

## *First Report from Dr. Mark Corden in Liberia*

*December 19, 2012*

In collaboration with Global Strategies for HIV Prevention (GSH), IPOP initiated a new project in Liberia this year. In September 2011, Dr. Mark Corden moved to Monrovia with a dual mandate: to improve pediatric care and enhance HIV prevention and treatment, on a local and national level. At the time of his arrival in the country, there were only two practicing pediatricians in the country, and while the prevalence of HIV was low (1.5%), services for this patient population continued to be fragmented. Despite limited training in operational management or HIV care, Dr. Corden has hit the ground running to address both of his goals.

In his first month, Dr. Mark familiarized himself with the diagnosis and management of a raft of diseases not commonly encountered in the Bay Area: malaria, amoebiasis, malnutrition, and HIV. He also evaluated the operations of the HIV program at his host institution, St. Joseph's Catholic Hospital. "Catholic Hospital", as it is locally known, was one of the only hospitals to remain intact through the Liberian Civil War, and it was one of the first healthcare sites to treat people living with HIV cases once war concluded, thanks in large part to the support provided by Global Strategies. Thus a 7 year relationship was born through which medication, tests, supplies, and most importantly, consultation were delivered from GSH to Catholic's HIV program.

After getting a lay of the land, Dr. Corden turns to focus on pediatric education. He held practical teaching sessions for the nursing students, interns, nurses, and general practitioners that worked on Catholic's pediatric ward. A set schedule for teaching rounds was created, and Dr. Corden took on personal mentorship of the intern on his pediatrics rotation. In addition, he collaborated with a nurse midwife already trained in an international neonatal resuscitation program called Helping Babies Breathe. Together they ran two training sessions to cover proper routine management of newborns and how to intervene on an asphyxiated infant. Finally, Dr. Corden traveled to other institutions in Monrovia with large pediatric populations to gain some perspective on the challenges facing child health and to develop ties with colleagues for future collaborations in improving pediatric care.



As the rainy season came to an end, Dr. Corden continued evaluation of the Catholic Hospital HIV program. He re-established contact with the National AIDS and STI (sexually transmitted infection) Control Program (NACP). This renewed engagement led to high level meetings between the hospital administration and NACP in an effort to ingrate the program more efficiently with national efforts and resources. In additional, Dr. Corden arranged a visit to the laboratory by the National Diagnostics Unit,

the branch of the Liberian Ministry of Health dedicated towards laboratory services. The NDU made important recommendations for improvements on the infrastructure of the lab, and in turn preparations were made to provide additional machines and diagnostic tools for the lab through collaboration with NDU standards.

This past month, Dr. Corden was able to broaden his focus on HIV prevention from Catholic Hospital to other institutions in the country that need technical consultation. After identifying a pressing need to establish a testing and treatment protocol for pregnant women at a local referral obstetrical hospital, Dr. Corden brought together members from the NACP, Clinton Foundation, and International Rescue Committee to create a specialized algorithm and kick-start efforts to enhance Prevention of Mother-to-Child Transmission (PMTCT). With the implementation of the program, the goal will be to have fewer children infected with HIV. The remainder of his time was spent laying the groundwork for two HIV training workshops to take place at the end of January 2012. These workshops will utilize an innovative curriculum of lectures and small group workshops to educate over 70 healthcare workers, address the most important gaps in HIV care delivery in Liberia, and create a sustainable model for future didactic sessions.

The New Year will usher in opportunities for Dr. Corden to follow up the workshops with site visits to clinics that sent participants, as well as a transition his educational care efforts to a larger teaching hospital. While continuing to hone his clinical and educational skills, Dr. Corden also has his sights set on establishing a Liberian pediatric society, introducing national practice guidelines for commonly encountered illnesses, and organizing a pediatric emergency conference, the first of its kind in West Africa.

