FOCUS: Lessons Learned in Establishing a Public ARV Treatment Clinic

About one in every three Botswana citizens is HIV-infected. Although the toll of suffering is tremendous, the country is aggressively fighting the epidemic. In addition to AIDS prevention and care programs, the Botswana government established the first public antiretroviral treatment clinic in Africa – an unprecedented move initiated more than three years ago.

The Botswana government engaged a team of care-givers and researchers for their expertise in undertaking this significant project. This multisectoral team consisted of members of the Botswana-Harvard School of Public Health AIDS Initiative Partnership, the Harvard School of Public Health AIDS Initiative, the Princess Marina Hospital’s Infectious Disease Clinic (IDCC) and Department of Medicine, and the Ministry of Health of Botswana. The team’s findings, “Establishment of a Public Adult Antiretroviral Treatment Clinic in Urban Botswana: Lessons Learned,” were recently published in the journal Clinical and Infectious Diseases.

The public clinic was born out of a pilot program located at the Princess Marina Hospital. The program enabled local medical officers and HIV specialists to prepare for the needs of HIV-infected patients. They created standard training and administrative processes to manage patients and patient information.

Once the pilot phase was completed, the first national antiretroviral treatment site opened on January 21, 2002 at the IDCC. The clinic was immediately faced with the challenges of meeting the needs for space, staffing and training.

The facility’s 4,000-patient capacity for consultation and counseling was quickly reached. Additional buildings were erected to accommodate the more than 11,000 adult and pediatric patients now being treated at the clinic. ARV treatment capacity is also being established at additional clinics to facilitate the comprehensive care for patients at convenient locations.

Clinic staffing changes were also necessary. Initially, medical personnel were rotated in from inpatient hospital wards in order to gain outpatient care experience. However, to ensure consistent care for clinic patients, a core team of HIV specialists was eventually created to staff the clinic and train junior staff as HIV care providers.

In order to ensure that standardized care and treatment were administered, all ARV clinic staff members received on-site supportive training. This training provided the most up-to-date information on HIV treatment, which was critical in helping patients survive advanced stages of the disease.

Several important lessons were learned during this project. Significant clinical space is needed to provide ARV therapy and care for HIV-infected people. Governmental financial support and commitment must be consistently active in maintaining these services and clinics. Well-trained medical staff and standard administrative processes are essential to sustain the infrastructure of a clinic. If initiatives in other countries learn from these lessons, then many more lives would be saved.

The public ARV treatment clinic provides comprehensive HIV/AIDS care.

News & Events

Women and AIDS in Africa: Hope for the Future

Rap pioneer, Darryl “DMC” McDaniels of Run-DMC, will host Women and AIDS in Africa: Hope for the Future, a gala benefit dinner and silent auction. The event will benefit the Harvard School of Public Health AIDS Initiative, and will be held on Thursday, May 12 at the Charles Hotel in Cambridge, MA. The evening will celebrate the courage of women living with AIDS in Africa and focus on new research findings that provide hope for a healthy future. The silent auction includes a week at a lovely villa on the Italian Riviera, a dazzling pair of South Sea Pearl and diamond earrings by Angela Pintaldi and other exciting items donated by the HAI International Advisory Council, HAI friends and supporters. Please see aids.harvard.edu for more information.

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Can you describe your experience working on the Mashi study? What was your role?

CM: Working on the Mashi study in Botswana was a privilege, an opportunity to try to make a difference. My primary responsibility was to the study participants: the mothers and their children; to ensure that they received the best possible clinical care and counseling given our available resources. Alongside this I had a responsibility to ensure that the study team in Lobatse reported data accurately and efficiently – without these two essential components the quality of the study would have been compromised.

Two things made the work most enjoyable. Firstly the daily encounters with the many incredible women (and at times, their families) who had made a decision to live positively with HIV and embrace their future for the sake of their children – they inspired and humbled me. Secondly the team I worked with in Lobatse encouraged me with their commitment, dedication and ongoing good optimism.

Spotlight: How did your experience working with women in Botswana influence your decision to come study at the Harvard School of Public Health?

CM: Working with women in Botswana showed me that there is hope for my country in spite of the devastation AIDS has brought. I saw this at an individual level in the lives of the pregnant women I worked with who had the courage to face HIV in their lives and the stigma associated with it in order to reduce the risk of passing the infection to their babies. That was a big step – five years ago there was no option for a woman in Botswana to protect her baby once pregnant and so people preferred not to know their status. This lack of knowledge fuelled the fear and stigma that has contributed to the HIV epidemic.

Seeing the potential for change gave me the desire to acquire knowledge and skills in public health that could help to improve the health and the lives of a greater number of people in Botswana. To me public health is about identifying and understanding the cause of health problems (from the basic science to social and even political factors) and then using this knowledge to implement change. There is a need for researchers and scientists, a need for public health policy makers and a need for implementers but importantly there is a need to link these roles so that we all work towards the same end… healthier lives for our communities and countries. I would like to be part of that link.

Spotlight: How do you see yourself being involved with issues involving women and AIDS in the future?

Whatever my future work, the health of women and children affected by HIV will always be on my agenda. On my return to Botswana I plan to be involved in further research to reduce mother to child transmission of HIV (with the Botswana- HSPH AIDS Initiative Partnership). In the longer term I hope to be involved in ensuring that research is translated into effective policy and that research is driven by a need to find answers to improve the health of the people. I think, through the concerted efforts of many, that this is possible.

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KITSO AIDS Training Program
The KITSO AIDS Training Program, the national training program of Botswana has successfully trained more than 3,000 healthcare professionals in fundamental HIV/AIDS care in Botswana. In order to enhance their training, a new Advanced HIV/AIDS Care and Treatment module has been developed. A group of 16 highly experienced professionals in HIV/AIDS care and treatment from private, government, and collaborating organizations gathered for a reference group pilot training to evaluate the sessions of the new course. The topics included: Virology and Pathophysiology, ARV Resistance, ARV Medication, Advanced ARV Therapy, Management of Opportunistic Infections and other Complications of HIV Disease, Women and HIV, Botswana HIV/AIDS Research Update/Discussions, Update from CROI Conference, and Case Study Discussions. The advanced module should be available to physicians and pharmacists experienced in ARV therapy this fall.

How You Can Help...
HAI’s efforts depend upon your support. Contributions are tax deductible. To make your contribution to HAI online, please visit the Harvard School of Public Health giving page at http://www.hsph.harvard.edu/give/.
For Joseph Nokolola, and other African research fellows and students working in the HIV research labs at HAI, the study of HIV is much more than a thesis topic. Living and working as physicians and researchers in countries like Zimbabwe, Zambia, Mozambique, and Botswana, the scholars could not escape the painful reality of the AIDS epidemic.

“There is no one here who has not experienced the pain of losing friends and family,” said Joseph, a Fogarty Fellow from Zambia, to special guests, including Golden Globe actress Sharon Stone. Stone, who received the Harvard Foundation’s 2005 Humanitarian award, paid a special visit to HAI to meet with students and fellows including Joseph, Wambui Waruingi from Kenya, Claire Moffat from Botswana, Irene Koulińska from Mozambique, and Pride Chigwedere of Zimbabwe.

The visit gave the students and fellows an exciting opportunity to step out of their everyday work with experimental vaccines and drug resistance, and share the commitment and passion that drives their research to curb the AIDS epidemic in Africa.

Pride Chigwedere, shared his story of life as a resident physician at Harare Central Hospital in Zimbabwe. “Regardless of the specialty one was in, most of the patients we saw had HIV/AIDS. We did not have any antiretroviral drugs or even medications for treating some of the opportunistic infections that kill AIDS patients. My role was sadly reduced to watching patients die, certifying them dead, and explaining to the relatives that we did everything we could for the patients, when in fact we did nothing!” The experience motivated Pride to apply for a fellowship at HAI. He is now a doctoral candidate focusing on AIDS treatment and hopes to return to Zimbabwe someday with his new knowledge.

After hearing about their work, Stone told the students, “I have a great sense of respect for what you do, and will feel so different from now on knowing that you’re there.”

A few weeks later, the students had another opportunity to speak about their work when rap pioneer Darryl “DMC” McDaniels came to the labs to learn more about HAI’s research in Africa. Pride, Joseph, and Wambui were joined by fellow trainee Stanley Chakabva from Zimbabwe. Stanley described the stigma of HIV in Africa where testing positive with HIV is often viewed as a death sentence, and expressed the importance of spreading the message that research and treatment can provide hope.

Talking with the students helped McDaniels understand the seriousness of the epidemic in Africa, and convinced him of progress being made. He was inspired to find ways to use his influence in the hip-hop community to raise awareness of AIDS in Africa.

Support the Botswana Harvard School of Public Health AIDS Initiative Partnership

By purchasing this beautiful, handmade beaded AIDS ribbon, you will help us battle AIDS in Africa. The proceeds from the sale of these ribbons contributes to research in Botswana, including programs that prevent HIV+ mothers from passing on the virus to their infants. Hundreds of babies’ lives have been saved already. But we have so much farther to go…

Please help us help them.
Optimal Combination Therapy After Nevirapine Exposure (OCTANE)

In resource-scarce settings, many HIV-infected mothers take single-dose nevirapine (NVP) for the prevention of mother to child transmission of HIV (PMTCT). Although the regimen is fairly successful, it is possible that drug resistance emerging after one dose of this drug decreases the efficacy of future NVP-containing anti-HIV treatment regimens. Another class of anti-HIV drugs, protease inhibitors, may be more effective for women who have previously taken anti-HIV drugs like NVP. However, potent protease inhibitors have some drawbacks such as instability at high ambient temperatures, high cost, drug interactions, and gastrointestinal side effects. A new study, called OCTANE, will compare the effectiveness of NVP- versus protease inhibitor-containing drug regimens in women who have taken NVP for PMTCT, and in women who have never taken NVP. The study will take place in ten sites in seven African countries, and the BHP will be one of these sites. The study is supported by the National Institutes of Health, with significant expertise lent by the US Adult AIDS Clinical Trials Group.

ECI Puerto Rico

In April, the Enhancing Care Initiative AIDS Care Team in Puerto Rico will help improve education for health care professionals in the region. The ECI team is collaborating with the Florida Caribbean AIDS Education Training Center to conduct the 1st Congress on HIV/AIDS Care in Aguadilla, Puerto Rico. The conference, which will be held on April 29, will provide continuing education in HIV/AIDS care to 100 health care professionals serving western Puerto Rico.

The Florida/Caribbean AIDS Education Training Center and ECI- Puerto Rico are funded by the United States Health Resources and Services Administration.