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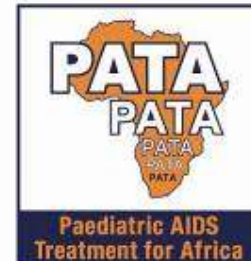
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L'Équipe PATA

The Daily Journal of the
Paediatric AIDS Treatment for Africa (PATA) Forum

27TH November–1ST December 2007 Manzini, Swaziland



A new approach to dealing with adolescents

PATA Forum attendees such as Nokuthula Mbatha (above) from Baylor, Swaziland, voiced their opinions during a masterclass late yesterday afternoon during which ways of dealing with adolescents were discussed.

“Sex is very hard to do in three minutes,” Donna Futterman said as she spoke about preconceptions health care workers might have about teenagers and sex. The discussion did indeed last longer than three minutes, with Futterman challenging the audience to think about how they would introduce a teen sex chat with a patient and also about how they would deal with gay patients.

Diane Melvin (CHIVA) spoke about the benefits and disadvantages teens might have when disclosing their status to someone else.

When discussing suicide and depression, Licia Karp (University of Cape Town) warned that most teenagers who said that they were going to commit suicide

Fighting side by side against tuberculosis and HIV/ AIDS

Exposure and vulnerability to TB are driven by poverty and HIV. That’s according to Dr Ben Marais who presented on TB infection control at yesterday morning’s plenary session.

Marais, from the Ukwanda Centre at the University of Stellenbosch, South Africa, began with a brief history of TB. Children are mostly infected by adults and this provides information regarding the efficacy of adult management.

Over recent years there has been a shift in the epidemiology of TB, which commonly used to affect old men but is now more prevalent in children who are often infected through exposure via their mothers. Current statistics indicate that 15 to 20 percent of the TB epidemic occurs in children and there has been a new awareness of childhood TB amongst health professionals.

Marais discussed various prevention measures, including administrative (early diagnosis and separation of infected and non-infected people), environmental (making use of natural air ventilation and sunlight), and personal protection (e.g. using masks, cough etiquette, etc).

“If you want people to change, you

“With proven MDR-disease, you’ve only got one chance to get it right. You have to treat aggressively and throw everything you’ve got into it.”

- Ben Marais (right) on countries which don’t have multi drug resistant TB drugs.

“This is like running the Comrades marathon for 24 hours every day of your life.”

- Helena Rabie on how it feels like to be a young boy with TB.

must convince them that your cause is important and you have a feasible treatment,” he said.

Dr Helena Rabie from Tygerberg Children’s Hospital in Cape Town, South Africa, then spoke about preventative chemotherapy in the management of the TB epidemic. She highlighted the issues of the burden of drug-resistant TB and the potentially insufficient dosages of current medications given to HIV positive children.

Rabie emphasized the importance of looking beyond the consulting room to the home, school and social environments when providing care to children with TB. “It is also essential to be aware of adherence fatigue associated with chronic TB treatment and provide support to children and their caregivers,” she said.

Dr James Nuttall from Red Cross Children’s Hospital in Cape Town, South Africa, discussed issues relating to HIV and TB drug interactions and combination treatments. “TB and HIV should not be viewed only as infections, but rather as diseases,” Nuttall said.

HIV and TB both need to be treated concurrently, as there are high mortality rates for both diseases.



Dr. Prithi wants to bring down the walls

“When we stop sharing what we’ve learned, lessons are forgotten and mistakes are repeated,” says Dr. Prithi of the QEII Hospital in Maseru. This is the foundation of Lesotho’s Learning and Sharing Forum, an interdisciplinary group with a concept similar to that of PATA.

Dr. Prithi, who spoke on the topic of volunteerism yesterday morning, immigrated to rural Lesotho 13 years ago to set up a mobile dentistry unit. There he quickly saw how other issues such as HIV, food scarcity and poverty, were deeply intertwined with health care. Public health soon became his first concern.

This paradigm shift, as well as learning about PATA from Dr Paul Roux during the Durban HIV conference in 2005, lead to the creation of the Learning and Sharing Forum in May 2006. This Forum allows doctors, nurses, pharmacists and counsellors to present information gathered in the clinic, conferences and other venues for their professional peers.

Dr Prithi ensures that those who spend the most time with patients are equally included in the group sharing information and attending conferences.

For example, pharmacists sometimes take prescriptions they received from patients and have the opportunity to

question the doctors’ decision of a particular medication. It allows for discussion without accusation. This type of communication greatly improves relationships in the workplace.

Working as a team is deeply embedded within the philosophy of the Forum. “We want to ‘bring down the walls’ that have slowed treatment in the past,” he said. “We need to encourage the feeling that we are all equals.”

With the increasing variety of professions within the Forum, the group finds more and more NGOs approaching them with great interest. Dr Prithi noted: “We have already mobilized the people. Now it will be easy to move forward.”

Literally, this means to the north and south of Maseru – to exchange information from rural areas and those not able to attend the monthly meetings. Strategically, they would like to include some less-referenced professions such as the lab technicians working quietly behind the scenes.

Tactically, Dr Prithi is very interested in holding a regional conference, exactly like the annual PATA conference, which is practical and team based. “It is important to ensure those who are attending are the ‘right’ people. Those who haven’t traditionally had conferences to attend and who are the ‘hands-on’ employees at the hospital or



the clinic.”

Ever since first hearing about PATA, Dr Prithi has helped foster the spirit of learning and sharing not only within Lesotho, but within himself. He is now completing his MPH at Wits University in Johannesburg and continually looking to support primary health care within his country.



From Germany to Uganda: the challenges

We spoke to German doctor Raul Depner who works at Kiwoki Hospital in Uganda.

Why did you come to Uganda?

While I was studying I saw the surplus of doctors in Germany and realized the real need was in African countries.

How do you find your new working environment?

I received a powerful wakeup call

when I first confronted the challenges of rural clinics. I quickly realized that even the basics were not available and how hard it would be to develop an efficient practice when starting with nothing.

And the country?

The first problem is poverty. Many people can’t even pay for the transport to the pharmacy let alone the prescription. Second:

unreasonable expectations. Those who don’t often encounter modern medicine are not aware of what the physicians can actually do. Rural populations must take action in their own health care and become less dependent on doctors.

Only then can they gain more sense of control over their illnesses and this can help in the healing process.

Keiskamma gets shown to the world

The amazing documentary film screened after last night’s dinner certainly moved many of us who stayed up to see it.

Dr Carol Baker, seen here with Paul Roux and Rachel Johnson (also from the Hamburg clinic), never figured her Eastern Cape clinic’s story would be spread so far and wide – not only was the documentary ‘Keiskamma: A Love Story’ screened here at PATA 2007, but it was also screened at a film festival in Montreal, Canada earlier this month.

“I was very pleased that it documented how difficult it is to administer ARVs to children of that age, who are depressed and don’t have a stable family and live in a poor community,” says Dr Baker.

“Seeing that everyone makes mistakes, I think, can help others.”



Welcome to the PATA Marketplace!



The PATA Market Place is an opportunity for clinics to showcase projects to inspire other PATA teams. Participants are free to wander through the PATA Market place situated in the auditorium, auditorium foyer and upstairs area in the convention centre. The following presentations and displays will be on show:

Presentations

- 12:10 Dr TG Prithiviraj: Challenges and constraints facing volunteerism
12:30 Vincent Otieno: FACES – Peer educator internship program

Displays

- Kate Gray: Kidzpositive - The Positive Beadwork Project
Jenny Watermeyer & Claire Penn: Communication skills training for ARV pharmacists
Tumie Maneli: Grassroots soccer – linking football with HIV/VCT and treatment
Nonkosi Ndalasi: Gardening Project – square metre gardening
Dr Raul Depner: Kiwoko crafts
Margie Pascoe and Connaught Clinic team: Disclosure tools
Julius Amoaka: Ghanaian garments and textiles

PATA Tapestry Brainstorming with Carol Baker

Please also note that today's timetable has changed slightly, the revised one is below:

Day 3 Timetable

07:45 – 08:30	Communication Styles	Stephen Rollnick
08:30 – 09:35	Calls from Everyday Practice From our service	Alice Nyirimana Claire Penn & Jenny Altschuler Diane Melvin Paul Roux & Carol Baker
	From our hearts in consultation with practitioners:	
09:45 – 10:05	Growing up together in teams	
10:05 – 10:30	Our action plan for next year	
10:30 – 10:45	Tea	
10:45 – 12:00	Workshop 1	
12:00 – 13:00	Market Place	
13:00 – 13:45	Lunch	
13:45 – 15:00	Workshop 2	
15:00 – 16:00	Plenary	

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