



ASHM Global

Partner Listening Report 2023



Contact

Michelle O'Connor

Director of the Global Division, ASHM Global Division

michelle.oconnor@ashm.org.au

Acknowledgement of Country

ASHM acknowledges the Traditional Owners of Country across the various lands on which our staff live and work. We recognise Aboriginal and Torres Strait Islander peoples' continuing connection to land, water, and community and we pay our respects to Elders past and present. ASHM acknowledges Sovereignty in this country has never been ceded. It always was, and always will be, Aboriginal land.

Abbreviations

- **BBV/BBVs:** blood-borne viruses
- **EMTCT:** Elimination of Mother to Child Transmission of HIV, Hepatitis B and Syphilis.
- **HBV:** hepatitis B virus
- **HCV:** hepatitis C virus
- **HCWs:** healthcare workers
- **HIV:** human immunodeficiency virus
- **STI:** sexually transmitted infections
- **TB:** tuberculosis

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From our CEO

Collaboration is central to the work we do at ASHM. This is especially true for our global team, whose work sees them frequently partnering with organisations across Asia and the Pacific. ASHM values all our partnerships. This includes our long-term partnerships, such as our twenty-year collaboration with the Catholic Church Health Services in Papua New Guinea, and new partnerships, such as with Maluk Timor in Timor-Leste.

A recent roundtable with community, government, and health workers from six Pacific countries reaffirmed how important collaboration is for driving change in the region. Following the roundtable, ASHM and APCOM Foundation released a joint call-to-action highlighting the need to support collaboration to eliminate human immunodeficiency virus (HIV) in Asia and the Pacific. This consensus from the Pacific health community reaffirms that collaboration is vital for driving better health outcomes.

That is why it is important that ASHM, and all organisations, are committed to continually evaluating and improving collaborative approaches to ensure partnerships are productive, robust, and effective.

This report is a valuable starting point from which ASHM can reflect, learn, and put into action better ways of working with our partners. With the guidance of our partners' valuable feedback, ASHM is excited to undertake this journey to further strengthen our relationships and services in the Asia and Pacific region.

Alexis Apostolellis
CEO, ASHM



Executive Summary

ASHM — a peak professional body representing healthcare professionals in HIV, bloodborne viruses (BBVs), and sexual and reproductive health — has worked globally with local organisations, not-for-profits, community-based organisations, and ministries of health for over 20 years, with a focus on the Asia and Pacific region. Through these partnerships, ASHM has contributed to strengthening health systems and building capacity in local health workforces through the provision of training, mentoring, resource development, and networking opportunities.

To gain a greater understanding of ASHM’s value as a collaborating organisation and how we can further support localisation to empower Asia and the Pacific healthcare workers and community, in early 2023 we undertook a listening exercise with 10 current and previous partner organisations and government ministries. The listening exercise involved collecting feedback via semi-structured interviews and online surveys.

From this feedback, three key strengths of ASHM’s global services and collaborative approach emerged: **capacity strengthening, co-design and collaboration, and cross-country knowledge exchange and relationship building**. Additionally, partners praised ASHM’s practical resources and training.

Key strengths of ASHM as a global partner



Capacity strengthening



Co-design and collaboration



Cross country knowledge exchange and relationship building

Areas for improvement were also identified through the listening exercise. Most notably, several partners mentioned that ASHM could take a larger role in facilitating region-wide networks.

Since conducting the listening exercise, ASHM has already taken steps towards implementing our partners’ suggestions. We will continue to review and enact our partners’ recommendations where practical.

20 years of working together

ASHM's work and partnerships in Asia and the Pacific

Since launching the ASHM Global division (formerly ASHM International) in 2003, ASHM has worked closely with local organisations, not-for-profits, community-based organisations, and ministries of health to strengthen health systems and workforce capacity to deliver quality and accessible HIV, sexual and reproductive health (SRH), and viral hepatitis services.

ASHM engages in multiple partnership models to provide suitable assistance and collaboration in-country. These include ASHM: acting as lead agency, providing technical assistance to a lead agency, working as part of a consortium, and being contracted by ministries of health and multilateral agencies.

In 2022 ASHM partnered with 10 regional and local organisations in Papua New Guinea, Timor-Leste, the Philippines, Vanuatu, Thailand, and the broader Asia Pacific region. These included National Ministries of Health, NGO health workforce organisations, and community-based organisations. Further information on ASHM's global partnerships and initiatives can be found on [the ASHM website](#).

Listening for improved partnerships

Purpose of Partner Listening Exercise

At ASHM, we continually strive to offer more as a partner and source of expertise for organisations in Asia and the Pacific working in HIV, sexual and reproductive health, and viral hepatitis. To gain a greater understanding of ASHM's value as a collaborator and how we can further support localisation to empower Asia and the Pacific healthcare workers, we undertook stakeholder consultation with current and previous partner organisations and government ministries.

How we listened



Online open-ended surveys
Seven previous partners



Semi-structured interviews
Three current partners

In early 2023, ASHM conducted stakeholder consultation via a listening exercise through semi-structured interviews and open-ended survey questions with 10 current and former partner organisations across nine countries in Asia and the Pacific. A list of organisations who participated can be found in Appendix A, alongside a summary of ASHM's projects with each partner.

ASHM carried out semi-structured interviews with three current partner organisations. Two organisations completed the interview via online video call, while one organisation responded to the interview questions via email.

An online survey of open-ended questions was distributed to previous partner organisations via email, garnering seven responses. Survey questions were limited to four key questions to not overburden organisations. A list of questions included asked in the semi-structured interviews and survey are attached in Appendix B.

All interview and survey responses were collected with consent and under the promise of anonymity when quoted to minimise reporting bias and encourage transparency. For the purpose of maintaining anonymity, the term 'partners' can refer to either past or current collaborating organisations, unless otherwise specified.



Findings

Our international partners provided insight into ASHM's strengths, as well as several areas for improvement to create stronger organisational relationships and better outcomes in-community. The below findings are not all-encompassing of every response, but rather identify the key themes relevant to improving ASHM's approach to global partnerships.

Our strengths as a global partner

From the feedback received from our current and former partnering organisations, three key strengths of ASHM's services emerged:

- Clinical and organisational capacity strengthening
- Co-design and collaboration
- Cross-country knowledge exchange and relationship building

Clinical and Organisational Capacity Strengthening

ASHM's clinical training and mentorship programs were mentioned the most frequently by our partners. Several partners noted the expertise of ASHM's training in developing the skills of both individuals and organisations:

"ASHM has provided great management and building of capacity of [our] regional organisation...ASHM also provided experts and mentors who really assisted and built the capacity of [our country's] doctors."

"Their support in capacity building, mentoring and resource development on HBV/HCV is stupendous."

The ability of capacity building to create self-sufficient, sustainable upskilling networks in-region was highlighted by one partner, who shared their own journey using ASHM's training to make an impact in their region:

"ASHM has been there to build my capacity in the field from the very beginning and now I have become an expert in the field and a mentor in the country. I have also mentored and built the capacity of health care workers from the other Pacific Island countries. I also contribute to my country at national level in the development of guidelines, policies, and planning."

Co-design and collaboration

ASHM's emphasis on co-design and putting communities and health worker voices first in project development and implementation was praised by our partners.

"[It is] nice to be reached out and offered an option to contribute or to suggest others to contribute."

Several partners also expressed appreciation for ASHM's highly involved and driven approach to partnership:

"ASHM as an organisation and also its leadership have been very willing to collaborate and support projects with expertise as well as hands on help."

"The staff we collaborated with was very experienced and enthusiastic."

Cross-country knowledge exchange and relationship building

Many partners mentioned and re-affirmed ASHM's reputation in the region as a trusted international organisation providing practical and reliable resources and training.

"[ASHM] do have a significant, if you like, footprint in terms of their work in-country, because they've been here for a while, and a number of other partners actually recognize their contribution."

"ASHM's main strengths are that they have a good governance system which can assist small organisations, they have a great pool of experts and mentors who can assist in building the capacity of local [healthcare workers] HCWs, and they do motivate and take care of all their partners/mentees."

Some partners also noted that ASHM's strong and numerous relationships and facilitation of discussions across community, funders, research, global agencies, healthcare workers, and governments were advantageous in driving positive outcomes and adding value to locally-led responses to HIV, sexual and reproductive health, and viral hepatitis responses in-country:

"[ASHM are] a dedicated and professional team who can engage academia, provider/implementer, and community stakeholders in the region in a meaningful way."

"ASHM's main strength is the connection to service providers, research, scientific and academia in the region. It has a great reputation and ASHM partnering with us provides acknowledgement that we need to work with the affected community, and provide space for the community, and acknowledging the expertise that the community brings to the table."

As a result of partnering with ASHM, two partners felt that the profile of their organisations had been raised.

Where we can keep improving

Alongside our strengths, our partners also provided guidance on how ASHM can improve, with recommendations involving:

- Further development of regional networks and scholarships
- Improved monitoring and evaluation (M&E) of joint projects.

Further development of regional networks

While one partner praised ASHM's work in developing region-wide networks of mentors and healthcare workers, other partners expressed that our efforts could be taken further, especially given the resumption of international travel post COVID-19 restrictions.

"I believe the regional network has been less active than in past years, maybe due to COVID but it would be good to restart."

One participant highlighted that by taking a direct role in invigorating previous or new international networks, ASHM could continue to promote cross-country knowledge exchange and learning:

"[ASHM can add value to locally-led responses] by developing regional networks where mentors, like myself, from the region can build the capacity of other HCWs in the region (south-to-south collaboration)."

Improved monitoring and evaluation (M&E) of joint projects

One partner discussed the need for ASHM to employ more comprehensive monitoring and evaluation (M&E) of one of our collaborative projects, specifically in relation to long-term measurements of outcomes. It was also asked by the same respondent that ASHM considers conducting retrospective evaluations of past training programs "to see if there is progress over time".

Further Recommendations

In addition to the above areas for improvement, several partners shared specific recommendations based on their organisational and country context. These include:

- Capacity strengthening of local clinical mentors in-country to mentor other clinicians
- Building in consideration of compensation for local organisations in joint proposals
- Further training and mentorship programs supporting HIV, STI, and viral hepatitis program officers and healthcare professionals, including scholarships and training of hepatitis B and hepatitis C clinicians
- Support in scale up of HIV testing and treatment adherence models
- Supporting ministries of health to establish and implement triple elimination programs and development of longer term sustainability plans
- Technical assistance to support Ministries of Health to design and implement models of integrated health service packages
- Establishing regular or longer term in-country presence
- Further support for infection-specific testing and treatment projects (e.g. syphilis, hepatitis B)
- Ensuring all programs are scalable and sustainable in-country long-term.



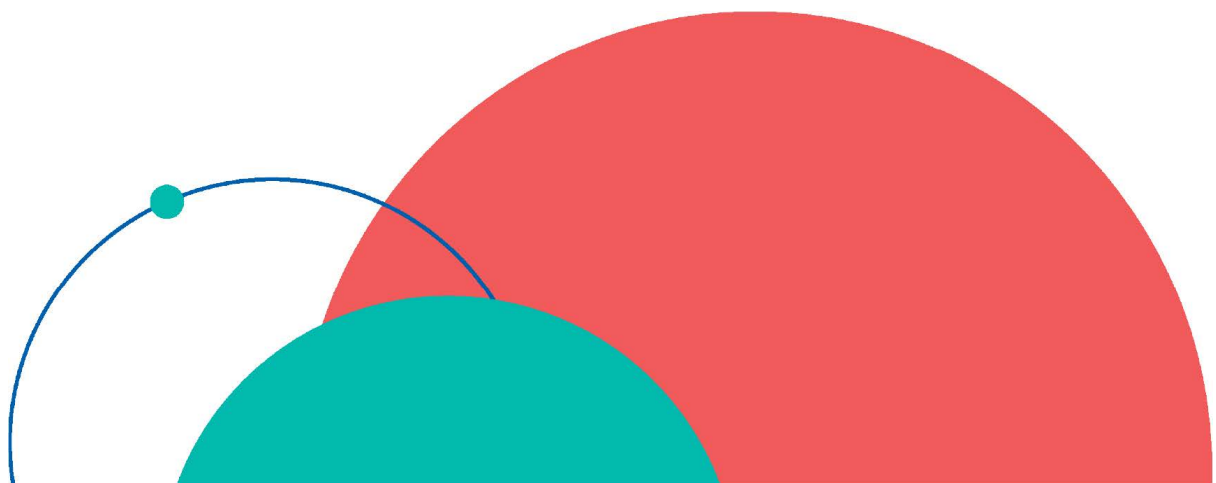
Looking forward

Since conducting the listening exercise, ASHM has already taken steps to implement our partners' recommendations.

In response to feedback regarding implementing more robust project reporting and M&E, ASHM is currently evaluating and revising our M&E framework and tools.

ASHM is also facilitating the creation and invigoration of region-wide networks through Communities of Practice using online platforms such as WhatsApp. In November 2023, ASHM and Pacific Sexual and Gender Diversity Network (PSDGN) partnered with Fiji Network Plus (FJN+) to build capacity in peer mentors and strengthen mutual support amongst Pacific networks for people living with HIV. This was achieved through a workshop which brought together emerging peer mentors from eight Pacific countries. The workshops were funded under the United Nations Development Programme's Multi-Country Western Pacific Integrated HIV/TB Programme grant. ASHM continues to provide EMTCT, HIV, STI, and hepatitis B clinical capacity strengthening and establishing local mentors and trainings through multiple programs in the region.

ASHM will continue to review and enact our partners' recommendations where practical in the future, as well as further develop our existing value propositions.



Appendices

Appendix A- Participants of the Stakeholder Listening Exercise

Current ASHM Partner Organisations

The below organisations participated in semi-structured interviews conducted via video call or email.

Catholic Church Health Services (Papua New Guinea)

Catholic Church Health Services (CCHS) have collaborated with ASHM since 2003 to deliver various training and mentoring initiatives in Papua New Guinea. Significant projects undertaken in collaboration with CCHS (alongside other partners) include the [Collaboration for Health in PNG](#) and [Sexual Health and Reproductive Health Integration Project](#) to build the capacity of health workers delivering HIV and sexual and reproductive health services respectively. CCHS is also the collaborating organisation for Papua New Guinea for ASHM's [Supporting Triple Elimination in Papua New Guinea and Timor-Leste Project \(STEPT\)](#).

Ministry of Health (Timor-Leste)

ASHM supported the Ministry of Health to conduct the 2016-17 Integrated Biological and Behavioural Surveillance (IBBS) Survey to support HIV strategies and planning decisions. In 2021, ASHM was contracted by AFAO to work with the Ministry of Health and community organisation Estrela+ to strengthen linkage testing and case management through the development of a [HIV Case Management Handbook](#) tailored to Timor-Leste's context. ASHM currently collaborates with the Ministry of Health and Maluku Timor in Timor-Leste on the [Supporting Triple Elimination in Papua New Guinea and Timor-Leste Project \(STEPT\)](#).

Solomon Islands Ministry of Health (Solomon Islands)

ASHM has partnered with the Solomon Islands' Ministry of Health on various training and research projects in the country. In 2019, ASHM was engaged by the World Health Organisations to develop Hepatitis B and Hepatitis C Testing and Treatment National Guidelines for Solomon Island as part of the [Pacific Viral Hepatitis Project](#). In 2022, ASHM developed and delivered the '[Hepatitis B in Health Settings](#)' training package to health workers and Ministry of Health staff in Honiara.

Previous ASHM Partner Organisations

The below organisations participated in semi-structured surveys conducted via email.

National University Hospital (Singapore)

ASHM has partnered with the National University Hospital in Singapore for over 6 years to co-deliver the Asia Pacific Practice Course. This comprehensive five day face-to-face training has been delivered to healthcare workers from the Philippines, Malaysia, Vietnam, Cambodia, Indonesia, Singapore and Sri Lanka. The course aims to improve the knowledge and skills of healthcare workers working in HIV-related areas across the Asia Pacific Region.

AIDS Society of the Philippines (Philippines)

ASHM has partnered with the AIDS Society of the Philippines, from the inception of the society and has supported organisational and clinical capacity strengthening. ASHM delivered online

training to 100 health workers in the Philippines under invitation from the AIDS Society of the Philippines in response to the 2022 monkeypox outbreak.

The Oceania Society for Sexual Health and HIV Medicine (OSSHHM) (Fiji)

The Oceania Society for HIV and Sexual Health (OSSHHM) was established in 2006 with support from ASHM. Amongst over projects, ASHM collaborated with the OSSHHM on the Pacific Sexual Health Workforce Capacity Building Project and HIV Health Workforce Capacity Building Project to deliver HIV and sexual health training and clinical mentoring across 11 Pacific Island countries.

Institute of HIV Research and Innovation (Thailand)

A relatively new partner, IHRI Director Nittaya Phanuphak sits on a number of ASHM conference committees and has been a keynote speaker at ASHM conferences. IHRI also provided advice and support on the 2022 Regional Transgender Health Masterclass run by ASHM in Thailand.

APCOM Foundation (Thailand)

ASHM has engaged with APCOM on a number of advocacy pieces calling for support for community and health workers to collaborate. APCOM also provided advice and support on the 2022 Regional Transgender Health Masterclass run by ASHM in Thailand.

Malaysia Ministry of Health (Malaysia)

In the past ASHM has provided technical assistance to the Malaysia Ministry of Health. ASHM has supported Malaysian HIV and viral hepatitis clinicians to attend clinical and scientific conferences through scholarship programs.

National Hospital of Tropical Diseases (Vietnam)

In the past ASHM worked closely with the National Hospital of Tropical Diseases and VCHAS in clinical training and mentoring including adaptation of the clinical guide *Is it HIV?* into Vietnamese.

Appendix B – Interview and Survey Questions

Note: Some question wording altered to protect anonymity of participants. Any changes are indicated by square brackets.

Semi-structured interview questions

Partner one

1. What collaborative activities/projects has ASHM worked with [partner] on?
2. Tell me about your experience working with ASHM on these projects
3. You mentioned a little about the [project one] and [project two], can we talk about [project one] and [project two] further? Was the project helpful for improving [partner]'s [outcomes]?
4. Can you please elaborate?
 - a. (Depending on Yes or No answer) How has ASHM helped [partner] to enhance its [outcomes]?
 - b. (In case of a No answer) Why do you think [project one] and [project two] was not useful? Can you think of any factors that affected the intended impact of this project?
5. Tell me about [project one]'s contribution to improve [partner]'s [outcomes]. Can you please give examples?
6. What do you think are ASHM's strengths as a partner organisation? Are there any ways you think ASHM can improve in its approach?
7. How do you think ASHM can support [partner] more towards achieving [partner]'s goals in the future?
8. Thinking beyond [partner], do you think ASHM has made any contribution to strengthening the health systems of your country? Please elaborate on your views on this.
9. Is there anything more you think ASHM can do to support strengthening health systems and the health workforce in [country]?
10. What collaborative programs would you expect from ASHM in the future?

Partner two

1. What engagement have you had with ASHM?
2. Tell me about your experience engaging with ASHM
3. Can we discuss [project one] further? Was the project helpful in improving [partner] [achieving their outcomes]?
4. Can you please elaborate?
 - a. (Depending on Yes or No answer) How has [project one] helped [partner] to improve [achieving their outcomes]?

b. (In case of a No answer) Why do you think [project one] was not useful? Can you think of any factors that affected the intended impact of this project?

5. ...Where do you see ASHM can add value to EMTCT in [country]?
6. Tell me about ASHM's contribution in Triple Elimination?
7. What do you think are ASHM's strengths as a partner organisation? Are there any ways you think ASHM can improve in its approach?
8. How do you think ASHM can support [partner] more towards achieving your goals in the future?
9. What collaborative programs would you expect from ASHM in the future?

Partner three

1. What collaborative activities/programs has ASHM done with you?
2. Tell me your experience working with ASHM on these programs?
3. (You mentioned a little about [project one]), can we discuss it further? Was the project helpful in promoting [outcomes]?
4. Tell me about [project ones]' contribution in the promotion of [outcomes] ; or
5. Tell me about ASHM's contribution in the training and mentoring of clinicians.
6. What do you think are ASHM's strengths as a partner organisation? Are there any ways you think ASHM can improve in its approach?
7. How do you think ASHM can support you more towards achieving your goals in the future?
8. What collaborative programs would you expect from ASHM in the future?

Survey Questions

1. What value did ASHM contribute to the project you collaborated on? What are ASHM's main strengths?
2. What was it like to partner with ASHM? What worked well? How can we improve our partnership approach?
3. How do you think ASHM can add further value to locally led HIV, sexual and reproductive health and viral hepatitis responses in [COUNTRY]?
4. Is there any other feedback you would like to give us?

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