Reports from the Field: Vietnam and Lesotho

January – February 2006

VIETNAM

In order to strengthen the capacity of the Vietnamese healthcare system to deliver HIV care and AIDS treatment, additional teams of ICEHA clinical mentor volunteers arrived to provide clinical coaching to their colleagues at six clinics throughout the country. One clinical mentor was given the responsibility of helping develop the national guidelines on palliative care. As this program, which is run in partnership with the respective Provincial AIDS Committees and Family Health International, continues to expand and as increasing numbers of clinical mentors volunteer their time and expertise, thousands of HIV–infected patients in Vietnam have been given access to HIV care when none existed before.

John Burchill, MSc, Jay Gladstein, MD, Tiffany Jung, FNP, and Nick Medland, MBBS were stationed at out patient clinics throughout the country while Martin Duchesne, RGN was stationed in Hanoi to work on the palliative care guidelines.

Out Patients Clinics: Cam Pha, Thot Not, Thu Duc, Tan Chau, District 8 and Binh Thanh
ICEHA Clinical Mentors: John Burchill, MSc (United Kingdom), Martin Duchesne RGN (Canada), Jay Gladstein, MD (California, USA), Tiffany Jung, FNP (New York, USA), Nick Medland, MBBS (Australia)

1/12/06 (John Burchill, MSc, Cam Pha OPC)

When starting my assignment at Cam Pha Outpatient Clinic (OPC), it has been extremely useful to have a few days of overlap between me and the previous clinical mentor, Barbara Newlin. Barbara has done the groundwork and has provided a lot of coaching to the doctor; my role will be to reinforce her work and coach the nurses, volunteers, counselors and Home Based Care team.

1/12/06 (Tiffany Jung, FNP, Thot Not OPC)

In my first week at Thot Not, I discussed the importance of getting vital signs on EVERY patient and not just the ones that complain. Across the healthcare system in Vietnam, patients are typically only examined for a specific symptom; a complete physical examination is rarely done. As such, significant findings often go unnoticed. I also talked about the importance of infection control (i.e. cleaning the thermometer after every use). The hospital staff seems eager for more knowledge. My main duties here will indeed be giving practical expertise on HIV/AIDS.

1/12/06 (Martin H. Duchesne RGN, Hanoi)

I will be working on the Ministry of Health Palliative Care guidelines project. My main focus right now is the section on psychosocial support and emotional care needs for caregivers of patients with a life limiting disease such as HIV/AIDS or cancer. In the Asian culture, one is much less inclined to give someone bad news. Caregivers are often at a loss on what to do with terminally ill patients, preferring to ignore them all together as a culturally appropriate way out. Support for the caregivers will help address this issue and improve care for patients in need.

1/20/06 (Jay Gladstein, MD, Tan Chau OPC)

My second week in Tan Chau was great. In addition to clinical mentoring, I lectured everyday last week to a group of about 15 physicians. They asked excellent questions and the lectures went well. They even wanted me to

explain the mechanism of HIV resistance, so I did-briefly. I didn't see the point in going into huge details since resistance testing is not available, but the fact that they asked and, based on their further questions, understood my explanation, was terrific.

1/20/06 (Nick Medland, MBBS, Thu Duc OPC)

The doctor I am working with has attended several training courses and has good background knowledge of HIV and opportunistic infections (OIs). However, the training has been largely theoretical. It is my challenge to assist the doctors in the OPC to work through practical approaches to clinical problems as they present in the clinic.

The Vietnamese OI and HIV guidelines are well written and have easy to follow logical algorithms. I have been working with the doctors to refer to these every time there is a new presentation of an illness. Across Asia it seems that clinicians aren't well-versed in using the method of "differential diagnosis" to come to a final conclusion. In the first few days of this we had a few spectacular successes. One example is a patient who had a facial ulceration of two months duration. It was painful and he was unable to open his mouth to speak or eat without pain. We worked through the algorithm and prescribed him acyclovir. Over the next week, the ulcers resolved completely!

1/27/06 (Jay Gladstein, MD, District 8 and Binh Thanh OPC)

This week I am checking in on the two clinics in Ho Chi Minh City that have already had several teams of ICEHA clinical mentors and are now considered "mentored out": Binh Thanh and District 8. Physicians at both clinics saw about 20 patients each morning and maybe 15 in the afternoon. Binh Tanh is really well-organized. They seem to know their HIV medicine pretty well. They asked me to give a talk next week on resistance, which is pretty technical, advanced material. They certainly seemed to have a more sophisticated understanding of HIV medicine than the doctors in Tan Chau, which shows the effectiveness and impact of the previous clinical mentors.

1/27/06 (Tiffany Jung, FNP, Thot Not OPC)

This week, a few physicians stopped by the OPC to ask questions regarding antiretroviral medications (ARVs). Either they knew someone from their private clinics or a patient on their service was HIV+ and had obtained other meds. Apparently, here you can just go to a pharmacy and buy medications. You do not need a prescription from a medical provider. Some patients have bought ARVs, but often they can only buy enough for a few months and then they stop taking the medications when they can no longer afford it. This could pose a serious issue of resistance in the future.

2/3/06 (John Burchill, MSc, Cam Pha OPC)

One of the first recommendations I had when I arrived was to introduce a booking-in diary. Many patients are requested by the doctor to return to the clinic in either 1 week, 1 month, 3 months or 6 months. I soon realized that there was no diary to prevent over-booking of patients and to spread bookings out over the week. As a result, some days all patients show up at once when other days the caregivers don't have enough patients to stay occupied. This will be of particular importance as the clinic becomes busier but already I noticed that many patients had been booked in to see the doctor during the time that she will be away attending training and this could have been prevented. We obtained a booking diary this week and it is now being used. I think some of the clinic staff are skeptical about how useful it will be, but they are willing to try it out!

John Burchill with local providers

2/10/06 (Nick Medland, MBBS, Thu Duc OPC)

I can already see many improvements in the clinical service here. The patient flow and triage which the doctor and I worked on is posted on the wall in the OPC reception area. After arrival at the clinic, the patients meet first with the nurse who takes their temperature, records new symptoms, prepares the file, x-rays and results and takes them to the examination room for the doctor. Also, almost all the consultations are now performed with only one patient in the room with the door closed. Other staff knock before walking into the consultation room, but mostly wait until the end of the consultation to talk to the doctors.

The clinical mentoring really is bearing fruit. However, the doctor here is the only HIV doctor in Thu Duc. Her patient load is large enough as it is and most of the patients have very advanced HIV infection and are very ill. The clinic is actively seeking ways to spread word of its activities through the district. I think we can expect a large number of patients to appear through this activity. Accurate record keeping, diagnosis, treatment plan, contingency plans and follow-up will become more important than ever. Steps are being taken to ensure this happens. Perhaps for the first time, I can see that this clinic will be able to treat large numbers of patients. I am very impressed by the dedication of the staff of the clinic and I feel confident that the patients at Thu Duc will be well looked after. I hope they don't have to wait too long for ARVs.

2/17/06 (Martin H. Duchesne RGN, Hanoi)

In order to get a better idea of the actual needs of caregivers, I traveled to Cam Pha with John Burchill. We went on home visits with the Home Based Care team. One of the visits was to a man who looked as though he would die within the next week or so. Unfortunately there was no documentation to assess his history. Hospital admission was recommended and his parents refused on the grounds that even though he might improve, he would remain a burden to the family. This was a direct challenge to western values and a real learning experience for me.

2/17/06 (John Burchill, MSc, Cam Pha OPC)

In Cam Pha, I have witnessed a number of small changes that have really improved the way the systems work. For example, after some initial skepticism about the booking in diary, the clinic staff have found it to be a very useful tool for making sure that the clinic is not overwhelmed with patients who are coming in for routine visits.

Overall, I was extremely impressed with all the staff at the OPC. All staff made me feel extremely welcome, were enthusiastic in their approach to treating patients with HIV, and treated patients appropriately, in a non-judgmental manner and with respect.

2/18/06 (Jay Gladstein, MD, District 8 and Binh Thanh OPC)

The highlight of the week occurred in District 8 clinic on my last day. A friend came out to travel with me at the end of my ICEHA assignment. He's been HIV-positive for 20 years, is taking ARVs, and is extremely healthy. At District 8 last week, when I gave a talk about adherence to a group of patients about to start ARVs, I asked if they would like to meet my friend and it was determined he would come in this week to talk.

The group was reassembled and my friend Jon came and spoke to them. You could see the shock on their faces when he walked in the room—a strong, very tall, picture of health. This group included family members of patients about to start ARVs. The mother of one patient in particular struck me. She was rapt and looked so relieved. I couldn't help but imagine what she might have been thinking: "it may in fact be possible for my son to live."
I'll miss this country. When do you want me to come back?

International Center for Equal Healthcare Access

iceha

LESOTHO

As part of a nationwide effort to scale-up the HIV/AIDS clinical skills of local healthcare workers, the first ICEHA clinical mentors arrived in Lesotho in November 2005 and additional teams arrived in January 2006 (to continue throughout 2006). In Lesotho, the lack of human resources is the greatest constraint to the rapid scale up of HIV/AIDS treatment programs. Although didactic HIV/AIDS training is being provided by the Lesotho Ministry of Health and Social Welfare, didactic training is not considered sufficient to give healthcare workers the confidence or competence to deliver adequate HIV care. Practical on-site coaching is an essential component if didactic knowledge is to be translated into clinical skills. In collaboration with The Clinton Foundation, ICEHA clinical mentors are providing this coaching.

In January and February 2006, Brenda L. Done, RN, Andrea Low, MD, Francisca Nwoguh, BSc, and Kathryn Thiessen, ARNP were stationed at the Tabana Morena, Mount Tabor, and Tsakholo health centers.

Health Centers: Tabana Morena, Mount Tabor, Tsakholo
ICEHA Clinical Mentors: Brenda L. Done, RN (Canada), Andrea Low, MD (New York, USA), Francisca Nwoguh, BSc (United Kingdom), Kathryn Thiessen, ARNP (Kansas, USA)

1/20/06 (Brenda L. Done, RN, Tabana Morena Health Clinic)

We had a great first week. After three days of orientation by the Clinton Foundation in Maseru, we moved to Mafeteng. It is very rural and small. The hospital is old and doesn't have too many amenities but it does have a lab and an Xray. We spent a day in orientation with the health clinic staff we are to be mentoring. They were very welcoming but also overwhelmed as they now will be initiating testing and starting people on antiretrovirals (ARVs) for the first time. I have to admit to being a little nervous myself!

Teaching about Safe Sex

1/27/06 (Andrea Low, MD, Mount Tabor Clinic)

I am working at the Mount Tabor clinic and mentoring two doctors who have very limited experience with ARVs (they have never prescribed them and they have only followed 10 patients in all who have been on them). I suppose one has to start somewhere with applying theoretical knowledge to clinical practice. They are very motivated and this Monday we will be starting to give out ARVs in the clinic to those who qualify.

1/27/06 (Francisca Nwoguh, BSc, Mount Tabor Clinic)

My week has been very eventful. I am working with Andrea at the Mount Tabor clinic. The nurse clinicians are very enthusiastic and really want the project to work. On my second day, I went to the mountains with one of the Outreach nurses for an Anti-natal & Post-natal clinic. We counseled the young moms (most still in their teens) on issues such as safe sex, contraception, HIV testing and prevention of mother-to-child transmission. Nine women came forward for testing afterwards!

1/27/06 (Brenda L. Done, RN, Tabana Morena Health Clinic)

I am working at the Tabana Morena health clinic, about 1/2 hour from Mafeteng hospital. I am mentoring an amazing Nurse Clinician who was brought back from retirement to run the clinic. She, along with the nursing assistant, see as many as 75 patients / day, treating everything from hypertension to moms in labor to seriously ill and dying patients. They work from 8:30 in the morning until the last patient is seen, often after 5:00 pm

International Center for Equal Healthcare Access
PO Box 54237, London W2 7 FF, UK TEL +44 (0) 20 7096 0432
Post Office Box 1139, Princeton, NJ 08542 USA TEL +1 212 243 7234 Email info@iceha.org WEB www.iceha.org

and they take turns covering on the weekends. These women are heroes to me as they work with few supplies and yet they still treat each and every patient with kindness and compassion.

1/27/06 (Kathryn Thiessen, ARNP, Tsakholo Clinic)
This was my first full week working at the clinic in Tsakholo with the nurse clinician. I do love working with the HIV patients here. There is such a large need for ARVs- I feel like I can really make a difference. I am getting used to life in Mafeteng and love it.

2/3/06 (Brenda L. Done, RN, Tabana Morena Health Clinic)
I have noted some deficiencies in infection control practices and in universal precautions. I have spoken to the nurses about this and we agreed to obtain spirited alcohol that would be used as skin preparation for injections and phlebotomy. We also covered basic infection control and the nurses are now consciously hand washing between patients and after taking off gloves. Gloves are also now being worn for appropriate uses.

This week I had a hard lesson. We had a baby with a high fever (42C/107F), probable pneumonia, diarrhea, wasting. I asked the clinician if the mother would take the baby to the hospital and she replied that she might do it next week when she can get some money. Since the baby could die before then, I asked if the hospital would send a car, but the clinician said that would only happen for emergencies! I wanted to give money to the family for public transport, but she pointed out that would create an unrealistic expectation for others and would really create problems. I want to cry at the thought that a child might die, but I realize that they are doing the best they can within the system they have. I can't measure their response by what we would do at home.

2/10/06 (Andrea Low, MD, Mount Tabor Clinic)
This week has been good overall. We have a new Expert Patient (HIV positive woman who is open about her status and encourages others) who is providing education to those in the waiting room. The impact of having someone whose main role is to encourage people to get tested and educate them about options for those who are positive has been great. The number of patients going for testing has increased dramatically as a result.

Dr. Low with local providers

We were also able to start 3 patients on ARVs this week. The first person was very ill, with probable HIV encephalopathy and CMV retinitis. She has a very caring sister-in-law who will be giving her the medications until she hopefully improves. The second one is a young mother who seems very responsible and willing and we hope to get some pediatric doses to start her child on Monday.

2/17/06 (Brenda L. Done, RN, Tabana Morena Health Clinic)
Testing rates sky-rocketed this week as word is getting out that people can get tested at Thabana Morena and do not have to travel into the city. That is the good news, as the more people who know their status, the more we can get on treatment and the more prevention teaching we can provide. The bad news is that almost 40% of those we tested this week were positive. The numbers are staggering and there doesn't seem to be any shortage of patients with tragic stories to tell. On Friday, we tested a man and his daughter. The mother had died a few weeks ago and both the father and daughter tested positive. We also tested two young women who had been raped and they were also positive. Sometimes it is hard to put a positive spin on testing when the outcome is so sad.

iceha

International Center for Equal Healthcare Access

2/17/06 (Andrea Low, MD, Mount Tabor Clinic)
This week we had a meeting at the clinic to see how everyone feels about ARVs and treating. It was positive, although all parties, including the nurses, nurses aides and doctors realize it will add work to an already busy schedule. There is also a need for a testing counselor, as the nurses are often too busy to do it everyday.

2/24/06 (Francisca Nwoguh, BSc, Mount Tabor Clinic)
We were able to start three people on treatment this week- a one year old child and two pregnant women- very exciting!

2/24/06 (Andrea Low, MD, Mount Tabor Clinic)
The health care workers at Mount Tabor clinic are a wonderful group of dedicated people who work in quite difficult surroundings doing the best that they can. They do face real logistical problems (i.e. lack of regular transport of blood to the lab, need for a testing counselor, etc.) to providing adequate and appropriate ARV care. However, I feel that Mount Tabor has the infrastructure to be one of the best centers in these settings. Even during my short stay of 6 weeks, I noticed a real change in HIV testing and counseling, as people approached me in the street to ask if I could test them.

2/24/06 (Brenda L. Done, RN, Tabana Morena Health Clinic)
The staff at Thabana Morena Health Center are clearly committed to the success of the Rural ARV Initiative and have worked tirelessly to aid its implementation. The nurses proved to be "quick learners" and have a solid knowledge base of HIV/AIDS nursing diagnosis, care and treatment on which to build. It is a credit to the warm, positive, encouraging attitude of the Thabana Morena staff that there was such a quick and high uptake in counseling and testing in the community.

Lesotho Nurse Clinicians

I am humbled by the Trojan work ethic of the nurses that I mentored and their capacity to provide exemplary care to their patients with few resources. I learned a great deal from them and I am grateful for the opportunity to have met and worked beside them. I am convinced that the ARV program will be successful at Thabana Morena under their guidance.

"As clinics are becoming "mentored out" across the countries where ICEHA has been working, and as word is spreading about the tremendous, immediate impact on numbers of patients having access to HIV care, care provided by their own caregivers, not by foreigners, ICEHA is increasingly asked to scale-up, ever faster. In a few months we will add on national programs in Ethiopia, Tanzania, and Rwanda, in addition to continuing the current ones. Very exciting!"

Marie Charles, MD, MIA
Founder & President ICEHA

HIV Clinical Mentors Needed

If you are interested in being a clinical mentor, please send an e-mail to Ms. Katie Graves-Abe at: kgravesabe@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 **Friday, June 23rd**.

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

International Center for Equal Healthcare Access
PO Box 54237, London W2 7 FF, UK TEL +44 (0) 20 7096 0432
Post Office Box 1139, Princeton, NJ 08542 USA TEL +1 212 243 7234 Email info@iceha.org WEB www.iceha.org