

[www.teampata.org](http://www.teampata.org)

# JOINING THE PATA NETWORK

## ABOUT PATA

Paediatric Aids Treatment for Africa (PATA) is a network of treatment teams from more than 120 clinics in 23 sub-Saharan African countries, **united by the common goal of expanding access to quality care for children and their families affected by HIV**<sup>1</sup>. PATA believes that this can best be achieved by supporting committed health care providers to enhance, expand and extend their work to impact on others through a ripple effect in the community (the 'PATA effect'). PATA values and promotes models of care that address both the psychosocial, medical and material needs of the child, and that offer integrated, patient-centred and affordable services.

## The basis of PATA: Teamwork

PATA facilitates the development of local capacity through teamwork, sharing of experiences, spreading good practice and technical information and updates. The foundation of PATA lies within multidisciplinary treatment teams who work together at clinics across sub-Saharan Africa to form a community of compassionate and committed individuals who provide treatment and care to children infected with HIV and their families. The **fundamental purpose of PATA is to assist treatment teams to improve the quality of health care they deliver to their patients.**

The principle of PATA lies in the belief that treatment teams can **best improve themselves (collectively and individually) and the quality of their work through self-initiated projects in which they have a sense of ownership, responsibility and pride.**

## From treatment team visits to annual PATA forums

The PATA initiative has its roots in Groote Schuur Hospital, South Africa, where One to One Children's Fund began funding much needed ARV medication in a pilot project to 250 families. The project demonstrated extraordinary results and boosted the case for sharing the treatment model with other sites across the continent. So in 2004, One to One Children's Fund and the Kidzpositive Family Fund began to formulate plans for the creation of an Africa-wide network of treatment teams. Initially, treatment teams from other regions in sub-Saharan Africa were invited to see the Groote Schuur model in action. From these treatment team visits, the first PATA forum was conceived. PATA has subsequently held six annual PATA forums and a number of local workshops that have attracted guest speakers and teams from across sub-Saharan Africa.

**Knowledge translation**<sup>2</sup> is an attempt to broaden continuing professional development, to reach teams and to develop a more interactive learning process. To do so, participants need to possess the required knowledge and to put the required knowledge into action. The PATA process allows professionals participating in teams to hear highly specific information, delivered by experts in the field, before moving to workshops in which they are required to answer general and pertinent questions about their practical experience in respect of what they have just heard.

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<sup>1</sup> The PATA annual report lists the 130 clinics that have directly benefited from PATA activities. Many of these clinics have a number of satellite sites to which they disseminate knowledge gained from participation in PATA. It is thus estimated that in addition to the clinics directly benefiting, there are an average of three satellite clinics for each direct beneficiary clinic that also benefit from the knowledge shared and disseminated through PATA.

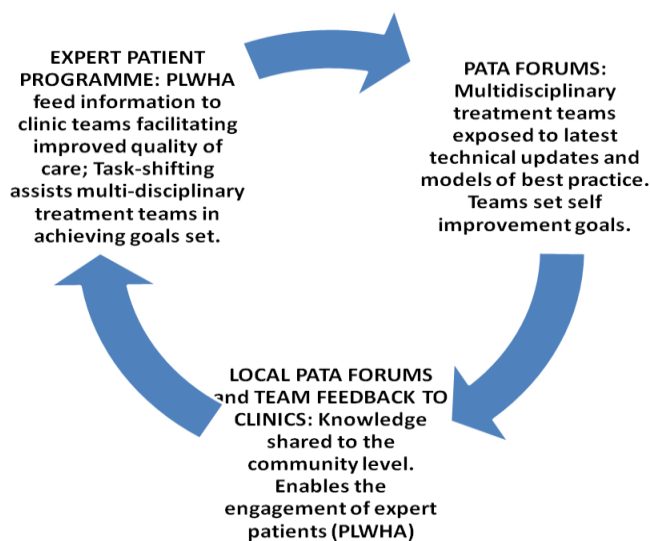
<sup>2</sup> Knowledge Translation can be defined as *'the exchange, synthesis and ethically sound application of knowledge within a complex system of interactions among researchers and users to accelerate the benefits of research (leading to)... a strengthened health care system'*

## Community level involvement

PATA recognises the need to disseminate information from the treatment team to the community. Supporting treatment teams to **host local PATA workshops** and to share knowledge gained at PATA forums enables models of best practice to be filtered down to the community level. PATA also recognises the need to support and involve community-level workers to feed information from the community to the treatment teams, and this is facilitated through PATA's expert patient programme.

The **expert patient programme** was launched at the 2006 PATA forum in response to the ongoing shortage of staff in government-funded clinics in Africa. This deficiency underlies a move to train lay workers, often persons living with HIV and AIDS, to perform specific health-care related work. Task-shifting refers to the delegation of healthcare tasks from highly trained individuals to those with less training. This strategy is advocated as a means of involving people living with HIV/AIDS in healthcare, and to address the current human resource crisis. More than 200 expert patients from 50 clinics across sub-Saharan Africa are currently employed through the expert patient programme.

**Figure 1 Diagrammatic representation of PATA forums and community links**



### Accomplishments

- PATA leads the field in paediatric HIV care in knowledge translation, task-shifting and adopting a multidisciplinary teamwork approach.
- Since 2005, a total of 177 treatment teams have participated in the six PATA forums to date and have set self-improvement goals for their clinic. In addition, 3 local PATA forums have involved 200 participants from across sectors.
- Dissemination of models of best practice and shared knowledge on the topics of: Adherence, Access, Acumen, Communication, Disclosure, TB/HIV, Adolescent care, Care for the carer, Nutrition in HIV, Care of the very young infant with HIV, Making changes in your service, Advanced ART and a Psychosocial toolkit for clinics, through the PATA forum, website, newsletter and annual proceedings.
- PATA forums and materials are translated into English, French and Portuguese, enabling the participation of Francophone and Lusophone clinics across the region.
- More than 30 academic institutions have contributed to PATA's academic programme; representatives from these institutions have volunteered to act in a mentorship role to PATA teams.
- Representatives from PATA's international and regional strategic partners including UNICEF, the Clinton Foundation HIV/AIDS Initiative, WHO, Partners in Health and ANECCA, serve on the PATA steering committee. Others from organisations such as Baylor, Keth'impilo (ARK), MSF and M2M2B have contributed to the PATA academic programme. Some PATA steering committee members serve on UNICEF's inter-agency task team for paediatric HIV.
- PATA has partnered with numerous national-level paediatric HIV associations and in 2009, received national level recognition in South Africa in the form of an award from the Health Professions Council of South Africa for improving the lives of sub-Saharan children living with HIV and AIDS.
- Task-shifting to free up the time of health care workers through the expert patient programme . the programme also provides a vital link between communities and clinics.

## JOINING PATA

It is free to join PATA, there are no membership fees or requirements. We simply ask that you fill out the 'Joining PATA' Form and keep us updated on your work. For some clinics the best way is often by sending us your bi-annual reports prepared for national government or funders.

PATA will keep you update on other clinics progress, best practice and PATA projects through our monthly newsletter and website. If you have any information or research you would like to be shared please email us the details.

## THE PATA FORUM

PATA holds Continental, Regional and Local Forums. Our website and newsletter will update teams about the application process. PATA provides a few scholarship for teams and we fundraise with teams to ensure their attendance. We encourage clinics to share in some of the Forum costs in order to ensure commitment to the PATA process.

Once a team has attended the PATA Forum we ask that you send us a 3, 6 and 12monthly report on the team's progress in completing the quality improvement tasks set at the Forum. We also advise that the team set aside time to meet on a bi-monthly basis in order to be real agents of change in their clinic. Regular reporting ensures that the team will be first in line for future scholarships.

## EXPERT PATIENT PROGRAMME

Clinics can find out more about the programme and details on the application procedure online at: [http://www.teampata.org/project\\_expert.asp](http://www.teampata.org/project_expert.asp).

PATA provides funding to clinics to start employ "expert patients" at their site. These employees, while not necessarily working full time, should be considered official and important members of the health care team. They should receive a monthly stipend appropriate to the nature of their work, hours of work, and the local economy. Expert patients can work at the level of the community and/or the clinic. Below are just a few ideas for roles they might fill. We invite you to think creatively about other ways that patients can help improve your practice.

- Receive patients for clinic visits, record height, weight, or other information
- Supervise play areas for children waiting for appointments
- Facilitate support groups for children, or for parents of children living with HIV
- Visit patients at home
- Provide directly observed ARV administration
- Act as "treatment buddies" by supporting patients in other ways
- Provide community awareness and education about testing and treatment for HIV
- Bring children, pregnant women, and other adults to clinic for VCT

### CONTACTING PATA

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