



Field Notes

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Tanzania Palliative Care Partnership Trains 192 Healthcare Workers, Reaches Year-One Targets

Twinning Center partners at the Evangelical Lutheran Church in Tanzania's Pare Diocese and the Southeast Iowa Synod of the Evangelical Lutheran Church in America have trained 192 healthcare professionals in palliative care principles and techniques, meeting year-one targets.

Using training materials developed by the African Palliative Care Association, teams from Tanzania and Iowa conducted three training programs in Pare Diocese, Kilimanjaro Region.

Five-day workshops held in November 2007 and March 2008 trained a total of 136 healthcare providers in Same, while a similar session conducted in February 2008 trained 56 participants in Mwanga.

"We are very pleased that people from Lutheran, Roman

Catholic, and governmental facilities in both medical districts of the Pare Diocese responded to our invitation to attend these training programs," says Dr. Amini Mshighwa, medical secretary of the Pare Diocese.

According to Pam Powers, a nurse manager/care manager at Primary Health Care, Inc. in Des Moines who served as a trainer for the March workshop, "We learned that our colleagues were only generally familiar with the term palliative care, so our session helped them appreciate its value for the care of terminally ill and their families."

This appreciation was evident the pre- and post-test results, which showed significant differences in participant attitudes toward palliative care, particularly as a part of overall care for terminally ill HIV/AIDS patients.

"The palliative care services will be very important to the people of the region who are suffering from HIV/AIDS," says Pare Diocese Bishop Stefano Msangi, who opened each training session and presented certificates of completion to the trainees.

With support from PEPFAR and CDC/Tanzania, partners are now focusing on direct delivery of palliative care in six pilot communities and training volunteer caregivers whose efforts will be coordinated with the healthcare providers already trained.



Partners register trainees at the March workshop in Same.

MISA/ZAMCOM Partners Conduct HIV/AIDS Reporting Workshop in Botswana

Partners from the Media Institute of Southern Africa in Botswana and the Zambia Institute of Mass Communication Educational Trust conducted a 10-day workshop designed to bolster the quality of HIV/AIDS reporting in Botswana Feb. 18-27 in Gaborone.

Titled "Media Fatigue and Stigma in Botswana: Changing Hearts, Minds, and Behaviors," this was the first training conducted by the partners. It was attended by 17 working journalists.

Content was driven by the results of a situational

analysis conducted during the initial stages of the partnership, which is supported by PEPFAR and BOTUSA. The study assessed the amount of coverage dedicated to the country's AIDS epidemic, and identified problems commonly encountered by journalists reporting on HIV.

Hope Worldwide/APCA Partners Work to Improve Palliative Care Services in Côte d'Ivoire



HWCI partners discuss death and mourning at a weekly support group for children.



Staff at HWCI's Center for Medical and Social Assistance following a training workshop conducted March 25-29 by the Ministry of Health's Palliative Care Technical Working Group.

With more than 7 percent of its adult population infected with HIV, Côte d'Ivoire has the highest HIV prevalence rate in West Africa, yet palliative care is not a well known concept and appropriate medications that can ease patient suffering are not widely available.

According to Dr. Solange Balou, executive director of Hope Worldwide in Abidjan (HWCI), palliative care is much more developed in Africa's English-speaking countries than in Franco-phone nations. "By learning from them, we have the opportunity to rapidly develop the knowledge and skills we need to scale up palliative care services in Côte d'Ivoire," she stresses.

With support from PEPFAR and CDC/Côte d'Ivoire, HWCI has been working with the Uganda-based African Palliative Care Association since 2007 to improve patient access to a broad spectrum of palliative care services.

Partners conducted a sensitization workshop March 5-6 in Abidjan to share information about palliative care with HWCI staff and volunteers, and interested parties from the Ministry of Health, local teaching hospitals, and other community-based groups. For many of the practitioners and caregivers who attended the event, the sessions were a revelation.

"This workshop helped me understand that palliative care is not limited to helping PLWH; it encompasses every aspect of pain management," says HWCI counselor Chantal Shouli. Partners provide ongoing training to caregivers like Shouli and have revised HWCI's Guide on Care and Support to include modules on pain management and death and mourning.

"Talking about death and dying during counseling has traditionally been taboo," admits Jean Claude Ouéllé, president of an adult PLWH support group, "But what I've

learned has convinced me of the importance of equipping our members with the skills they need to better manage death and mourning."

For clinicians, limited availability of opioids and other pain management medications is a real barrier to the delivery of palliative care, says Dr. Beaugre Kouassi, a neurologist and professor from Côte d'Ivoire. HWCI's Dr. Charles Yapi Akoun agrees, noting, "It is my greatest desire to see morphine syrup available in Côte d'Ivoire because at present we are virtually helpless when it comes to managing chronic pain effectively," he says.

Partners are working to see that wish fulfilled, advocating for increased availability of drugs and expanded training for healthcare workers and allied caregivers in their ongoing efforts to improve care and support for people living with HIV and other life-threatening illnesses.

Zambian LRC Improves Access to Evidence-based Research, Other Information Technologies

"Most of our lecturers are able to conduct research on their own now and this is just the beginning ... we are learning more every day."

**—Abner Musenge,
DFSHS Information
Coordinator**

The Learning Resource Center (LRC) at the Defense Force School of Health Sciences (DFSHS) provides faculty and students access to the latest information on HIV/AIDS and other clinical topics via CD-ROM and the internet. LRC staff also offer training on basic computer use and using the internet and ICT resources to find vital information on HIV/AIDS and other related topics.

According to DFSHS Information Coordinator Abner Musenge, LRC staff initially fulfilled numerous requests

for information from faculty. "We've trained most lecturers to effectively search for information, so they often use the LRC's resources to conduct their own research," he says.

With support from PEPFAR and the US Department of Defense, the Twinning Center established the DFSHS LRC in February 2007. LRCs have long been a core part of AIHA's partnerships in Eurasia, and this facility is one of two centers opened by the Twinning Center in Zambia to improve access to evidence-based medical resources.

In addition to providing computers, internet connection, and other equipment, the Twinning Center trained staff on evidence-based practice, information technology applications in healthcare, and library management.

While the school is not yet fully operational, the LRC is providing DFSHS faculty with access to the resources and information they will need to effectively teach information to the next generation of medical professionals who will serve the Zambian Defense Forces and the general public.

Twinning Partnership Helps to Reshape Pharmacy Training and Practice in Ethiopia

Twinning Center partners at Addis Ababa University (AAU) School of Pharmacy and Howard University School of Pharmacy are ramping up efforts to reshape pharmacy education and practice in Ethiopia.

With support from PEPFAR and CDC/Ethiopia, partners have identified gaps in existing pre- and in-service pharmacy training programs and are working to shift the didactic paradigm toward clinical practice in recognition of the critical role pharmacists play in comprehensive, high quality HIV/AIDS treatment and care.

"Assessments conducted in the early stages of the partnership reinforced our understanding of the need for more clinical training for our pharmacy students," says Dr. Ephrem Engidawork, professor of pharmacy at AAU.

"Our goal is to ensure that graduates are able to effectively meet the needs of people and that means learning clinical skills rather than focusing solely on drug formulations and products as they were taught in the past," he continues.

With input from the Howard partners, AAU spearheaded efforts to revise and standardize the curriculum for pharmacy students on a national level.

This curriculum has already been approved by the School of Pharmacy and is awaiting approval by the university. Plans are to implement it for the first time with the incoming class of 80-100 undergraduate pharmacy students in November 2008.

According to Dr. Teferi Gedif, dean of AAU's School of

Pharmacy, two important activities that will support the new curriculum are a soon-to-be established Drug Information Center at AAU School of Pharmacy and a Preceptors Training Program—both of which will enhance clinical training.

"Howard University has been teaching a patient-oriented clinical pharmacy curriculum for more than 20 years, so their experience provides us with a rich array of learning opportunities," Gedif points out.

"We were able to see how the clinical practice of pharmacy is implemented there, participate in clinical rounds at their teaching hospital, and see how they train and mentor their students, which has been invaluable," Gedif stresses.

In May 2008, partners conducted a two-day "Workshop on Preceptorship of Pharmacy Students in Clinical Training" to identify potential preceptors and rotation sites, as well as to familiarize identified preceptors with training guidelines.

A total of 15 medical and pharmacy faculty from Black Lion Hospital and AAU completed the training and are ready to assist with implementation of the new clinical pharmacy curriculum.

Key topics discussed at the training included principles and practices of pharmaceutical care, new directions in pharmacy education, identifying common problems with drug therapies, and clinical learning. Effective communication and adult learning techniques were also covered.

Another important goal of the workshop was to inform phy-

sicians at Black Lion Hospital—a teaching hospital affiliated with AAU—of the important contributions skilled clinical pharmacists can make to improving the quality of patient care and increasing adherence to life-saving ARV treatment regimens.

The event also served to open discussions among the hospital's clinical staff and AAU faculty to better ensure pharmacy training and continuing education programs are in keeping with the needs of care teams that provide ART and other services to PLWH.

"Our work together has had a huge impact on the direction of professional pharmacy education and practice in Ethiopia," Gedif says, calling the peer-to-peer twinning partnership invaluable and a strong catalyst for positive, system-wide changes.

"The partnership came at a good time. It has made it possible for us to harmonize clinical pharmacy education in the four existing schools of pharmacy, as well as three emerging schools," Gedif admits.

"We've laid the foundation with our work to date, but we must continue this collaboration in the future in order to address critical issues such as quality assurance and faculty development to ensure sustainability," he concludes.



Howard University partners (l-r) Drs. Olu Olusanya, Muhammad Habib, and Sally Bwayo with their Addis Ababa University counterparts Prof. Tsige Gebre Mariam and Dr. Teferi Gedif.



Drs. Olu Olusanya and Muhammad Habib of Howard University chat with a local pharmacist during a recent partnership exchange in Addis Ababa.

The VHC Experience: Helping Prevent Vertical Transmission of HIV in Tanzania's Pwani Region

Certified Nurse-Midwife Laura Fitzgerald traveled to Tanzania in December 2007, where she spent six months working with staff at Tumbi Hospital to help improve the day-to-day functioning of the hospital's programs to prevent mother-to-child transmission of HIV.

Columbia University's International Center for AIDS Care and Treatment Programs (ICAP) works with Tumbi Hospital in Tanzania's Pwani Region to strengthen its PMTCT services and Laura provided onsite technical support for those efforts.

Here, she shares some of her thoughts on the experience.

With funding from PEPFAR and CDC/Tanzania, the Twinning Center's VHC program in Tanzania recruits qualified professionals to provide long-term technical assistance at PEPFAR-supported sites throughout the country.



Laura Fitzgerald (center) enjoys a moment with nurse-midwife Margaret Mlolere and the children of another colleague at Tumbi Hospital, Tanzania.

My first impression of Tumbi Hospital was that it was an extremely well-maintained, bustling, and attractive two-story structure nestled in a gorgeous expanse of trees and verdant, cultivated land in coastal Tanzania. In other words, it was completely different from the workplace I had envisioned when I signed up for six months with AIHA's Volunteer Healthcare Corps.

Two doctors, my supervisors from Columbia University's International Center for AIDS Care and Treatment Programs (ICAP), escorted me to the Reproductive and Child Health (RCH) ward where I would be working with Tumbi nurses to boost prevention-of-mother-to-child-transmission (PMTCT) of HIV programming. They gave me directions: "First observe. Build relationships. Practice Swahili." Only after successfully passing through this initial 'orientation' phase, they said, would my Tanzanian coworkers take a young American nurse-midwife seriously.

On that first day, I was introduced to Margaret, also a nurse-midwife in her early 30s, who unofficially headed up PMTCT activities in the RCH ward. Dressed in a perfectly pressed light blue uniform, she held out a confident hand to me. Within the first hour, I had been invited to her village to share a meal with her family. Within the first week, I was chit-chatting in basic Swahili with a pleasant team of nurses. And, within the first month, I had figured out—with ICAP's help—how to use what I know to support Margaret and her team.

A few things became almost immediately apparent. Most obviously, I was no expert in HIV/AIDS. The men and women with whom I worked

were the real experts. Participating in counseling sessions with groups of pregnant women and observing nurse-client visits taught me a great deal—namely, that the provision of comprehensive PMTCT services overlaps multiple aspects of maternal and family healthcare.

To give Tanzanian women, their partners, and their children access to the full spectrum of requisite services was a daunting and overwhelming task.

Mother after mother talked about how difficult exclusive breastfeeding—which is an important tenet in reducing HIV transmission from mother to child in Tanzania, as well as other parts of the world—was in a society where mixed-feeding was the norm.

Other mothers, embarrassed and penitent, postponed follow-up visits because they could not scrape together enough money for transportation. These missed visits meant missed medications. Missed medications meant more HIV-infected babies.

So, against this backdrop, I began to really understand what my colleagues were up against. We weren't aiming for perfection. Given the confounding factors presented by women's real lives, national PMTCT guidelines could never be implemented to the letter. We wanted to do the best we could with what we had.

During the six months that I was a grateful participant in Tumbi Hospital's PMTCT efforts, some exciting progress was made. Tumbi initiated Family Support Groups, a program intended to build a supportive community of HIV-positive pregnant women and to educate

women and their families about adherence, positive living, and safe healthcare practices.

Margaret and I also conducted a thorough review of patient files to identify the more than 100 women and children deemed 'lost to follow up' from the RCH HIV/AIDS Care and Treatment clinic. Together, we developed a system to track these clients and link them back into care.

Additionally, we systematically addressed one of the largest barriers to effective PMTCT: the consistent administration of prophylactic ARVs to HIV-positive pregnant women at each stage of care.

By the time of my departure, all staff members who cared for pregnant women at Tumbi Hospital were trained in the provision of the new, combined medication regime to prevent transmission of HIV from mother to child.

I have been back in the States for several months now and I think of the nurses I befriended and the women cared for at the hospital while I was living in Tanzania every day. It is impossible to know how much, if anything, I accomplished. What I do know is that the work that remains, the work that is done seven days a week with skill and dedication by a too-small band of dedicated healthcare workers, also defies quantification.

I was an American who knew how to collect data, organize trainings, write reports, and get the higher-ups to listen. And, at the end of the day, Tumbi healthcare workers and Tanzanian families need all hands on deck. They need each of us to do what we can.

Pharmacy Training Helps Improve Pediatric Treatment and Care in Zambia

Providing high quality treatment and care for people living with HIV (PLWH) is complex and requires a multidisciplinary team that includes not only physicians and nurses, but also a host of allied healthcare professionals such as psychologists, medical technologists, and pharmacists.

In Zambia—as in many countries around the world—this care team approach is a relatively new concept. Ensuring that allied professionals are well-versed in the most up-to-date information related to their discipline's respective role in the provision of ART and other care for PLWH is critical to their integration into the teams that provide these services.

With support from PEPFAR and CDC/Zambia, the HIV/AIDS Twinning Center has linked Milwaukee's Center for International Health (CIH) with Livingstone General Hospital and the University Teaching Hospital in Lusaka.

Partners are improving pediatric HIV care in Zambia by strengthening clinical pharmacy training and better integrating pharmacy services into the continuum of care for children living with HIV.

Since the partnership was launched in 2006, the US and Zambian partners have been working to develop the clinical skills and teaching capabilities of a team of pharmacists in Livingstone and Lusaka. Through a series of professional exchanges conducted in the United States and Zambia, team members have gained the knowledge and expertise they need to train peers at their own institutions, as well as other healthcare facilities throughout the country.

In June 2008, the Zambian partners led a three-day clinical pharmacy training at Livingstone General Hospital. More than 25 pharmacists, physicians, and related personnel working in HIV/AIDS participated. Supported by

two US partners who attended the event, the Zambian trainers conducted sessions on pediatric HIV care topics such as determining ARV dosages for children, medication safety, adherence and pharmacokinetics, pharmacy organization and structure, and the multidisciplinary team approach to care.

"The workshop gave me hope that things are going to change and that our children will get proper medical care and good pharmaceutical care," says Alex Chizyuka, principal pharmacist at University Teaching Hospital.

"The partnership has put time, effort, and good money toward improving child welfare in Zambia," he concludes, noting, "During the process, I have come to a greater understanding of what pediatric antiretroviral treatment is all about."



Twinning Center partners with the group of healthcare professionals who completed the June clinical pharmacy training in Livingstone.

Tanzania OVC Partners Train 108 Community Caregivers from Morogoro and Ilala

Twinning Center partners at the Institute of Social Work in Dar es Salaam conducted a para-social worker training course for 108 community-based caregivers and district social welfare officers from Tanzania's Morogoro and Ilala municipalities in April.

With the goal of expanding care and support for orphans and vulnerable children (OVC) living in these regions, the objective of this eight-day workshop was to provide skills-based training to people who work directly with youngsters and families.

Since late 2006, the Institute of Social Work has been working with the University of Illinois at Chicago's Jane Addams College of Social Work and Midwest AIDS Training and Education Center to implement this project, which is supported by PEPFAR and funded by USAID.

Launched in March 2007, the Para-Social Worker Training Program is designed to arm caregivers key skills critical to improving OVC care.

Through the program, district social welfare officers, NGO

representatives, and other community and home-based caregivers learn practical skills that prepare them to properly assess the condition of orphans, vulnerable children, and families within their communities.

In addition, partners are also implementing follow-up training, mentoring, and evaluation processes to ensure the quality of care provided by those trained through the program.

Community-based caregivers are an untapped resource for addressing OVC care and can link children with support services and other forms of assistance they so desperately need.

Conferences, Grants, and Opportunities



AIDS Vaccine 2008
October 13-16, 2008
Cape Town, South Africa

Ac3 NGO Conference 2008
October 23-23, 2008
Pretoria, South Africa

2nd National Conference on HIV/AIDS and Gender-based Sexual Violence among Female Bar Workers in Kenya
October 27-28, 2008
Nairobi, Kenya

Basic NGO Management Course for HIV/AIDS Programmes
November 3-7, 2008
Lilongwe, Malawi

7th Louis Pasteur Conference on Infectious Diseases
November 11-13, 2008
Paris, France

Rational Design of HIV Vaccines and Microbicides
November 11-13, 2008
St. Julian's, Malta

Research on HIV/AIDS, Malaria, and Tuberculosis: Challenges for the Future
November 13-14, 2008
Brussels, Belgium

PACANet 2008 The Church and HIV/AIDS: Challenged or Changed?
Nov. 29 - Dec. 2, 2008
Dakar, Senegal

IAPAC 08 (Stronger Together)
Nov. 30 - Dec. 2, 2008
New Orleans, United States

The Imagination of Poetry and Storytelling in the HIV/AIDS Pandemic
December 1, 2008
Nairobi, Kenya

15th International Conference on AIDS and STIs in Africa (ICASA)
December 3-7, 2008
Dakar, Senegal

Global Fund Partnership Forum 2008
December 8-10, 2008
Dakar, Senegal

Southern African AIDS Conference 2009: Scaling Up for Success
Durban, KwaZulu Natal, South Africa
March 31-April 3, 2009

Gates Foundation Grand Challenges Explorations Grants
New \$100 million, 5-year program of small grants meant to nurture unorthodox approaches to global health. Open to scientists worldwide, particularly those in Africa and Asia where the burdens of diseases such as HIV, TB, and malaria are greatest. For more information, visit: www.gcgh.org

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The HIV/AIDS Twinning Center mobilizes and coordinates the resources of healthcare and allied professionals in the United States and abroad to effectively build capacity to reduce HIV infection rates and provide care to those infected with, or affected by, HIV/AIDS in support of the President's Emergency Plan for AIDS Relief (PEPFAR).

Funded by PEPFAR through a cooperative agreement with the US Department of Health and Human Services' Health Resources and Services Administration, the Twinning Center is a project of the American International Health Alliance, a US-based nonprofit dedicated to helping limited-resource communities make positive, sustainable changes that improve accessibility to a broad range of high-quality healthcare services and preventive programs.

The contents of this newsletter are the responsibility of AIHA and the Twinning Center and do not necessarily reflect the views of the United States government or other funding agencies.

