

Clinical mentoring: Tapping into the vast, mostly neglected, Western resources to make a fast, sustainable, and effective contribution to putting AIDS patients on ART in developing countries

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Background

- Lack of trained caregivers impedes scale-up of ART in developing countries
- Western HIV/AIDS clinicians possess extensive experience – an untapped resource in the fight against HIV/AIDS
- Clinical mentoring is proven to rapidly transfer HIV clinical skills to medical professionals in developing countries



ICEHA Clinical Mentors in Lesotho, May 2006

Description

The International Center for Equal Healthcare Access (ICEHA) provides clinical mentoring within a well-defined structure:

- Continuous management support and detailed pre-assignment preparation/training
- Prepared 220+ HIV professionals from 10 countries
- Clinical mentors deployed at local government or local NGO's request
- Short-term assignments, 6-12 weeks
- Mentors coach local colleagues on HIV care. Ultimate result is that best AIDS care is provided within available resource limitations in a developing country

Lessons Learned

ICEHA clinical mentors strengthen health systems by transferring practical HIV expertise to their local counterparts

- Within 6 weeks of mentoring, clinics can support 200 patients in HIV care from a basis of 0
- An additional 6 weeks of mentoring enables management of 600 patients and > 1000 patient visits/month
- An additional 3 months of mentoring results in >1200 AIDS patients in care and clinic is "mentored out"
- Successful clinical mentors include MDs, RNs, NPs, PAs and social workers

Recommendations

Western HIV/AIDS clinicians represent an invaluable resource to rapidly, sustainably, effectively, and exponentially increase the number of patients on ART in developing countries.