How IMAI (and IMCI) support national adaptation and implementation of task shifting

IMAI and IMCI are directly relevant for the recommendations on task shifting. The RAU/IMCI tools support task shifting from specialized physicians to general doctors or medical officers, from these generalists to nurses, from nurses to lay counsellors, and from the clinical team to patients and the community. The most important task shift is to the patient themselves, empowering them for self-management.

The IMAI and IMCI tools are based on updated competency analyses, by cadre. These support clear definition of the roles that each cadre of health worker can perform during the national adaptation process. In addition, IMAI is developing model certification questions to assess pre-service education. Country-adapted versions of IMCI and IMAI provide evidence-based, standardized national training curricula for 3 levels: district hospital clinicians, health workers in health centers and outpatient clinics, and community-based practitioners. Initial in-service training is followed by harmonized short courses and clinical mentoring after training, to assure ongoing maintenance and expansion of competencies.

IMAI and IMCI provide simple, robust quality assurance tools that can be used at all sites, to assess then improve quality of care.

More than 10 countries have now adapted the WHO tools to produce their own “brand” of IMAI/IMCI and are using them to support the scale up of HIV services started in 2004, building on national experience using IMCI in more than 100 countries.

Pioneer countries which have decentralized HIV services to all districts include: Uganda, Ethiopia, Tanzania, Lesotho, and Swaziland. Several countries, following a review of health system constraints and consideration of the RAU approach, introduced nurse prescription of antiretroviral therapy.

BUILD CLINICAL TEAMS ABLE TO DELIVER HIV PREVENTION, CARE AND TREATMENT AT BASIC PRIMARY CARE

- For health workers providing primary care (health centre or outpatient clinic)

These simplified guideline modules operationalize the WHO evidence-based normative guidelines for use at primary care level. They are accompanied by practical skills-based clinical and counselling training courses. The RAU/IMCI guidelines and training courses are a technically sound approach to shifting tasks within the clinical team and expanding the team to include people living with HIV. HIV prevention is thoroughly integrated with treatment and care, thus contributing to accelerated prevention.

- Second level learning programme for district hospital clinicians (doctors and medical officers)

- Follow-up and ongoing learning after training

Clinical mentoring guidelines (and a mentor’s pocket guide and training course) support on-site case review and ongoing learning.

- District HIV coordinators training course

10 modules including planning, prevention acceleration, community preparation, capacity building for clinical teams in the district, follow up after training (supervision, monitoring and quality management, supply management, coordinating HIV service delivery, and evaluation).

- District addendum

A manual for the district management team in development which includes tools for supportive supervision, quality management, lab and pharmacy support from the district to health centres, etc.

- Patient monitoring systems for HIV care/ART, PMTCT, and TB-HIV

Minimum essential data set and definitions, illustrative patient cards, registers, reports.

- Quality assurance tools

Case management observation, exit interviews, audits of records, using care cards and registers, continuous quality improvement methods.

- IMAI adaptation and planning guide

Steps to plan and to support IMAI implementation within a national scale up plan. The draft IMAI adaptation guide describes the adaptation process, the evidence base for the generic guidelines and possible adaptations, clinical and programme adaptation, and health system fit.

STRENGTHEN FACILITY, DISTRICT, REGIONAL AND NATIONAL MANAGEMENT AND LOGISTICS CAPACITY

- Operations manual for delivery of HIV prevention, care and treatment at primary health centres in high prevalence, resource constrained settings

This covers logistics, infrastructure, laboratory, and the management of human resources, supply, and quality at health centre level.

- District HIV coordinators training course

10 modules including planning, prevention acceleration, community preparation, capacity building for clinical teams in the district, follow up after training (supervision, monitoring and quality management, supply management, coordinating HIV service delivery, and evaluation).

- District addendum

A manual for the district management team in development which includes tools for supportive supervision, quality management, lab and pharmacy support from the district to health centres, etc.

- Patient self-management booklet

Written in plain language to support patients’ self-management of symptoms. The booklet addresses HIV disease, prevention, positive living with HIV, ART adherence, and when to seek care from a health worker.

- Caregiver booklet

For both HIV negative and HIV-positive patients, family members and community caregivers to assist them in providing home-based care for long-term illness.

- Patient education cards

Explains each ART regimen, for patients and their treatment supporter.

- Flipcharts for patient education

For use both for health workers in facilities and by CHWs, when educating patients, family members and caregivers. Accompanied by training courses.

- Low literacy training course for community health workers

- Tools to support community treatment and prevention preparedness
OPERATIONALIZING TASK SHIFTING —  
THE WHO IMAI AND IMCI TOOLS

The World Health Organization Task Shifting recommendations from the Addis Ababa consultation in January 2008 provide important policy support for a rational redistribution of tasks that can facilitate the rapid scale up of HIV services.

Realizing its importance for universal access, WHO strongly supports such HIV task shifting, among other ways with the IMAI and IMCI practical tools.

The integrated management approach of IMAI and IMCI strengthens the delivery of HIV services within primary health care. This means that TB, malaria, and maternal and child health are also strengthened as HIV services are scaled up. This builds the health system and supports the realization of multiple health-related MDG goals.

The IMAI and IMCI strategy and tools emphasize three aspects:

- Task shifting is one of several strategies which IMAI and IMCI support to address the severe human resource constraints, along with:
  - Pre-service education: provides clinical content within a public health approach
  - Interventions to help retain health workers: attention to their safety (universal precaution, 24/7 availability of post exposure prophylaxis), personal support and on-going learning through clinical mentoring, and attention to burn out
  - The expansion of clinical teams providing HIV services with people living with HIV

IMAI and IMCI provide practical tools to support country implementation, after a national adaptation process.

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Web Access:
Public Domain IMAI Tools
http://www.who.int/hiv/pub/imai/en

Full toolkits including drafts
http://www.who.int/hiv/capacity/Access_Sharepoint.pdf

For IMCI tools, also see
http://www.who.int/child-adolescent-health/publications/IMCI/

BUILD CLINICAL TEAMS ABLE TO DELIVER HIV PREVENTION, CARE AND TREATMENT & BASIC PRIMARY CARE

STRENGTHEN FACILITY, DISTRICT, REGIONAL AND NATIONAL MANAGEMENT AND LOGISTICS CAPACITY

EMPOWER PATIENT SELF-MANAGEMENT AND THE COMMUNITY

Learning how IMAI and IMCI can help

IMAI — Integrated Management of Adolescent and Adult Illness
IMCI — Integrated Management of Childhood Illness