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Do the pata-pata back home!

Another PATA Forum has come and gone – and all too soon! Three intense days of discussions, workshops and meeting new people are behind us and now it's time to return home and put everything to practise in our clinics.

Yesterday's sessions focussed on the setting of realistic tasks and goals for 2008. The final plenary session allowed for feedback on the progress of the last few days. Each professional group was given an opportunity to report back.

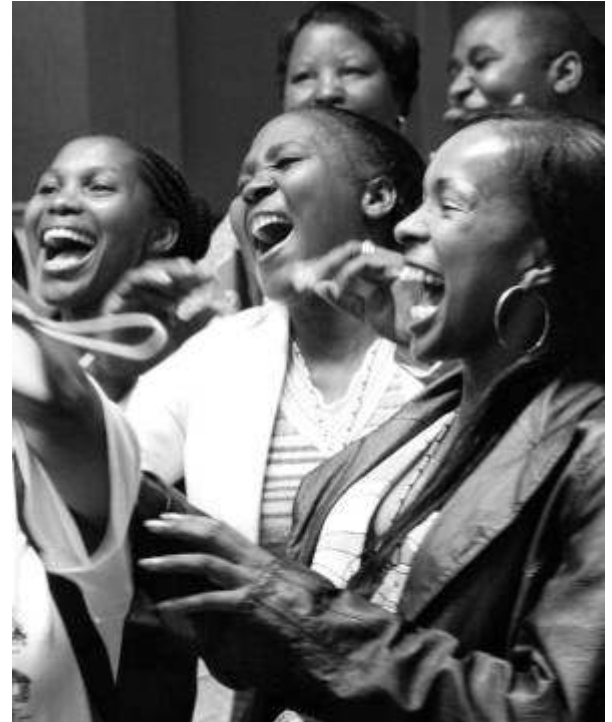
The pharmacists reported that they felt that they were over-burdened and many felt that their profession was a calling, more than a job and that their fulfilment came from sources seeing their patients getting better.

The counsellors reported that challenges included separating stress at home and in the workplace, integration of the expert patients, some of whom may not be paid. They felt that counselling and debriefing were beneficial coping strategies. Overwhelming job descriptions topped the nurses' lists. They said that debriefing sessions, taking short breaks during the day, acknowledging that they were not 'supermen' and 'superwomen', and staggering patients' follow up dates could help them to be more effective in the workplace.

"Go have tea," said Gertrude Guveya (Zimbabwe), "You need to take a break, your patients will understand."

A team from each region reported on their aims for the following year. These included increasing staff numbers, better integration of services (especially in relation to TB and HIV), setting up of staff and patient support groups, the introduction of expert patients and encouraging income generating projects.

We hope everyone travels home safely – it will take three days for some of us to get home! All the best for the year ahead and, if all else fails, have a cup of tea and do the pata-pata.



A group of PATA Forum attendees having a laugh at the public auction of a Basotho hat during yesterday afternoon's hugely successful Market Place.



"It is difficult to separate your private life from your professional life as a counsellor. One should try to separate experiences in your private world from your professional world and we must respect the ethical demands of our professions."

- Alexia Kayirangwa, counsellor.



"Once your work has an impact outside your workplace, it affects your family life. Sometimes I feel like quitting. We do our best and sometimes a patient still dies. That affects me. We need support structures."

- Lulana Gqamana, nurse.



"We should not underestimate the children. There was this one four year-old at my clinic who knew his exact dosage off by heart. And a nine year-old who knew all his medicines by name."

- Tebogoo Tshengiwe, nurse.



"I am inspired by the system of expert patients and want introduce it back home in Cote D'Ivoire. It took me three days to get here, but it was well worth it."

- Francois Akattia, nurse.



“We must see the word ‘expertise’ in Expert Patient Programme, for they are people with expertise.”

- Jenny Altschuler



“If we don’t become a team, we diminish, we become a shadow of ourselves.”

- Diane Melvin



“You must look after yourself as nurses, because if you don’t, and you’re not there, then there’ll be no-one for the patients to see.”

- Gertrude Guveya



“Women want to protect their relationships. If they disclose to their husbands, they might be chased away and lose their source of income and protection.”

- Zimisola Wonderboy, nurse.

Being stigmatised and misunderstood in Ghana

We spoke to Julius Amoakobekoe, a counsellor from Accra, Ghana.

How did you get involved as a health worker?

I tested positive in 1999. In Ghana, people thought if you just talked to – or touched - someone who is HIV positive that you would also become HIV positive. There were many misconceptions. I used to work at the airport. After I was diagnosed, the doctor wrote my boss a letter to say that they must reduce my workload when the work was especially tough. My boss also told everyone about my status, and I became stigmatised. When eating dinner, people would walk away from the table where I sat down. I was a public enemy, and misunderstood. I decided to leave my job and become involved. I embarked upon giving HIV testimony, talking at churches and so on.

How do you find your work as a counsellor?

In 2000, when I started to work at the hospital, there was no recruitment for HIV positive people. I decided to try and change this. We have many problems in Ghana, one of which is that we have to pay \$5 a month for our ARVs. Why? I have travelled to South Africa, Uganda and Botswana and saw that they got medicine

for free there, our situation should not be different. I’ve asked them this and then I was told that they don’t have enough manpower, and that the fee helps to pay for the manpower. So I suggested that they employ more HIV positive people in the health services. We can use these people, they can help patients to administer ARVs, for example. About 5 months ago, the National AIDS Control Programme started to do this, to employ HIV positive people. But they’re not being paid! This is my next battle, to get the ‘volunteers’ to be paid, for they must also travel to work and earn money to live from.

What have you learnt at PATA 2007?

I’ve learnt that we have to gather data properly in Ghana, we don’t do it at all. We should also work better as teams – I’m still stigmatized by my colleagues even today, after seven years of working there. We must get more HIV positive people involved in counselling. When new patients come in, they are often so depressed and traumatised that, when someone like me, who is also HIV positive and now their counsellor, tells them this, then they already feel better, they feel they can open up and talk to you. People with HIV can change the situation on the ground.



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