



International Center for Equal Healthcare Access

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Reports from the Field: Lesotho April – June 2006

LESOTHO

With the adult HIV prevalence rate at 29%, Lesotho's Ministry of Health and Social Welfare has embarked on a comprehensive effort to combat the devastating impact of HIV/AIDS in this small country. ICEHA, in partnership with The Clinton Foundation, is continuing to send additional teams of clinical mentors in order to strengthen the capacity of the Lesotho healthcare system to respond to the HIV epidemic. For the past 9 months (since November 2005), ICEHA clinical mentors have provided hands-on coaching to more than 150 local healthcare providers at 16 clinics throughout the country. As this program continues to expand and as increasing numbers of clinical mentors volunteer their time and expertise, thousands of HIV-infected patients in Lesotho have been given access to HIV care when none existed before.

In April, May and June 2006, 7 ICEHA clinical mentors were stationed at 5 health centers, hospitals and clinics throughout the country and shared their experiences through weekly reports.



Out-Patient Clinics: St. Leonard's Health Center, Semonkong Clinic, St. James Hospital, St. Joseph's Hospital, Paray Hospital

ICEHA Clinical Mentors: Maureen Famiglietti, BSN (New York, USA), Marwan Haddad, MD, CCFP (Connecticut, USA), Nancy Miller, MSN (New York, USA), Jean-Claude Ndala, MD (Botswana), Yvette Peters, APNP (Texas, USA), Mable Taplin, BSN (Illinois, USA), Jens Wennberg, RPA-C (New York, USA)

4/8/06 (Jens Wennberg, Nancy Miller, St. Leonard's Clinic, Semonkong Clinic)

We are staying at the Semonkong Lodge, the only facility in the town. It is about 2 km from the center of town, and the two clinics where we are working are 25 minutes apart by foot. We have been asked to guide our local colleagues on how to start antiretroviral therapy (ART) in two clinics in Semonkong, Lesotho: St Leonard's Clinic and Semonkong Clinic. Our immediate tasks are to assist St. Leonard's with starting HIV testing, finding a way to transport blood samples from Semonkong Clinic to Queen Elizabeth II Hospital and starting voluntary counseling and testing (VCT) and prevention of mother to child transmission (PMTCT) for pregnant women.

4/24/06 (Jens Wennberg, Nancy Miller, Semonkong Clinic, St. Leonard's Clinic)

In the past three weeks at Semonkong, 35 patients were tested and 18 tested positive. That is almost 50%. Group counseling in the waiting room continues once or twice daily to everyone who comes to the clinic. The second nursing assistant was taught how to do the HIV tests (but not yet counseling). In two weeks of testing at St. Leonard's, 21 people have been tested and 9 are positive. We presented a session about the practicalities of PMTCT to the whole staff on Tuesday afternoon, and it



St. Leonard's Clinic in Semonkong, Lesotho

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was well received. A class on WHO staging of HIV-infected patients is planned for next week.



ICEHA clinical mentors Maureen Famiglietti, Dr. Marwan Haddad, Yvette Peters, Mable Taplin and Dr. Jean-Claude Ndala

5/5/06 (Dr. Marwan Haddad, St. James Hospital, Paray Hospital)

We arrived at St. James Hospital on Tuesday afternoon and met with the administrator. The ARV program is still in its infancy—they only have 20 patients on ARVs out of a registered 200+ patients who are eligible for treatment. In the month of April, not one person was started on ARVs. In the last three days, 3 adults were started on ARVs. We were initially told that there existed an ARV corner in the Primary Health Center clinic (PHC) but currently, although there is a space designated, no ARV clinic is being operated anywhere. We initiated discussions on how to establish this clinic and how it will fit in with the other clinics.

5/5/06 (Mable Taplin, St. Joseph's Hospital)

This week, our goal was to observe the ARV clinic flow and the interaction between the patients, the medical and the nursing staff. The ART clinic operates every Thursday at 8:30am. Patients are triaged in designated rooms at the back of the hospital, next to the Tuberculosis (TB) Ward. This location increases the risk of HIV+ patients contracting TB.

The patients carry their own small version of a medical record called a *Bukana*. This booklet resembles a child shot record book in the USA. Each visit is documented in this book, and the patient keeps it. The nurse uses this book to determine if the patients need lab work prior to their visit with the physician. A total of 36 patients were seen in the clinic, and there were nine patients started on ART this week.

5/6/06 (Maureen Famiglietti, St. James Hospital)

The magnitude of the problem here at St. James is enormous. Virtually all of the sixteen inpatients are either known to be HIV+ or are in need of testing on suspicion that they most likely are HIV+. One of the children, a 5-year old girl identified as HIV+ several months ago, has been a patient since early March and is nearly at the two month mark with her TB treatment. She will start ARVs as soon as the adherence counselor has completed the training.

Two women and one man in the wards began treatment on Friday. That was a wonderful start, and we will do our best to instill knowledge and confidence in the staff of St. James to test and then treat every person who meets the government guidelines.

5/8/06 (Jens Wennberg, Nancy Miller, St. Leonard's Clinic, Semonkong Clinic)

We have made a major breakthrough at St. Leonard's this week – the Sister we have been working with finally really understood what clinical mentoring was all about and what our role at St. Leonard's clinic was. On Monday and Tuesday, there were several situations where people she was testing had complicated problems, and she asked Jens for his opinion on how to handle them. Afterwards she said, "Wow, that was very helpful!"

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We met with the rest of the staff this week to ask what training they felt they needed and to set up a seminar schedule. Topics to be included are VCT, PMTCT, basic medical management of HIV/AIDS, ARVs and side effects, drug interactions with ARVs, and management of opportunistic infections (OIs). Our local colleagues committed to 2 classes a week. An in-depth class on WHO staging was given on Thursday. There was excellent response, questions and discussion.

5/8/06 (Dr. Jean-Claude Ndala, St. Joseph's Hospital)

Although the ART clinic at St. Joseph's has been successful at recruiting HIV-infected patients, the current clinic infrastructure will not be able to sustain future growth. Thus far, 129 patients were started on ART. However, the total number of patients registered at the clinic is 300 and growing. Therefore, the overall infrastructure of the ART clinic needs to be improved significantly in addition to a rapid scale up of assessment and treatment skills for the medical and nursing staff. The three physicians that I mentor are very motivated and willing to receive clinical training. They are eager to learn and very inquisitive.



ICEHA clinical mentor volunteer Dr. Marwan Haddad, MD, with a local pharmacy technician in front of St. James Hospital

5/10/06 (Dr. Marwan Haddad, St. James Hospital, Paray Hospital)

At St. James Hospital, patients show up everyday with advanced AIDS. Of the four people admitted today with advanced stages of disease, none of them knew their status. We were able to get one woman tested today and then admitted her. We also saw one person in follow-up on ARVs, and he is doing wonderfully!

Tuesday is when the whole team goes on general rounds in the hospital. This turned out to be a great opportunity to teach and discuss the patients. I was also able to discuss issues to overcome fear of HIV, ARVs, and testing. For the remainder of my time in Lesotho, I will alternate between Paray Hospital and St. James Hospital.

5/12/06 (Dr. Jean-Claude Ndala, St. Joseph's Hospital)

During the last two weeks, we have managed to start 21 patients on ARVs. The doctors are highly appreciative of our mentoring efforts. Last Friday, we had the ARV Team Meeting. This meeting was pivotal because we were given the opportunity to outline the concerns that we have with the clinical flow of the ARV Program. We identified several factors that negatively affect patient care. The first issue is the lack of space in the pharmacy, which does not allow pharmacy technicians to do drug counseling. All patients are serviced through the same window, and there is no confidentiality. Second, the nurses do not stage or do any physical assessments of the patients prior to their consultation with the physician. Third, the ART clinical space is located next to the inpatient TB ward. On most days, patients are waiting in and around the TB ward to be seen by the ART team counselors and nursing staff, greatly increasing the likelihood that infection can spread to HIV patients.

5/15/06 (Jens Wennberg, Nancy Miller, St. Leonard's Clinic, Semonkong Clinic)

The word about HIV care and AIDS treatment being provided is getting out in the community. On Thursday, two teenage shepherds came in for testing. They said, "Out at the Cattle Station there was a man on treatment and he

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had gotten better". They heard that our clinic offered treatment so they came for testing. They were both negative, and we sent them away with advice on how to stay negative – and use condoms!

5/19/06 (Mable Taplin, St. Joseph's Hospital)

On Monday and Tuesday, I coached the nurses on taking a proper patient history and encouraged them to clinically stage the AIDS patients. After the history was completed, I facilitated discussion between the nurse and the physician about the nurse's findings. The nurses are still very nervous about taking the initiative to assess the patients without the physician, but it is the only solution if AIDS treatment will be made available at the national level. Also, I have started mentoring the nurses on proper documentation of patient visits in the *Bukana*. Historically, the nurses have not been doing much documenting in the *Bukana* with the exception of lab draws. They are now starting to document the histories that they are gathering from the patients in addition to current lab work and chest x-rays.

All these mentoring exercises have proven to be useful, as with each patient the nurses are gaining more confidence. I have consulted with Dr. Ndala to speak with the doctors about their encouragement of nurses with respect to taking the initiative to do clinical staging and physical assessment. On Tuesday, I reviewed HIV pathophysiology and virology with the nurses. I also reviewed the common side effects of the ARVs. They were very receptive. All in all, this was a great week!



St. James Hospital in Mantsonyane, Lesotho

5/19/06 (Maureen Famiglietti, St. James Hospital)

Several of the staff visited us at our cottage one evening and the conversation was very open. They discussed their fears about HIV, the treatment and what will happen to Lesotho. One of the nurses admitted that she had not reported a needle stick accident in the past because she didn't want to be tested for HIV. One person talked about an aunt of his who died despite being on ARVs for 18 months. I believe these teaching moments are as valuable as the formal ones in the clinic.

5/26/06 (Mable Taplin, St. Joseph's Hospital)

The clinic did well this week with the initiation of 9 patients on therapy. I again assisted the nurses in prioritizing the patients prior to the physician consultation. All the patients were seen on their scheduled day which is a big improvement. As Thursday was the official ART clinic day, the patients were so numerous that they were rolled over to Friday.

5/27/06 (Maureen Famiglietti, St. James Hospital)

The ART corner is officially open!! This week we physically moved items out of the room which had been used for the Adolescent Health Program and brought in posters and a file cabinet for the ARV cards and individual patient files. I continued to work with the AIDS coordinator on improving documentation of the HIV care provided. We have planned a training next week for all those who work with the patients at the PHC. Posters have been hung in the OPD waiting area encouraging patients to ask about HIV testing. The posters emphasize that HIV is now treatable in Lesotho.

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5/27/06 (Dr. Marwan Haddad, St. James Hospital, Paray Hospital)

The ward rounds were again a great opportunity to do bedside teaching. One of the patients had Toxoplasmosis, providing a great opportunity to highlight the management of a new OI we had not talked about previously. There were a number of HIV patients on the wards, both male and female. I again did some teaching surrounding immune reconstitution syndrome and OIs and the need to be very vigilant with AIDS patients after ART initiation, especially for those with advanced AIDS. When the OIs present themselves, they need to diagnose and treat them immediately.

5/29/06 (Jens Wennberg, Nancy Miller, St. Leonard's Clinic, Semonkong Clinic)

This has been a very busy and fruitful week here at St Leonard's. Even though we only have two more weeks, we now are thinking that the HIV care program can indeed sustain itself after we leave. Over the last couple of weeks there has been a steady stream of people coming in for testing from the community. This has been very gratifying. There is still a problem with people sometimes waiting a long time for testing - especially on days for antenatal visits. Six people initiated ART this week. I was impressed with the Sister's ability to process a plan for patients on how to take the medicines.

5/29/06 (Dr. Jean-Claude Ndala, St. Joseph's Hospital)

On Tuesday, I presented to the medical staff on TB/HIV co-infection. This week we experienced a setback in initiating patients on ARVs because the CD4 cell count machine has been down for 7 days. As a result, this week's clinic was more focused on follow-up visits and adherence visits. I also discussed at length the side effects of ARVs with my local colleagues.

5/31/06 (Yvette Peters, Paray Hospital)

This week, I conducted a three day lecture series on HIV counseling and testing for 11 inpatient nursing staff. As a result of the training and open dialogue, the attendees requested help in finding a way that they could be supportive of each other to counter resistance to counseling and fears amongst many staff members. The group agreed to unite as an organization, named "The Health Professional In HIV At Paray". The group plans to meet monthly to continue to expand their knowledge. The medical staff, nurse practitioners, and selected members from the PHC will be invited as speakers. The first meeting is planned for the third week of July, with a follow-up discussion on counseling and testing.



The mountains of Mantsonyane, Lesotho

6/5/06 (Jens Wennberg, Nancy Miller, St. Leonard's Clinic, Semonkong Clinic)

There was a training this week with Village Health Worker, a partnership between Dorcas Aid and St Leonard's. All 90 people attending the training were offered HIV testing. By Thursday about 60 had been tested with about 1/3 positive. More tested on Friday. It was like an avalanche descended on the clinic - even though they were sent in groups of 5 or 6 at a time. At one point we had three people testing including two of the staff that were in the midst of being trained to do VCT. We supervised them throughout Thursday and Friday - it was training by fire, but it worked very well.

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6/8/06 (Mable Taplin, St. Joseph's Hospital)

This week we initiated nine patients on ART. The week culminated with a lovely farewell party organized by the staff. It was a great send off. They honored us by reassuring us that they were committed to the ART clinic and vision that we had shared with them. It was simply wonderful.

6/8/06 (Dr. Marwan Haddad, St. James Hospital, Paray Hospital)

The staff at both St. James Hospital and Paray Hospital gave us a farewell party during which many touching speeches were given. In a very short period of time, HIV testing and treatment improved drastically. More importantly, the healthcare workers' attitudes toward HIV testing and treatment were noticeably different by the end of our stay here which is what I believe will help sustain delivery of proper HIV patient care. There are wonderful, enthusiastic and dedicated healthcare workers here that are and will continue to do great HIV work in Lesotho!

6/9/2006 (Dr. Jean-Claude Ndala, St. Joseph's Hospital)

It is almost unbelievable that this is the last week of our assignment in Lesotho. The week was busy, starting with a meeting with all 5 doctors of the hospital. We discussed the organization of the ART team amongst other administrative issues. The Medical superintendent agreed to delegate the running of the ART team to a deputy site coordinator chosen by her from the doctors. A small send-off party was organized for us by the management of the hospital, and I felt exceedingly humbled by what was done for us. Six weeks were short but sweet. I thank God for this wonderful assignment.

"ICEHA's volunteer clinical mentors are not only amongst the most dedicated professionals to be found in this world, but they are living proof of the extraordinary impact that can be made by individuals even when it concerns an astronomical catastrophe as the AIDS pandemic remains. Thanks to their selfless commitment and professionalism, infectious passion and compassion, honor and integrity, countless lives across 8 countries are being saved while sustainable healthcare systems remain when they complete their assignment."

Marie Charles, MD, MIA
Founder ICEHA

HIV Clinical Mentors Needed

If you are interested in being a clinical mentor, please send an e-mail to Ms. Karina Glaser at: glaser@iceha.org. Becoming a volunteer involves filling out an application, attending a training session, and being matched with a project in a developing country. The next training session will be **September 22, 2006 in New York City** and **September 28-29, 2006 in London**.

Volunteer positions in Vietnam, Cambodia, Ethiopia, Tanzania, Rwanda, China, and Lesotho are available throughout 2006 and 2007. Most volunteer assignments are 6-12 weeks, all expenses are paid, and stipends are available for longer assignments.

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