

HIV/AIDS AND TB NEWSLETTER

NEWSLETTER FROM THE NATIONAL HIV/AIDS AND TB PROGRAMME, PRETORIA

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NOTE FROM THE EDITOR

A tender will be published in the following week for a consultancy (single entity or a consortium) to conduct a midterm review of the South African HIV/AIDS and STI Strategic Plan. Interested parties are encouraged to look out for this in the tender bulletin.

TRAINING OF PUBLIC SECTOR HEALTH WORKERS

The Foundation for Professional Development (FPD) and the Southern African HIV Clinicians Society (SAHCS) has since September 2001 committed themselves to starting a training programme aimed at medical practitioners and other healthcare professionals that will develop a basic level of knowledge and ability to manage all aspects of HIV AIDS. During the pilot phase (September 2001 to December 2002) the FPD and the SAHCS trained 2340 health care professionals in the management of HIV/AIDS.

Discussions with the Department of Health (DOH) earlier this year indicated a need for training public sector health care professionals. Funding which the FPD received from Eskom has enabled us to train 324 health care professionals employed in the public sector in the month of June 2003.

Workshops were held in the following areas:

- Kimberley
- Port Elizabeth
- Polokwane
- Midrand
- Durban
- Mpumalanga

Workshops were also scheduled for Bloemfontein and Mmabatho but did not take place due to a lack of enrolled participants.

The courses were well received and the evaluations indicate that the delegates were more than satisfied with the content and quality of the workshops.

Content

The delegates that attended the course acquired skills and knowledge with regards to the following:

- Diagnosis of HIV AIDS and STIs
- Management of HIV AIDS and STIs
- Management of Tuberculosis in an HIV positive person
- Role of nutrition in HIV AIDS

- All aspects of counselling (pre and post test, therapy compliance)
- Having empathy with people 'Living with AIDS'
- Fulfilling their role as health care professionals in community mobilization
- Understand vaccine development and clinical trials

The course comprised two components:

Self-Study: Leading national experts developed a comprehensive easy-to-use self-study manual. The study material eliminated the need for supportive textbooks and included material on:

- Epidemiology and prevention of HIV infection
- Pathogenesis of HIV infection
- Diagnosis of HIV infection
- Monitoring HIV disease: Laboratory markers
- Clinical features of HIV disease
- Managing Tuberculosis
- Opportunistic infections
- Sexually Transmitted Infections
- Neurological complications of HIV
- Neoplasms
- Nutrition in HIV infection
- Antiretroviral management of HIV infection
- Palliative Care

All delegates who attended the workshops received a copy of the study material and are expected to work through the self-study material at their own pace. Self-study is aimed through an assignment comprising a multiple-choice questionnaire that has to be returned to the FPD. In order to pass the self-study component, participants have to achieve more than 70% for the questionnaire.

Workshops: The face-to-face tuition by leading national experts took place over a 3-day period in the format of outcome-based workshops focusing on the practical integration of knowledge. The DOH courses also focused more on managing Tuberculosis in an HIV positive person, treating sexually transmitted infections and the role of nutrition in an HIV positive person. The workshops avoided a didactic approach and used case studies, role playing and interactive methodology. HIV Clinicians and people living with AIDS facilitate workshops. The faculty comprised specialists in their respective fields and added great value to the content of the workshop. The following faculty members taught the various workshops: Peter Adams PhD, Dr David Spencer, Dr Malcolm Steinberg and Dr Gary Hudson

Evaluations at all venues were in the good to excellent range.

Alumni Support Programme

The FPD has created mechanisms to bind participants into a mutually supportive learning network. The purpose of this approach is to:

- Promote multidisciplinary collaboration
- Foster a culture of live long learning
- Promote learning from peers

All participants of this training programme will be enrolled in the Alumni Support Programme. This will provide free access to:

- Digital alumni update newsletters including "Transcript", the digital newsletter of the SAHIVCS which is sent to alumni on a quarterly basis;
- Membership of a HIV Clinicians Society
- A dedicated website where alumni can interact with each other and accessible via the Alumni section on the FPD website (www.foundation.co.za)
- Access to monthly CPD meeting hosted by SAHCS branches.

Certification

Participants who attended the full three-day workshop and who successfully completed the self-assessment questionnaire will receive a Certificate from the Foundation for Professional Development.

The course is also accredited with 36 CPD (continuing professional development) points that will be allocated for completion of both components of the course.

Financial Implications

The Eskom sponsorship was utilised to cover the costs of the workshops. Delegates were not required to pay a registration fee. The DOH covered all costs relating to the delegates travel and accommodation where required.

The FPD has received a number of requests from Provincial Departments of Health to arrange additional workshops. Funding to scale up this training programme in all the provinces is being actively sourced at present. Workshops will be scheduled, as such funding becomes available.

For more information, please contact the Veena Pillay at (012) 481-2032 or veenap@samedical.org

[A SHORT GUIDE TO ADHERENCE TO MEDICATION FOR CHRONIC CONDITIONS \(CONTINUED\)](#)

The subject has been split over two issues because of length:

- ❑ The last issue - beyond DOTS, The doctor-patient relationship and the consultation
- ❑ This issue - Treatment counselling, the treatment plan and practical strategies
- ❑ A following issue - experiences in a rural/under-privileged setting

Why Treatment Counselling?

Patients with chronic conditions are:

- ❑ Often traumatized and confused - especially in the case of HIV and sexually transmitted diseases
- ❑ Feel isolated and stigmatised
- ❑ Have family and personal problems in addition to their condition
- ❑ Have concerns about the effectiveness of any treatment
- ❑ May have concerns about paying for treatment
- ❑ Have concerns about drug side effects
- ❑ Feel ill not only due to the condition itself but all the other pressures

Correct treatment counselling is therefore vital - if necessary over two interviews to give time for patient reflection. The second interview will allow re-enforcement of the first.

The Counselling procedure

The counselling procedure is an exchange of information between the two parties. It should involve

- ❑ A discussion about their understanding of the need for treatment and their concerns about taking the medication. Concerns and misconceptions should be addressed openly and honestly.
- ❑ Discuss the stage of the patient's illness, its progression with and without treatment. Talks about the prognosis - patients often this elements is deliberately omitted because it represents bad news.
- ❑ Evaluate the patient's motivation and commitment to taking medication. This will establish any areas of concern and help strengthen patient intentions and adherence BEHAVIOUR
- ❑ Discuss the benefits and drawbacks of taking medication. The latter are often glossed over and as soon as they are encountered outside the surgery it leads to dose omission and poor adherence
- ❑ Discuss and give reasons for changes in lifestyle to achieve adherence - the drawbacks and the benefits
- ❑ Assess the ability of the patient to adhere to the medication. This will assess what additional input may be required.
- ❑ Assess other unknowns that may influence adherence such as housing, employment, relationships, drug and alcohol abuse and assess what input can be provided from other sectors
- ❑ Stress the need to take responsibility for their condition, adherence to the medication and to change priorities in life.
- ❑ Discuss the treatment plan - what the medical profession are going to do to help the patient achieve their objectives
- ❑ Gain patient consent, allow for questions and allow the patient in their own time to review the procedure.

The Treatment Plan as part of the goal to adherence

This should be discussed with the patient in a form, which is understandable. Too many talk in terms, which go beyond the comprehension of the patient

- ❑ The choice of medication - the positive and negative attributes of each drug
- ❑ The dosing requirements and the implications of not adhering to these
- ❑ Show the patient the drugs or even pictures of them
- ❑ The principle side effects of each drug - very important in HIV treatment because of negative over-exaggerated publicity about the medication
- ❑ What the current tests have shown and what future test will be done and what results should be expected with good adherence, less than optimal adherence and non-adherence.
- ❑ How the doctor and patient will be involved in the monitoring procedure
- ❑ What commitment the doctor will give the patient - in terms of support and access
- ❑ What the doctor expects from the patient in terms of commitment
- ❑ The role of other medical professionals (if involved)

Practical Strategies to assist the patient with Adherence

Patients will need guidance, as certain procedures are often not obvious to the patient.

- ❑ Make sure the drug schedule fits the patients life - assist in the planning. Help examine patient routine
- ❑ Suggest daily routines to ensure that the patients measures out the pills for each dose
- ❑ The use of simple pillbox tools. Expensive containers often do not work - simple inexpensive containers such as film canisters, plastic bottles often do!
- ❑ Allow the patient to make the decisions - it therefore becomes their commitment
- ❑ If time permits allow the patient a practice period using sweets - this has worked very well in some clinics in Europe
- ❑ Re-enforce the side effects so if they occur the patient does not panic
- ❑ Suggest other support structures such as other available health care professionals, family, peer groups, timers and alarms
- ❑ Provide additional written or graphic support as information reminders.
- ❑ Discuss the next and following appointments and obtain patient commitment to those appointments

Follow up strategies:

Long-term treatment needs to be followed up on a regular basis. A second visit once treatment is started should occur two weeks after the first visit. At subsequent visits it is important to review and re-enforce and probe since patients will adapt and compromise the procedure in a way, which may not necessarily be correct. In summary:

- ❑ Listen for 'tell tale' words such as "about", "sometimes" and "occasionally". Look for hesitation when they have to tell you when they last took pills. These are indicators of poor adherence
- ❑ Discuss side effects again
- ❑ Talk about the medication
- ❑ Discuss the reasons for missed and late doses
- ❑ Encourage the use of drug diaries as a patient aid
- ❑ Discuss the implications again of not adhering to treatment procedures

Never make assumptions since research has shown that a medical professional's intuition is often far from correct. It is totally incorrect to assume that a patient will not be adherent solely on the grounds of an individuals personal circumstances - a factor which is prevalent in the South African context.

Footnote

In my many years of patient support as a patient myself I have begun to detect a willingness to change treatment procedures to meet the needs of controlling chronic conditions.

The responsibility is based on a unique partnership between doctor and patient of which I have a great deal of personal experience.

No other institution outside the clinic or the doctor's surgery can take over from the doctor and no other person can take the medication except the patient. All other structures are complementary and should be treated as such. When patient's fail, the patient is often blamed and cost implications then suddenly becomes an issue both to the patient and the supporting financial structures.

I know of many successful treaters in the medical profession. Their success is based on devoting time to their patients in the initial stages and a genuine determination to work with the patient to achieve the desired results.

The many medical practitioners who tell me they have no time are doing a disservice to their patients. Quantity seems to be more important than quality. Those who pass their patients on to be handled by others appear to be ignoring their responsibilities. Those affected by chronic conditions are all human beings- it is not their fault they have been affected - they deserve a chance to continue with their lives.

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This article is part of a series by Peter Adams of Treatment Helpline Direct. Questions and comments may be directed by e-mail to helplinedirect@tiscali.co.za or through the Unidos Trust at 011 708 7262 during office hours.

IMPORTANT DATES AND MEETINGS

3-6 August: South African AIDS Conference, Durban

21-26 September: International Conference on AIDS and STIs in Africa (ICASA), Nairobi, Kenya

25-27 September: National Palliative Care Conference, Cape Town

USEFUL WEBSITES

www.doh.gov.za

www.aidsinfo.co.za

www.aidsdirectory.co.za

www.dpp.org.za

www.hst.org.za

www.global-campaign.org (for news on microbicides)

www.who.int/hiv

www.saavi.org.za

www.afroaidsinfo.org

www.lovelife.org.za

www.childaidsservices.org

www.equityproject.co.za

www.learnscapes.co.za

www.hivan.org.za

www.unaids.org

www.caprisa.org

You are also encouraged to share information on other useful websites. Feedback on the Department of Health website would be especially valuable.



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Red Ribbon Resource Centre

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