

HIV Clinical Capacity Building in the US-Affiliated Pacific Jurisdictions: Lessons Learned

E M Reyes¹, R Antone²

¹Pacific AIDS Education & Training Center, University of California, San Francisco, USA

²Hawaii AIDS Education & Training Center, University of Hawaii, Honolulu, USA

Contact e-mail: mreyes@psg.ucsf.edu

Introduction

The Pacific AIDS Education and Training Center (AETC) through their University of Hawaii AETC partner, has engaged in HIV clinician capacity building efforts in the 6 US-affiliated Pacific Jurisdictions.

US-Affiliated Pacific Jurisdictions^o

- Guam
- American Samoa
- Commonwealth of the Northern Mariana Islands (CNMI)
- Federated States of Micronesia (Chuuk, Pohnpei, Kosrae and Yap)
- Republic of the Marshall Islands
- Republic of Palau

Description

- A longitudinal strategy was developed to build capacity for high quality HIV care, treatment and ongoing training among regional clinicians.
- The Pacific Basin Medical Association and the Association of Pacific Nurses Leadership Conference were engaged as primary facilitating partners.
- Physicians and nurses from each jurisdiction were identified for ongoing educational support.

Phase I (June 2000)

HIV Clinician Needs Assessment

- Data was collected by key informant interviews with local physicians, nurses and health ministers.
- Survey data was collected from 63 physicians and 148 nurses.
- Based on the results, training strategies were developed to focus on local medical personnel rather than contract physicians. The need for technical assistance with HIV policy and procedure development and “train the trainer” techniques were emphasized.

Phase II (January 2001)

5-Day HIV Clinician Training Event

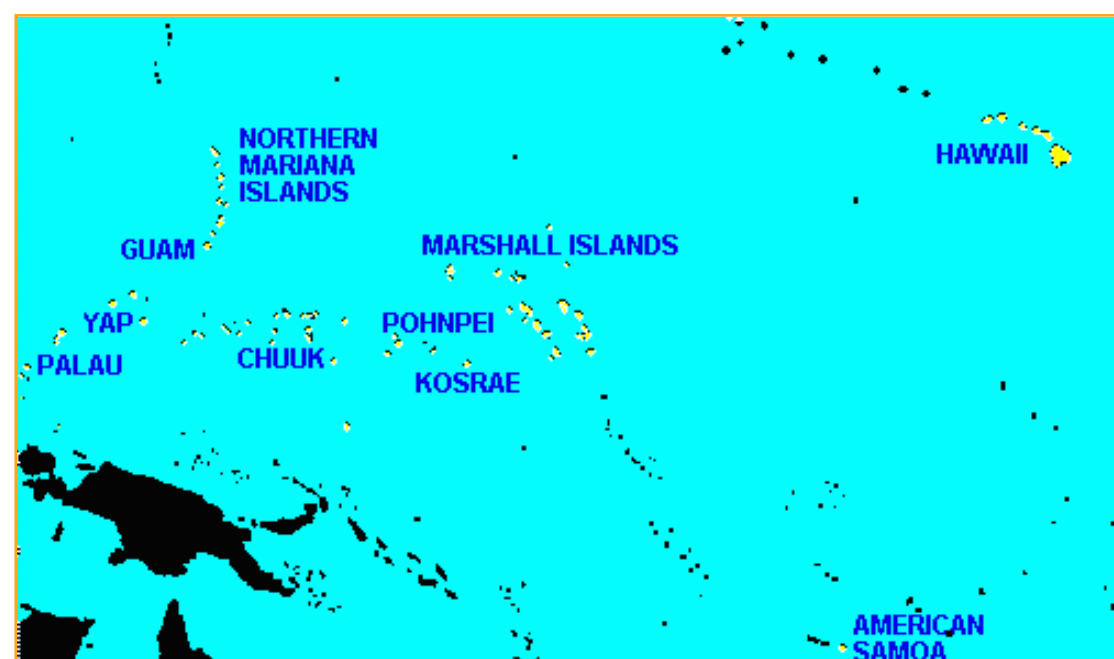
Twelve hours of didactic training and two full days of supervised patient contact.

- Content focused on needs identified in Phase I.
- Meeting goals focused on increasing HIV knowledge and clinical skills, regional problem solving and learning basic training principles.

Phase III (May — June 2001)

Jurisdiction Specific HIV Care Consultation

- Four multidisciplinary consultation teams were dispatched to provide on site consultation to clinicians who attended the Phase II training.
- Teams provided on site training, technical assistance and patient specific HIV clinical consultation. Two locally acquired cases of AIDS had just been identified in Chuuk where the team was able to examine the patients and assist with CDC efforts to assess cases.
- Guam and CNMI providers, with higher numbers of HIV cases, proceeded directly to Phase IV.



Phase IV

(July-December 2001)

Off Island Physician and Nurse Mini-residencies

- Hands on physician and nurse clinical training experiences were developed at Pacific AETC Honolulu and Los Angeles local performance sites.
- Nineteen clinicians in total attended these trainings.

Phase V

(April 2002, Honolulu)

Second 5-Day HIV Clinical Training Event

- Eleven physicians, 14 nurses, 1 physician assistant and 1 social worker attended with representation from all jurisdictions.
- Training consisted of five half days in supervised clinical settings and nine didactic presentations based on participant identified need.
- Content areas included antiretroviral therapy, prevention of maternal child transmission, and spirituality. Time was allotted for regional problem solving (e.g. how to improve interjurisdiction communication among HIV care providers).

Phase VI

(July 2003)

Ongoing distance-based learning and clinical consultation

- A satellite case-based educational forum is scheduled every quarter.

Phase VII

Development of a Pacific AETC local performance site in the Western Pacific

- Guam and Palau have submitted plans for hosting an HIV clinical training site that will serve the region. Site visits to assess infrastructure and commitment are planned.

Outcomes

- Informal HIV patient count has been conducted by participating providers (133 patients in the region). Thirteen active cases are in Chuuk alone. Two new cases emerged in Palau since the Phase II training.
- Local HIV clinical educational events conducted by trainees in Palau, Pohnpei, Yap and Chuuk.
- HIV case consultation taking place in collaboration with the National HIV/AIDS Clinician Consultation Center at San Francisco General Hospital.

Lessons Learned

- Trust among HIV clinicians has developed based on the project's long-term commitment to build on-island HIV care and training capacity for the region. (Example: Since the project's inception, Pacific clinicians have contacted the project for immediate clinical consultation when regional HIV cases were discovered.)
- Methodologies allowed for wide exploration of barriers to care. This included examination of laboratory infrastructure and specimen transportation.
- Sensitivity to cultural and geographic aspects of the region are integral parts of an HIV capacity building strategy. This includes examination of HIV transmission risks in light of cultural and tradition specific to the region.
- Multiple training projects have been involved in the Pacific for many years. This project benefited from the generous data sharing from STD, TB, maternal/child health and family planning programs that preceded us.
- A strategic plan to coordinate and collaborate with STD/HIV Prevention Training Centers and Model TB Training Centers serving the region has been developed and is approaching the implementation stage.
- Continued support of the core faculty will be key to the success of this plan.

Recommendations

- Coordination of HIV training with other comorbidities to reduce clinician time away from their practice.
- Community education on HIV transmission and reducing HIV stigma.
- Oral and perinatal HIV clinical training and protocol development.
- Assistance with development of a plan for increased access to antiretroviral drugs.
- Ongoing clinician and health leadership needs assessment must inform future phases of the capacity building project.

Acknowledgments

The authors would like to thank the Coral Life Foundation in Guam and the Hawaii HIV clinicians for their support and assistance in providing HIV patients for clinical training.

This work is supported in part with funds from the Health Resources and Services Grant (No. 5 H4A HA 00016-03) with the University of California, San Francisco.

University of California
San Francisco



AIDS Research Institute
<http://ari.ucsf.edu>