



Conference Programme

27th November–
1st December 2006



NAIROBI, KENYA

**Academic Programme and Speakers
for PATA 2006**

**Nairobi, Kenya.
27th November–1st December**

The second PATA conference is jointly presented by
PATA and the Kenya Paediatric Association
in partnership with the One to One Children's Fund,
the Kidzpositive Family Fund & Sidaction.

Welcoming Dinner.

Evening 27th November

Keynote speech: **Chewe Luo (UNICEF):**

Onwards from Toronto:

The UNICEF perspective on men as community members
and fathers of HIV-positive children.

Paediatric AIDS Treatment for Africa

28th November08:00–10:00 **Plenary:**

Lisa Obimbo (Kenyatta National Hospital, KNH)	Chair: Welcome and Introduction to the session.
Prof Dorothy Mbori-Ngacha (KNH)	Overcoming obstacles to comprehensive care for HIV-infected children. Kenyan models and experiences.
Leon Levin (Gauteng, South Africa)	Managing treatment failure.
Shaffiq Essajee (Clinton Foundation)	Setting up new clinics and systems of care. Problems and solutions.
Margie Pascoe (Harare, Zimbabwe) & Minette Coetzee (School of Child & Adolescent Health, S.A.)	A nurse-led clinic versus the traditional clinic.
Michelle Youngleson (Institute of Healthcare Improvement, S.A.)	The use of outcomes information to improve clinic performance.

Workshops and feedback plenary: (See programme grid for the day's timetable)

Question 1 (profession): What outcomes are indicators of best practice and/or failure in your clinic?

Question 2 (teams): List the outcomes you do measure in your clinic. What could you add to those as you aim for best practice?

Outcome Task: A score card for clinic development: List essential goals for development in a paediatric clinic. List potential obstacles and resources for each goal and indicate how a clinic could assess its progress against each goal.

17:30–18:30	ARV Master Class Leon Levin (S.A.) & Shaffiq Essajee (Clinton Foundation)	ARV Master Class with an emphasis on treatment failure.
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29th November**Session conveners: Stephen Rollnick, Margaret Makanyego.**08:00–10:30 **Plenary:**08.00–08.05 **Stephen Rollnick
(University of Cardiff, Wales)**

Welcome and opening remarks.

Process08.05–08.35 **Claire Penn (University of the
Witwatersrand, S.A.)**

“They speak fast and suddenly you don’t understand”: Communication issues in HIV management.

Programmes08.35–09.05 **Josephine Omondi (Kenya)**

HIV counselling protocol for children in Kenyatta National Hospital.

09.05–09.35 **Sabine Wibaut, Clarisse
Mukamukiza, Sonia Sebuseruka
Juliette Mukakalisa, (Rwanda)**

“La croisade du T4” a didactic tool to explain HIV to children.

Stories09.40–09.55 **Margaret Makanyego (KNH)**

Diagnostic counselling and testing of two teenagers in the HIV paediatric comprehensive care clinic in Kenyatta National Hospital.

09.55–10.10 **Thembakazi Nkunkwana
(Kidzpositive)**

“Non-disclosure, stories from the front line”.

10.10–10.25 **Mama Nathan (Kenya)**

Personal testimony of parent on disclosure of child’s HIV status to her child.

10.25–10.30 **Stephen Rollnick**

Closing remarks.

Workshops and feedback plenary: *(See programme grid for the day’s timetable)***Question 1 (profession):** Why do you think mothers find it so hard to disclose the diagnosis of HIV/AIDS? How do you understand this difficulty?**Question 2 (teams):** How would you approach supporting families in disclosure?**Outcome task: What counsellors need:** What should the elements of a training curriculum for counsellors be? List potential obstacles and resources for each goal and indicate how a clinic could assess its progress against each goal.17:30–18:30 **Parallel evening Master Classes****Claire Penn (S.A.)
& Melanie Evans (S.A.)**Master Class in Communication I:
What’s talk got to do with it?**Jason Strelitz/Harare Team**

IT Master Class I.

amplifying healthcare capacity through social entrepreneurship.

30th November

8:00–10:00	Plenary (confirmed speakers and topics):	
	Paul Roux (Kidzpositive)	Welcome and introduction to the topic for the day.
	Paul Roux & Minette Coetzee	What is the PATA effect?
	Ruth Nduati (KNH)	Title to be announced.
	Ashraf Grimwood (ARK)	Patient advocates: Widening the circle of disclosure through a public–private partnership.
	Sara Stulac (Partners in Health)	<i>Accompagnateurs</i> in Rwanda: Local experience.
	Sebastian Wanless (Bristol-Myers-Squibb Secure the Future)	Social Entrepreneurship in action: Outcomes of the BMS ‘Secure the Future’ project.
	Paola Peacock-Villada (Grassroot Soccer)	Putting Football and AIDS together to make a practical instrument for the instruction of peer group educators.

Workshops and feedback plenary: (*See programme grid for the day's timetable*)

Question 1 (profession): Patients are people too: List and prioritise the known non-medical needs in your clinic.

Question 2 (teams): What plans do you have to address these needs and how can PATA assist you to address them?

Outcome task 1: How can a clinic address the non-medical needs of its patients/clients: What goals should we aim for in this field: List potential obstacles and resources for each goal and indicate how a clinic could assess its progress toward each goal.

Outcome task 2: How can a clinic disseminate the benefits it has achieved for its patients/clients to other clinics and healthcare facilities.

17:30–18:30	Parallel evening Master Classes	
	Stephen Rollnick	Master Class in Communication II: Listening.
	Jason Strelitz/Harare Team	IT Master Class II.
After Dinner	PATA working group meeting	

Friday 1st December**08:00–08:30 Press and media session**

Chaired by David Altschuler
(One to One Children's Fund)

**08:30–09:30 Recommendations and
Action Plans arising
from PATA 2006**

Chaired by Shaffiq Essajee
(Clinton Foundation)

**09:30–11:00 Let's Kick AIDS out of Africa:
a grass roots
football project**

A voluntary participative session for delegates to shape and discuss a pilot project to combine grass roots football community projects and PATA clinics. This session is an opportunity to meet representatives from organisations who run grass roots football projects with HIV+ children including Grassroot Soccer and Street Football World.

Come to this session to find out more about this exciting initiative and decide if your PATA clinic would consider piloting this project—with financial support and additional staff.

Session Info

Session 1

Session 1 will comprise presentations by faculty members, leading practitioners and thinkers, setting the tone and the agenda for the day.

Session 2

During session 2 workshops professionals from the same disciplines will be divided into teams of 6 to work on the set tasks.

Session 3

Session 3 will be a set of four intra-disciplinary feedback plenary sessions. During this session, pharmacists, nurses, counsellors and clinicians will meet in their separate disciplines, in groups of 32, to provide feedback on their first workshop.

Session 4

In the session 4 workshops, members of all four disciplines will meet in their original teams of 4. The representative of each discipline from the previous workshop will present the consensus response to the task(s) from the previous workshop and plenary to his/her team. The team will discuss each discipline's contribution and debate their response to the discussion topic.

Session 5

At the feedback plenary, a representative from each of the treatment teams will present their conclusions to the whole group (128 participants).

Session 6

The Master Classes will be highly interactive, learning focused workshops concentrating on specialist areas, led by recognised leaders in that field. This year there will be a series of Master Classes on IT focusing on skills building using electronic media. We will look at how the clinics can best get their sites on line, access educational materials, connect to the PATA e-network, keep clinic records using databases and become familiar with spreadsheets and other e-tools for improved data management, continuity and care. Other Master Classes will look at Treatment, Communications, Nurse-led clinic and Income generation projects.

The conference procedures and programme will be explained via e-mail well in advance of the conference and at a preliminary session on the evening of the 27th November, after the official welcome. In the advance notice, clinics will also be asked to name one person from their Team as responsible for the IT in their clinic; this person should attend both Master Classes at the first and second day.

Expected outcomes:

1. Increased focus on teamwork to enhance quality of health care.
2. Increased confidence in managing difficult cases failing ARVs.
3. Increased ability to counsel and manage non-disclosure and adolescent care.
4. A better understanding of the use of software to facilitate clinic functioning.
5. A closer understanding of social entrepreneurship and its power to enhance care.
6. Stronger network to support PATA teams.
7. Improved use of the PATA Website discussion forum.

These outcomes will be measurable through collection of data available from the monthly PATA newsletter, the PATA electronic mailing list and the PATA Website.

Programme grid for PATA 2006 Treatment Team Conference

Date	Topic	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
		08.00– 10.00	10.30– 11.30	11.30– 12.30	13.30– 15.00	15.30– 17.00	17.30– 18.30
28/11	Practice	Plenary	Intra- disciplinary workshop	Intra- disciplinary feedback	Inter- disciplinary workshop	Plenary feedback	Master Class I (Anti-retroviral therapy)
29/11	Patient	Plenary 08:00– 10:30	Intra- disciplinary workshop	Intra- disciplinary feedback	Inter- disciplinary workshop	Plenary feedback	Parallel Master Classes a) IT One b) Communication
30/11	PATA effect	Plenary	Intra- disciplinary workshop	Intra- disciplinary feedback	Inter- disciplinary workshop	Plenary feedback	Parallel Master Classes a) IT Two b) Listening

PATA 2006 Clinic Teams

Clinic Team	City	Country
Botswana-Baylor Children's Clinical Centre of Excellence	Gaborone	Botswana
CHUSS/REV+	Bobo-Dioulasso	Burkina Faso
Nationale de Soutine aux Seropositifs et Sideens (ANSS)	Bujumbura	Burundi
Centre Mère et Enfant Fondation Chantal Biya	Yaoundé	Cameroon
Pédiatrie CHU Yopougon	Abidjan	Côte d'Ivoire
Addis Ababa University/ Black Lion Hospital	Addis Ababa	Ethiopia
Coast Provincial General Hospital	Mombasa	Kenya
Kenyatta National Hospital	Nairobi	Kenya
Kakamega Provincial General Hospital	Kakamega	Kenya
Ministry of Health-Kilgoris	Nairobi	Kenya
Suba District Hospital	Kisumu	Kenya
Maragua District Hospital	Nairobi	Kenya
Queen Elizabeth II Hospital	Maseru	Lesotho
Ministry of Health	Mzuzu	Malawi
Maputo Central Hospital	Maputo	Mozambique
Catholic Health Services	Windhoek	Namibia

PATA 2006 Clinic Teams

Clinic Team	City	Country
Katutura State Hospital	Windhoek	Namibia
Partners in Health	Kigali	Rwanda
TRAC/Lux-Development	Kigali	Rwanda
Groote Schuur Hospital	Cape Town	South Africa
Nompumelelo Hospital/ Keiskamma Health	Hamburg	South Africa
Paarl paediatric ARV clinic	Paarl	South Africa
Dora Nginza Hospital	Port Elizabeth	South Africa
Uitenhage Provincial Hospital	Uitenhage	South Africa
Rustenburg Provincial Hospital	Rustenburg	South Africa
Eben Donges Hospital	Worcester	South Africa
Baylor College of Medicine Children's Foundation	Mbabane	Swaziland
Songea CTC Clinic	Songea	Tanzania
Joint Clinical Research Centre (JCRC)	Kampala	Uganda
Medical Research Council Uganda	Entebbe	Uganda
The AIDS Support Organisation (TASO)	Gulu/Jinja/ Entebbe/Mbarara	Uganda
Livingstone General Hospital	Livingstone	Zambia
Zimbabwe Swiss Aids Care Foundation	Harare	Zimbabwe

Conference Organisation

Chair—David Altschuler (One to One Children’s Fund).

Executive Officers—Elizabeth Obimbo (Nairobi), Paul Roux (Kidzpositive).

Executive Committee—Minette Coetzee, Shaffiq Essajee, Margaret Makanyego,
James Nuttall, Margie Pascoe, Stephen Rollnick,
Jason Strelitz, Sara Stulac.

Secretariat—Cecelia Keiru (KPA), Irene Amadi (KPA), Kate Kerber (PATA),
Kerensa Medhurst (Kidzpositive),
Marjolein van den Hoven (One to One Children’s Fund).

L’Équipe PATA—Melanie Evans, Kate Kerber, Kerensa Medhurst,
Dan Berelowitz, Philippa Drew, Victoria Todd.

KICKAIDS—Victoria Todd, Dan Berelowitz.

Strategic Partners

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KICKAIDS

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