Background Mortality in children under 5 years of age is decreasing thanks to WHO’s Sustainable Development Goals (SDG) 2015 program. As a result, chronic paediatric diseases are becoming a growing burden in developing countries. The new SDG 2030 recommend implementing international policies to ensure children not only survive, but also thrive throughout their life. However, management of acute diseases still dominates the scene. ‘Let Children have Health’ Clinic is a paediatric health centre in Meki, a city in Ethiopia’s Oromia region, where on average 100 children are reviewed every day with an unidentified number of patients on chronic treatment.

Objectives We aim to share our experience setting up a clinical service for paediatric chronic patients in a low-resource setting.

Methods Local medical records were reviewed: many chronic patients were found to be receiving incorrect management and follow-up. A specific weekly chronic patient clinic was set up in January 2020. It was run by a designated health officer with the support of a paediatrician. A logbook was started to keep record of patients seen and to book follow-up appointments, encouraging regular attendance and improving continuity of care. Furthermore, guidelines commonly followed in clinic (MSF, WHO and Ethiopian National guidelines) were reviewed, highlighting a lack of resources for the diagnosis and management of chronic paediatric patients and the urgent need of some guidance.

Results In order to provide local staff with a structured approach to most common chronic conditions, an integrated chronic patient guideline was developed. The guideline covers relevant clinical presentation, diagnosis and treatment of each condition based on local availability of laboratory or radiological tests and drug treatments. This document was written by paediatricians working in the field, based on European guidelines and the Oxford Handbook of Tropical Medicine. However, a pragmatic approach was the main focus: diagnoses are reached with simple investigations available at the clinic. Further diagnostic procedures which would require costly laboratory tests or referral to a tertiary centre are listed but are not classified as necessary unless diagnosis remains uncertain. Recommended treatments are based on WHO essential medications or alternatively, drugs that are available at the clinic with no extra cost to patients. Based on the logbook record from January 2020 to March 2021, 135 children were identified to have a chronic condition requiring regular treatment and clinic appointments. The majority of patients had cardiac diseases (51%), followed by neurological conditions (29%) and diabetes (9%). A small number of thyroid, rheumatological, respiratory, nephrological and psychiatric conditions were also identified. 1158 dedicated chronic patient visits were performed over this period, averaging 22 visits per week.

Conclusions Chronic diseases are becoming a significant burden for lower income countries, traditionally more focused on short term goals and acute pathologies. In order to deliver high quality care to this ever-growing groups of patients, local healthcare workers require access to dedicated chronic patient training, guidelines and resources. We successfully implemented a chronic patient clinic and provided our Ethiopian colleagues in Meki with the tools to independently manage long-term conditions in children with locally available resources.

Quality Improvement and Patient Safety

Objectives We aim to share our experience setting up a chronic patient clinic in a low-resource setting.

Methods Local medical records were reviewed: many chronic patients were found to be receiving incorrect management and follow-up. A specific weekly chronic patient clinic was set up in January 2020. It was run by a designated health officer with the support of a paediatrician. A logbook was started to keep record of patients seen and to book follow-up appointments, encouraging regular attendance and improving continuity of care. Furthermore, guidelines commonly followed in clinic (MSF, WHO and Ethiopian National guidelines) were reviewed, highlighting a lack of resources for the diagnosis and management of chronic paediatric patients and the urgent need of some guidance.

Results In order to provide local staff with a structured approach to most common chronic conditions, an integrated chronic patient guideline was developed. The guideline covers relevant clinical presentation, diagnosis and treatment of each condition based on local availability of laboratory or radiological tests and drug treatments. This document was written by paediatricians working in the field, based on European guidelines and the Oxford Handbook of Tropical Medicine. However, a pragmatic approach was the main focus: diagnoses are reached with simple investigations available at the clinic. Further diagnostic procedures which would require costly laboratory tests or referral to a tertiary centre are listed but are not classified as necessary unless diagnosis remains uncertain. Recommended treatments are based on WHO essential medications or alternatively, drugs that are available at the clinic with no extra cost to patients. Based on the logbook record from January 2020 to March 2021, 135 children were identified to have a chronic condition requiring regular treatment and clinic appointments. The majority of patients had cardiac diseases (51%), followed by neurological conditions (29%) and diabetes (9%). A small number of thyroid, rheumatological, respiratory, nephrological and psychiatric conditions were also identified. 1158 dedicated chronic patient visits were performed over this period, averaging 22 visits per week.

Conclusions Chronic diseases are becoming a significant burden for lower income countries, traditionally more focused on short term goals and acute pathologies. In order to deliver high quality care to this ever-growing groups of patients, local healthcare workers require access to dedicated chronic patient training, guidelines and resources. We successfully implemented a chronic patient clinic and provided our Ethiopian colleagues in Meki with the tools to independently manage long-term conditions in children with locally available resources.

Quality Improvement and Patient Safety

Objectives We aim to share our experience setting up a chronic patient clinic in a low-resource setting.

Methods Local medical records were reviewed: many chronic patients were found to be receiving incorrect management and follow-up. A specific weekly chronic patient clinic was set up in January 2020. It was run by a designated health officer with the support of a paediatrician. A logbook was started to keep record of patients seen and to book follow-up appointments, encouraging regular attendance and improving continuity of care. Furthermore, guidelines commonly followed in clinic (MSF, WHO and Ethiopian National guidelines) were reviewed, highlighting a lack of resources for the diagnosis and management of chronic paediatric patients and the urgent need of some guidance.

Results In order to provide local staff with a structured approach to most common chronic conditions, an integrated chronic patient guideline was developed. The guideline covers relevant clinical presentation, diagnosis and treatment of each condition based on local availability of laboratory or radiological tests and drug treatments. This document was written by paediatricians working in the field, based on European guidelines and the Oxford Handbook of Tropical Medicine. However, a pragmatic approach was the main focus: diagnoses are reached with simple investigations available at the clinic. Further diagnostic procedures which would require costly laboratory tests or referral to a tertiary centre are listed but are not classified as necessary unless diagnosis remains uncertain. Recommended treatments are based on WHO essential medications or alternatively, drugs that are available at the clinic with no extra cost to patients. Based on the logbook record from January 2020 to March 2021, 135 children were identified to have a chronic condition requiring regular treatment and clinic appointments. The majority of patients had cardiac diseases (51%), followed by neurological conditions (29%) and diabetes (9%). A small number of thyroid, rheumatological, respiratory, nephrological and psychiatric conditions were also identified. 1158 dedicated chronic patient visits were performed over this period, averaging 22 visits per week.

Conclusions Chronic diseases are becoming a significant burden for lower income countries, traditionally more focused on short term goals and acute pathologies. In order to deliver high quality care to this ever-growing groups of patients, local healthcare workers require access to dedicated chronic patient training, guidelines and resources. We successfully implemented a chronic patient clinic and provided our Ethiopian colleagues in Meki with the tools to independently manage long-term conditions in children with locally available resources.