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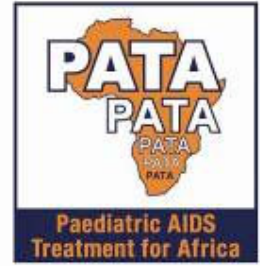
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# L'Équipe PATA

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

27<sup>TH</sup> November–1<sup>ST</sup> December 2007 Manzini, Swaziland



## All about adolescents

“How many of you here like to treat adolescents?” New Yorker Donna Futterman asked the question and duly got a decent show of hands.

“That’s about the most I’ve ever gotten when asking that question,” she said. During a masterclass session on Wednesday afternoon, Futterman, a veteran of 20 years of working with people with HIV/AIDS, looked at why many health care workers find it hard to work with teenagers.

Firstly, she said, health care providers needed to look at the preconceptions with which they approached adolescents. They must assess their personal beliefs regarding teenagers and sexuality.

“What does it mean if a teenager

tells you he wants to have sex? It could mean he just wants to hold hands.”

Voicing her opinion, she said that she felt that health care workers should disregard their religious beliefs when a patient – teenage or not – stands in front of them. “We all took an oath to help the person in front of us regardless,” she said.

She presented a simple model called the LEARN model which implored health care workers to Listen to their patients, Explain their perspectives, Acknowledge differences in perspective between care worker and the patient, Recommend treatment and to Negotiate treatment – in other words, to address the concerns of everyone involved.

## Our smiling man from the shore of the lake

“We are just 50 metres from the shore,” Dr Charles Munthali told his audience as he described the setup at his clinic in Nkhata Bay, Malawi.

Since ARV therapy was initiated at the clinic 33 months ago, 1650 patients have received treatment. The clinic has experienced many challenges, such as staff shortages, a lack of space, limited resources, and the lack of a boat which would enable the staff to reach otherwise inaccessible patients along the lake shore.

Despite these challenges Dr Munthali reported that the clinic has met several goals

during 2007. They have opened two static clinics and two mobile clinics, installed a computerized data capturing system, piloted PCR for paediatric diagnosis of HIV and trained more counsellors and health workers.

After his presentation, several audience members raised the important issue of whether paediatric treatment should focus on the family or on the child as an individual.

Sara Stulac, from Partners in Health, Rwanda, spoke about the Expert Patient Programme, which was supported by PATA during the past year. She listed its successes but also its unique challenges.



## We are making progress, but we’re not there yet

Dr Chewe Luo, self-confessed “children’s rights activist” from UNICEF (and a paediatrician by training) delivered the keynote speech at Wednesday night’s ‘Swazi shebeen’.

She provided the delegates with an overview of the progress in detection and management of paediatric HIV.

“We are moving forward,” she said, “Most countries have strategies in place, but it’s not enough yet.”

She spoke about the challenges of infant feeding, specifically the debate surrounding exclusive breastfeeding of HIV-exposed infants.



**Dr Renee Nassen from the Red Cross Children's Hospital in Cape Town spoke to delegates about how to work with adolescents.**

## PATA reports back from HQ

With everyone refreshed after a good night's sleep, PATA's David Altschuler and Paul Roux gave attendees feedback on the organization's progress and working process in the first full session of this year's Forum.

Paul delivered an introductory presentation about the history, aims, progress and vision of PATA. He emphasized that the delegates need to be proud of what they have worked for "but brave enough to share what didn't work in order for everyone to be able learn from their mistakes".

He reminded delegates that the core principle underlying PATA is CARE – this includes offering comprehensive and multidisciplinary healthcare through a team approach.

He explained the 'ripple effect' and used the analogy of the hen-and-chicken plant: to take what you have learnt, reach out and pass it on. Dr Roux encouraged participants at the conference to look for new directions, seek new energy, identify specific goals, broaden horizons of care and share links.

Self-reports from 20 paediatric PATA-affiliated clinics revealed that teams had

increased their patient loads by more than 30%.

David discussed two recent initiatives: firstly, the expert patient initiative, which has been implemented in 18 clinics. These expert patients are involved in education, peer support, adherence monitoring, community visits and nutrition.

Blaise Bucyibaruta from Rwanda explained that patients often feel more comfortable talking to a fellow patient than to a health professional.

The second initiative is the football initiative, also known as 'Kick Aids out of Africa'.

Tumie Maneli from the Eastern Cape talked about a recent testing event which involved a soccer tournament followed by education about HIV.

456 community members attended, of which over 200 were tested and five were found to be HIV positive. David also highlighted what he envisions for the future of PATA. This includes a sports director, regional coordinators and social entrepreneurs.

## Personality profile: Meet Nelly Alube-Opiyo

*L'Équipe PATA's Joanne Barratt spoke to Nelly Alube-Opiyo.*

### **Please tell us more about yourself.**

I am a psychologist from CCC – the Comprehensive Care Centre in Nairobi. I am the counsellor in charge. Patients who are referred to us first see the nurse, then they are referred to the counsellor and from the counsellor they are referred to the doctor. Often they are referred to us on discharge. We then give them information regarding the clinic and ascertain if they know why they have been referred to us. If they do not know, or do not know their status I counsel them and support them in disclosing their status to family and friends.

### **Do you have any other roles in the centre?**

Yes, when children are referred, we

also encourage the caregiver to be tested and to bring in other children for testing. It is normally the mother that brings the child in, so we also encourage her to persuade her partner to get tested.

### **At what age do you tell the child what you are testing for?**

Well, for children who are older than five years, we ask them if they have heard about HIV. If they have, we provide them with more information and tell them that is what we are testing for. If they have not heard of HIV we just tell them we are testing their blood. However, if the child is 10 years or older, and the child is of normal intelligence and not very ill, we tell them that we are testing for HIV and obtain verbal assent. We also counsel the child. We have a support group for children 10 years and older.



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