcoming year are the expansion of paediatric ART services and the strengthening of paediatric human capacity within all the districts where FPD operates. Activities projected for 2009 include (1) piloting a tracer programme to actively follow up and test HIV-exposed infants and children of HIV-infected mothers identified through PMTCT and MCH in FPD-partnered paediatric treatment sites; (2) strengthening linkages with PMTCT partners to identify (through paediatric HIV testing services) and initiate HIV-infected children under two years of age on ART at FPD-partnered sites; and (3) promoting age-appropriate and family-centred services through the integration of infant, child, adolescent and parental ART programmes at clinics that provide MCH. This last activity will be supported by the electronic medical record (EMR), currently utilised at all FPD-partnered ART clinics in the Tshwane District. The EMR will be strengthened to cover additional paediatric ART data fields and to link electronic records to a family unit to facilitate the administration of the family-centred approach to patient management and booking systems. The fourth projected activity for 2009 is the support of surveillance activities that monitor continuity of care and integration with PMTCT, ANC and MCH programmes at facilities, as identified by SAG.

CLINICAL CAPACITY DEVELOPMENT

Cumulative Number ever Started on ART

By September 30, 2008, FPD-partnered sites reported having provided ART to a total of 63 987 individuals since the beginning of PEPFAR funding at the clinic; this figure translates to 59 260 adults and 4 727 paediatrics.

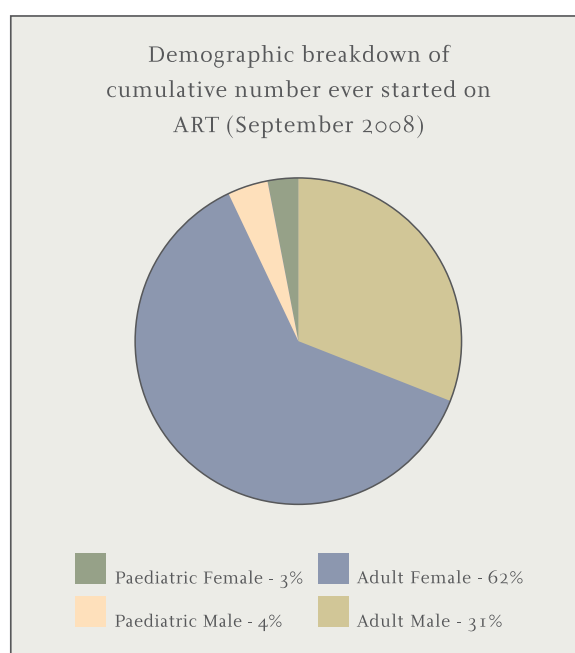
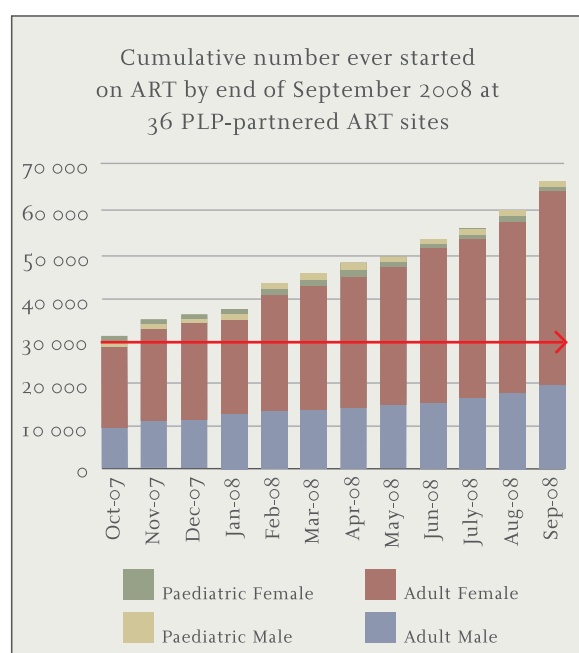
Similar to new ART initiations, the target of 10% as the proportion of cumulative paediatric ART initiations over cumulative total ART initiations remains elusive. FPD will continue to conduct situational and needs analyses with facility management in order to identify barriers to access and develop mitigation plans with regard to paediatric care and treatment. During 2009, a key FPD priority will be to strengthen linkages between PMTCT and ART/HIV care programmes, to increase the human capacity in paediatrics and expand existing paediatric ART programmes.

Number Currently Active on ART

On the basis of monthly statistics, FPD projects that there are 50 124 individuals active on ART at the 36 FPD-partnered ART clinics. Of these, 4 035 are paediatric and 46 089 adults. Despite the difficulties in attaining the 10% paediatric initiation target, FPD's retention of paediatric patients remains high, with paediatrics accounting for 8.9% of all active ART patients at FPD-partnered facilities.

People no Longer on ART

According to current statistics, 78% of all individuals who were ever initiated on or received ART since the beginning of FPD's involvement are reported to be active on ART. Of the 22% no longer on ART, 44% are reported as lost to follow up, 33% have transferred out, 19% are dead, and 4% have permanently stopped ART. The high proportion of individuals transferred out is

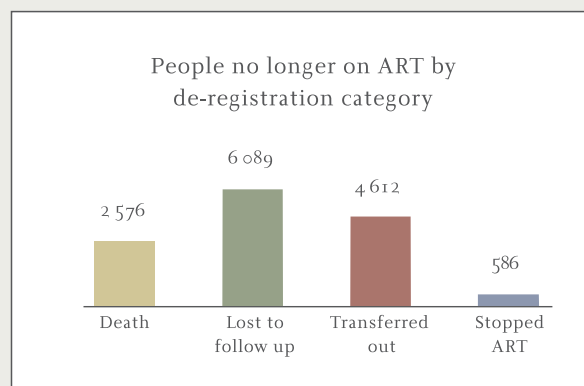
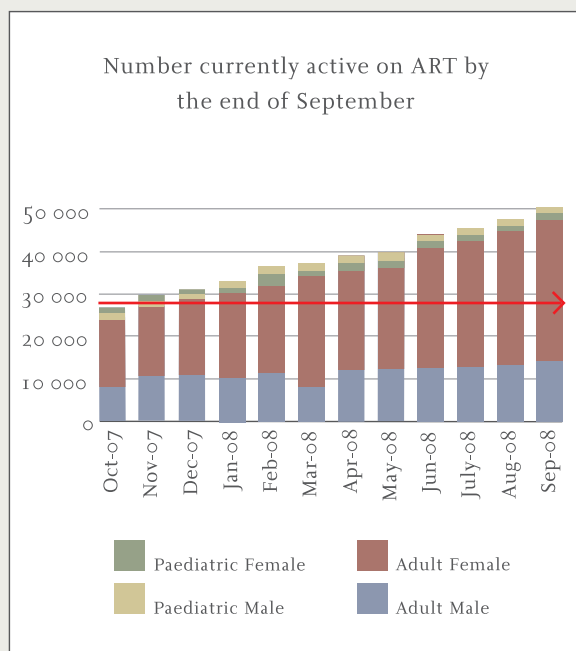
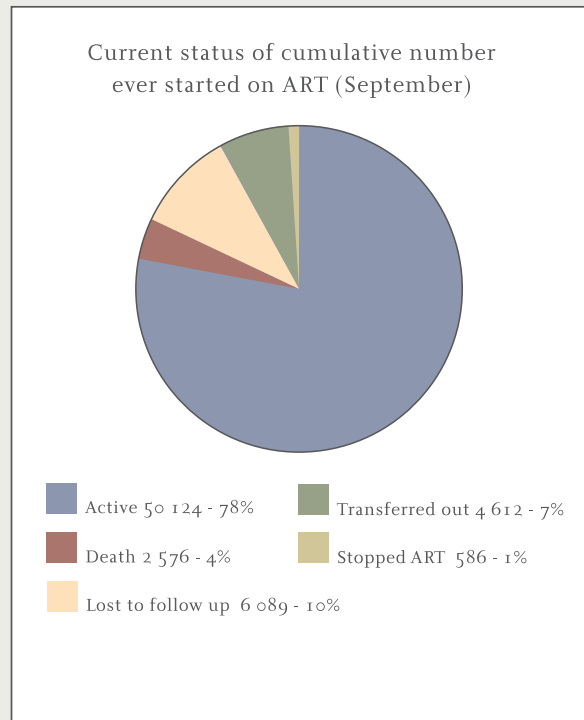


CLINICAL CAPACITY DEVELOPMENT

reflective of the scale up and rollout of ART within the districts, the accreditation of new ART clinics, and the migration of ART patients to clinics nearer their homes.

Owing to FPD's approach of providing comprehensive support to the provinces at a district level, the increasing movement of patients between FPD-supported sites results in possible double counting of the cumulative number ever on ART at the aggregate (FPD) level.

Through the ongoing identification and accreditation of down-referral and new ART sites, FPD-partnered sites are experiencing sudden and sharp increases in transferred-out numbers; however, since FPD is often involved in newly accredited/or identified sites, the patients are transferred out of the facility, but not out of the FPD-supported network. FPD is working to strengthen the electronic patient management system for ensuring the accuracy of facility-level statistics, as well as district-level statistics.



FPD is in the process of rolling out SOZO, an electronic patient management system, at nine ART clinics in Gauteng. Upon completion of the back capture of patient clinical records onto SOZO, FPD will run a report across the clinics to identify duplicate patient entries (e.g. names, ID numbers and/or dates of birth). We anticipate that SOZO cross-referencing will find a num-

CLINICAL CAPACITY DEVELOPMENT

ber of individuals reported as no longer on ART at one facility who are, in fact, alive and on ART at another in the Tshwane district. We also anticipate that the intra-clinic transfer function of SOZO will lead to a better understanding of patient movement within the district, as well as to subsequent adjustments in the aggregate figures at the district level.

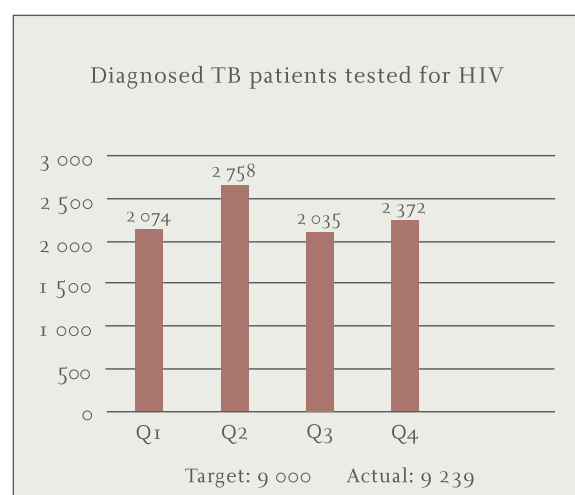
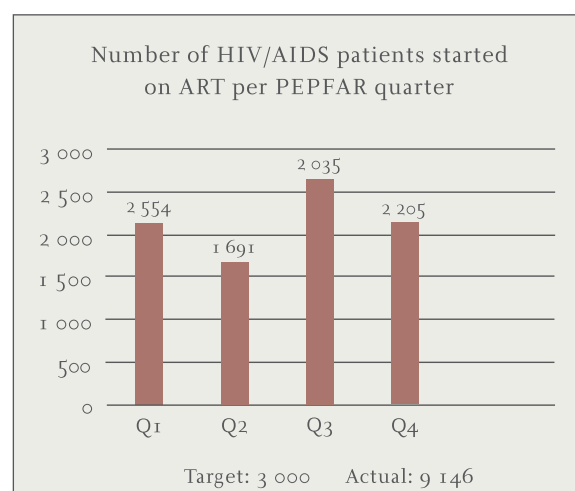
TB-HIV COLLABORATION

The goal of the TB/HIV collaboration programme is to strengthen collaboration between TB and HIV programmes in all FPD-supported sites. This is done to ensure: that individuals with TB have access to counselling and testing services and HIV care; and that HIV-positive individuals accessing HIV services receive access to TB services through active screening and the appropriate and timely investigation of TB suspects.

The DOH assists sites in identifying strategies for effective collaboration and assists local programme managers in efficient deployment of human resources. FPD staff are seconded to the sites on a needs-based basis. Key activities include: technical assistance on TB/HIV collaboration issues; ongoing contact and in-service education of staff; reference centre for TB and infection control references; monitoring and evaluating performance; and service integration.

The TB/HIV collaboration programme is measured on two indicators: the number of individuals receiving treatment for TB disease and the number of TB patients tested for HIV. Performance against these indicators is reflected below. FPD noted a marked increase in individuals starting TB treatment during Quarter 3 2008 (April-June), which is attributed to capacitating ART-adherence counsellors to screen ART patients for TB during routine ART adherence-counselling sessions. This approach has led to an increase in the number of HIV/AIDS patients screened for TB, the number of TB

suspects identified and the number of TB suspects investigated for TB. On a worrisome note, monitoring the TB screening process identified a number of breaks and/or weaknesses in continuity of care between the ART clinic and TB focal point. These challenges are being addressed and rectified in collaboration with facility management and staff. Following this intervention to integrate routine TB screening into ART-adherence counselling sessions, FPD noted improvements in TB/HIV collaboration at a number of sites.



CLINICAL CAPACITY DEVELOPMENT

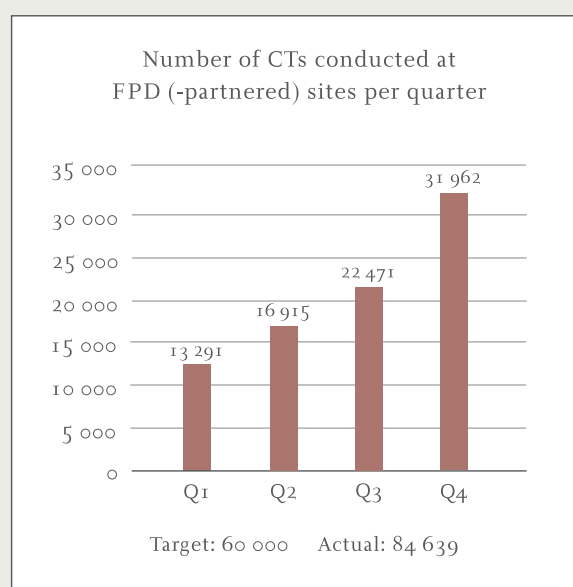
Key activities included ongoing education on the effective manner in which collaboration can be achieved and the optimal utilisation of the DOH TB registers. It is interesting to note that once the data management systems within the TB focal points were sufficiently strong, it became apparent that diagnosed TB patients were increasingly aware of their HIV status. In some instances 30% to 50% of the diagnosed TB patients already knew their HIV status upon TB diagnosis. Nonetheless, routine-offer counselling and testing is the standard of care at all FPD-supported TB focal points.

Counselling and Testing

The number of counselling & testing (CT) sites has expanded from 34 to 41 and comprises 4 FBO sites, 4 mobile units, 1 NGO site and 32 SAG-supported sites. FPD's mobile CT teams have started a project with the Tshwane North Department of Education, training and testing teachers, learners and parents.

In 2008 FPD's mobile unit entered into a partnership with Love Life, which promotes healthy HIV-free living among South African teenagers. Organised under the auspices of the Love Life Trust, Love Life combines a sustained high-powered multi-media campaign with nationwide community-level outreach and support programmes for youth. Under the current agreement, FPD offers CT at Love Life campaign sites. During Quarter 4, the mobile unit offered CT at the Gay Pride parade in Johannesburg.

FPD's CT Department works closely with the Compass Project – another FPD initiative – and other members of the Positive Life Project to identify the nearest ART clinic, TB focal point and/or HIV/AIDS service organisation. At all FPD-partnered CT sites, FPD is working to strengthen referral networks and linkages to HIV/AIDS services organisations in order to mitigate loss to initiation and loss to HIV care.



As highlighted in the figure above, the scope and coverage of FPD-partnered CT programmes expanded significantly during 2008 and resulted in a total of 84 639 counselled and tested for HIV.

Overview Of SOZO – FPD's Electronic Patient Management System

SOZO, Greek for "saved, healed and delivered", is an electronic patient-centric data management system designed specifically for the public sector South African HIV/AIDS clinics. Funded by PEPFAR and USAID, development on SOZO was initiated by FPD during 2007 in partnership with JSI and Infocare. JSI handed the project management responsibility to FPD in January 2008 and Infocare was contracted for further development.

CLINICAL CAPACITY DEVELOPMENT

SOZO is well positioned in terms of the South African public sector HIV/AIDS service arena because it is:

1. Open source – meaning that no registration and/or annual licence fees are applicable;
2. Modular in design – meaning that effective and efficient open source software programmes are spliced into the platform in order to make optimal use of complementary data management systems which work; and
3. An Integrated Virtual Private Network (VPN) – meaning that SOZO holds great potential in terms of monitoring service integration and continuity of care between sites and service points.

SOZO is also affordable, accessible and sustainable, even for the primary level of care.

SOZO is still in the stage of piloting the ART module, changing and adapting to the needs and requirements of the HIV/AIDS care service arena. The pilot is running at nine ART sites in Gauteng and one in Mpumalanga. During the first months of 2009, SOZO is scheduled to roll out at an additional 12 sites.

During the rollout process, FPD seconded additional administrative and data-capture staff to assist with the massive shift in operational systems at the daily operations level. SOZO requires comprehensive integration with existing paper-based data management systems and often has a direct impact on patient flow. Each site is addressed according to its unique challenges and its real limitations; the site is overseen by a designated SOZO trainer and data-quality officer whose responsibility is to ensure that SOZO is being used correctly and comprehensively in line with data-quality standards. Change management and ongoing training are key to the successful rollout.

The primary objectives of the SOZO Clinic System at facility level are to collect, collate, verify and use data. The current SOZO functionality enables administration

staff to register new patients and/or transfer them between clinics, edit details, schedule expected visits, admit and discharge patients, as well as to manage the attendance lists. Administrative data that may be captured to the system includes patient demographics, details of contacts and supporters, transfers, and defaulting incidents. Data captureurs populate the database with administrative and/or clinical data. Clinical data include past medical history and current clinical data, referrals, and results received. Tracers are supported by the defaulter tracing module once an individual who has missed an expected visit is identified by the system. All data are saved to build a comprehensive electronic record, which is attached to the patient. The electronic patient record is then accessible at all service points and levels of care within the networked SOZO system, as per user rights.

Unique to SOZO, electronic patient records may be transferred and made available between facilities through the Virtual Private Network (VPN), providing connectivity is available. Inter-connectivity is scheduled for 2009 after the data validation processes are complete. An SQL platform supports SOZO as a variable-driven data-collection tool that translates into a very flexible reporting structure with new grid and pivot functionality. The new-and-improved data use components allow for the generation of automated output reports (as per DORA and/or PEPFAR reporting requirements), as well as facility-level reports and charts relating to patient trends and operations.

The grid and pivot functionality allows for the manipulation and presentation of data in the system at the facility level; pivot layouts, including filters, date cut-offs and groupings are determined by the user and/or are available from a pre-programmed menu list. These components contribute favourably to increased data use at the facility level for evidence-based decision making and underlie the importance of good data quality.

CLINICAL CAPACITY DEVELOPMENT

During 2008, the focus of SOZO was directed towards the design and development of numerous functionalities:

1. Terminal server, thin client model – resulting in: (a) improved efficiency and connectivity; (b) improved response time (computing power is free to provide data capturers with information); (c) reduced overhead costs (fewer full workstations required); (d) more secure data (hosted on the server); and (e) reduction of viruses (FPD determines what software may be accessed through the server).
2. Data-quality reports add a level of data-quality assurance that fosters higher validity, reliability, integrity, precision and timeliness of data; the data quality reports allow site users, as well as management to (self-) evaluate the quality of the work and highlight areas for additional training and/or oversight.
3. Increased flexibility through an in-systems reports structure. Reports can be exported for use and/or manipulation of the data and saved automatically to a directory on the server.
4. Virtual SOZO training modules (in scope) in order to: (a) facilitate continuous training and support; (b) train new users on-site; (c) update and retrain SOZO users on changes in systems; (d) provide an objective measure to evaluate skill level and competency of SOZO users and inform performance appraisals; and (e) serve as a vehicle to provide additional training (e.g. data security and confidentiality, data management systems, presentation of data, interpretation of statistics, etc.).
5. Pharmacovigilance: in partnership with the Medunsa Pharmacovigilance unit, FPD is exploring the incorporation of a pharmacovigilance module into SOZO to monitor patient treatment outcomes.

Future developments are directed towards tracking individuals through the system; in other words, the electronic patient records will follow individuals through all programme areas, regardless of where services are accessed – for example, CT, TB, Wellness and ART. This

holistic approach will lead to the electronic patient record becoming an electronic medical record which, when linked through the VPN, will allow facilities to monitor barriers to integration and a breakdown in continuity of care within facilities and within districts. These efforts will support FPD in not only strengthening its health systems, but also in providing strategic information to funders, district and provincial departments of health and other key stakeholders.

During 2009, FPD will be working closely with Tshwane District counterparts and other key stakeholders (HIV/AIDS clinicians, TB specialists, administrative support staff, and other PEPFAR partners) to strengthen SOZO's applicability, accessibility and usability within the South African HIV/AIDS service environment.

INFECTIOUS DISEASES UNIT



Introduction

The section gives an overview of the Infectious Diseases Unit's (IDU) activities between October 2007 and September 2008. Special projects for 2008 included the National HIV Health Care Worker Hotline Call Centre; the International Centre for Equal Healthcare Access (ICEHA) Mentorship Programme; and the Advanced HIV Training Programme (Fast Track).

Microbial threats continue to emerge and re-emerge. Every eight months a new disease unknown to the world is diagnosed somewhere in the world. In other cases, microbes are previously known pathogens that are infecting new or larger population groups, spreading into new geographic areas, or becoming resistant to drugs. The FPD established its IDU, under Professor Anton Stoltz in 2004, in anticipation of the challenges

CLINICAL CAPACITY DEVELOPMENT

associated with infectious threats in South Africa. The unit is a public-private-partnership with the University of Pretoria, AMPATH and the Foundation for Professional Development. AMPATH, as the pathology partner, complements and strengthens the unit by bringing a financial component, a national network of laboratories, and microbiological experts. The University of Pretoria registered the IDU as a new unit to comprise internal medicine, paediatrics, virology and microbiology. The IDU is also registered with the HPCSA.

Purpose

The purpose of the IDU is to establish a centre of excellence, regional in scope, which will present a platform from which to mobilise and develop expertise in the field of infectious diseases. The unit's mission is to create a centre of excellence for education, research and service provision in infectious diseases and in this way contribute to the combating of infectious diseases in Africa.

Activities

The work of the IDU is in the following areas:

Education

Education is strongly rooted in grand rounds in infectious diseases and HIV grand rounds in general infectious diseases. Grand rounds are now well established on a weekly basis and are open to healthcare workers from public and private institutions. On average, the IDU hosts 30 to 40 participants from internal medicine, surgery, virology, microbiology, and intensive care during the rounds and fosters active discussions on best practices in diagnosis and in care of patients. Following expressed interest, grand rounds have also been established for HIV and opportunistic infections and are attended by private specialists in microbiology, as well as virology. These rounds form the platform from which the Advanced HIV Training Programme (AHTP), pre-

viously known as Fast Track, was launched.

Through the IDU, training workshops on HIV/AIDS, tuberculosis, STD management and rational use of antibiotics are done on an annual basis for registrars, pre-graduate students, and AHTP doctors. The IDU facilitates HIV training courses for final-year students with a practical self-study component as part of the pre-graduate curriculum at the University of Pretoria. Final-year students at Wits are also taught by infectious diseases specialists and the IDU in the diagnosis and management of TB in HIV co-infections. Training in the Tropical Medicine Course at the University of Pretoria, School of Health Systems and Public Health, takes place throughout the year by means of ward rounds and active discussion groups on tropical medicine topics. The IDU also trains students at the Department of Defence on MDR/XDR-TB; in return, IDU students are trained on haemorrhagic fevers and infection control by the South African Medical Services (Defence Force).

During the reporting period (October 2007-September 2008) the IDU established and facilitated a five-day course (doctor's orientation) to train all doctors at FPD HIV clinics in various aspects of infection, the interpretation of X-rays and CT scans, dermatology, neurology, clinical signs, nephrology and paediatric HIV care and treatment. The doctor's orientation course was conducted in Gauteng and Limpopo with the aim of increasing clinical skills and improve quality of care.

Service Delivery

In support of ongoing attempts to improve capacity in both the public and private sector, as well as to provide a high-quality infectious diseases service, the IDU is involved in a number of education initiatives:

- Infectious diseases hospital-based mentoring entails specialist support, mentorship and skills transfer from six infectious disease specialists. IDU specialists

CLINICAL CAPACITY DEVELOPMENT

and AHTP doctors currently see approximately 300 patients a month in hospital consultations from all departments, including paediatrics. Most of these patients are critically ill from opportunistic infections, including MDR-TB. Advice is given and referrals are made, with the key emphasis being the transfer of skills and knowledge to the facility clinician.

- Another initiative is the management of a complex HIV and infectious diseases treatment clinic, which is operational a full day once a week for all complex HIV cases referred from peripheral clinics.
- Training workshops are carried out on topics such as PMTCT dual therapy, TB management, lactic acidosis, HIV and anaemia, and HIV and hepatitis.
- As part of its infection control services the IDU provides support to infection control at the Steve Biko Academic Hospital (formerly the Pretoria Academic Hospital), in particular around outbreak investigations.
- A hepatitis C treatment clinic was established in collaboration with the Gastroenterology Department and the IDU manages HIV-Hep C co-infected patients.
- The IDU conducts bimonthly ward rounds in infectious diseases for the course in tropical medicine presented at the University of Pretoria's School of Health Systems and Public Health for the purpose of familiarising students with infections that pose a threat to public health.
- The IDU supports a weekly HIV student treatment clinic at the University of Pretoria, main campus, for students who are HIV positive and do not have access to a medical aid.
- The IDU works in collaboration with the International Mentors International Centre for Equal Healthcare Access (ICEHA) for the purpose of sending health professionals to Limpopo province to mentor to the local healthcare workers and build sustainable local capacity to provide quality HIV/AIDS care at public sector facilities.
- FPD supports the National HIV Healthcare Worker

Hotline (HIV HCW Hotline) to provide telephonic clinical support to FPD and government clinicians working in the HIV and TB field. The IDU is overseeing and assisting in the scale up of the national call centre at Cape Town University.

Research

Research is a full-time activity for the IDU, which works closely with registrars in internal medicine at the University of Pretoria to support the training programme in infectious diseases at Steve Biko Academic Hospital. The IDU is committed to actively mobilise support to initiate the training of specialists in infectious diseases and the recruitment of acknowledged international experts.

The IDU focuses its research activities on infectious diseases found in Africa and is currently establishing a number of strategic alliances in both the public and the private sectors in order to build local capacity to conduct research. As a result, the unit is part of the South African Malaria Initiative (SAMI) in Africa, searching for new drugs and diagnostics for malaria, as well as the expert group on XDR-TB. The IDU also provides research advice for the MRC on TB and the MDR-TB Eli Lilly partnership.

IDU SPECIAL PROJECTS

Advanced HIV Training Programme

In March 2008, FPD launched the Advanced HIV Training Programme (AHTP), which is an innovative and rigorous one-year diploma designed to create a category of sub-specialists in infectious diseases for deployment in South African public sector ART clinics.

CLINICAL CAPACITY DEVELOPMENT

Four doctors started a year-long diploma under the IDU with rotations through neurology, internal medicine, gynaecology, ophthalmology, ENT and paediatrics. The strenuous curriculum is designed to ensure that the AHTP doctors graduate with a thorough working knowledge of all systems potentially involved in complicated cases in HIV.

Alongside the AHTP coursework and ward rounds, the AHTP doctors are scheduled to attend the following courses: management of HIV; a refresher course in HIV; advanced HIV management; counselling in HIV; management of TB; TB in the workplace; infection control; and rational use in antibiotics. Upon conclusion of the course, all AHTP doctors will write the college exam in HIV.

The sub-specialists are trained to provide quality HIV/AIDS care and support to complicated HIV and TB cases. The long-term impact of this training initiative will be the establishment of a cadre of well-trained infectious diseases sub-specialists deployed to public sector ART clinics across South Africa who can provide ongoing on-site mentorship and skills transfer.

ICEHA Clinical Mentorship Programme

During 2008, FPD launched an ICEHA clinical mentorship programme for HIV/AIDS clinicians in northern Limpopo. The ICEHA is an international non-profit organisation that engages healthcare professionals in rapidly transferring their expertise on HIV care and infectious diseases to colleagues in developing countries by using an innovative method of clinical mentoring. ICEHA clinical mentors do not provide patient care directly; they equip local caregivers with the skills needed to take care of their own patients.

Apart from the goal of transferring practical skills, the ICEHA's clinical mentorship programme assists in the implementation of operational systems that support the delivery of the best care possible within existing resource limitations. In this way, the ICEHA focuses on building sustainable local capacity in quality HIV/AIDS care. Starting in 2008, the ICEHA began to work hand in hand with FPD and the IDU to deploy clinical mentors for between six and 12 weeks in ART clinics in the public sector.

The FPD-ICEHA partnership has the following objectives: (1) to transfer knowledge and skills to staff working at ART clinics; (2) to revamp operational systems in order to improve service delivery; (3) to raise awareness in infection control measures in the clinic and wards; (4) to improve the relationship between ART clinic staff and the rest of the hospital staff; (5) to initiate morbidity and mortality reviews at ART clinics; and (6) to encourage ART clinic staff to engage in outreach programmes to the community.

In 2008, the ICEHA seconded four specialists to FPD for deployment to rural ART clinics in northern Limpopo. In support of ICEHA objectives, clinical mentors engaged in the following activities: (1) formal lectures to all categories of HIV/AIDS clinic staff; (2) teaching morning rounds; (3) one-to-one training and transfer of skills to clinic staff; (4) mentoring workshops for doctors; and (5) presenting a series of topics to the hospital staff during weekly meetings on morbidity and mortality. The intervention has had numerous and far-reaching implications related to extensive on-site capacity building for healthcare professionals and has ignited enthusiasm to address quality concerns for patients at HIV/AIDS clinics.

CLINICAL CAPACITY DEVELOPMENT

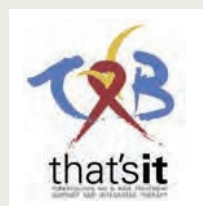
National HIV Healthcare Worker Hotline: 0800 212 506

Through IDU support and leadership, FPD helped to expand the scope and capacity of the National HIV Healthcare Worker Hotline. Since March 2008, the Medicines Information Centre (MIC), in the Division of Clinical Pharmacology at the University of Cape Town, has provided a toll-free national HIV HCW Hotline, 0800 212 506, in collaboration with FPD and USAID/PEPFAR.

Key activities in 2008 for the hotline included aggressive marketing. Historically, the MIC has provided this service to the Western Cape only; however, several marketing initiatives have been undertaken to increase awareness of the service nationally. The aim of the marketing campaign is to increase calls from all provinces over the next few months.

The outputs from 2008 and the positive feedback from clients have underlined the value of the HIV HCW Hotline. HIV HCW brings specialist care and mentorship to the remotest clinic and the remotest hospital. Utilisation of the hotline is anticipated to increase substantially following the aggressive marketing campaign.

THAT'S IT PROGRAMME (TUBERCULOSIS, HIV, AIDS, TREATMENT SUPPORT AND INTEGRATED THERAPY)



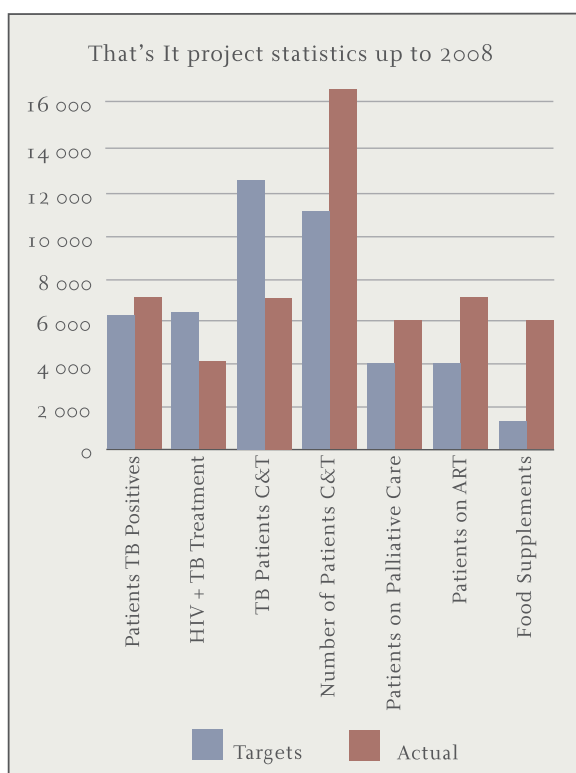
This project, in collaboration with the MRC, aims to expand the delivery of ART to TB patients in South Africa and promote TB screening in HIV-positive patients, using lessons learnt from the best practice

models developed by other MRC partners.

TB, although curable, is one of the most common causes of HIV-related morbidity and mortality in South Africa and in other African countries. Owing to a lack of awareness and education patients often present very late for help at healthcare facilities. What is more, the diagnosis of TB in association with HIV infection is not always straightforward. The project aims, therefore, to intensify TB screening in all HIV-positive patients.

South Africa has TB incidence rates ranging from 400 to 1 500 / 100 000 compared to the USA, which has incidence rates of <16 / 100 000. In view of international interest following the Tugela Ferry outbreak of XDR TB in 2006 in KwaZulu-Natal this programme is well placed and focuses on TB patients as an entry point to access ART. At the same time the programme targets HIV-infected patients to heighten the awareness of TB signs and symptoms so that they can present in time to the relevant health authorities for TB diagnosis, treatment, and clinical interventions.

CLINICAL CAPACITY DEVELOPMENT



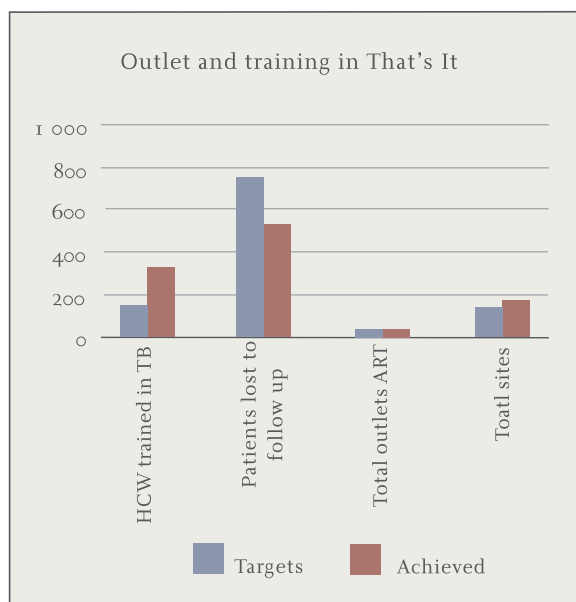
Purpose of the Project

The delivery of ART to TB patients in the **That's It** project has the following targets associated with this multi-year project, as shown in this graph that gives an indication of performance against target.

The project targets resource-poor and deep rural settings, where access to ART is on its own a huge challenge. The programme's first supported clinic dates from December 2006 and the programme now services 136 clinics in four provinces in South Africa.

Activities

All activities are focused on improving TB/HIV integration and care to communities with poor infrastructure and resources. As a starting point MOUs were submitted to and signed with the relevant provinces: Kwa-Zulu-Natal, North West, Western Cape and Eastern Cape – the last two as expansion sites.



The project team consists of a project manager, a data and quality assurance manager and administrative staff.

The districts where activities are carried out are the following: Dr Ruth S Mompoti and Moses Kotane in North West; Bitou, Knysna, George and Mossel Bay in the Eden district of the Western Cape; and nine identified TB hospitals spread throughout the Eastern Cape, from Matatiele in the north to Humansdorp in the south and from Graaff Reinet to Port Elizabeth. The provincial MDR TB unit, Jose Pearson Hospital in Port Elizabeth, Orsmond in Uitenhage and Khotsong Hospital in Matatiele are some of the sites that the **That's It** project has successfully assisted in obtaining accreditation for providing ART.

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More than 17 ART clinics are supported by **That's It** and in total 136 supported clinics are directly benefiting from the programme. Five mobile clinics are being utilised in order to provide services to outlying areas. TB screening and down referral of ART provision. The number of employees in the **That's It** project since its first appointment in November 2006 has grown to 170.

The expansion of physical space to accommodate patients and promote integrated care and adherence to infection control principles form the cornerstone of the programme. Twenty-three park homes have been commissioned and are operative in the various supported sites.

Outreach programmes and community involvement targeting both communities and school children are other focus areas of the programme. World TB day was successfully celebrated with a fund walk for school children in the Kudungwane village in North West. Two launches of new sites – Matatiele and Kranshoek – demonstrated both provincial support and community

involvement in the project. Nutrition gardens are another area of support that provides the necessary training and education to both patients and healthcare workers.

Laboratory and pharmaceutical support have been targeted to ensure fast turn around times and an uninterrupted supply of pharmaceutical drugs for the care of TB/HIV. In Ganyesa a radiographer has been appointed to ensure continuity of service.

The programme has embarked on positive branding to counteract dual stigmatisation. It launched the programme at Ganyesa on World TB day and received wide media coverage.

Data collection has focused on preparing the required PEPFAR reports and developing clinical forms that will serve as the basis for a comprehensive patient management system. This is being done in collaboration with other PEPFAR partners and the National Health Laboratory Service.

COMMUNITY CAPACITY DEVELOPMENT

AFRICA HEALTH PLACEMENTS



Understaffing of public healthcare facilities remains one of the leading obstacles to achieving

and maintaining acceptable levels of service delivery in the South African public healthcare sector. Africa Health Placements (AHP) aims to support the recruitment, registration, placement and retention of public sector health professionals in Africa through targeted marketing campaigns, a professional recruitment service, orientation programmes and retention strategies, as well as through supporting a network of local and international institutions and donors who are working to improve the healthcare capacity of the continent. AHP was officially launched in July 2008 as a result of the joint venture between The Placement Project (of FPD) and The Rural Health Initiative (of the Academy for Family Practice).

Within this project, priority is given to: those facilities serving the most disenfranchised sectors of the healthcare system; prioritising the needs of the most indigent; and balancing short-term demands and long-term solutions, with the goal of ultimately becoming a major player in all aspects of healthcare staffing in Africa. According to the World Health Organisation (2005), developed nations such as the US enjoy ratios of over 550 doctors per 100 000 people. South Africa has around 60 doctors per 100 000. Having accounted for inequities within the SA healthcare system, certain rural communities may only have as few as two or three doctors per 100 000 people.

South Africa suffers from a huge burden of disease – HIV/AIDS being the most prominent issue. Coping with this burden is made extremely difficult as a result

of a severe shortage of health professionals serving the country's uninsured population. These shortages are, in part, created by the inequities in a healthcare system in which a hugely disproportionate number of doctors (75% of the country's GPs) serve a small private sector (only 20% of the population) and few doctors serve rural communities. The problem is exacerbated by the well-publicised "brain drain". Consequently, the pressure on existing public sector practitioners is huge, which impacts on the retention of these doctors and nurses.

AHP works to fill vacancies in the South African public sector from two sources: (1) foreign-qualified health professionals and (2) locally qualified health professionals who are currently working in the private sector in South Africa or have left to work abroad.

Recruitment of locally qualified and foreign-qualified healthcare professionals is facilitated and managed by a dedicated and proficient team that uses best practice marketing and recruitment techniques. These include a programme for the orientation and retention of recruited practitioners that works within an integral network of service delivery partners.

In addition, AHP assists the DOH in its own recruitment and government-to-government agreements in the placement, orientation and retention of recruited practitioners. Assistance is also offered to the HPCSA, SANC and SAPC wherever possible – particularly around their own capacity and processing systems. The project also supports a number of other local and international organisations in their efforts to improve the healthcare capacity of South Africa.

Steps have been taken to replicate this model and AHP anticipates starting active recruitment of healthcare professionals in Lesotho after confirmation of funding approval for 2009.

COMMUNITY CAPACITY DEVELOPMENT

Funding for the not-for-profit operations has been secured from the Atlantic Philanthropies, an international philanthropic organisation (four years' forward funding), and PEPFAR (five years' forward funding). The project took its first step forward in winning a tender from the Gauteng Department of Health for the management of a locum pharmacist project. This project has been able to generate profit that will be utilised to subsidise the not-for-profit operations. It falls within the scope of the public sector recruitment mission of the AHP and runs in conjunction with other FPD divisions.

Since its inception in 2005, the project has placed over 700 locally qualified and foreign-qualified health workers in government and NGO healthcare facilities. The impact of the AHP has been phenomenal. Approximately half of the total number of health workers has been placed in HIV/AIDS clinics, and over 300 doctors have been placed in rural government hospitals. With ART programmes reliant on the availability of clinicians, the impact of having just a single doctor working in an HIV/AIDS clinic is significant. And if one considers that in many rural areas there are as few as three doctors per 100 000 people, one begins to recognise how astonishing the impact of the project has already been. During 2008 alone, the AHP placed an estimated 140 foreign-qualified and 240 locally qualified healthcare professionals in South African public health and non-government facilities.

The impact has not only been on those people who now have access to healthcare, but also on the morale and retention of the already dedicated teams of practitioners who are working hard in difficult conditions to service the uninsured population of South Africa. Furthermore, monitoring and evaluation exists to establish the impact that the AHP, supported by our donor funding, has on the South African public health sector. Anecdotal and survey evidence suggests that there are many other consequential benefits to the

project's retention and orientation programmes. For example, some South African doctors reported learning palliative care techniques from foreign practitioners who had been through the project's palliative care orientation. These foreign qualified practitioners had never even seen a case of HIV/AIDS before arriving in South Africa.

In addition, the project's impact extends its network of partners. For example, the DOH's FWMP has introduced a "fast track" process to expedite the issuance of work permits to newly recruited foreign health professionals. In agreement with this, the HPCSA has agreed to register doctors who have qualified in certain countries without their having to write the qualifying exam. The project helped motivate for these changes by providing an evidence base for the decision-making process. The project now works with these authorities and assists them in their work wherever possible. Another example is the benefit the hospice receives in being supplied with volunteer doctors as part of assisting the project in running its orientation programme.

COMPASS PROJECT



Information regarding HIV prevalence, distribution and HIV service delivery for municipal areas is

scarce. The Compass Project has been initiated on the basis of the philosophy that an effective response to the HIV epidemic requires a coordinated mobilisation of all resources within a specific community. In order to better address the HIV/AIDS response within municipal communities, it is integral to have a coordinated approach that includes accurate mapping of all service providers, annual epidemiological quantification of the HIV service-delivery need, and accurate HIV service-provision information.

COMMUNITY CAPACITY DEVELOPMENT

This information is critical for a better understanding of the actual service need and enables a service gap analysis. Using this information, organisations, service providers, government and the private sector can plan and strategise effectively to address HIV/AIDS issues within their respective communities.

The Compass Project is funded through the Royal Netherlands Embassy. The primary goals of this project are to ascertain:

- What is the epidemiological situation of HIV/AIDS in municipalities and communities at this time?
- What are the HIV service needs of the HIV/AIDS community?
- What is the current level of community HIV services being provided by any service provider active in the community?

The key elements of the project are:

- Creation of an HIV/AIDS Mapping and Research Centre, in partnership with the University of Pretoria's, School of Health Systems and Public Health, to achieve accurate epidemiological data and gap analyses for communities.
- Information and resource provision/collaboration to streamline and prevent duplication of information for HIV/AIDS service providers.
- An organisational development programme to implement organisational needs assessments, benchmarking and skills building for community-based organisations providing HIV services.

Activities

HIV Service Directories

Through PEPFAR funding, the Compass Project has been able to initiate a National HIV Service Directory programme. Through this programme called "HIV-911", a national database of service providers has been initiated with approximately 7 500 service providers from all sectors listed. The programme has also designed, printed and distributed over 24 200 provincial directories to assist HIV service providers to improve referral and expand their community networks. The HIV-911 programme is housed at the University of KwaZulu-Natal (UKZN).

Mapping Research

Since its inception in 2005, the mapping component of the Compass Project has expanded to now offer several consultant services. Mapping is a broad term, but for the purposes of the Compass Project it includes questionnaire development, testing, protocol writing, database building, data collection, verification, quality assurance, research analysis, and report writing. Focusing specifically on service provision in all areas, predominately in health and education, the Compass Project has recently partnered with MapIT, a corporate geographic information system (GIS) company to expand our internal ability to provide GIS mapping and geocoding, which allows the Compass Project to produce high-quality mapping products internally. This partnership enables the project to offer health and education providers with access to the most accurate South African mapping system available on the private market.

MapIT is the top provider of Southern African mapping to companies such as Garmin and has recently been bought partially by Tele-Atlas, a European mapping company.

COMMUNITY CAPACITY DEVELOPMENT

Recent clients of the Compass Project include Right to Care, the Northern Cape Department of Health and ITech. In 2008, the Compass Project presented research at the International AIDS Conference in Mexico, the Public Health Association of South Africa (PHASA) Conference in Cape Town and the American Public Health Association Conference in California, USA.

Organisational Development (OD) Programme

In the community-based organisation environment, organisational development is typically given a lower priority because of a high demand on services and limited resources.

The Compass Project has initiated an organisational development programme (OD) to improve the effectiveness of organisations delivering community-based initiatives. OD uses a participatory approach and is a long-term interactive process towards building effective sustainable organisations.

The purpose of the OD programme is to:

- Measure the effectiveness of the internal structure of the organisation;
- Measure change in the organisation over time through benchmarking; and
- Strengthen the organisation through mentoring and skills building.

OD has now piloted the revised Compass Organisational Assessment Tool (COAT) and has expanded the tool to include assessment of all willing NGOs nationally. Once assessed, organisations will be provided with a gap analysis and access to training and skills-building opportunities. If organisations show they have capacity for growth, the Compass Project will actively source funding for them. In 2008, the Compass Project was able to source just over R3 million for its partners.

In 2009, the Compass Project will expand its services to NGOs to include a service-implementation programme based on key research findings from AIDS and TB conferences. This will ensure that the NGO community has both a voice and the ability to implement key findings to enhance service delivery, with identification of barriers within the NGO community to provide feedback to donors and other stakeholders.

In 2008, the Compass Project held three key events. Through a separate funding initiative of the Royal Netherlands Embassy, the Compass Project was able to provide over 2 000 mattresses to the Akasia Refugee Camp just after the xenophobic attacks. The Compass Project was also able to support one of its partners, the Tshwane Leadership Foundation, who provided food, clothing and other forms of support to the camp. For the South African NGO Community, the Compass Project held two educational events – the Tshwane NGO Forum in March 2008 attended by 175 delegates and the first South African NGO Conference in October 2008 attended by just over 200 delegates. Both of these events proved to be successful, showing that there is a need for more networking, sharing and skills opportunities for the NGO community in South Africa.

PEPFAR FELLOWSHIP PROGRAMME

FPD in collaboration with USAID and CDC launched the PEPFAR Fellowship Programme (PFP) in October 2006. The PFP was established in response to the growing need for the rapid expansion and development of human resource capacity in HIV/AIDS care and treatment programmes within the South African healthcare environment.

COMMUNITY CAPACITY DEVELOPMENT

The PFP's objectives are to:

1. Support the expansion of access to comprehensive HIV/AIDS care in South Africa through the advancement of human capacity development;
2. Promote the application of postgraduate learning in the practical HIV/AIDS service environment; and
3. Provide technical assistance to PEPFAR implementing partners.

The PFP was designed to hone the skills of postgraduate masters-level South African students and graduates by placing them with PEPFAR partners and public sector institutions supporting HIV/AIDS initiatives. Such placements mean that health theory can be linked with real world practice within the South African healthcare context. The PFP simultaneously supports South African AIDS service organisations with "scarce skills" such as monitoring and evaluation, organisational development, health systems development, and strategic information management. Support is also given to clinical fields such as infectious disease control, psycho-social assessment tool development, and "care for carers" programmes, as well as to clinical therapeutic fields, including HIV prevention integration with specific focus on PMTCT and prevention management of TB.

By promoting access to practical experience in an AIDS service environment, the PFP reinforces and augments the academic components of health-related masters' degree programmes. Fellows gain valuable hands-on experience and enhance their future employment opportunities.

Activities for 2008

As the only AIDS-focused fellows programme in South Africa, PFP coordinates the matching and placement of masters-level graduates and/or students from various South African universities with more than 250 PEPFAR implementation partners or public sector AIDS service

organisations as determined by the specific skills needed by the individual organisation. Fellow placements range between six to 12 months in duration and support organisations throughout all nine provinces within South Africa.

The success of its pilot programme in 2006 and the full rollout of 25 placements in 2007 as well as 40 placements in 2008 with South African PEPFAR partners have inspired the PFP to aim at placements for a minimum of 65 masters-level students for the year 2009 throughout all nine provinces in South Africa.

Twenty-seven of the 40 graduates in scarce skills placed during 2008 were purely HIV/AIDS service M&E-assistance related. The other 13 placements focused on therapeutic-related support, with specific reference to project management of the clinical ART service-support rollout, PMTCT integration into a comprehensive HIV/AIDS management service approach, as well as clinical service provision.

A total of 59 PEPFAR partners – national and local government entities – as well as NGOs were directly and indirectly provided with technical postgraduate student scarce-skill assistance in 2008.

Owing to the impact of rapid growth and constructive human-capacity development on host organisations during 2007, the PFP received an additional funding amount of \$500 000 for the expansion of scarce-skills placements during 2008/9 with a specific focus on support provision to orphans and vulnerable children (OVC), support in health information system management (HIMS), and additional posts for therapeutic-related support.

The PFP in the financial year 2007 also proved to be a successful platform for launching exciting opportunities in career-path building and encouraging the reten-

COMMUNITY CAPACITY DEVELOPMENT

tion of local scarce-skills graduates within South African HIV/AIDS service organisations.

In summary the PFP succeeded in facilitating the absorption and/or retention of 36 scarce-skills fellows (90% of the total placements for 2008) within the delivery arena of the South African healthcare sector at the end of 2008.

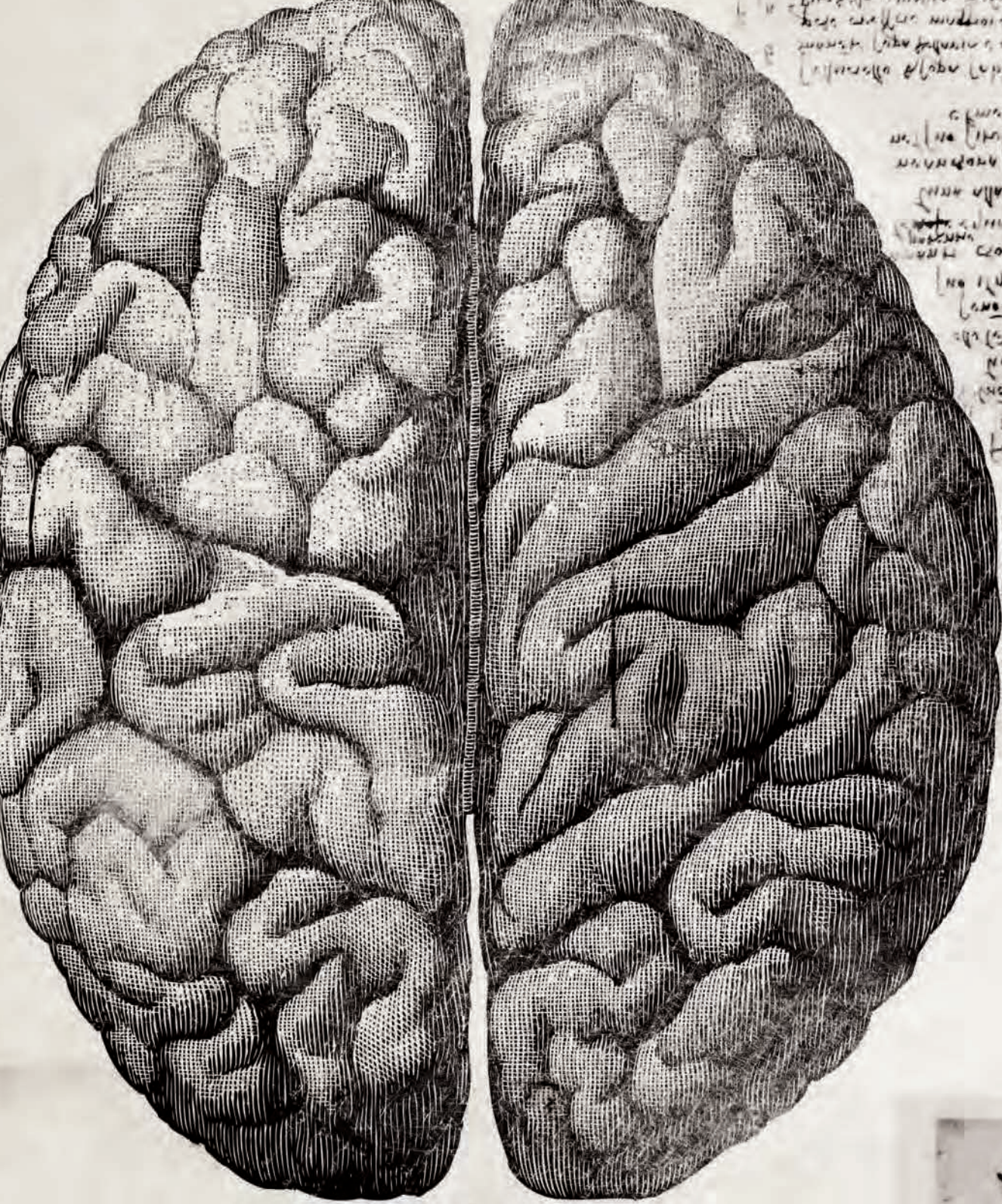
The first PEPFAR Fellowship Programme (PFP) Orientation Training week for the financial year 2008 was held in January 2008 and was rated by all participants as skills enhancing, although quite tiring for newly appointed fellows. Not even the interference of

electricity load shedding could break the team spirit!

Back row in order right to left: Anna-Marie Radloff (PFP Manager), Saidah Tootla, Simon Mporetji, Adeboye Adelekan, Phindile Khumalo, Seth Mkhonto

Front row in order right to left: Carmen Marais (PFP Assistant: Therapeutic-related placements), Angeliqe Mavrodaris, Mamatsha Legodi, Monica Beling, Judith Padi, Reginah Seopela, Ntshebo Moeketsi, Lintle Rakgokong, Monki Khunou (PFP Assistant: Strategic Information placements), and Maeringis Rahmani.



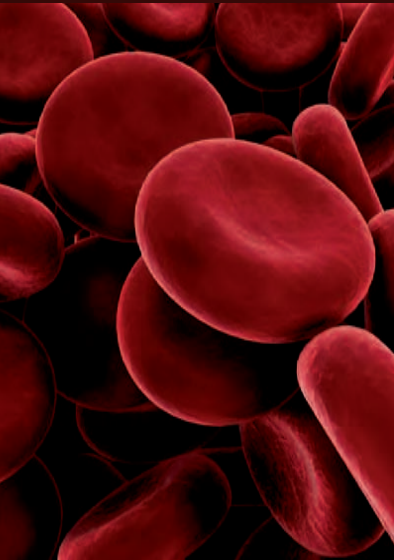


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RESEARCH

RESEARCH

FPD as a registered institution of higher education is expected to contribute to the generation of new knowledge through research and academic activities.

RESEARCH PROJECTS

FPD staff were involved in the following research activities during 2008:

- Lentivector-mediated host gene knock-down as a novel therapeutic approach to HIV/AIDS. This project is a collaborative project between the University of Pretoria, the University of Geneva and FPD. (Prof M Pepper, Prof K Krause, Prof A Stoltz, Prof S Sorce)
- Using stem cell research on HIV-infected patients. The protocol was completed and is awaiting approval by the ethics committee. A collaborative project between FPD and the University of Pretoria. (Prof A Stoltz, Prof M Pepper)
- The role of R7V antibodies in HIV-positive patients. A collaborative project between FPD and the Department of Biochemistry at University of Pretoria. (Prof A Stoltz, Prof D Meyer and Ms C Bremnæs)
- Antibodies against Mycolic acids as a sero-diagnostic test for tuberculosis. A collaborative project between FPD and the Department of Biochemistry at the University of Pretoria. (Prof A Stoltz and Dr S Mahlangy)
- Electronic pill box use (eMUM) in tuberculosis to increase adherence. This research was a collaboration between Geo-ICT Health (Pty) Ltd and FPD. (Prof A Stoltz and Mr J de Vos)
- PET scan to detect extrapulmonary tuberculosis. This is a research project collaboration between nuclear medicine at the University of Pretoria and FPD. (Prof A Stoltz, Dr I van Staden, Prof M Sathege)
- Tuberculosis and Brucellosis infection in HIV-infected persons as zoonotic diseases from milk and faeces in domestic cattle due to infection from wild buffaloes next to the Kruger National Park. This is a collaboration between the University of Pretoria and FPD. (Prof A Stoltz and Ms N Samra)
- Cardiovascular diseases in HIV-infected patients in South Africa to improve outcome of treatment. This is a cohort study that was started by a candidate from the fellowship programme. (Prof A Stoltz and Dr A Adelekan)
- Impact of introducing assessment methodologies that take account of learning style flexibility on the completion rates of management students. (Dr G Wolvaardt)

RESEARCH

CONFERENCE PARTICIPATIONS

Oral Presentations

- **Higher education institutions to take the lead in CPD for health professionals** (SAAHE 2008), Stellenbosch. Dr E Castleman
- **Alumni of Higher Education Institutions Say Yes for CPD** (AMEE 2008), Prague. Dr E Castleman
- **Access and availability of HIV/AIDS treatment care and services in Tshwane, SA 4th Public Health Association of SA Conference**, Cape Town. Ms J Mitchell
- **Status of tuberculosis in South Africa: reality, hopes and challenges**, Opening address at 1st SA Tuberculosis Conference, Durban. Prof A Stoltz
- **Tuberculosis in South Africa**, Burden of disease conference, Pretoria. Prof A Stoltz
- **The effect of HIV/AIDS on patient's physical and cognitive abilities**, Medico-legal conference, Pretoria. Prof A Stoltz
- **HIV and tuberculosis, two diseases colliding in Africa**, 1st Defence Force Annual Conference on HIV, Pretoria. Prof A Stoltz
- **Treatment modalities and new concepts in HIV**, International conference of HIV treatment, Pretoria. Prof A Stoltz
- **HIV and the gastrointestinal system**, Biannual Nutrition conference, Pretoria. Prof A Stoltz
- **The real challenges of HIV/AIDS/Tuberculosis**, 4th SAICHM conference, Pretoria. Prof A Stoltz
- **Using public-private-partnerships as an innovative institutional development model**, HESS Conference, Grahamstown. Dr G Wolvaardt
- **Donor relations**, 1st NGO Conference, Pretoria. Dr G Wolvaardt
- **Models of management training**, World Economic Forum on Africa, Cape Town. Dr G Wolvaardt
- **Human capacity & training requirements to sustain an HMIS**, CDC HMIS conference, Cape Town. Ms S Johnson
- **Using data to promote & entice district ownership: facility-level electronic patient management systems in support of district-level HIV/AIDS surveillance activities**, SOTA Conference, Johannesburg. Ms S Johnson
- **Urban poverty and health challenges in rapidly growing cities in developing countries: reflections from the perspective of the most vulnerable living in informal settlements in Johannesburg, South Africa**, Vancouver, Canada. Dr L Thomas (MRC), Ms J Veavrey (MRC), Mr S Mporetji (fellow and presenter)

Poster Presentations

- **The Impact of Continuous Professional Development for Counsellors on VCT for HIV/AIDS uptake**, AMEE, Prague. Mr A la Grange

RESEARCH

- **Transferring of learning to the workplace in a meaningful way**, AMEE , Prague. Ms A Gerber, Dr E Castleman
- **HIV/AIDS municipal mapping and epidemiological research (HAMMER)**, 35th Annual International Conference on Global Health, Washington. Ms J Mitchell
- **Access and availability of HIV/AIDS treatment, care and services in Tshwane, South Africa. An analysis of the provision of HIV/AIDS services by the different sectors in Tshwane, SA**, XVII International AIDS Conference, Mexico City. Ms J Mitchell
- **An epidemiological estimate of the state of HIV/AIDS in Tshwane, SA**, XVIII International Epidemiological Association World Congress of Epidemiology / VII Brazilian Congress of Epidemiology, Porto Alegre, Brazil. Ms J Mitchell
- **Death as a serious adverse event in paediatric anti-retroviral therapy patients at Kalafong Hospital**, South African Paediatric Association Conference, Sun City. Dr A Mavrodaris
- **Death as a serious adverse event in paediatric anti-retroviral therapy patients at Kalafong Hospital**, University of Pretoria, Health Sciences Faculty Day. Dr A Mavrodaris
- **Impact evaluation for the Mindset Health System for HIV/AIDS and TB content for healthcare providers in South Africa**, 4th Public Health Association of SA Conference, Cape Town. Mrs M Beling
- **Impact evaluation for the Mindset Health System for HIV/ AIDS and TB content for Health Care Providers in South Africa**, 1st SA TB Conference, Durban. Mrs M Beling
- **Understanding informal settlement waste management in the context of HIV: a comparative study between Diepsloot and Sol Plaatjies**, 4th Public Health Association of South Africa (PHASA): 2-4 June: Cape Town. Mr S Mporetji (PEPFAR fellow), Dr L Thomas (MRC)

Publications

- **The role of the private sector in primary care**. Chapter for the South African Health Review, 2008. Dr G Wolvaardt
- **Multi-drug resistant tuberculosis**. Chapter book, 2009, MIMS Review. Prof A Stoltz
- **HIV: First line guidelines and principles**. Chapter book, 2009, MIMS Review. Prof A Stoltz
- **Malaria in South Africa**. Chapter book, 2009, MIMS Review. Prof A Stoltz
- **Infectious diseases in South Africa**. South African Health Review, 2008. Prof J Majila, Prof N Cameron, Prof D Coetzee, Prof A Stoltz, Prof A Hoesen
- **Imaging of extrapulmonary tuberculosis by means of FPD PET**. Journal of Nuclear Medicine. M Satheke, A Maes, M Kgomo, Prof A Stoltz, H Pottel, M Van de Wiele, 2008
- **Rendering the immune system resistant to HIV: a potential therapeutic strategy**. Molecular and Metabolic Medicine Update, October 2008, Volume 4, No 5. Prof M Pepper, K Krause, Prof A Stoltz, S Sorce.

RESEARCH

The following publications were submitted for publication:

- **Understanding informal settlement waste management in the context of HIV: a comparative study between Diepsloot and Sol Plaatjies.** Dr L Thomas (MRC: main author), Mr S Mporetji (PEPFAR fellow: co-author)
- **Urban poverty and health challenges in rapidly growing cities in developing countries: reflections from the perspective of the most vulnerable living in informal settlements in Johannesburg, South Africa.** Dr L Thomas (MRC: main author), Ms J Veavrey (MRC: co-author), Mr S Mporetji (fellow: co-author)
- **The formulation and application of a risk stratification system in the management of children on anti-retroviral therapy at Kalafong Hospital, South Africa.** Dr A Mavrodaris (fellow: main author), Dr U Feucht (Kalafong Hospital/UP: co-author), Prof M Kruger (Kalafong Hospital/UP: co-author)

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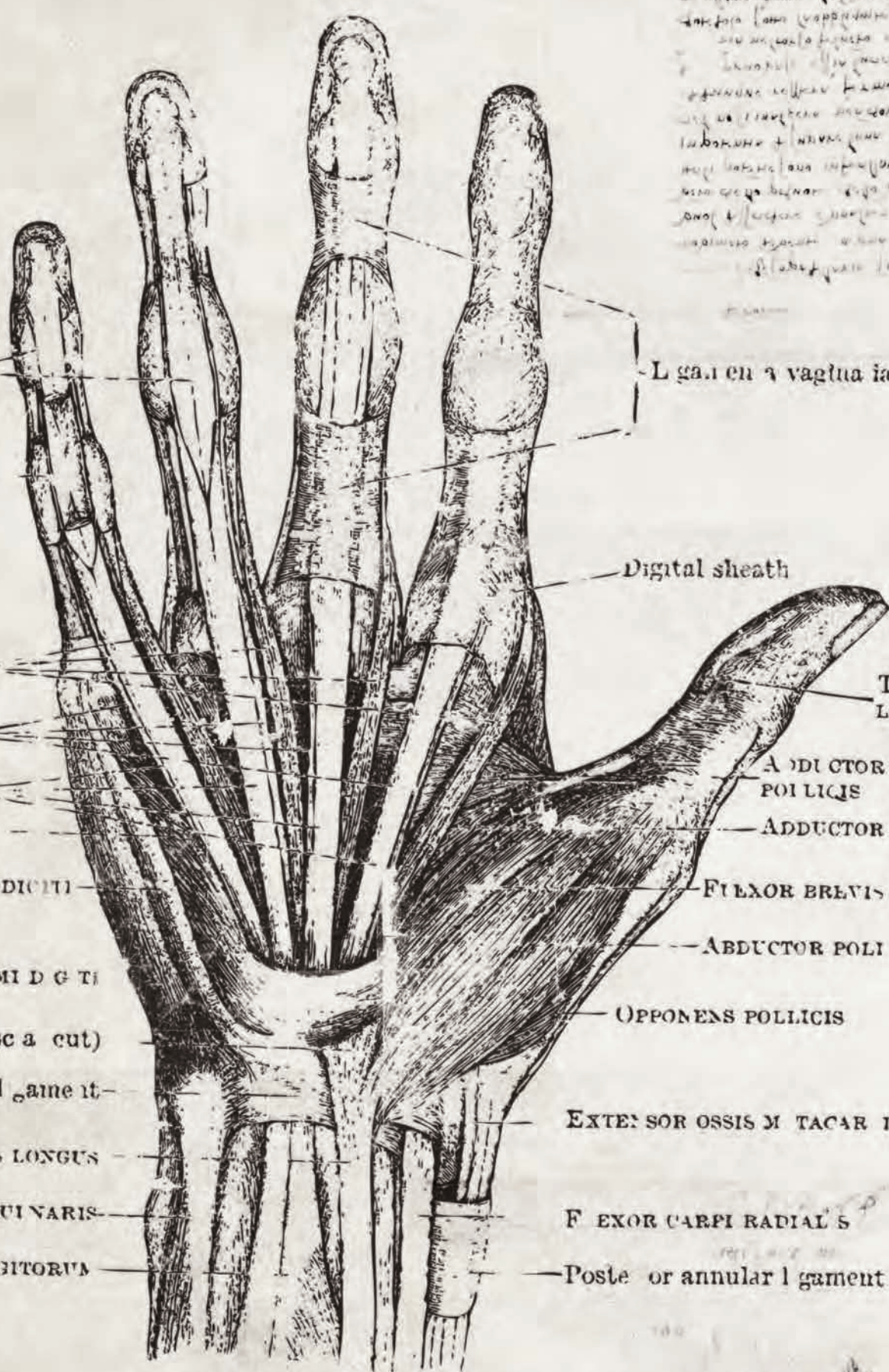
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ACADEMIC COLLABORATION

AWARDS

OPERATIONS

STAFF DEVELOPMENT

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STRATEGIC PARTNERSHIPS

SPONSORS & DONORS

THE PEOPLE AT FPD

ENQUIRIES

MORE ABOUT FPD

ACADEMIC COLLABORATION

External Teaching

FPD staff taught on programmes of the following institutions:

Department of Defence

- TB, MDR and XDR – Prof Anton Stolz

International Committee of the Red Cross in collaboration with the University of Pretoria

- Project Management – Health Emergencies in Large Populations (HELP) Course - Dr Gustaaf Wolvaardt

Tshwane University of Technology

- Women and HIV – Prof Anton Stolz

University of Pretoria

- Centre for the Study of AIDS – Prof Anton Stolz
- Clinical signs and symptoms – School of Medicine – Prof Anton Stolz
- External examiner – Department of Internal Medicine – Dr Gustaaf Wolvaardt
- External examiner – School of Medicine – Prof Anton Stolz
- HIV and the Law – Law Department – Prof Anton Stolz
- Registrar training on HIV, TB and Antibiotics – Prof Anton Stolz
- Tuberculosis in South Africa – School of Nursing – Prof Anton Stolz
- Tropical Disease Programme – School of Health Systems and Public Health – Prof Anton Stolz
- Principles of Quality Assurance in Health Care – School of Health Systems and Public Health – Dr Anna-Marie Radloff

AWARDS

Saul Kornick, The Head of the Africa Health Placements Project, received the prestigious Archbishop Tutu Leadership Fellowship Programme Award.

Each year 20 high potential individuals from across sub-Saharan Africa are awarded the Archbishop Tutu Fellowship, following a rigorous competitive selection process. The awards are aimed at the continent's future leaders, as indicated by demanding selection criteria, specifically targeting the next generation of Africa's leaders in all sectors of society, between the ages of 25 and 39. This is a multi-faceted leadership learning experience, whose focus is "African leadership in a global context". It is a six-month part-time programme run in partnership with Oxford University and African institutions. The world class faculty and guest speakers are drawn from both Africa and outside, and the programme incorporates modules in Africa and at Oxford.

The programme incorporates the following:

- A combination of theory and sharing in the experiences of successful leaders, experiential learning, mentoring, and practical application.
- A balance between personal development & self awareness, the African context of leadership, values and ethics of leadership – the hard and the soft elements of leadership.
- Emphasis on peer interaction and feedback, as well as tutorial style internalisation of the learning.
- Sharing pan-African experiences and becoming a member of an exclusive network which is established across the continent.

In addition to the course content, the following deliverables are in progress:

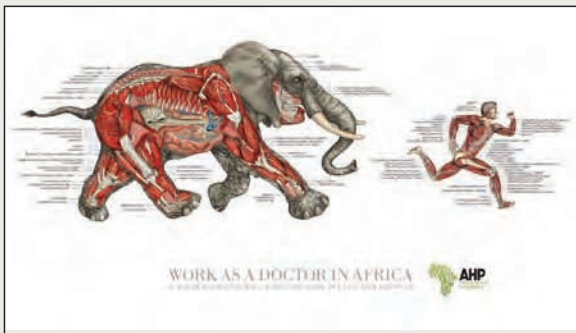
- Community Leadership Project: Starting a sustainable programme to facilitate volunteer staffing for

OPERATIONS

rural education centres.

- Africa 2025: Scenario planning and future-thinking communication.
- Personal development plan

A poster that was designed for African Health Placements won a Silver Loerie Award.



OPERATIONS

The last two years will always be remembered at FPD as the expansion years:

- 2008 revenues increased by over 400% in the two years from 2006 and almost doubled in the last year from 2007;
- 2008 staff numbers increased to 910 by the end of 2008. This is an 800% increase in two years from 2006 (101 staff) and a 93% increase from the 2007 number of 472;
- The number of health care sites supported by FPD increased to 61 spread over six provinces of the country: Gauteng, North West, Limpopo, Mpumalanga, Western Cape and Eastern Cape.

Other Activities

Rapid growth, and especially the significant growth rates witnessed at FPD over the last two years, placed an enormous burden on operations departments to

effectively support the business over a broadening geographical area through multiple donors and projects over numerous countries and currencies.

The restructuring of the finance, human resources, IT and facilities departments in 2007 paid handsome dividends in 2008, allowing it to build the dedicated capacity and stabilise the operational systems required to respond rapidly and effectively to the changing needs of the organisation.

One such need was to find suitable head office facilities in Tshwane. The main drivers for finding new offices were:

- **Reducing facilities costs over the long term.** It is anticipated that the cost of ownership will over the medium term be less than servicing a rental.
- **Alleviating current office space shortage.** An increase in office space requirements goes hand in hand with an increase in staff numbers. Although these staff members are mostly based in clinics/sites, the head office required more space to support growing activities.
- **Preparing for future growth.**
- **Securing a single head office facility.** The Tshwane head office was spread between two physical locations, Castle Walk and Brooklyn. Centralising the head office will reduce cost and time of travelling between offices and improve control and overall management. A suitable property was found and the move took place on 21 November 2008 allowing staff to settle into their new home before the start of the New Year.

The property is located in close proximity to major access routes, 3.5km from the Lynnwood Road off-ramp off the N1 motorway in an easterly direction on the corner of Lynnwood Road and Mary Street.

STAFF DEVELOPMENT



Some of the key projects in 2008 included:

- Final implementation and “go live” on 1 January 2008 with a new business-wide accounting and enterprise resource planning system;
- Further development of the accounting system to allow remote access from rural locations for placing and authorisation of purchase orders;
- Implementation of an online employee self-service portal for the remote requisition and approval of leave and access to electronic pay slips, pay slip histories and IRP5s;
- Implementation of an online application process for jobs at FPD;
- Facilitation of FPD’s first BBBEE rating, which was assessed as Level 2;
- Full redesign of company policies and procedures;
- Development of a Human Resources Procedures for Managers manual for all managers; and
- An unqualified audit reported from KPMG on FPD’s annual statutory audit and from Deloitte on the USAID Donor Recipient audit.

STAFF DEVELOPMENT

FPD has always been an organisation that places emphasis on promoting a performance-driven culture, which has been achieved by actively recruiting highly talented individuals and building job descriptions around their unique skills and strengths. Internal promotion based on staff development has always been part of this culture. During 2008 FPD invested and supported substantial staff development. Support has ranged from supporting formal postgraduate studies at masters level to conference participation and short-course attendance.

In total 274 staff members participated in educational activities. Emphasis was placed on developing managerial competence and 24 staff members were enrolled on management development programmes.

EDUCATIONAL OFFERING

Staff participation in educational activities stretched from senior management to support staff. Of the staff supported by FPD, 72% were from previously disadvantaged groups.

EDUCATIONAL OFFERING

Management and Business Courses

Formal Postgraduate Qualifications

- **Certificate in Advanced Health Management (CAHM)**
The Certificate in Advanced Health Management is an intensive management development programme, tailor made for the needs of healthcare managers and professionals. This course has been specifically customised for the South African healthcare environment and focuses on developing in-depth strategic and functional management competencies.
- **Certificate in Practice Management (CPM)**
This programme is predominantly aimed at self-employed healthcare practitioners and practice managers. The programme has been designed to provide participants with the business and management skills that are essential for managers of private practices.
- **Certificate in Risk Assessment and Management (CRAM)**
The primary purpose of this qualification is to provide qualifying learners – namely, case managers, admin-coordinators, reception staff and credit controllers in private hospitals – with the basic set of core competencies within the assessment and management of risk. This programme is an entry-level qualification that will enable learners to assess and manage risks in the healthcare environment.

- **Diploma in Risk Assessment and Management (DRAM)**
This diploma is a comprehensive qualification that enables case managers, admin co-coordinators, reception staff and credit controllers within private hospitals to be proficient in risk assessment and management within their work environment. The qualification is structured in such a way that it gives learners exposure to a broad set of core competencies within the assessment and management of risk.

- **Diploma in Advanced Health Management (DAHM)**
The diploma addresses the management needs of managers in the health environment. It is designed to develop the participants' strategic management capabilities by broadening their view of their role in the health sector and developing key managerial competencies required to successfully manage in such an environment. The practical project in Year 2 applies action research principles as the educational strategy.

International Short Courses

- **Manchester Business School Advanced Management Programme (AMP)**
The AMP is an international short course offered by FPD in collaboration with Manchester Business School and is aimed at developing the strategic management capabilities of participants. This intensive management programme is aimed at established managers who work in the private healthcare sector and who need to rapidly develop management competencies.
- **The FPD/YALE Advanced Health Management Programme**
This international short course has been developed by FPD in collaboration with the School for Epidemiology and Public Health at Yale. The course is aimed at public sector managers who need to develop or refresh their strategic and functional management competencies.

EDUCATIONAL OFFERING

Other Short Courses – Business and Related Subjects

FPD offers a variety of short courses.

- **Tomorrow's Leadership Programme (TLP)**
This introductory course on management principles has been designed to prepare for various management disciplines those non-management staff who are being considered for entrance-level managerial positions.
- **Practice Finance for Private Practitioners**
This course has been designed to introduce non-financial managers to financial management principles, especially in the context of independent private health care practice.
- **Legislative Update Seminars**
The seminars are convened from time to time to address legislative changes that will impact on health service provision in the private sector.
- **Resource Mobilisation and Donor Relations**
This course introduces the participants to the world of grant making and grant writing.
- **Corporate Governance for not-for-profit Organisations**
This course introduces board members to their fiduciary duties, obligations and to international best practices in not-for-profit corporate governance.
- **Conference Organising**
The course exposes participants to all aspects of event and conference organising.
- **BBBEE**
This short course enables participants to interpret BBBEE in such manner that strategies on how to proceed to improve their company's scorecard can be developed.
- **Diversity Management**
Participants to this workshop will get a new percep-

tion of diversity and diversity management. At the end of the workshop they will be able to develop strategies for implementing diversity management to grow the competitive advantage of their organisation and initiate institutional change.

- **Labour Law**
This short course focuses on equipping the manager with the necessary tools for managing human resources in the context of South African labour law. It covers, for example, employment contracts, dismissal and terminating the services of an employee, the Basic Conditions of Employment Act, the Employment Equity Act, the Skills Development Act, and codes on dealing with HIV/AIDS and sexual harassment.

Clinical Courses

Formal Postgraduate Qualification

- **Postgraduate Diploma in General Practice (PDGP)**
The Postgraduate Diploma in General Practice is designed to provide an easily accessible distance-education curriculum that will allow structured continuing professional development around a subject of direct relevance to doctors' practice environment within the context of higher education. The clinical subjects address the more pressing public health issues while non-clinical subjects are designed to help general practitioners deal with a rapidly changing healthcare environment.

Clinical Short Courses

These short courses are designed to enhance the clinical skills of healthcare professionals and are taught through a combination of assessed self-study, using detailed study manuals, and workshops facilitated by leading national experts.

EDUCATIONAL OFFERING

Courses for Clinicians

- Rheumatology Management
- Mental Health
- HIV/AIDS Management
- Diabetes Mellitus Management
- Epilepsy Management
- Practice Pathology
- Anaesthesiology Refresher
- Severe Sepsis Management
- Tuberculosis Management
- Irritable Bowel Syndrome
- Cardiovascular Management
- Clinical Management of GORD
- Clinical Management of Allergies
- Clinical Management of Asthma
- Management of Cardio-vascular Diseases
- Clinical Management of Malaria
- Rational use of Antibiotics
- Management of Urinary Incontinence
- Clinical Management of Dermatology
- Diagnostic Ultrasound
- Paediatric HIV/AIDS Management Course
- Advanced HIV/AIDS Management Programme
- Dermatology in HIV/AIDS
- Sonar - Obstetrics / Gynecology
- Substance abuse
- Prevention of Mother to Child Transmission
- Course on Multidrug-resistant Tuberculosis
- Destigmatisation
- Palliative Care Nursing for Professional Nurses

Courses for Registered Nurses

- HIV/AIDS Management Course for Professional Nurses
- Tuberculosis for Professional Nurses
- Muscular Dystrophy
- Diabetes Mellitus Management Course for Professional Nurses

Multidisciplinary Courses

- Obesity Management
- HIV Refresher Seminar
- Palliative Care
- Clinical Trial (GCP)
- Advanced Confidential Counselling & Testing
- Adherence Counselling for ART
- HIV in the Workplace

Courses for other Healthcare Workers

- HIV/AIDS Counselling, Prevention and Education Programme for Community Workers
- Anti-Retroviral Drug and Compliance Workshop for Non-medical Professionals
- Management of HIV for Lay Counsellors
- Management of HIV and TB for Lay Counsellors
- Management of TB for Lay Counsellors
- Palliative care for Professional Nurses

Practice Support Courses

Practice support courses address specific competencies required for successful self-employed practices not addressed in FPD business courses.

These courses are:

- Coding Course (CPT and ICD10)
- Medical Terminology
- Anatomy for non healthcare professionals
- Seminar on Starting a Successful Private Specialist Practice
- Medical Record Keeping
- Storeman's Course

STRATEGIC PARTNERSHIPS

Health Educators Courses

- Course on best evidence practices in education: train-the-trainers
- Course on best evidence practices in education: Assessor and Moderators

Distance Education Courses

Distance education courses have been developed on clinical and practice-management subjects, especially with a view to meeting the learning needs of healthcare professionals working in rural settings. (E-learning versions are marked with an asterisk.)

- Dispensing
- Dispensing Opticians
- Epilepsy*
- Irritable Bowel
- Medical Ethics
- Medical Terminology
- Mental Health
- Optometry Volume 1 & 2
- Ethics for Optometrists
- Certificate in Practice Management*
- Practice Pathology
- Professional Drivers Permit Course
- Rheumatology Management
- Severe Sepsis
- Urinary Incontinence Management °
- ICD10 Coding
- HIV Management for Professional Nurses*
- Tuberculosis for Professional Nurses*
- Clinical Management of HIV/AIDS*

STRATEGIC PARTNERSHIPS

FPD has over the years developed a number of strategic partnerships with world-class academic and health-development institutions. Some of these partnerships are described briefly below.

International

AIDS Accountability International (AAI)



AIDS Accountability International (AAI)

(<http://aidsaccountability.org>) is an independent non-profit organisation working to accelerate progress in response to the AIDS epidemic and to inspire bolder leadership and accountability. It aims to catalyse more rapid and effective action by assessing and raising awareness of the degree to which public, private and civil society actors are fulfilling the commitments they have made to respond to the epidemic. In November 2008, the first AIDS Accountability Country Scorecard was launched, which aims to help evaluate and rate country responses to HIV/AIDS in relation to the UNGASS commitment.

For the first time, this information is presented in an aggregated, transparent and analytical fashion that allows stakeholders to compare responses on several key issues across countries. This flexible tool will be issued annually and will be developed and improved continuously as more and better data become available. In the coming year, AAI will continue to develop ratings of other actors and establish a rating centre in South Africa. Gustaaf Wolvaardt, Executive Director of FPD, is a board member of AAI.

STRATEGIC PARTNERSHIPS

American International Health Alliances (AIHA)



www.aiha.com

The AIHA funds a twinning project that allows staff from FPD and the

University of California, San Francisco (UCSF) to collaborate on academic exchange programmes. In this context three students from the UCSF visited FPD for three weeks in August 2008. The objective was for the students to experience trans-cultural nursing as part of their masters' programme and to support the needs assessment prior to the implementation of nurse case-management training. This was followed by pilot training in nurse case management, which took place in November 2008. The workshop was hugely successful and the course will be advertised as a short course in 2009.

Columbia University – ICAP



Columbia University Mailman School of Public Health's International Center for AIDS Care and Treatment Programmes (ICAP) (www.columbia-icap.org) supports the development of high-quality HIV/AIDS care and treatment

services in several resource-limited countries. ICAP provides assistance in a variety of ways, including technical assistance, management systems support, financial support, M&E, and training and mentoring. In South Africa, the overall objective is to increase patients' access to ART by supporting the DOH's HIV/AIDS Comprehensive Care and Treatment Programmes in Eastern Cape & KwaZulu-Natal. FPD collaborates with ICAP by employing clinicians to provide professional services in support of the development and implementation of a comprehensive HIV/AIDS care and treatment programme that will

expand and enhance the current HIV/AIDS care and treatment capabilities of the provincial health departments in these provinces.

International Organisation for Migration (IOM)



The International Organisation for Migration (IOM) (www.iom.int) is

an inter-governmental agency committed to the principle that humane and orderly migration benefits migrants and society. It acts to assist in meeting the operational challenges of migration, advance understanding of migration issues, encourage social and economic development through migration, and uphold the human dignity and well-being of migrants. The IOM is working with Africa Health Placements to facilitate the recruitment and placement of foreign health care professionals in the South African public health care sector.

International Training and Education Centre (I-TECH)



The International Training and Education Centre on HIV (I-TECH) (www.go2itech.org) is a global network that supports the development of a skilled health work force and well-organised national health delivery systems in order to provide effective prevention, care, and

treatment of infectious disease in the developing world. FPD and I-Tech have collaborated over the past few years on numerous areas such as the organisation of their annual conference, efforts to improve clinical mentoring, the provision of ART, and the development of nurse case managers.

STRATEGIC PARTNERSHIPS

IntraHealth International Inc.



IntraHealth (www.intrahealth.org), a USA-based international health development company, is the lead agency on the Southern Africa Human Capacity Development Coalition Project. FPD is one of the coalition partners tasked with being the lead organisation for all training activities. The coalition which was formed in 2006 has funding for a five-year period to engage in regional capacity development activities. FPD as a training partner in the Southern Africa Human Capacity Development (SAHCD) coalition has conducted training in Lesotho and Swaziland. With the expansion in terms of the number of countries serviced by SAHCD, training will be extended to Botswana, Malawi and Namibia for the next five years. Training offered includes the training of trainers and mentoring.

Manchester Business School (MBS)



With an international reputation for top-rated teaching and research, Manchester Business School (www.mbs.ac.uk) is firmly positioned at the leading edge of dynamic business performance. Dedicated to developing effective managers for every sector and discipline, MBS invests in today's management the ideas and experience that will equip its graduates to become tomorrow's international elite. FPD and MBS have been collaborating since 1998 in offering an international management short course for health managers in South Africa.

SAHCD



www.intrahealth.org

The programme has received a cost extension and will now run for five years, with the possibility of three other countries – Botswana, Malawi and Namibia – being included as service points.

Owing to the scarcity of skills, training will be extended beyond clinical courses to include management training. As a beginning point, two participants from Lesotho and Swaziland will be selected to attend the AHMP course in Nelspruit and Bloemfontein, respectively. Training on stigma and discrimination was added to the courses that were offered in Swaziland.

Mentorship training is continuing in Lesotho's public health sector. Dates for training in the private sector have been set for January 2009.

University of California, San Francisco (UCSF)



FPD and the Nursing School at UCSF (www.ucsf.edu) initiated a new collaborative project funded through the American International

Health Alliance that focuses on developing and supporting a cadre of professional nurses who can provide mentoring and leadership to sustain the HIV nurse case-management model and to evaluate the impact of the case-management model on ART clinics. One of the objectives of the partnership is to strengthen the capacity of ART clinics supported by FPD to provide quality HIV care and treatment and to develop nurse case-manager training. In 2008 a needs assessment was conducted, followed by an exchange visit by both FPD and UCSF in March 2008 and July 2008. A curri-

STRATEGIC PARTNERSHIPS

culum for nurse case-management training and a subsequent training manual were developed by both FPD and UCSF, with pilot training being conducted in November 2008.

World Medical Association (WMA)



The WMA, Norwegian Medical Association (www.wma.net) and FPD collaborated to develop and host an on-line multi-drug resistant tuberculosis (MDR-TB) training course. The unique web-based course has been designed for physicians and other health workers to help them diagnose, prevent and treat MDR-TB in a variety of geographical, economic and social settings. FPD also implemented a course in the training of trainers in collaboration with the WMA to further strengthen the capacity of potential trainers in South Africa on MDR-TB.

Yale School of Epidemiology and Public Health



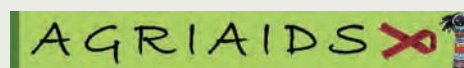
Founded in 1915, Yale's School of Public Health (www.yale.edu) is one of the oldest accredited schools of public health. In the 1960s it was decided to merge the Department of Public Health with the Section of Epidemiology and Preventive Medicine, a unit within the Department of Internal Medicine. The Department of Epidemiology and Public Health (EPH) was the result of this merger.

Today, faculty and students at the Yale School of Public Health continue to strive toward Winslow's goal of "...preventing disease, prolonging life and promoting physical and mental health and well-being through organised community effort... and developing the social machinery to assure everyone a standard of living ade-

quate for the maintenance or improvement of health." FPD and Yale offer a jointly certified international management short course aimed at public sector managers.

National

AgriAIDS



In May 2008 AgriAIDS (www.agriids.org) and the FPD VCT Department embarked on a joint venture, testing farm owners and farm workers at two Brits farms. AgriAIDS strives to provide information dissemination and awareness raising among emerging farmers and commercial agriculture roleplayers, while FPD provides the counselling and testing. This programme will be expanded in 2009, as the interest is overwhelming.

Centre for the Study of AIDS



The University of Pretoria (UP) established the Centre for the Study of AIDS (CSA) (www.csa.za.org) in 1999 to mainstream the study of HIV and AIDS in all aspects of the university's core business activities. Its mission was to understand the complexities of the HIV/AIDS epidemic in South Africa and to develop effective ways of ensuring that all the students and staff of the university are prepared both professionally and personally to deal with HIV/AIDS as it unfolds in South African society. FPD and CSA have recently embarked on an

STRATEGIC PARTNERSHIPS

extensive study to understand sexuality and sexual behaviour in the context of the HIV epidemic.

Centre for HIV/AIDS Networking (HIVAN) UKZN



HIVAN (www.hivan.org.za) was created by the University of KwaZulu-Natal in 2001 to promote, conduct and build capacity for research that is responsive to and contributes to alleviating the circumstances of people living with and affected by HIV/AIDS. HIV-911 is a programme within HIVAN which specialises in maintaining and expanding a database of over 6 000 HIV-related service providers throughout the country. Through HIV-911, information can be obtained on HIV-related services and support in any area of the country. HIV-911 is subcontracted through FPD to develop the HIV-related service database and produce annual provincial print directories of all HIV service providers captured.

Benguela Health (Pty) Ltd



FPD and Benguela Health collaborate in the fields of education and healthcare consulting, with each company contributing its expertise to deliver a comprehensive service to clients. Benguela Health has expertise in health systems design and evaluation, health law and responding to healthcare challenges facing clients, whether in the public or private sectors.

City of Tshwane Metropolitan Municipality (CTMM)



The CTMM (www.tshwane.gov.za) is the administrative capital of South Africa. It is located in the north and in the centre of the country in the north west corner of Gauteng Province and covers

approximately 13% of the province. The City of Tshwane AIDS Unit is the driving force of the city's response to HIV/AIDS. The unit co-ordinates HIV/AIDS programmes and initiatives of the different sectors. In 2008, FPD signed a Memorandum of Understanding (MOU) with the City of Tshwane to formalise a working relationship to support service providers and enable the community of Tshwane to access HIV/AIDS services through the development of service-mapping activities.

Conference Consultancy South Africa (CCSA)



Conference Consultancy South Africa (CCSA) (<http://confsa.co.za>) was established in 1998 and is one of the leading South African conference organisers focusing on medium, large and macro conference project planning and management. CCSA has successfully managed more than 40 conferences, both local and international, ranging from 200 to 4 000 people. The FPD Conference Unit is a joint venture with CCSA.

Department of Health Eastern Cape



(www.ecdoh.gov.za) FPD closely co-operates with the Eastern Cape Department of Health with regard to developing provincial capacity through providing scholarships for both management and clinical training to provincial staff, supporting TB/HIV care through the That's It Project. This project strengthens the provincial HIV/TB response in eight TB hospitals and surrounding feeder clinics by supporting counselling and testing for TB patients, TB screening for HIV positive patients, a focus on infection control practices, clinical care, community outreach and patient education.

STRATEGIC PARTNERSHIPS

Department of Health Western Cape



(www.capegateway.gov.za)
FPD closely cooperates with the Western Cape Department of Health with regard to developing provincial capacity through providing scholarships for both

management and clinical training to provincial staff, supporting TB/HIV care through the That's It Project. This project strengthens the provincial HIV/TB response in more than twenty clinics and three hospitals by supporting counselling and testing for TB patients, TB screening for HIV positive patients, a focus on infection control practices, clinical care, community outreach and patient education.

Gauteng Provincial Health Department



FPD has a long-standing relationship with the Gauteng Provincial Health Department (www.health.gpg.gov.za) around the Positive Health Project that has been supporting ART sites in this province

since 2004. FPD also provides a variety of training programmes to the staff of this province.

Health Science Academy (HSA)



Health Science Academy (www.hsa.co.za) is an accredited provider of education and training in the South African health sector, with the purpose of providing a comprehensive range of education products and research that are tailor made to the needs of the pharmaceutical sector. HSA has extensive experience in the private training and education market and focuses on Adult Education and Training. FPD and

HSA jointly offer a dispensing course for healthcare professionals.

Higher Education HIV/AIDS Programme (HEAIDS)



The HEAIDS (www.heaid.org.za) programme was first launched in 2000/2001 as a partnership between the Department of Education (DoE), the South African Universities Vice-Chancellors Association (SAUVCA) and the Committee of Technikon Principals (CTP). This comprehensive higher education response to HIV/AIDS will comprise two dimensions. The first dimension is directed at maintaining the institution's ability to continue functioning, thereby preventing HIV/AIDS from undermining its potential to operate and deliver mandated services. The second dimension is the institution's core functions of teaching, training, research, community engagement and service. A formal MOU was established between FPD and HEAIDS at the end of 2007 according to which the two organisations agreed to work together to promote access to FPD AIDS-related courses for staff from higher education institutions at no cost.

Limpopo Provincial Health Department



www.norprov-health.co.za
The Positive Life Project has provided support to ART clinics in this province since 2007 and FPD also provides training to provincial staff.

STRATEGIC PARTNERSHIPS

Medical Research Council (MRC)



The Medical Research Council (www.mrc.ac.za) is a South African statutory body with the mission to improve the nation's health and quality of life through promoting and conducting relevant and responsive health research.

The MRC has structured its research into six national programmes according to high-priority areas identified by government and in keeping with international trends.

Further focus areas have also been identified within each national programme and have resulted in several lead programmes in the areas of telemedicine; crime, violence and injury; and TB and malaria. Focus on these specific areas provides the basis for the MRC's resource allocation and allows for competitiveness and innovation, essential to leadership in research. FPD and the MRC collaborate on training and treatment related to TB.

Medicines Information Centre (MIC)



The Medicines Information Centre (MIC) (www.mic.uct.ac.za) is a unit situated within the Division of Clinical Pharmacology, Department of Medicine, at the University of Cape Town's Faculty of Health Sciences.

The centre was established in 1980 and forms part of a World Health Organization collaborating centre. The MIC is dedicated to providing unbiased, up-to-date and well-researched drug-related information in consultation with a multidisciplinary healthcare team. FPD funds the provision of a toll-free call centre to advise healthcare professionals on aspects of AIDS treatment.

Mpumalanga Provincial Department of Health



www.mpumalanga.gov.za

The Positive Life Project has provided support to ART clinics in this province since 2007 and FPD also provides training to provincial staff.

North West Provincial Health Department



www.nwhealth.gov.za

Various FPD projects are involved in public-private-initiatives in North West. These include the Positive Health Project, The That's It Project, and the FPD/AIHA Twinning Centre. FPD also provides a variety of training programmes to the staff of this province.

The South African Academy of Family Practice (SAAFP)



The South African Academy of Family Practice (SAAFP) (www.saaftp.org) delivers quality education that empowers doctors to provide appropriate healthcare to individuals, families and communities so that people may make an effective and creative contribution to the nation.

SAAFP is the largest academic and only national organisation dedicated to the ongoing education and professional development of general/family practitioners. The academy's focus and vision have been for more than 20 years the development of the discipline of family/general practice. Africa Health Placements is a joint FPD SAAFP project.

STRATEGIC PARTNERSHIPS

Southern African HIV Clinicians Society (SAHCS)



The Southern African HIV Clinicians Society (www.sahivcliniciansociety.org) is a special interest group of the South African Medical Association with more than 12 000 members drawn from

clinicians and medical scientists dedicated to responding to the challenge of HIV/AIDS. The strategic alliance between FPD and SAHCS dates from 2001, when the two organisations introduced the HIV Clinical Management Course. FPD also enrolls students as SAHCS members as part of the FPD alumni programme.

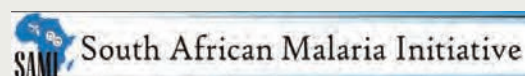
South African Institute of Health Care Managers (SAIHCM)



For a number of years health managers working in both the public and the private health sectors have determined that South Africa has an urgent need for an institute of health care

managers. (www.saihcm.co.za). The structure of the institute is based on best practice, as identified in other international models, but has been adopted to meet South Africa's specific needs in the field. The institute aims to be a centre of excellence to advocate for the interest of consumers of health services in South Africa and for its members. The commitment will be demonstrated through the efforts to enhance the status and qualifications of healthcare managers within the framework of the SA Qualification Framework. FPD and SAIHCM collaborate on providing an alumni support service for graduates of FPD management training programmes.

South African Malaria Initiative



FPD through its Infectious Diseases Unit forms part of the South African Malaria Initiative (www.acgt.co.za). This collaborative initiative established by the South African Department of Science and Technology brings together South African academic and research institutions involved in malaria research through a virtual model for the purpose of collaborative research on malaria. Research is conducted in the fields of new diagnostics, new drug development and vector control.

Tshwane Leadership Foundation



The Tshwane Leadership Foundation (TLF) (www.tlf.org.za) is working with churches and communities for urban transformation.

Growing from the work of Pretoria Community Ministries, the TLF was created in 2003 to strengthen the unfolding inner city movement of churches, communities and programmes with the capacity to carry out resource development, advocacy and policy work, communication and marketing, and spiritual nurture. It also wants to play an intermediary and/or supportive role to initiatives in other parts of the City of Tshwane.

The leadership foundation is committed to help build healthy urban communities in places of struggle and/or transition and wants to demonstrate that it is possible to strengthen urban areas in ways that are radically inclusive socially and economically. FPD and TLF have been working together on a number of issues ranging from providing of AIDS treatment services to the inner-city community to developing the organisational capacity of TLF and some of its FBO partners.

SPONSORS AND DONORS

Tshwane North Department of Education



Tshwane North Department of Education (www.ais.up.ac.za) and the FPD VCT Department started collaborating in 2008, providing counselling and testing at Tshwane North primary and high schools. The testing days at primary schools take the form of a learner/parent day, where parents get tested with their children. Three training sessions for school teachers were held, resulting in teachers showing a high interest in HIV/AIDS and coming forward to test. The VCT days are held with as much involvement as possible from the communities, including community leaders, government departments and local businesses.

University of Pretoria (UP)



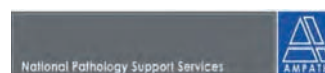
The University of Pretoria (www.up.ac.za) was established as an independent university in 1930. With approximately 40 000 enrolled students, the university is a leader in higher education and is recognised internationally for academic excellence and a focus on quality. Collaboration between FPD and UP takes place around the Infectious Diseases Unit, the campus ART Clinic, VCT campaigns for students and ART clinics at two of the university's teaching hospitals (Steve Biko Academic Hospital and Kalafong Hospital) and the anaesthesiology refresher course.

In 2007 this collaboration expanded to include collaboration with the FPD Compass Project around epidemiological estimations of AIDS service needs.

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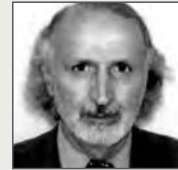
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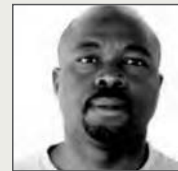
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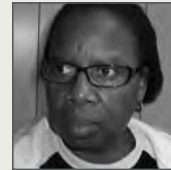
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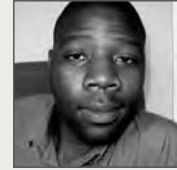
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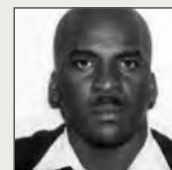
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Ms M Taunyane



Mr S Temo



Mrs J Terblanche



Ms T Thagwana



Miss P Thela



Mr M Thubakgale



Mr D Thwane



Ms T Tibane



Mrs D Titus



Mr T Tsatsi



Ms S Tshehla



Mrs A Tshikalange



Ms F Tshikota



Miss R Tshililo



Ms D Tshukudu



Mrs R Vangattasamy



Mr C Van Vuuren



Mr H Vukeya



Mrs E Wilkinson



Mr L Ziniso



Mrs A Zwane



Ms L Aphane



Mrs S Baloyi



Ms M Baloyi



Ms T Baloyi



Ms G Barnard



Mrs D Bebensee

THE PEOPLE AT FPD



Ms V Boikanyo



Mrs M Booysen



Miss K Chauke



Mrs S Chinenerere



Mr W Chipane



Mrs M Chomela



Mr T Chuma



Ms C Coetzee



Mrs A Damons



Ms R De Bruin



Mr M De Jager



Ms N Deyi



Mr J Dhladhla



Mrs D Dhlwayo



Mrs G Dithejane



Miss G Ditshego



Miss C Douland



Mrs H Du Plessis



Mrs N Gabanyi



Mrs E Gemeli



Mrs P Gungubele



Miss T Hasane



Ms T Hlophane



Mrs L Hoko



Ms W Hugo



Mr J Jabari



Mrs S Jansen



Mrs E Jansen Van Vuuren



Miss F Joseph



Mrs A Kabini



Ms Y Kalako



Mr A Kameli



Mrs T Ketsise



Mrs S Kgafela



Mrs E Kgaladi



Ms C Kgomo

THE PEOPLE AT FPD



Mr J Kgosana



Ms G Khubana



Mr N Kobone



Mr R Koe



Miss A Koi



Ms M Komane



Mr M Kopeledi



Ms M Kroon



Mr W Kruger



Mr A Kubu



Mrs S Kumbaca



Ms B Kwetse



Mrs A Lalumbe



Ms J Lamula



Ms G Ledwaba



Ms N Leope



Mrs R Lesika



Mrs G Letlhogile



Ms E Letimela



Ms B Losper



Mr T Lubabalo



Ms L Maahlo



Mrs C Maarman



Mrs B Mabasa



Ms E Mabela



Mrs S Mabula



Mr J Mabunda



Miss C Mabuse



Miss A Madalane



Ms M Machobane



Mr S Magagane



Mr M Magoma



Ms N Maguada



Ms S Mahlangu



Ms R Mahlangu



Miss M Mahlangu

THE PEOPLE AT FPD



Mrs P Mahlatsi



Ms M Mahloko



Ms R Mahloko



Miss D Mailula



Ms T Makamu



Ms L Makgato



Ms Q Makhado



Mrs F Makhubela



Mr M Makobe



Ms Makuwa



Ms M Makuwa



Mr S Makwarela



Mrs B Malamula



Miss L Malapile



Mrs M Malatji



Mr S Malebye



Mrs J Maluleka



Ms G Mamilasgidi



Mrs F Mampane



Mrs Mamphodo-Madugama



Miss M Manaka



Ms J Mankge



Miss J Manuel



Ms S Manzane



Miss M Maponyane



Mrs M Marapzana



Mrs C Marobela



Ms L Masango



Ms D Masebe



Mr S Maseko



Ms T Maseko



Miss L Maseko



Mrs M Mashaba



Ms S Mashamba



Miss H Mashego



Mr S Mashele

THE PEOPLE AT FPD



Ms L Masipa



Mrs J Mataboge



Mrs A Mathabatha



Mrs V Mathane



Mrs A Mathivha



Mrs M Matjila



Ms D Matlaweng



Ms D Matlou



Miss M Matomba



Ms L Matseke



Mr Matshinyatsimbi



Miss E Mazamisa



Mrs M Mazeleni



Mrs M Mbayela



Mr R Mboweni



Mr V Mdayi



Ms A Mhlari



Miss T Mithabi



Miss J Mkhaliphi



Mrs R Mmuse



Mrs A Moagi



Ms F Modishe



Ms M Mofokeng



Ms L Mogajane



Mrs M Mogale



Mrs I Mogodi



Miss S Mogodi



Mr B Mogotlane



Ms A Mogwasi



Mrs L Mohalanyane



Mrs J Mokgehle



Mrs M Mokgetle



Mrs C Mokgoko



Ms M Mokgwetsi



Ms P Mokhothu



Miss L Mokoala

THE PEOPLE AT FPD



Mrs J Moleele



Ms J Molema



Miss P Molepe



Miss O Molusi



Mrs M Monageng



Miss L Montalama



Mr J Monyemoratho



Ms E Morake



Mr B Moremi



Miss G Moremi



Ms M Mosaka



Ms R Moshupya



Mr T Mothiba



Ms M Motloutsi



Ms L Motloutsi



Miss M Mpinane



Miss F Mpolweni



Miss V Msiza



Mr G Mthembu



Mr F Mtswayedi



Mr S Mudau



Mrs P Mudzanani



Ms P Mudzielwana



Mrs J Mufamadi



Miss R Muneri



Mrs V Mutamba



Ms L Mutsila



Mrs J Mutsila



Miss A Naledi



Ms G Ncenyane



Mrs S Ndala



Mrs E Ndane



Miss T Ndlovu



Miss Z Ndlovu



Mrs R Ndou



Miss S Nekhumbwe

THE PEOPLE AT FPD



Mr N Bauwh



Mrs R Netshifhefhe



Ms J Ngobeni



Miss W Nguzo



Mr D Nieuwoudt



Mr T Nkhatu



Mrs M Nkhwashu



Ms T Nkosi



Miss N Nkosi



Ms N Nkosi



Mrs B Nkuna



Ms P Nobela



Mr V Nobela



Miss V Noge



Mr P Nokaneng



Miss O Nomarwayi



Miss G Nonyana



Ms T Ntehelang



Ms L Ntsoelengoe



Miss M Ntsumele



Miss Q Ntukantu



Ms J Ntuli



Ms M Ntuli



Ms L Ntuli



Mrs M Ntuli



Ms T Ntuli



Ms P Nyalungu



Miss B Olebogeng



Ms N Phakathi



Mrs T Pehle



Ms T Phindela



Ms J Pilane



Mrs H Plaatjies



Mr T Qatha



Ms J Radzilani



Ms L Ramantsi

THE PEOPLE AT FPD



Ms J Ramashia



Mr T Ramohoebo



Mrs S Ranamane



Mr J Raseroka



Mrs L Rathogwa



Miss P Ratshilumela



Miss M Ratshitanga



Ms L Sakala



Ms O Sambo



Ms L Sathego



Ms L Sebelebele



Mr R Sebolecwe



Ms P Seema



Ms T Sekgothe



Ms S Sekhosana



Miss M Sello



Ms J Seloang



Mrs G Sengani



Ms M Sesenogo



Mrs M Setata



Mr P Setumo



Mr H Shilubane



Ms V Shitiba



Ms V Shoko



Mrs M Shole



Mrs S Shomang



Ms E Sibeko



Mr S Sonwabo



Mr W Sihale



Mrs L Sindane



Mrs I Sinxo



Miss S Sishiwili



Mrs P Sithole



Ms E Sithole



Mrs L Sithole



Ms P Sithole

THE PEOPLE AT FPD



Miss A Siweya



Ms E Sonjica



Mr J Swalivha



Mrs C Teffo



Mrs M Terblanche



Miss P Thaba



Miss M Thamane



Mr S Themangombe



Mrs A Thobejane



Mr S Tiki



Ms R Tsebe



Miss M Tshabalala



Mr A Tshaisi



Mr J Tshimbomo



Ms R Tumelo



Mrs W Van Der Walt



Mr D Van Reenen



Ms M Wongama



Miss C Zicina

THE PEOPLE AT FPD

In Absentia

Middle Management and Experienced Specialists

Dr L Godlimpi
Ms L Helfrich
Mrs S Mabasa
Mr A Magaba
Mrs A Malebye
Dr D Michaels
Mrs V Mkhawana
Dr L Mnguni
Ms F Ngece
Miss Nndanganeni
Dr P Ramataboe
Mr B Rametse
Mrs P Roux
Ms P Soyizwapi
Mr L Tshaka
Ms T Tshigovha
Ms T Zim

Junior Management and Skilled Technical/ Academically Qualified Staff

Mrs D Madima
Mr E Manie
Ms Z Mphathi
Ms N Ngaleka

Administrative and Support Staff

Mr K Isaks
Miss M Madiba
Ms C Makua
Ms L Molemane
Miss D Ndhlovu
Miss E Ngwenya
Ms H Ntjana
Mr T Ramohoebo
Mr S Skhosana
Miss S Amsterdam
Miss B De Beer
Mrs E Kannemeyer
Mrs M Kutase
Mrs A Maakana
Mrs T Magodongo
Miss S Manyandela
Mr T Maphophe
Ms V Mapolo
Miss R Mathidi
Miss Montshiwagae
Mrs M Motha
Mr S Motloutsi
P Netshivhazwaulu
Mrs Ramalekana
Mrs M Tsamouna

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ENQUIRIES

Foundation for Professional Development (Pty) Ltd.
(Registration number 2000/002641/07)

FPD is registered with the Department of Education as a Private Higher Education Institution
(Registration Certificate number 2002/HE07/013) to offer:

- Certificate in Practice Management (CPM)
- Certificate in Advanced Health Management (CAHM)
- Certificate in Risk Assessment and Management (CRAM)
- Diploma in Risk Assessment and Management (DRAM)
- Diploma in Advanced Health Management (DAHM)
- Postgraduate Diploma in General Practice

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