

# Evaluation of ECHO Program Bridging Gaps in HIV/AIDS Healthcare Knowledge and Collaboration

A.N. Wasukira<sup>1</sup>, T. Rwegyema<sup>2</sup>, M.K. Ssemmanda<sup>2</sup>, D. Bwayo<sup>2</sup>, M. Kiyuba<sup>1</sup>, E. Asimwe<sup>1</sup>, E. Turesson<sup>3</sup>, T. Hardson<sup>4</sup>, J.N. Akao<sup>4</sup>, L.C. Nalule<sup>5</sup>, J.W. Arinaitwe<sup>5</sup>

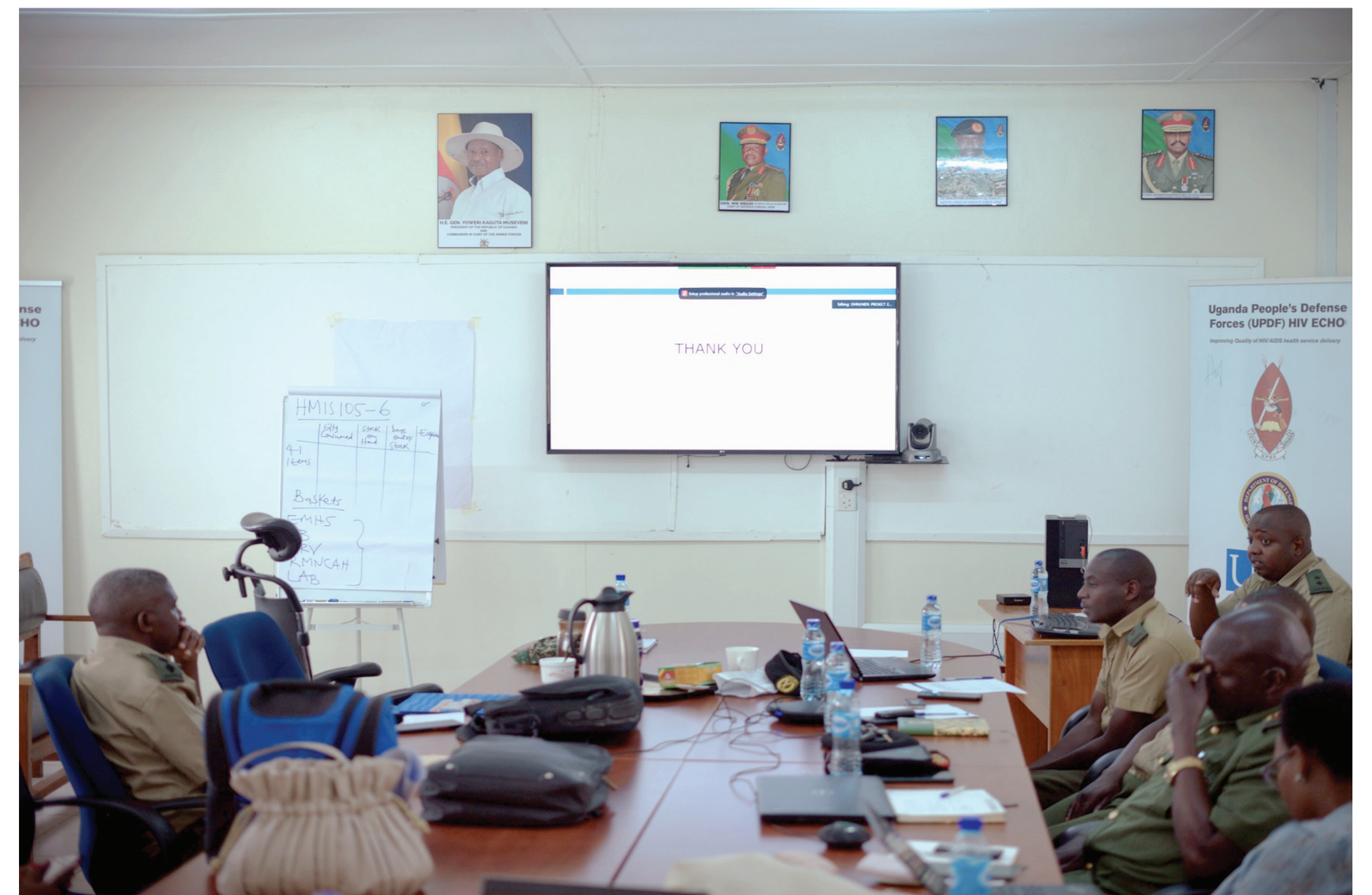
1 – Uganda Peoples' Defence Forces (UPDF), Directorate of HIV/AIDS, Kampala, Uganda; 2 – DoD-Uganda URC Project, Kampala, Uganda; 3 – URC, Chevy Chase, MD, United States; 4 – Department of Defense, U.S. Embassy, Kampala, Uganda; 5 – Infectious Diseases Institute, Makerere University, College of Health Sciences, Kampala, Uganda

## BACKGROUND

The innovative Extension for Community Healthcare Outcomes (ECHO) model has gained prominence for its approach to collaborative e-learning in healthcare settings. In August 2021, the Uganda Peoples' Defence Forces (UPDF) military health services established the ECHO program to strengthen the capacity of health workers in HIV care.

ECHO consists of biweekly virtual sessions that include case presentations followed by short didactic sessions focused on areas of HIV care, such as treatment optimization for complex cases and death audits.

URC's United States Department of Defense (DoD) HIV/AIDS Prevention Program (DHAPP) funded project conducted an evaluation to assess the ECHO model's impact on UPDF health services.



Military health workers attending an ECHO session using installed e-learning facilities.

## METHODS

- ▶ We interviewed 38 randomly sampled, registered ECHO participants in a cross-sectional survey, and collected data from routine feedback after each session.
- ▶ Data collected included demographics, equipment functionality, session moderation, changes in knowledge and practice after sessions, and challenges.
- ▶ The analysis used the Kirkpatrick Model of evaluating training and learning programs. The first three levels of Reaction, Learning, and Behavior were assessed.
- ▶ Data were analyzed to determine participation and learner reactions to these sessions, challenges, and learning outcomes.

## RESULTS

- ▶ Currently, 521 health workers are registered with ECHO; average attendance is 90 people per session.
- ▶ 79% of the participants interviewed were male; 32% were counselors, 24% clinicians, and 13% nurses.
- ▶ Most respondents attended by mobile phones (50%) and 45% attended using site level conferencing facilities.
- ▶ Respondents universally agreed that session objectives were clear, sessions were relevant, and that content experts were knowledgeable.
- ▶ However, some respondents indicated that the content was at times too complex.
- ▶ 63% of participants reported sessions changed their medical practice and empowered them to make better decisions on complex cases.
- ▶ Although 87% of respondents reported having consistently functioning ECHO equipment, 15% reported challenges in connectivity and 15% in difficulties operating the equipment.

"ECHO has provided us an opportunity to interact with experts in those [medical] fields"

ART clinic in-charge, Luwunga HCIII

"We used to overlook the psychosocial part in our clients, but ECHO has awakened us counselors"

Counselor, Statehouse HCIV

"Through ECHO we no longer operate as individual health facilities but rather one big UPDF unit that operates through the entire country"

Hospital Administrator, Moroto

## CONCLUSION

This assessment qualitatively demonstrates that the ECHO program is acceptable, feasible, and improves self-reported knowledge and practices among health workers in Ugandan military health facilities.

Increasing ECHO program gains will require targeted interventions to improve participation and address internet connectivity and equipment operation. Research is needed to identify barriers to regular participation among registered health workers.

This work was made possible with funding and support from the U.S. President's Emergency Plan for AIDS Relief, through the U.S. Department of Defense.