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Designated presenter:
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Prior to setting up ICEHA in New York City, Dr. Charles lived and worked for many years in Indonesia, in Malaysia, and most recently in The Netherlands, where she was both Chief Operating Officer of the International Antiviral Therapy Evaluation Center (IATEC) at the University of Amsterdam and co-founding Managing Director of PharmAccess International (PAI). Through PharmAccess International, she was instrumental in the design and initial set-up of the first initiative by a multinational corporation to provide access to HIV care and AIDS medications for its employees in nine countries in Africa (Heineken Breweries) as well as access-to care programs in university clinics in Kenya, Uganda, Côte d'Ivoire, and Senegal.

Dr. Charles was recently selected to be a Henry Crown Fellow at The Aspen Institute. Each year a class of 20 Henry Crown Fellows is chosen from among young executives and professionals nominated for their potential to provide leadership at the highest levels of corporate and civic responsibility. The selected candidates are men and women between the ages of 25 and 45 who have achieved conspicuous success in their fields. www.aspeninst.org/crown

Dr. Charles received her MD from the Catholic University Leuven, Faculty of Medicine, in Belgium and her Masters in International Affairs (MIA) from Columbia University, School of International and Public Affairs, in New York City.

Abstract Title: Clinical Mentoring as an effective, innovative, scalable, and replicable tool for rapid skill building for HIV/AIDS in developing countries.

Key words:
Rapid skill building in developing countries, HIV/AIDS, Infectious Diseases, healthcare capacity building, scalability, impact, replicability, effectiveness

Background:

Access to antiretroviral therapy (ART) for acquired immune deficiency syndrome (AIDS) patients in developing countries has improved, yet local healthcare professionals are unprepared to handle all aspects of the disease and its treatment. In an attempt to rapidly build local HIV/AIDS expertise, Ministries of Health and international organizations in various developing countries have added a "clinical mentoring" component to their healthcare capacity building efforts. In Lesotho, Vietnam, and Cambodia, clinical mentoring is provided by ICEHA (International Center for Equal Healthcare Access) and complements the national didactic training provided by the respective governments. An evaluation of ICEHA's clinical mentoring programs proves effectiveness, impact, scalability, replicability and sustainability.

Design and analysis Methods:

ICEHA sourced Western educated clinical mentors from 10 different countries. Clinical mentors were sent in teams of 1 MD and 1 RN to rural and urban settings in Cambodia, Vietnam and Lesotho over the course of 18 months. Continuous quality control was provided by ICEHA and

in-country partners. Quantitative data from self-administered mentor surveys were analyzed with SPSS, using the paired T-test to look at the changes in the means between the pre- and post-clinical mentoring site assessments. Qualitative data from the pre- and post-tests, along with mentor narrative reports, were coded and analyzed to augment the quantitative information.

Results and implications:

In all countries, the clinical mentoring program resulted in successful initiation of ART programs and in the set-up of sustainable healthcare infrastructure. Practical expertise in HIV care was created, local medical professionals in all countries demonstrated improved ability to diagnose and treat opportunistic infections, the overall quality of patient care improved, and adequate operating systems within the clinics were set up when appropriate. Clinical mentoring fostered positive changes in communication between hospital staff and HIV/AIDS patients. In each country, the program started with a pilot phase in one to two clinics but was subsequently scaled-up to a national level program ultimately affecting all hospitals that were designated entry points for ART care. The program model was identical in all countries, on the various continents.

Conclusions:

For clinical mentoring to be successful, strong local program management and teamwork within the respective clinics is essential. Clinical mentoring needs to be integrated with didactic HIV training relevant for the local setting and available resources. Clinical mentoring is a cost-effective method to leverage western expertise for rapid scale up of local HIV/AIDS clinical expertise in developing countries. The model is sustainable, replicable, and scalable with proven impact.

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