

Book

Responding to HIV/AIDS: beyond science and statistics

I have cared for young children with HIV infection in South Africa since 1995. Looking back, it strikes me how positive clinical developments in HIV/AIDS care have transformed the demeanour and optimism of parents and the general mood in our outpatient waiting room. In the 1990s, it was a quiet, sad space, punctuated by the persistent cough of patients with bronchiectasis, and filled with desperately ill, emaciated, and dying children and adults. Today the waiting room is a happier, more lively place, frequented by alert and healthy babies, children, and parents, who enjoy each other's company, munch away on snacks, and contribute to a much improved—albeit at times excessive—noise level. This change reflects the steps we have taken since the 1990s in responding to the HIV/AIDS pandemic. Yet despite this progress, the inpatient care of children with advanced HIV infection in resource-limited settings remains a neglected issue.

The care of children younger than 6 months with advanced HIV infection is one of the most technically demanding clinical challenges that I face. At our tertiary referral hospital, 50–60% of our clinical practice focuses on this patient group. Refining care for these children requires innovation beyond published knowledge. It has been particularly gratifying that our inpatient HIV-related mortality has declined by more than 50% in the past 5 years as a result of establishing a comprehensive infectious diseases consultation service, early introduction of antiretroviral therapy, improved interventions for opportunistic infections, and appropriate access to intensive care. Yet more still needs to be done and so I welcome the new perspectives to be found in *From the Ground Up: Building Comprehensive HIV/AIDS Care Programs in Resource-Limited Settings*.

These three volumes contain a wealth of knowledge and a blend of useful facts, technical information, research findings, programmatic perspectives, and experience-based and anecdotal observations. The first volume addresses the building blocks of treatment programmes, including human resources, laboratory and

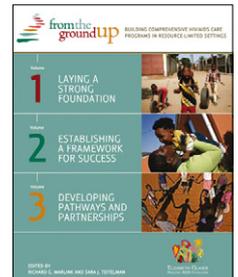
“...From the Ground Up is unique in imparting concern and compassion for those affected by HIV/AIDS, alongside invaluable science, statistics, and policy issues relating to this pandemic.”

pharmacy capacity, training, effective monitoring, evaluation and quality systems, and human rights. The next volume focuses on the scientific aspects of the infection, treatment, management of opportunistic infections, tuberculosis, a broad range of preventive strategies, as well as counselling and testing, prevention of mother-to-child transmission, paediatric and adolescent care, and youth-friendly services. The final volume addresses the challenges of scaling up care and treatment, community-based care, effective leadership, and cross-sector collaboration and partnerships. As the contributors in *From the Ground Up* make clear, if we are to progress beyond the status quo and close outstanding prevention, care, and treatment gaps substantial additional resources, coordinated multisector collaboration and integration, and effective national and global leadership are needed.

An important factor limiting the response to HIV/AIDS in resource-limited settings is the dearth of adequately trained health professionals, particularly in sub-Saharan Africa. Global estimates indicate that of 39 million health-service providers

worldwide, only 3% are based in sub-Saharan Africa, home to nearly 25% of the world's disease burden. Systematic deficiencies of adequately trained laboratory technicians and pharmacists are particular challenges that severely compromise the implementation and scale-up of prevention and care. In resource-limited settings, there is a strong correlation between the quality of trained staff and the relative distance from capital cities. A recent survey in Ghana in 205 laboratories showed that only 25% of staff had professional qualifications. A technical and training initiative for laboratory staff by the National Health Laboratories Service in Johannesburg, South Africa, has assisted many laboratories in Africa to improve the quality of their HIV diagnostic and monitoring services. The limited availability of qualified personnel has forced programmes to shift clinical, laboratory, and pharmacy functions to less qualified staff members, after appropriate training, thus re-engineering the job descriptions of many service providers.

Another key issue that features in *From the Ground Up*, is the health needs of HIV-infected women that include interventions to prevent mother-to-child transmission of the virus and the diagnosis and management of sexually transmitted infections. Women infected with HIV are at increased risk of cervical dysplasia and cancer, and cervical cancer presents at a much earlier age in these patients than in women without HIV. Visual inspection of the cervix with acetic acid is an effective alternative to Pap smear for identifying cervical dysplasia in resource-limited settings. As this book shows, nurses can be trained to administer an effective screening service, and the example of a project in Zambia is described. However, more frequent screening should be offered to HIV-infected women. Although



From the Ground Up: Building Comprehensive HIV/AIDS Care Programs in Resource-Limited Settings
 Richard G Marlink, Sara J Teitelman, eds.
 Elizabeth Glaser Pediatric AIDS Foundation Publication, 2009.
 Three-volume bookset with CD-ROM. Pp 1935. No charge.
 ISBN 978-0-9817577-0-4.
<https://ftgu.pedaids.org>

vaccines may potentially prevent dysplasia and cancer, they have yet to be adequately evaluated in HIV-infected women.

The annual trend of new HIV infections shows that the pandemic has been slowly declining for more than a decade. However, large numbers of new infections continue to occur, fuelled mainly by heterosexual transmission. HIV/AIDS is gender-based, mediated by factors largely out of the control of women. *From the Ground Up* highlights how HIV prevention efforts have been inadequate, constrained by underfunding, and have not kept pace with the expansion of antiretroviral programmes. Several additional factors undermine prevention efforts, such as the lack of an effective vaccine, cultural, religious, and social resistance, poor leadership at all levels, and lack of activism focusing specifically on

prevention. Scaling up antiretrovirals can only be sustained if the number of new infections is dramatically reduced. A renewed emphasis on HIV testing and prevention is urgently needed. It is, therefore, appropriate that this publication addresses several aspects of prevention, such as male circumcision, the importance of herpes simplex virus type 2 infection, and HIV counselling and testing for couples.

The dynamic nature of HIV research means that parts of *From the Ground Up* may quickly become outdated. Indeed, global treatment guidelines are in the process of being changed. Nonetheless, my brief overview cannot do justice to this magnificent publication. Through a large collection of essays *From the Ground Up* explores many contemporary aspects of the HIV/AIDS pandemic, encompassing the biology of the virus, the intricacies of

antiretroviral therapy and prevention of mother-to-child transmission, infant feeding, tuberculosis, hepatitis B and malaria co-infections, and much more. Importantly, aspects of the disease in children are given adequate space. Diagnostic tests are thoroughly reviewed, providing clinicians with detailed laboratory insights. The publication is replete with examples of successful projects, which will be invaluable for programme managers and lead clinicians.

Books about HIV-related scientific and clinical advances abound, but *From the Ground Up* is unique in imparting concern and compassion for those affected by HIV/AIDS, alongside invaluable science, statistics, and policy issues relating to this pandemic.

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First Do No Harm: Being a Resilient Doctor in the 21st Century
Leanne Rowe, Michael Kidd.
McGraw-Hill, 2010. Pp 180.
£16.99. ISBN 978-0070276970.

In brief

Book Finding our resilience

As we develop our skills as good doctors, do we potentially neglect the need to develop skills at being good people? Leanne Rowe and Michael Kidd recognise the great malady common among doctors, which I often see brandished across the exhausted faces of many of my senior colleagues: "The medical profession has had a long and admirable, but often unhealthy, tradition of self-sacrifice. The culture of the medical profession is such that the signs of burn-out are worn as badges of honour."

As doctors we can find ourselves failing to manage the minor facets of patients' care and struggle to graciously approach the mundane: interactions with disgruntled nurses; dealing with the brunt of relatives' anger; and frustration at a lack of work-life balance. Rowe and Kidd urge us to attend to our basic needs

in order to deal emotionally and physically with the draining situations we are frequently subject to. With a few basic principles (which should have been a staple of our medical school curriculum), they provide a foundation from which to embrace the repetitive challenges that confront under-supported, stressed-out health professionals.

Yet *First Do No Harm* does not encourage us to put our career aspirations on the back burner of a less-demanding lifestyle, instead Rowe and Kidd recount stories from the highest achieving medics and surgeons of the century, appealing to us to identify the patient who drives us on to practise our discipline with commitment, integrity, and passion. As the theologian and physician Albert Schweitzer observed "I don't know what your destiny will be but one thing I know. The only ones among you who will be really happy

are those who have sought and found how to serve."

Each doctor may look back on medical school interviews with nostalgia and their first set of on-calls with a sense of belonging and pride. Sadly, and increasingly commonly, life as a doctor is becoming less inspiring and, if we're honest, is eating away at the dream that first called us to medicine. This book reminds us of the age-old traditions we long to feel part of amid the modernisation, bureaucracy, and challenges of our working lives. I exhaled a long sigh of relief as I closed the final pages. I felt re-energised about why I want to be a doctor, recalling the promise in the Declaration of Geneva: to consecrate my life to the service of humanity and to practise my profession with conscience and dignity.

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