Reports from the Field: Lesotho (pg 1) and Vietnam (pg 4)

March – April 2006

LESOTHO

As part of a comprehensive effort by Lesotho's Ministry of Health and Social Welfare to combat the devastating impact of HIV/AIDS in this small country, The Clinton Foundation has partnered with ICEHA to provide clinical mentoring to health workers in the public healthcare system. Since November 2005, ICEHA clinical mentors have provided hands-on coaching at 10 clinics throughout the country. As a direct result of the clinical mentoring, hundreds of patients have access to HIV care where none existed before, and the HIV care is provided by local healthcare workers as opposed to foreigners.

In March and April 2006, Jane Whitney, PA, Carol Siracusa-Rick, BSN, ACRN, David Ray, MD, and Joyce Simpson, BS, MPH were stationed at various health centers in Lesotho and kept us abreast of their activities and experiences by writing weekly reports summarized below.

ICEHA Clinical Mentors: Jane Whitney, PA (Vermont, USA), Carol Siracusa-Rick, BSN, ACRN (Colorado, USA), David Ray, MD (New York, USA), and Joyce Simpson, BS, MPH (Connecticut, USA)

3/3/06 (Jane Whitney, PA, Makoanyane Military Base, Maseru)

This week was great! The military hospital where I am working has an HIV/AIDS program offering antiretroviral therapy (ART) that has been running for about a year. They had 134 enrollees when I arrived. However, there has been a recent slow down in referrals for care and testing. I spent the first week trying to analyze the situation and the second week suggesting remedies. There did not seem to be a good process in place for patient flow to provide timely care and treatment. All ART was administered by the physician, and all records and drugs were locked in his office. They were not available if he was not available.

The doctor, head nurse, and I agreed to new patient flow procedures which we presented on Monday. The new process involved refocusing the responsibility for the ART program so that the head nurse handled follow-up visits as well as uncomplicated new patients while the doctor is available as a consultant. The counselors will rotate covering the in-patients. In a country like Lesotho that has few physicians and yet an extraordinary AIDS burden the only way to make headway is by enlisting and empowering other healthcare workers to deliver first-line ART.

ICEHA clinical mentors Joyce Simpson, Carol Siracusa-Rick and Dr. David Ray on assignment in Lesotho

3/10/06 (Carol Siracusa- Rick, BSN, ACRN, Quthing Clinic)

I have arrived at Quthing Clinic and everything is great. Everyone is very nice, helpful and thankful to have support. They seem to want (and need) mentoring for the immediate future.

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3/10/06 (Jane Whitney, PA, Makoanyane Military Base, Maseru)
This week we were busy preparing for the "Know Your Status Campaign" where we will pre-counsel soldiers as a group and test all who agree. On Friday 400 soldiers received pre-counseling and testing while 100 received post-counseling. More than 20% were HIV positive. On those 20%, we drew blood for CD4, full blood count (FBC), and liver function tests (LFT). The follow-up will be at the hospital. All in all it was a wonderfully successful day requiring much teamwork to pull it together. Many more "Know Your Status" days are planned.

3/12/06 (Joyce Simpson, BS, MPH, Lerato Center, Mokhotlong)
At the Lerato Health Center, the AIDS epidemic has caught the healthcare workers totally off guard, and I am spending a great deal of my time helping to organize patient records. They have seen more than 380 new cases since November and have put 90+ folks on ART. The nurses here are really wonderful, but they need help. They start each day sweeping and cleaning as most of the patients track in dust and dirt from their horses or boots. There are horses tied up all around the health center, and cattle, goats, and sheep graze right up to the fence. Many people who have walked a long way will wrap up in their blanket and sleep in the sun on the grass outside Lerato Center while waiting to be seen.

The location itself is one of the remotest and highest places in the world. It is really breathtakingly beautiful. Most nights are brilliantly starry- the Milky Way seems near enough to touch.

3/19/06 (David Ray, MD, Joyce Simpson, BS, MPH, Lerato Center, Mokhotlong)
By invitation of two senior staff members, we visited a baby orphanage, Touching Tiny Lives (TTL), in Mokhotlong this week. We were impressed by the strict infection control, high adult to child ratio, and the wellbeing of the children. The house has eight little residents and has outreach to more than 30 additional babies in their homes. TTL will provide baby formula, paraffin, paraffin stoves (to boil water), bottles, cleaning brushes, etc. for women at home. The director asked that we let HIV pregnant women and postpartum women at the hospital know that they will help any needy woman who wishes to bottle feed her infant or to wean her baby (but cannot afford the costs). She designed a poster and the Sister from Lerato Center decided to post it there later in the week. Such community-based support will be of great help to poor mothers.

3/24/06 (David Ray, MD, Lerato Center, Mokhotlong)
During a visit to the female ward this week, we identified three new patients, ages 12, 13 and 15 with, respectively, spinal tuberculosis, recurrent severe facial infections, and recurrent leg infections with lymphedema. HIV needs to be considered in all adolescent females due to frequency of physical and sexual abuse by adult males.

3/24/06 (Carol Siracusa- Rick, BSN, ACRN, Quthing Clinic)
The work at the clinic has been amazing. At the doctor's request I did a 3 day, 12 hour workshop using the KITSO HIV training curricula that was provided to me, as well as some research on Immune Reconstitution Syndrome. I was amazed at how hard they all worked during the workshop and at the great dialogue and sharing of knowledge that ensued.

The nurse and nursing assistant are quite dedicated to the clinic and work very hard. They have basic disease knowledge but need much more work on autonomy, prescription writing, when to do referrals to the doctor and the organization of the clinic. We are working very hard on nursing triage, writing initial prescriptions for stable

patients which will be reviewed briefly with the doctor, writing for the initial labs and follow up. This will be co-signed by the doctor to help in the nurses' learning and comfort.

Clinical mentor Joyce Simpson with local children in Lesotho

3/24/06 (Joyce Simpson, BS, MPH, Lerato Center, Mokhotlong)

Following the group meeting on Wednesday, the nurses in the Lerato ART Treatment Center have rearranged the examination and nursing intake areas, obtained a proper examining table, and organized the charts and visit forms to facilitate patient flow. They have reviewed the patient flow sheet and are now adapting their processes to utilize it. The nursing staff in the center has proven to be extremely receptive to ideas which will improve work flow, and are rapidly implementing suggestions which David and I have made based on our observations. The lack of electricity, heat, and basic office supplies and equipment still hinders the efforts at organization, but progress has been made.

4/7/06 (Jane Whitney, PA, Thaba Tsoeu Clinic)

I am in a new clinic this week- Thaba Tsoeu clinic. This healthcare facility has never had an ART clinic, and I was determined to have the clinic up and running as fast as possible. Persistence paid off because by Wednesday we began testing patients! In three days we tested 31 patients and found 10 positives. Quite an accomplishment for everyone on the tiny team – one nurse clinician and one nurse assistant – especially given the fact that this is the very first time they handled HIV care.

4/13/06 (Jane Whitney, PA, Thaba Tsoeu Clinic)

The nurse clinician here is quick, well trained and dedicated. She is a pleasure to work with. I spent one day with the nurse assistant mentoring on counseling and testing. She will need more time. Right now I am concentrating on elements of pre and post testing. As soon as we have people on treatment, I will move in that direction with my mentoring. Each morning a talk is given by the nurse on AIDS. There is a feeling that the talk is all that is needed as far as counseling is concerned. I am trying to emphasize that understanding must be verified and misconceptions addressed. We are working on the concept of empowering patients to become involved in their care and treatment.

4/13/06 (Carol Siracusa- Rick, BSN, ACRN, Quthing Clinic)

This was truly a rewarding experience for me. I have been providing HIV care since 1992 and this experience has renewed my professional beliefs, strengthened my service as an HIV/AIDS advocate (which is directed not only to the patient but also to those who deliver the care) and educated me on the delivery of health services and the role that each of us play in safe, quality and compassionate care.

4/28/06 (Jane Whitney, PA, Thaba Tsoeu Clinic)

My goal last week was to put the eligible patients on treatment to give the nurse clinician experience while I am still here. We put 4 new patients on treatment!

The highlight of this week was community outreach. The nurse clinician and I "footed" to two villages to test. It was a wonderful event to see the immaculate and charming villages and experience their hospitality. It is also good to bring testing to the communities and to make our clinic more accessible and welcoming. We tested 16 people and found 3 positives in the first village; 11 and no positives in the next. Our efforts over the past two weeks to market the clinic will pay off later. Our numbers increase daily. Thaba Tsoeu has just begun and is already a force in the community.

At all of the clinics that I worked at, I saw so many healthcare providers grow and blossom before my eyes as they realized that they were capable of making a difference in the life of one of their AIDS patients. Thank you for the opportunity to be a part of this initiative and for the opportunity to work with such remarkable and dedicated people.

VIETNAM

ICEHA's program in Vietnam, which is run in collaboration with Family Health International, has now been in operation for over a year. During that time, 19 clinical mentors have coached local healthcare providers throughout the country on a variety of issues related to HIV/AIDS and antiretroviral therapy. In March and April 2006, Stephen Knox, MD was stationed in the Cam Pha and Van Don Out Patient Clinics while Glenn Fennelly, MD, MPH, provided mentoring at the outpatient clinics in Pediatric Hospitals 1 and 2 in Ho Chi Minh City in order to improve care for HIV-infected children throughout the country.

ICEHA Clinical Mentors: Stephen Knox, MD (California, USA), Glenn Fennelly (New York, USA)

3/10/06 (Glenn Fennelly, MD, MPH, Pediatric Hospitals 1 and 2, Ho Chi Minh City)

The objective of my assignment is to mentor pediatric infectious disease physicians who will be providing care to the majority of children in the Ho Chi Minh City region and referral districts as well as children who have been exposed to HIV and with HIV infection (this represents an estimated 50% of all pediatric cases in Vietnam). This will include opportunistic infection prevention, diagnosis and management, antiretroviral therapy, and inpatient care of children with HIV-related complications.

Clinical mentor Dr. Glenn Fennelly with local healthcare providers in Vietnam

One of the Vietnamese doctors pointed out that whereas there have been several didactic training sessions about the diagnosis and management of pediatric HIV and related complications, the doctors at Pediatric Hospital 2 (PH2) have very little practical or operational experience. They have some experience managing opportunistic infections and have managed approximately 10 children on self-procured antiretrovirals (ARVs). The doctors requested that I facilitate case discussions as a method to teach.

3/17/06 (Stephen Knox, MD, Cam Pha and Van Don Out Patient Clinics)
At Cam Pha Out Patient Clinic (OPC), I met with the HIV staff. I told them about myself and got a feel for their experience. They seem to have some concerns about whether IV drug users will be able to adhere to treatment and the side effects they will encounter once they start ARVs.

One afternoon, I taught the staff how to put on a condom. That was a lot of fun. There are definitely cultural issues regarding talking about sex in Vietnam!

3/17/06 (Glenn Fennelly, MD, MPH, Pediatric Hospitals 1 and 2, Ho Chi Minh City)
There are five doctors who rotate assignments at the Pediatric Hospital 1 (PH1) OPC; therefore, patients may see a different doctor at each visit. The two senior pediatricians at the PH1 OPC are very knowledgeable, moderately-to-very experienced with opportunistic infection (OI) and ARV management, and highly motivated to learn and provide appropriate compassionate care for children with HIV. The three less experienced physicians will need more help.

3/31/06 (Glenn Fennelly, MD, MPH, Pediatric Hospitals 1 and 2, Ho Chi Minh City)
The Pediatric OPCs at both hospitals are up and humming. There are many very advanced cases. However, we have observed that a certain percentage of the most severe cases that started on ARVs only 2 or 3 weeks ago already have clear signs of responding (weight gain, overall behavior and energy, healing on previously non-healing lesions, partial reversal of possible PML-associated neurological symptoms, etc). The doctors are thrilled at the successes.

A mantra that I continue to repeat for the physicians is that "*the first shot is the best shot* at ARV effectiveness"; thus, proper counseling and "partnering" are most crucial with the surrogate for the child (the parent, grandparent or guardian) during the visits leading up to dispensing ARVs. The HIV treatment guidelines by the Vietnamese Ministry of Health encourage the physicians to see patients for several weeks prior to prescribing ARVs, dispensing ARVs weekly for 4 weeks and then every 2 weeks for 4 weeks, and to assess adherence through estimating remaining doses at each visit. In general, the physicians stick to these guidelines, although exceptions are made to start ARVs earlier for families with children with very advanced AIDS who appear to be committed to ARV adherence after only 1 or 2 counseling sessions.

Dr. Stephen Knox at Cam Pha clinic in Vietnam

3/31/06 (Stephen Knox, MD, Cam Pha and Van Don Out Patient Clinics)
The first meeting of the Continuum of Care Committee was held in Cam Pha this week. The aim of the committee is to coordinate care and services. The need for support of people without resources was raised by one of the doctors and struck a chord. There seems to be a real commitment to controlling the epidemic.

Also this week the ARV selection committee met. 12 of 16 patients were approved to be started on ART. One was approved conditionally as he had missed an adherence meeting and had sent his brother to the OPC yesterday to get his meds because he was sick. The home

care team will be enlisted to evaluate and support him. Of the 4 not approved, 2 had died and 2 could not be contacted. The first antiretrovirals were also delivered!

4/14/06 (Glenn Fennelly, MD, MPH, Pediatric Hospitals 1 and 2, Ho Chi Minh City)

Because multiple providers cross-cover both of the OPCs and because of the complexity of the HIV/AIDS cases seen here in children, it is particularly important that clear, concise yet comprehensive medical records are kept for each patient. Unfortunately, this is an area that still needs a lot of work. I have encouraged the physicians to create flow sheets to summarize significant past medical history, other laboratory data, ARV history and growth charts.

4/21/06 (Stephen Knox, MD, Cam Pha and Van Don Out Patient Clinics)

At Van Don, the clinic is run well by an ex-military surgeon and administrator. The doctor has been in administration for some time so his clinical skills in general medicine needed some work, but he is very enthusiastic. This week, I saw patients with him and reviewed the care. There was a lot of time for teaching. We had discussions about general issues and specific patients. We discussed the choice of and the regimens for the first group of patients to undergo adherence training. There are 23 patients in the first group and the meds should be started this week.

My role at both Van Don and Cam Pha clinics has been to instruct using the clinical material we had. Overall this was a wonderful experience for me. At the ICEHA workshop that I attended before going to Vietnam, I remember hearing "do the best you can with the resources you have." Being here has helped me really understand what that means.

Support ICEHA by Searching the Web

At the suggestion of an ICEHA clinical mentor volunteer, we are now registered as a charitable organization at www.goodsearch.com, a search engine that uses Yahoo! search technology. By using www.goodsearch.com and selecting "ICEHA" as your charity of choice, a donation will be made for each search you conduct. This is yet another way to support the work of ICEHA and help equip more health professionals to volunteer their time and expertise abroad in our clinical mentoring program.

Marie Charles, MD, MIA
President and Founder

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. The next training sessions will be **June 23rd in NYC and July 21-22 in London**.

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