

# Task shifting in paediatric ARV clinics through employment of 'expert patients'



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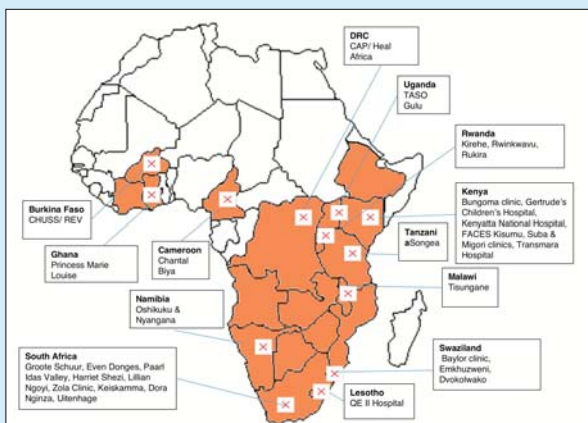
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## Background

- In Africa, Health Care Workers are in short supply
- Routine clinic tasks can be performed by lay persons.
- For decades, lay workers have been active in health care across diseases
  - Interpreters & support group leaders
  - TB 'treatment supporters' & 'TB warriors' in DOT programmes
  - HIV 'adherence monitors', 'treatment buddies' & Partners in Health's 'accompagneurs'

PATA is a network of paediatric ARV clinics in 22 Sub-Saharan countries.

- There have been 3 annual PATA meetings since 2005
- At the second PATA forum (Nairobi 2006), the need for additional human resources in HIV/AIDS care delivery was identified as a priority
- The PATA Expert Patient Programme is a response to this need



**MAP KEY**  
 Shaded countries = countries with teams in the PATA network  
 Countries with teams participating in the Expert patient Programme

## What are 'expert patients'?

- PLWHA who are appropriately skilled caregivers of HIV-positive children;
- Able to perform administrative or simple clinical tasks in the clinic and extend care activities into the community.

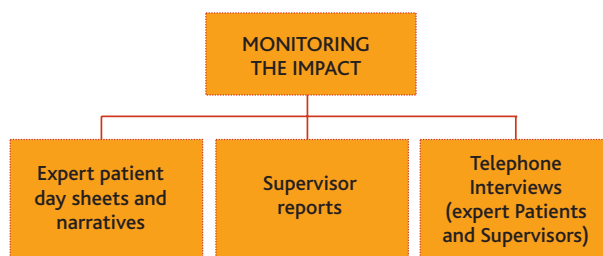
## Examples of tasks performed by 'expert patients'

- Child-care
- Administration
- Community visits eg treatment buddies & peer educators
- Counsellors eg adherence & support group leaders
- Nutritional counselling
- Patient advocates
- Clinical assistants
- Communication eg interpreting
- Pharmacy eg dispensing assistants

## Growth in PATA's Expert Patient Programme

Date	Number of countries involved	Number of clinics	Number of Expert Patients employed
June 2007	6	11	13
January 2008	23	31	34
June 2008	74	104	136

- The demand for expert patients is clinic driven.
- The number of Expert Patients employed per clinic varies.
  - Range: 2 – 17 Average: 5
- Sum of hours worked by all expert patients per clinic per month:
  - Range: 72 – 819 hours Average: 222 hours
- Clinics receive \$200 per month from PATA to pay all their expert patients
  - Some clinics supplement this amount.
  - Funding partnerships are encouraged.



## Training expert patients

Clinics undertake to train Expert Patients themselves.

Examples of Topics covered in training by clinics:
Orientation
Knowledge/Interpersonal skills
General workplace skills
Work station specific topics
Professionalism

## Challenges:

- Monitoring & Evaluation
- Continuity in staffing
- Expert Patients (PLWHA) themselves prone to illness
- Resources constrained: Training
- Transferring funds in Africa
- Integration of expert patients within the clinic team.
- Where resources are most constrained, clinics are not able to access this programme

## Resources needed to improve the Expert Patient programme:

- Funding partnerships with other NGOs for training
- Human resources development (recruitment)
- Identification: Uniforms/ T-shirts, bags and name badges
- Transport money & vehicles
- Networking opportunities for expert patients from different clinics
- Space/ rooms
- Stationery
- Supplementary food for patients for home visits
- Training: Interpersonal skills, community nutrition, VCT training, basic counseling, home-based care, paediatric dosing, pharmacy, infectious diseases, prevention strategies, counseling youth, opportunistic infections, use of computers

**Expert Patient:** "The expert patient program makes me feel fulfilled, instructed and hopeful. At present, I look at life in a very positive way. In my family, they are aware that one can live longer with HIV/AIDS."

## Successes of the pilot programme:

- Validation of individual expert patients because of stipend
- Application process works well
- Increase in number of support groups
- Increased uptake of child-care services
- Increased home visits
- Efficiency of dispensary improved

## Clinic initiatives that have started in response to the Expert Patient programme:

- Bicycles as a solution to transport difficulties - very effective in outreach
- Expert Patients making own brightly colored bibs so that they are more easily identifiable
- Expert Patients writing their own reports

## Impact of the Expert Patient Programme:

Some clinics now feel that they could no longer run without expert patients!

<b>Clinics:</b>	<ul style="list-style-type: none"> <li>Logistics and administrative support improved</li> <li>Fewer patients refused care</li> <li>Improved clinic reputation</li> <li>HCWs have better understanding of patients' social difficulties</li> <li>Better clinic flow &amp; efficiency.</li> <li>More creative adherence solutions</li> <li>Overall better monitoring of adherence</li> </ul>
<b>Staff:</b>	<ul style="list-style-type: none"> <li>Value Expert Patients as team members</li> <li>Feel proud of the people they have selected as expert patients</li> <li>Nurses grateful for reduced workload</li> <li>Interpreting available when needed</li> </ul>
<b>Communities:</b>	<ul style="list-style-type: none"> <li>enjoy greater outreach.</li> <li>Better patient retention in care</li> <li>Increased number of home visits</li> </ul>
<b>Children</b>	<ul style="list-style-type: none"> <li>Like play spaces</li> <li>Increased privacy for parents during consultations</li> <li>Parents more respectful of appointment times</li> </ul>
<b>Expert Patients</b>	<ul style="list-style-type: none"> <li>Improved quality of life</li> <li>Employed and respected for their role in the clinic</li> <li>Greater confidence and self-belief.</li> <li>Improved quality of life for their families and children</li> <li>Learn new skills</li> </ul>

**Next steps:** The expert patient programme will be monitored. Process, outcomes and impact on performance of core health care activity will be measured and reported.

- PATA Forums:**
- PATA 2005, Cape Town, 23 teams from 12 countries addressed Adherence, Access and Acumen
  - PATA 2006, Nairobi, 33 teams from 18 countries addressed Disclosure, Quality Assurance & Communication.
  - PATA 2007, Swaziland, 40 teams from 20 countries addressed TB/HIV & Care of the Adolescent with HIV/AIDS.

PATA 2008 in Rwanda will address 'care of the very young infant with HIV' and 'Nutrition'

"People infected and affected no longer consider HIV as synonymous to a death sentence and they are open to dialogues, furthermore, clinic appointments are observed"



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