

Responding to the HIV/AIDS Orphan Crisis

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Key words: Africa, HIV/AIDS, orphan, non-profit, healthcare workers, AAP, fundraising, philanthropy, poverty

Learning Objectives:

1. Understand principles of effective community collaboration
2. Gain insight into non-profit organization structure and operation
3. Enhance knowledge of the medical and psychosocial needs of African HIV/AIDS orphans
4. Participate in advocacy and/or policy committee forums

Project objectives:

1. Continue to build Zambian orphanage partnership through *Friends of Zambian Orphans* activities. Target FOZO's vision and needs assessment process.
2. Seek mentorship at an established San Francisco non-profit and by doing so gain understanding in organization operations.
3. Enhance resident educational opportunities in global health

Activities: (as related to Project Objectives)

1. I continued in an advising role to the *Friends of Zambian Orphans* Board of Directors. FOZO spent much of the past year working on finalizing its organization to secure formal IRS 501(c)3 non-profit status. My participation focused on liaising with the Kondwa Day Centre for orphans in Lusaka, Zambia conducting needs assessments in order to target funds raised by FOZO. Most of this was done remotely using the internet, however I was able to visit Kondwa in person during an away CFE during my second year of residency. A renewed needs assessment was conducted with local administrators focusing on building infrastructure at the Centre's new primary school.

2. At the end of intern year and beginning of second I began working with Child Family Health International and its Medical Director, Dr. Evaleen Jones. Through numerous meetings with CFHI staff, I was able to grasp the organizational structure of a global medical education/philanthropy non-profit. However, my collaboration focused on bringing the non-profits educational findings in the format of student surveys into the academic arena by analyzing and presenting data at a medical education conference.

3. My personal experience and a review of the medical literature highlighted there are many barriers towards American medical trainees learning skills and experience necessary for a career in global health issues. I explored these areas through interviews with faculty involved in the Global Health Education Consortium (GHEC) and the AAP Section on International Child Health. During my second year of residency I applied and was appointed Resident Liaison to the AAP Section on International Child Health. This enabled me to advocate for the identification and removal of these barriers within two sections of the AAP. Specifically, I organized a break-out working group meeting during the 2006 Atlanta AAP NCE conference to address this issue which was well attended by faculty and residents from across the nation.

Outcome:

Publications & Presentations:

Amazing Grace: Responding to the HIV/AIDS Orphan Crisis. Grand Rounds Presentation at San Francisco General Hospital. 6/12/07.

Increasing Antiretroviral Drug Access for Children with HIV Infection. American Academy of Pediatrics Policy Statement. Committee on Pediatric AIDS and Section on International Child Health. Pediatrics 119(4):838-845.

Top Ten Articles in International Child Health. L. Arnold, K. Clarke, M. Rosenberg, K. Olness. Oral presentation at the American Academy of Pediatrics National Conference. Atlanta, 10/8/06.

Healthcare Students Learning Abroad: Do Brief Impacts Shape Careers? K. Clarke, E. Jones and V. Renella. Presented at the NEGEA Conference. Philadelphia, 3/3-3/5/06.

Advocacy/Leadership Activities:

AAP Resident Liaison to the Section on International Child Health.

Presented global health education need areas to the Resident Section Executive Committee at their annual strategic planning meeting.

Helped create a Resident Education in Global Health Working Group within the AAP SOICH.

Partnership with SF Giants to provide access for SFGH patients and their families to major league baseball.

Critical Thinking

Developed professional skills in the following areas: 501(c)3 creation procedures, committee participation, consensus building,

needs assessment, goal-setting, oral presentation skills, small group moderation, literature review skills outside medical arena, persuasive writing, grant application reviewing

Lessons in Implementation:

Meeting the PLUS goals I set at the start of residency was a challenge given the time and energy demands of the core pediatric residency curriculum. This was a lesson in itself. I was forced to constantly re-assess my educational and project goals with the valued help of my advisor and other PLUS mentors. I painfully (though in retrospect a valued skill) had to back away from commitments made with my community partner, CFHI. Part of this was due to time limitation, part was a misalignment in our respective goals of the partnership.

My participation in various AAP meetings was insightful into the many agendas committee participants bring to the table and want to advocate. Often progress cannot be made without finding mutual alliances and common ground in order to raise your goals to the limited tier of the group's action items.

Finally, my interest in enhancing global health education was illustrative as to the many influences impacting our system of medical education. The fact that the world's modern plague and issues of such severe inequality to healthcare access are rarely emphasized in the American pediatric training is disheartening. Our priorities, shaped by federal funds and curriculum committees, are crisply focused on domestic healthcare needs requiring those interested in global health to be creative around the edges. This high need area, in my opinion, spurred a personal interest in medical education.

Potential future projects:

Next I will be working for the Baylor International Pediatric AIDS Initiative as an AIDS Corps physician working in Lilongwe, Malawi. The majority of my work will be clinical, providing antiretroviral therapy (ART) to HIV-positive children. However, I will also be charged with training local healthcare providers in ART management and expanding the nationwide satellite network of pediatric treatment centers. I am also planning on continuing my work with FOZO.

After gaining further clinical experience in the African setting, I hope to continue working on pediatric AIDS and the orphan crisis at a policy level whether in the governmental, non-profit or academic sector.

Resources:

Local

- Child Family Health International (Dr. Evaleen Jones): offices located on Market St., San Francisco. www.cfhi.org

- Global Health Education Consortium (GHEC): local contact, Dr. Tom Hall, UCSF Epidemiology.
- Dr. George Rutherford: former EIS officer and pediatrician, UCSF.
- Pediatric International Health Interest Group: Dr. Debby Miller.

National/International:

- AAP Section on International Child Health: current chair, Dr. Cliff O'Callahan. www.aap.org/sections/ich
- Baylor International Pediatric AIDS Initiative. www.baylorids.org
- Friends of Zambian Orphans. www.fozo.org
- University Teaching Hospital Department of Pediatrics. Chairwoman, Dr. Elwyn Chomba. Collaborated on establishing a child sexual abuse clinic.
- Kondwa Day Centre for Orphans. Administrator, Ms. Angela Malik.
- UNICEF Unite Against AIDS Campaign to address pediatric HIV/AIDS.
- CDC-Zambia, Country Director Dr. Marc Bulterys

Grants:

- AAP Resident Section Travel Grant: \$500 awards to assist international resident travel electives
- Baylor Pediatric AIDS Corps loan reimbursement