



Enhancing Care Initiative Annual Report 2001



Enhancing Care Initiative, KwaZulu-Natal Progress Report

2001





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Introduction

The Enhancing Care Initiative is a multinational program that alms to enhance the care of men, women, and children living with HIV or AIDS in resource-scarce countries. This five-year initiative has facilitated the development of multidisciplinary teams of local experts in Africa, Asia, and South America. These AIDS Care Teams bring together local experts-clinicians, people living with HIV, epidemiologists, health care delivery experts, human rights specialists, behavioural scientists, economists, and political scientists-to initiate meaningful changes in HIV and AIDS policy and health care delivery in their regions. The Enhancing Care Initiative is coordinated by the Harvard AIDS Institute in partnership with the François-Xavier Bagnoud Center for Health and Human Rights based at the Harvard School of Public Health. The program is made possible by a grant from The Merck Company Foundation.

The Enhancing Care Initiative, KwaZulu-Natal is a team of local experts situated in KwaZulu-Natal, South Africa, dedicated to making a significant impact in the care and support of HIV/AIDS in KwaZulu-Natal by means of research, advocacy, policy and journal publications, training and education, and community action. The team consists of members of the HIV/AIDS academic community, officials from the Department of Health, health care professionals working in the public sector and NGO/CBO groups involved in care and support of HIV/AIDS infected and affected communities, (including NAPWA, the National Association of People living with HIV/AIDS, and Legal AIDS Network).

Program Activities

During the year the ECI KZN Team has been involved in a large number of activities which, although at times have threatened to overwhelm the human resources and technical capacity of the team, have been a huge success in terms of rolling our programs and creating a local network of academics, Department of Health officials, NOG/CBO groups and PLWA.

Below are a list of activities that have been achieved.

General Team Building:

- 1. Encouraged links and collaborations with Department of Health, ECI sites and NGO/CBO groups with a series of meetings, team building and training.
- 2. Established new links with Department of Health, namely the Department Institutional Support and Infectious Disease Surveillance and Epidemiology.
- 3. Installed and connected all computers to the LAN and Internet at each of the sites and key members of the team.
- 4. The University of Natal arranged training workshops for team members in
 - i. Basic computer skills (in collaboration with DoH)

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- ii. Basic Skills in Internet and e-mail (KAIRE Knowledge Management Applied to International Research and Education)
- iii. Advanced skills in Internet and e-mail (KAIRE)
- iv. Basic epidimiology and database handling computer skills (SPSS)
- 5. Involvement of the team with the Health Development Network in assisting with moderating the PROCAARE program as well as contributing to several HIV/AIDS e-fora (including Af-AIDS, Stop-TB, and Break the Silence. These e-forums are a useful forum for discussion and sharing information on a worldwide basis on electronic networks.

Research:

- Performed situational analysis of 6 ECI KZN sites (rapid appraisal)
- Trained previously disempowered field workers to assist with the questionnaires
- Performed a detailed situational analysis of patients and providers at each of the sites
 - i. 758 patients
 - ii. 236 health care providers in the government sector
 - iii. 220 doctors working in the private health care sector
- Performed an analysis of care of HIV/AIDS patients amongst private practitioners in KwaZulu-Natal at the Medicines Updates Seminars in 2001.
- Performed a GAP analysis of 70 health care institutions managing patients with HIV/AIDS including 479 health care workers
- Evaluated 128 health care workers perspectives of the RoadShow seminars.
- Performed a costing of care at the ECI KZN sites

See section entitled "Reports and Publications"

Project Implementation:

- 1. We are currently assisting the medical Superintendent and the Board of the King Edward VIII Hospital Home Based Care task team in preparing the hospital for the incorporation of a Home Based Care and Hospice structure. This involved introducing a local NGO, 'HOPE Centre' to the health services. We are currently arranging meeting with potential funders from the United States to assist with the funding of the Home Based Care and Hospice project.
- 2. Engaged in assisting the Tugela Ferry site with setting up the Hospice.
- 3. Facilitated the implementation of a communicable diseases clinic (for HIV/AIDS patients) at Church of Scotland Hospital, Tugela Ferry with steering and guidance form the KEH VIII Philani HIV clinic and the PMB Edendale & Grey's Hospitals complex.



- 4. Produced an up to date HIV/AIDS Resource directory for KwaZulu-Natal, listing all the health services and NGO/CBO groups involved in HIV/AIDS care. This has been distributed to the 70 health institutions in KwaZulu-Natal.
- 5. It has stimulated the development of the HIV/AIDS Public Health Programme in the Department of Community Health. This program brings together interested individuals in the department to work together on HIV/AIDS programs, sharing information and forming a focussed group dedicated to addressing key issues in the HIV/AIDS pandemic. Priority areas are identified and focussed upon under four key areas:
 - a. Research
 - b. Service commitments to the Department of Health
 - c. Training and Education
 - d. Community Action

The department has currently started a faculty wide HIV/AIDS Public Health Journal Club, which is well attended by all in the faculty of medicine and allied health sciences.

- 6. In response to needs identified in the analysis of the health care services, ECI KZN created and implemented a province wide HIV/AIDS training program. This was done in collaboration with the Enhancing Care Initiative South Africa, the Nelson R Mandela School of Medicine, the National and Provincial Department of Health, the Provincial AIDS Action Unit, the International Association of Physicians for AIDS Care (IAPAC) and the Diflucan Partnership Program.
 - iv. A resource CD with all the presentations was created to assist with delegates taking the process forward to their institutions
 - v. A GAP analysis was performed to identify priority areas in each institution

See section entitled "HIV/AIDS KwaZulu-Natal Training Program"

- 7. Produced a library and resource list of best practices in care and support in HIV/AIDS care. These include:
 - vi. Hard copies of documentation of reports and research collected from conferences and presentations
 - vii. Links to relevant e-mail forums and web sites
 - viii. Electronic copies of documents, reports and research relevant to HIV/AIDS in KwaZulu-Natal.
 - ix. A document written by the ECI KZN team assisting health care workers with obtaining grants for AIDS patients and affected members of the family.
- 8. It has encouraged the formation of a provincial centre of excellence for training health care workers in clinical management of HIV/AIDS patients at the HIV/AIDS clinic at King Edward VIII Hospital. This is due for completion in 2002.



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Conference Presentations & External Exposure:

- Brief presentation of the ECI at the Population Demographics Conference in Port Elizabeth, September 2000.
- IAPAC Fourth International Conference on Healthcare Resource Allocation for HIV/AIDS and Other Life-Threatening Illnesses held in Cairo, October 2000.
- Abstract: 1st SADC conference on Home Based Care in Gabarone, Botswana, March 2001.
- Presentation of ECI concept to DoH and press delegation at Kwadabeka Primary Care Clinic
- Presentation of ECI and Home Based Care to DoH exec at Natalia, Pietermaritzberg.
- Presentation of ECI concept to Chamber of Commence and Industries, Pietermaritzberg
- Time Magazine, February 12, 2001 Vol. 157 No. 6, Special Report (Dr T. Moll).
- XIIth International Conference on AIDS and STDs in AFRICA December 2001, Ouagadougou, Burkina Faso
 - I. Poster Presentations
 - i. Establishment of a Continuum of HIV & Aids Care and Enhancement of Home-based Care in Rural and Urban Resource Poor Settings in KwaZulu-Natal, preliminary results
 - ii. The Cost of setting up and sustaining Home-based Care in Rural and Urban Resource Poor Settings in KwaZulu-Natal, preliminary results
 - iii. KwaZulu-Natal HIV/AIDS Training Program, preliminary results

II. Oral Presentations

- i. Update on ECI in South Africa
- 5th International Conference on Home and Community Care for Persons Living with HIV/AIDS, Chiang Mai, Thailand
 - **I.** Poster Presentations
 - i. Establishment of a Continuum of HIV & Aids Care and Enhancement of Home-based Care in Rural and Urban Resource Poor Settings in KwaZulu-Natal, preliminary results.
 - ii. The Cost of setting up and sustaining Home-based Care in Rural and Urban Resource Poor Settings in KwaZulu-Natal, preliminary results.
 - iii. KwaZulu-Natal HIV/AIDS Training Program, preliminary results.

II. Oral Presentations

- i. Update on ECI in South Africa
- ii. Cost of care in 2 health institutions in KwaZulu-Natal
- iii. Training Volunteers for Home Based Care in Resource Poor Communities in KwaZulu-Natal, South Africa.
- iv. Care for Caregivers



Proposals for funding:

BMS Secure the Future: 2001 and January 2002 cycle – pending CDC DOTS-HAART Pilot - accepted

Reports and Publications

"Government grants available for HIV/AIDS Patients in South Africa", *Tony Moll*. This document was distributes to the 70 institutions to assist health care workers to access funds from the local government for their patients, and included details of the 7 available funds

Currently, much data has been collected and collated over the past 18 months. Much of it is unpublished and preliminarily analysed.

The Enhancing Care Initiative Team in KwaZulu-Natal Executive made a strategic decision to proceed with certain interventions it saw as critical and opportune at the time. Due to human resource constraints, it was decided to put the report writing on hold until the interventions were on their way.

Expected Publications:

Peer Review

Expanding Community care in resource poor settings Model Training Program in a resource poor setting Modeling Home Based Care for resource poor settings Modeling VCT expansion in high prevalence areas Economic Comparison of community vs Hospital care

Reports

Situational Analysis of 6 health districts
GAP Analysis of Health Services &
Recommendations
Cost analysis of 6 health services in KZN managing
HIV/AIDS patients

HandBooks/Best Practices

- Model Training Program for high prevalence populations in resource constrained settings
- Model of Home Based Care for high prevalence populations in resource constrained settings
- Model VCT Training Program for high prevalence populations in resource constrained settings
- Implementing a continuum of care in high prevalence populations



HIV/AIDS KwaZulu-Natal Training Program

The HIV/AIDS Training program in KwaZulu-Natal was undertaken in response to the need identified in the six ECI KZN sites as well as the perceived need in the province. The motivation for this intervention was:

- i. Preliminary results from the situational analysis, which showed that 96.3% of health care workers that responded felt that an HIV/AIDS Training program was a need identified a priority in most institutions.
- ii. Most health care workers had not received formal training in HIV/AIDS Care Management, and this would sensitise health care workers in the spectrum of care available to patients in the government health care services.
- iii. It was an opportunity to make a significant impact on the epidemic and an opportunity to implement focussed strategies in care and support in terms of a continuum of care
- iv. To poise the province of KwaZulu-Natal to implement the prevention of mother to child transmission, Home Based Care, voluntary counselling and testing in line with the Department of Health's brief.
- v. To position health care workers in the province to be aware of the possibilities of managing patients with antiretrovirals, and begin to prepare health care workers for this eventuality.

Planning of the HIV/AIDS Training Course

The department of Medicine and Community Health undertook the task to train health care workers affiliated to the Nelson R Mandela School of Medicine and the 6 ECI KZN sites in HIV/AIDS care management. This ultimately transformed into a province wide initiative with a number of collaborators and partners.

The program was set up in several phases:

Phase I:

Organisation and steering: A concept form of the training program was discussed amongst potential stakeholders in the university, bringing together key faculty members in the departments of Medicine Community Health, Paediatrics and Obstetrics.

Professor Gerald Friedland was made an external assessor of the training program.

Incidentally, key stakeholders in the Diflucan Partnership Program, National and Provincial Department of Health were identified as having similar needs on a province wide scale.

Thus the KwaZulu-Natal HIV/AIDS Training Program Curriculum Planning committee was created. The key stakeholders were the Enhancing Care Initiative, the Nelson R Mandela School of Medicine, the National Department of Health, the Provincial Department of Health, the Provincial AIDS Action Unit and the International Association of Physicians for AIDS Care (IAPAC). IAPAC and DoH together committed \$300,000.00 for the training program.

The emphasis on the program was the delivery by local University of Natal faculty to ensure sustainability of the program.



Phase II:

Identification of Africa centric, local and relevant course material. Partnerships were built with local experts known internationally in their field of HIV/AIDS work and research. Relevant, local material was scrutinized for inclusion into the training program, including the best practices booklets by the National Department of Health.

Phase III:

Planning a Comprehensive Program incorporating the HAI 10 areas of care, using VCT, TB and STIs as an entry point into this continuum. The curriculum planning committee met on a weekend sponsored by IAPAC to plan the Training Program at Karridene Hotel. It was decided to run the program into two parallel arms, focusing one course on key managers and the other on clinicians and front line staff. The objectives of the program were described as such:

RoadShow/Best Practice seminars:

- Sensitise health workers in KwaZulu-Natal health institutions to the National HIV/AIDS Policy Guidelines produced by the National Department of Health
- Introduce the concept of best practices
- Provide the tools for Health Care workers to mobilise and initiate programs through partnerships and new initiatives
- Produce an ongoing system for knowledge dissemination
- Introduce management skills for HIV/AIDS carers
- Sensitise health care workers to the Diflucan Partnership Program
- Create an awareness of anti-retroviral management for patients with HIV/AIDS or at risk of developing HIV/AIDS.

Weekend course:

- To provide Health Care Workers with expert knowledge on the comprehensive clinical management of HIV/AIDS
- To create an environment for ongoing knowledge dissemination using available resources
- Prepare doctors to sit the proposed Diploma of HIV/AIDS Management to be run by the College of Physicians and the University of Natal.
- Sensitise Health Care Workers to the concepts of Best Practices and The Continuum of Care
- Improve the Quality of Care for HIV/AIDS patients through a system of Clinical Audits and the use of Treatment Algorithms
- Empower Health Care Workers to plan and implement HIV/AIDS programs with the continuum of care
- Preparing doctor to be able to sit the diploma in HIV/AIDS Care Management administered by the College of Medicine

Continuing Professional Development (CPD) Points will be awarded to delegates.

The content of the program was to include:

- i. Epidemiology
- ii. Basic science
- iii. Care and support programs in terms of a continuum of care
- iv. The comprehensive clinical management of HIV/AIDS patients

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- v. Prophylaxis and prevention strategies
- vi. Comprehensive introduction to ARV in adults and children
- vii. Implementing HIV/AIDS programs in KZN
- viii. Management skills for health professionals
- ix. Evaluation of the program
- x. Analysis of delegates' sites in terms of HIV/AIDS care.

Phase IV:

Implementation and ongoing evaluation.

Distribute comprehensive course notes and presentations on disc to all delegates.

Phase V:

Final evaluation to establish impact of program in KwaZulu-Natal Recommendations for DoH and institutions on how best to move forward with HIV/AIDS care and support programs

Current Outcomes of the Training Program:

- i. Implementation of the Diflucan Partnership Program (DPP) in KwaZulu-Natal
- ii. Increased utilization of the DPP monitored by the increased use of fluconazole by health care workers at health institutions.
- iii. Developed a pilot TB-DOTS ARV program at King Edward VIII Hospital. This is currently being reproduced in a rural setting at Tugela Ferry, Church of Scotland Hospital.
- iv. Will facilitate the implementation of the prevention of mother to child transmission on a province wide scale given the recent announcement by the premier of KwaZulu-Natal recently.
- v. Assisted health facilities with the implementation of HIV/AIDS action plans at the institutional level.
- vi. Created a critical mass of health care professionals armed with state of the art knowledge on how to manage patients with HIV/AIDS, implement HIV/AIDS programs/interventions and 'cascade train' health care workers in their institutions.
- vii. We have been approached by the International AIDS Society to prepare a training manual based on the course.
- viii. The course has stimulated the Nelson R Mandela School of Medicine to develop a diploma course in HIV/AIDS Medicine in the University of Natal.
- ix. Assisted greatly in building and consolidating partnerships with the Department of Health and IAPAC by means positive mutual action. This was re-enforced by ratification of the program in person by the minister of health and the secretary general of health of KwaZulu-Natal as well representatives from National Department of Health.
- x. We have broken the cycle of hopelessness amongst health care workers who have been frustrated with the lack of progress in treatment of patients with HIV/AIDS, and enthused them with new skills with which to address the epidemic.



Having achieved these outcomes, we have positioned ourselves to scale up and help implement a package of continuum of care and support in KwaZulu-Natal by

- 1. Securing partnerships with key stakeholders in health in KwaZulu-Natal, namely the Department of Health.
- 2. Secured new partnerships with NGOs and institutions in the country and worldwide, e.g. IAPAC
- 3. Positioned ourselves to implement government ratified programs such as voluntary counseling and testing, Home Based Care and prevention of mother to child transmission.
- 4. Submitted a proposal to BMS Secure the Future to try implement this care package.
- 5. Health care workers in the 6 ECI sites are positioned to implement a comprehensive package of care using the critical mass of local intellectual resources in the public sector.
- 6. The site infrastructure is poised to implement and evaluate the programs by means of a linked global information network.

Challenges for ECI to expanding the continuum of care in KwaZulu-Natal

The major challenge in forging ahead at a pace in step with the rapidly escalating epidemic is the lack of human resources and funding to support these infrastructures.

The Nelson R Mandela School of Medicine has actively responded to these challenges by laying a foundation that will be able to steer and support the 6 ECI sites to mobilise the available provincial and national resources. These efforts are however hampered by other commitments and time constraints.

All ECI team members are fully employed and sustain the ECI process through voluntary determination and dedication to the fight against HIV/AIDS.

Our current Project Administrator, the backbone and foundation of the processes of the project, is leaving us as ECI KZN is unable to offer her permanent employment on a full time basis.

Next step:

We visualize our team expanding to include a management team that will work with the 6 ECI sites and the Department of Health with strategies that will best address the HIV/AIDS epidemic in KwaZulu-Natal. This will be done by means of expanding the services in the six sites and scaling up these 'best practices' to other health care facilities.



Key Participants of ECI KwaZulu-Natal

ECI KZN EXECUTIVE

Co-Chair: Professor Umesh Lalloo, Head of Department of Medicine, UND **Co-Chair:** Ms Khumbu Mtinjana, Co-Director, Provincial AIDS Action Unit, DoH

Research Co-ordinator: Dr Robert Pawinski, Research Fellow, UND Professor Noddy Jinabhai, Head Department of Community Health, UND

Professor Raziya Bobat, Associate Professor of Paediatrics, UND

ECI KZN TEAM MEMBERS

Prof. V. Gathiram, Dr. Tony Moll, Kath Defilippi, Sr. Rosemary Mthethwa, Dr. Paul Kocheleff, Dr Ramdeen, Sr. TS Makatini, Lucky Barnabas, Sr. Duma Shange, Ann Strode, Gay Koti, Khetiwe Mfeka, Mnguni Mabuyi, Dr. Caroline Armstrong.

Administrator: Fiona Sykes

THE SIX SITES IN KWAZULU-NATAL ARE:

King Edward Hospital, Grey's and Edendale Hospital, Nkonjeni Hospital (Ulundi), Church of Scotland Hospital (Tugela Ferry), Kwadabeka Clinic and South Coast Hospice.

See Appendix 2: Map of the study area.



Appendix I

Contributors to the HIV/AIDS KZN Training Program

Chair: Professor Umesh Lalloo

Co-Chairs: Professor Noddy Jinabhai, Dr John Wright, and Dr Robert Pawinski.

Curriculum Planning Committee: Professor Raziya Bobat, Dr Daya Moodley, Dr Farida Amod, Dr Thilo Govender, Mr Peter Avery, Sr Cynthia Luthuli, Dr Sean Conway (IAPAC), Professor Gerald Friedland (Yale), Thusi Pather (Programme Administrator).

Other Contributors:

Prof. Slim Abdool-Karim	Prof A E Simjee	Prof W Sturm
Professor Jerry Coovadia	Prof J Aboobaker	Dr R Marlink
Prof Q Abdool Karim	Prof V Jogessar	Prof B Pillay
Prof A Smith	Prof Y Coovadia	Prof M Dada
Prof B Kistnasamy	Prof D Mkize	Professor P Jeena
Prof A Coutsoudis	Prof A L Peters	Prof Green Thompson
Prof E Preston-Whyte		

Dr C Ball (UK), Dr J Muller, Dr H Sebitloane, Dr N Mckerrow, Dr Laura Campbell, Ms D Rowe, Dr M Colvin Yvonne Sliep,Mr J. Singh, M Ngcobo, Dr N Omar, Dr N Vawda, Dr T Dube, Dr S Greef, Dr Tony Moll, Dr A Dhai, Dr S Singh, Dr S Knight, Dr R Parboosing, Dr M H Sebitloane, Dr A Patel, Dr N Moran, Sr C Shaw, M Dankers, Dr J Mtambo, E Smit, Dr J.C Kelly, Mr M Mntambo, J Keyes, Mr Z Zwane, K Mtinjana, L Barnabas, Sr M Mnguni, Dr M Beksinska



Picture of Planning Committee: *Front Row:* Professor Umesh Lalloo (Co-Chair), Dr Daya Moodley, Dr Raziya Bobat. *Middle Row*: Dr Thilo Govender, Sr Cynthia Luthuli. *Back Row:* Dr Farida Amod, Thusi Pather, Dr Robert Pawinski (Co-Chair), Dr John Wright (Co-Chair), Mr Peter Avery.



Picture of Team at Ulundi Airport with Red Cross Mercy Plane: Front Row: Professor Gerald Freidland, Dr Thilo Govender, Dr Naseema Vawea, Sr Mayleen Dankers. Back Row: Dr Robert Pawinski, Sr Chris Shaw, Mr Peter Avery, Dr Stephanie Greeff.



Picture of Co-Chairs with DoH: *Front Row:* Professor Raziya Bobat, Dr Prisilla Ramdas (Director of Institutional Support), Professor Noddy Jinabhai, Professor Ronnie Green-Thompson (Secretary General of Health), Dr John Wright. *Back Row:* Minkie Wright, Professor Umesh Lalloo, Dr Robert Pawinski, Dr Lisa McNally, Dr Zweli Mkize (Minister of Health)

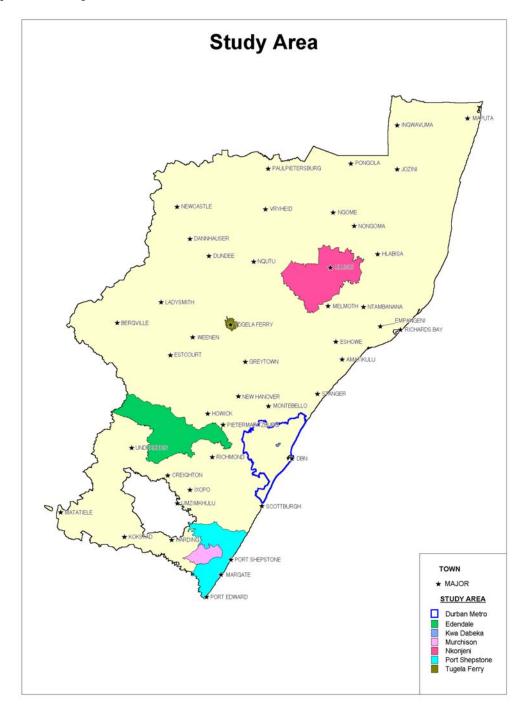
Funders of the training program:

IAPAC National Department of Health Pfizer Pharmaceutical unrestricted education grant Provincial Department of Health Provincial AIDS Action Unit Nelson R Mandela School of Medicine



Appendix 2

Map of Study Area



Project participants

University of Natal
Nelson R Mandela School of Medicine
Department of Medicine
Department of Paediatrics
Department of Community Health
Department of Health, KwaZulu-Natal
Provincial AIDS Action Unit
South Coast Hospice
François-Xavier Bagnoud Centre for Health and Human Rights
Department of Population and International Health
Harvard School of Public Health
Harvard Aids Institute



visit our website on www.eci.harvard.edu www.nu.ac.za

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