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The global leader in clinical skills rapid transfer to emerging nations

Reports from the Field:

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June – July 2006

ETHIOPIA

With over one million HIV-infected adults out of a population of 74.7 million, Ethiopia's Federal Ministry of Health has begun efforts to expand access to adult and pediatric HIV care for the thousands of patients in need of antiretroviral treatment (ART). In response, ICEHA sent its first pilot team of clinical mentors in June 2006 with additional teams to arrive throughout 2006 and 2007. Currently the dearth of human resources is one of the greatest constraints to rapidly scaling up HIV/AIDS care and treatment, and healthcare workers across Ethiopia must quickly gain practical clinical skills on providing care to people living with HIV/AIDS. ICEHA clinical mentors, in partnership with The Clinton Foundation, are working in local clinics to rapidly scale-up practical expertise in HIV care, therefore building up the healthcare capacity in Ethiopia for hundreds of thousands of patients.

In June and July 2006, the two initial ICEHA clinical mentors were stationed at a hospital in Ethiopia and shared their experiences through weekly reports.

Clinical Mentoring Site: Felege Hiwot Hospital
ICEHA Clinical Mentors: Carmel Hippias, CPNP (New York, USA), Bethsheba Johnson, NP (Illinois, USA)

616/06 (Carmel Hippias, Bethsheba Johnson, Felege Hiwot Hospital)

Shortly after arriving in Ethiopia, we met the medical director at Felege Hiwot Hospital. He took us on a tour of the hospital's departments and gave us bedside clinical presentations of common diseases of persons with HIV in Ethiopia. There is no pediatric ART clinic at the hospital. The HIV positive children are cared for in the general pediatric outpatient clinic by the medical director. From our first day, we could see that the hospital is in great need of resources and technical assistance. Inadequate human resources seem to be the major barrier to scaling up ART care at Felege Hiwot Hospital.

Carmel Hippias, CPNP (left) with healthcare providers at Felege Hiwot Hospital

6/23/06 (Bethsheba Johnson, Felege Hiwot Hospital)

The volume of HIV-infected patients at the ART clinic is quite large. Approximately 70 patients, including children, are seen each day by the two ART general practitioners. Each general practitioner has received didactic training on HIV care but could use more long-term mentoring for difficult HIV cases.

I had a great conversation with one of the doctors this week. He is very concerned about identifying HIV-infected children because they are increasingly marginalized in society, which leads to their parents and families being stigmatized as well. This is a significant indicator of the lack of adequate HIV/AIDS awareness in Ethiopia.

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6/23/06 (Carmel Hippias, Felege Hiwot Hospital)

While my specialty is pediatrics, the hospital does not yet have a pediatric ART clinic. As a result, I decided to spend most of my time in the Voluntary Counseling and Testing (VCT) clinic and in the pediatric inpatient area to learn more about how HIV-infected children are selected for ART. Most of the children on treatment were tested for HIV infection during a hospital stay as an in-patient; very few were brought in specifically for testing by their family. As a result, only a total of 60 children are currently on treatment. They receive care in either the follow-up pediatric clinic or the adult ART clinic. After spending time in the ART clinic, it became clear to me that providers were not asking or encouraging parents to test their children. This is an issue that needs to be urgently addressed. And by day 3, we were encouraging the providers to ask questions about the children's HIV status.

6/29/06 (Carmel Hippias, Felege Hiwot Hospital)

This week, I have been mentoring the adult physician who also provides pediatric HIV care. I am concerned about the care given to the kids infected with HIV. They are treated like adults. No growth monitoring is being performed. I am encouraging the health staff to provide more complete HIV care. It is weighing on me that all adult providers should have basic knowledge about pediatric HIV care. Since the general practitioners are also providing care to the kids, they should be trained on perinatal transmission as well as on how to calculate dosage for children and conduct treatment monitoring.

Bethsheba Johnson, NP, with local physician in Ethiopia

6/30/06 (Bethsheba Johnson, Felege Hiwot Hospital)

Today I went with one of the nurses to see a patient with severe anemia that had been on ART and happened to run across three other patient charts with similar diagnoses of anemia. The charts were incomplete, including missing lab dates, missing or incomplete ART clinic registration, inconsistent ages, and incorrect patient information. It was decided that one of the doctors would work with my colleague clinical mentor, Carmel Hippias, to conduct a thorough chart audit of all patients seen today.

7/7/06 (Bethsheba Johnson, Felege Hiwot Hospital)

This week we had a meeting regarding the results of the chart audit. This was a very productive exercise. The clinic has decided to address numerous issues that surfaced as a result of the audit, including more careful patient documentation, more training on screening patients before entry into care (adults and children), increased growth monitoring, and prioritizing the request for partitioning off the hospital (there is only one ward so tuberculosis (TB) patients are mixed in with the HIV-infected patients, thereby raising serious infection control issues).

7/7/06 (Carmel Hippias, Felege Hiwot Hospital)

By the end of this week, I saw some improvement at the hospital in terms of infection control and monitoring of patients on treatment. Sharp and infectious waste containers have been placed in all the ART rooms. In addition, the providers are following up more often with the CD4 lab and have been more consistent in writing notes on both the ART follow-up card and the chart. They are also more carefully evaluating the patients for signs of opportunistic infections before starting them on ART.

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7/21/06 (Carmel Hippias, Felege Hiwot Hospital)

This is the last week of my assignment and a sad time for me at the hospital. After morning rounds and time in the ART clinic, I attended a coffee ceremony given by the pediatric inpatient nurses. This trip to Ethiopia has been a moving experience for me. I never thought that I would be so inspired by these people. It was easy to work with the providers because they were very intelligent and eager to learn about HIV care. They were not afraid to ask for our help and they saw us as colleagues, not as people who wanted to impose our Western beliefs on them – and this is why ICEHA's clinical mentoring model works. At the hospital, especially in the pediatric department, they made me feel like I was at home. I am so impressed by their kindness. They have touched my heart.

KIRIBATI

Kiribati, an archipelago of 32 coral atolls and 1 island in the South Pacific, is one of the most remote areas in the world. With less than 250 healthcare providers for a country population of over 100,000 people, most physicians and nurses do not have the training or resources to provide care to the growing number of patients infected with HIV/AIDS. ICEHA, in collaboration with the World Health Organization (WHO), sent its first clinical mentor to help scale-up HIV treatment through practical on-site coaching to local healthcare providers.

ICEHA Clinical Mentor: Julie Hoffman, MD (New York, USA)

6/26/06 (Dr. Julie Hoffman, Kiribati)

Driving from the airport in Tarawa, I had a glimpse of the stigma surrounding HIV as I passed a billboard depicting the horrors of AIDS. At the clinic, the nurses are motivated to test but feel like they need more training in counseling. There is a high prevalence rate of HIV among seaman here, and the implications of a positive test result are devastating to them. The shipping company will fire anyone who has any medical problem including Hepatitis B which is endemic anyway. After some clinic rounds with the adult medical doctors, I have come to suspect that, although it is often difficult to differentiate TB from TB/HIV co-infection HIV, the HIV prevalence rate is much higher than reported due to the stigma associated with being HIV-positive.

Patients wait for treatment at a hospital ward in Kiribati.

7/2/06 (Dr. Julie Hoffman, Kiribati)

One of my colleagues spoke with me about some of the cultural issues in patient care and diagnosis. Apparently, the medical staff will never tell someone that they look sick because they have an enormous fear of impulsive suicide (the Pacific Islands have the highest suicide rates in the world). As a result, there is a great deal of reluctance on the part of the medical staff to convey any news that might be perceived as "bad". I think that if the community is educated about the availability of ARV treatment, maybe the perception will change as it has in other countries in the world. I gave the nurses the HIV introduction lecture, which was followed by multiple

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questions mostly regarding personal safety, PEP, and needle sticks. They were not aware of the availability of ARVs in Kiribati.

7/22/06 (Dr. Julie Hoffman, Kiribati)
The local nurse and I traveled to Becio in the afternoon to see a couple who are both HIV positive. Both have started TB treatment. Although they have been on TB drugs for only one week, they are both clinically improved. The male patient will be ready for ARVS in 8 weeks.

We have made progress in terms of the treatment of HIV-infected patients and care for the relatively high percentage of people with TB, however more patients need to be in care and receiving ARVs in Kiribati. I believe that with increased education among the community and the medical staff, more people can be identified and treated. I also think that additional clinical mentoring will be most useful in Kiribati.

LESOTHO

Although the HIV prevalence rate among adults in Lesotho is 29%, huge strides are being made in the rapid scale-up of HIV/AIDS treatment programs. Since the beginning of the program in November 2005, ICEHA clinical mentors have provided on-site coaching and advanced didactic training to 241 healthcare providers in 16 clinics. Along with the Clinton Foundation and Lesotho Ministry of Health and Social Welfare, ICEHA continues to dispatch teams of clinical mentors to work with healthcare workers in additional clinics to improve HIV/AIDS delivery, infection control, and patient education.

In June and July 2006, the fifth team of ICEHA mentors were stationed throughout Lesotho and kept us updated on their work with local providers.

Locations: Thaba Tsoeu Health Center, Thabana Morena Clinic, Qoaling Filter Clinic
ICEHA Clinical Mentors: Sara Back, FNP (New York, USA); Kathleen O'Leary, RN (Arizona, USA); Tonia Poteat, PA-C (Georgia, USA)

6/15/06 (Tonia Poteat, Qoaling Filter Clinic)
At Qoaling Filter Clinic, the staff are seeking me out to help with HIV positive patients, and we have scheduled a few on-site trainings to get everyone up to speed on basic information of HIV care. There is little HIV disease expertise amongst the staff, so we are really starting from ground zero. As a result there is significant fear about rolling out ART at the site. I will continue to work with Qoaling to get them comfortable with pre-ART care and PMTCT.

Kathleen O'Leary, RN, with local providers at Thabana Morena Clinic, Lesotho

6/16/06 (Kathleen O'Leary, Thabana Morena Clinic)
Since I arrived here three days ago, I have found that the clinic is without many basic supplies. Even the otoscope had not been in use since March given that there were no Size D batteries. Luckily I was able to buy 2 batteries and the nurse is thrilled. I am interested in hearing how supplies are ordered and received. It appears that the supplies are hoarded

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because the staff does not know when they will receive additional supplies.

The nurse sees 50-60 patients per day, including babies, pregnant women, and older folks with general medical issues, as well as several hundred HIV patients per day. The clinic is very cold and has only cold water. The people wear heavy wool blankets and more layers of clothes than I thought humanly possible. The babies are carried on the women's backs under the blankets. The people walk or ride horses or donkeys to the clinic. Our water stopped flowing the other day and when I looked at the well outside, horses were drinking from the faucet. When they finished drinking, we got our water back.

6/25/06 (Sara Back, Thaba Tsoeu Clinic)
As is expected, the stigma about HIV is quite pervasive even though almost every family has been touched by the AIDS epidemic. This stigma deters many patients from being tested despite daily patient educational sessions and ongoing discussion by the staff members.

The line to receive medication from the pharmacy often continues outside at Thabana Morena Clinic

7/3/06 (Kathleen O'Leary, Thabana Morena Clinic)
We had a great staff meeting this week facilitated by the nurse clinician. She is a good leader and the staff like and respect her. She knows how to get her message across in a positive, appropriate way. Since last week, she has been asking me clinical HIV questions and is having me go with her to meet and confer on patients.

The nurses see 50-60 patients all day, everyday. Not all of these folks are HIV-infected but everyone is asked and strongly encouraged to test. Last week, 50% of the pregnant women tested were positive, an extremely high infection rate.

7/10/06 (Kathleen O'Leary, Thabana Morena Clinic)
The clinic is moving along well. My focus now is to create some kind of a system so that we can receive lab reports in a timely fashion (they have to come from Mafeteng Hospital), have them reviewed by the nurse, and then filed. I am also working on transcribing all names of patients with positive HIV test results into an HIV register so the clinic can be aware of the need for follow-up. I have not figured out how the clinic does follow-up because the homes we visit do not have addresses. All addresses are kept by village name. I do not even know if there is mail. There is a Post Office in Mafeteng, but I see no mail trucks, people or even mail delivered to the hotel or the clinic.

I am constantly emphasizing the importance and need to be tested for HIV and "Knowing Your Status" (Lesotho's major HIV education campaign).

7/15/06 (Tonia Poteat, Qoaling Filter Clinic)
Most of my energy has been spent working on prevention of mother to child transmission (PMTCT) and Pre-ART care, and we managed to test 23 out of 26 women on Tuesday at their first antenatal visit. Unfortunately, it

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looks like more than half of these women are HIV-positive. We are just beginning to think about how to communicate the test results to the women and how to get them the needed medication in an organized and confidential manner.

Kathleen O'Leary, RN, and Sara Back, FNP, with former President Bill Clinton

7/16/06 (Kathleen O'Leary, Thabana Morena)

I met former President Bill Clinton and Bill and Melinda Gates this week, and I am reenergized and recommitted! What a thrill and honor to meet them, and I loved saying that I was an "ICEHA/Clinton Foundation mentor". I had the chance to shake Bill Clinton's hand, and Sara and I took a picture with him.

7/20/06 (Tonia Poteat, Qoaling Filter Clinic)

I continued to mentor the physician in the afternoon, and he is less fearful of examining HIV patients now. Unfortunately, many patients continue to come into the clinic with advanced stages of HIV disease without ever having been tested. If these patients are seen in the afternoon, no one is available to test them because the nurses and HIV test counselors leave by 1pm. The "*Know Your Status*" campaign would really be beneficial at Qoaling.

7/22/06 (Kathleen O'Leary, Thabana Morena)

I arrived here in June with two large suitcases and two small but heavy carry-ons, carrying my winter clothes and supplies. I am leaving with the clothes on my back and two lighter carry-ons, having given everything else away. I felt wonderful! Would I do this again? Absolutely!

"Kathleen O'Leary's final comment, 'I felt wonderful! Would I do this again? Absolutely!' is only one indication of the powerful impact ICEHA clinical mentors make in the fight against the AIDS pandemic, and of the magical effect their field assignment has on their own lives in return. By now 25% of ICEHA clinical mentors leave for a second pro bono assignment within 18 months of returning from their first. And a handful of others have succumbed all together to the power of the impact they can have as individuals, creating access to care for thousands at the time, by leaving their western jobs in exchange for full-time clinical mentoring positions in the developing world. This program is the greatest testament to the true spirit of our human nature.

On November 22, 2006, ICEHA will celebrate it's FIFTH anniversary! ICEHA's success can be attributed to all its clinical mentors whose passion, dedication, and commitment have affected tens of thousands of people."

Marie Charles MD, MIA
Chair & CEO, 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 **November 30 and December 1, 2006 in New York City**.

Volunteer positions in **Vietnam, Cambodia, Ethiopia, Tanzania, Rwanda, Nepal, Zambia, 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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