



NEW EVIDENCE AND PROGRAMMING IMPLICATIONS FOR ADOLESCENT PATHWAYS IN HIV CARE IN SUB-SAHARAN AFRICA

This brief summarises new evidence from a systematic review and a longitudinal study of 1000 adolescents living with HIV, as well as qualitative work with HIV care providers and provides some considerations for programming.

Haghighat, R., Steinert, J., Cluver, L. (2019) The effects of decentralising antiretroviral therapy care delivery on health outcomes for adolescents and young adults in low- and middle-income countries: a systematic review. *Global Health Action*.

Haghighat, R., Toska, E., Cluver, L., Gulaid, L., Mark, D., & Bains, A. (2019). Transition Pathways Out of Pediatric Care and Associated HIV Outcomes for Adolescents Living with HIV in South Africa. *Journal of Acquired Immune Deficiency Syndromes*, 82(2).

KEY MESSAGES:

- ➔ **The idea that 'transition' in HIV care is the movement from specialized paediatric to general adult care may not apply for most adolescents living with HIV in sub-Saharan Africa.**
- ➔ **Findings showed that in decentralised healthcare system, the majority of adolescents initiate ART and are provided ongoing care in generalised primary care clinics, whilst others remain in paediatric care through young adulthood. For adolescents who do transition many have cyclical moves between care types.**
- ➔ **Transition from paediatric to adult care was not associated with negative HIV outcomes for adolescents. Referral to generalised primary care clinics does not show damaging effects on adolescent viral suppression, mortality or retention in care.**
- ➔ **Healthcare providers can and do support successful adolescent HIV care pathways through careful readiness assessments, basic transition planning and support between facilities.**
- ➔ **Transitions are context-specific. We need to think about adolescents and their care pathways in each healthcare system and in terms of their individual needs.**

BACKGROUND:

Adolescents have the lowest rates of retention in HIV care and ART adherence compared to other age groups. We have usually understood adolescent HIV care transition as the deliberate process of shifting from child-centred to adult-centred care and this shift has been considered a time of high risk for treatment attrition. Much of the research on adolescent transition has been in high-income countries or in higher-resourced services.

It is essential to understand more about adolescent HIV care pathways in sub-Saharan Africa, where public HIV services have decentralised throughout the region. This means that many adolescents now receive the majority of their HIV care in generalised primary care clinics, with specialised care in tertiary hospitals reserved for clinically unstable patients.

This brief summarises evidence from a systematic review of adolescent care pathways in low and middle income countries, a longitudinal community-traced cohort of ART-initiated adolescents in South Africa, and qualitative interviews with HIV care providers. It also provides/highlights, some key programming considerations.

We ask what adolescent care transitions look like when they do occur, and whether they are associated with health outcomes.





METHODS:

Systematic review

Searches of 12 electronic databases, conference abstracts, grey literature and experts. Implementation fidelity of decentralisation, study quality and risk of bias assessed.

Longitudinal survey

951 ART-initiated adolescents (10-19 years old) from 52 public healthcare facilities in the Eastern Cape, South Africa. 54% female, 23% rural, 26% horizontally infected. Clinical records, interviews with adolescents and qualitative interviews with healthcare workers.

KEY DEFINITIONS:

Paediatric care was designated by a dedicated space, day, or time at facilities where only children and adolescents received HIV services.

Non-paediatric care was defined as a facility providing generalized HIV care for all ages (primary care clinics) or one with a dedicated space, day, or time where only adults were seen.

In the study setting, specialized paediatric and adult HIV care were only provided in secondary or tertiary facilities

FINDINGS:

- ➔ **Many adolescents do not transition at all (77%). In the survey, 40% had never been in a paediatric care setting and 37% had always been in a paediatric care setting.**
- ➔ **Only 20% of adolescents had transitioned out of paediatric care, through two main routes:**
 - Decentralising transition from specialized paediatric care in secondary and tertiary facilities to generalised HIV care in primary care clinics (57% of those who did transition and 11% of all)
 - Paediatric-adult transition from specialized paediatric HIV care to specialised adult HIV care within secondary and tertiary facilities (43% of those who did transition and only 9% of all) (Figure 2)
- ➔ **Transition begins early and can be cyclical:**
 - The median age at first transition was 14 years old.
 - A third of transitioning adolescents had cyclical moves between pediatric and non-pediatric HIV care multiple times (cyclical).
 - Adolescents who experienced decentralising transition were more likely to have cyclical moves between care types.
- ➔ **Transition was not associated with worse HIV outcomes for adolescents**
 - In the systematic review, decentralised care showed at least equivalent rates of retention and mortality compared to other care.
 - In the survey, paediatric-adult care transition showed no differences in retention, mortality, viral failure and viral suppression compared to other care.
- ➔ **Decentralising transition was associated with higher viral suppression (<1000 copies/mL)**
 - Healthcare workers were careful about who they transitioned, using informal criteria such as viral suppression, clinical stability, good adherence, no treatment complications and adolescent views on moving care. They discussed and explained reasons for transition, offered options for clinics to move to, contacted new clinics and checked on adolescents after transition.

ADOLESCENT HIV CARE PATHWAYS IN THE SA COHORT

20%
had ever transitioned out of paediatric HIV care

40%
never experienced paediatric HIV care, including at ART initiation

37%
were initiated and remained exclusively in paediatric HIV care

26%
were initiated and remained exclusively in generalised primary care clinics

Classical Transition



Decentralising Transition

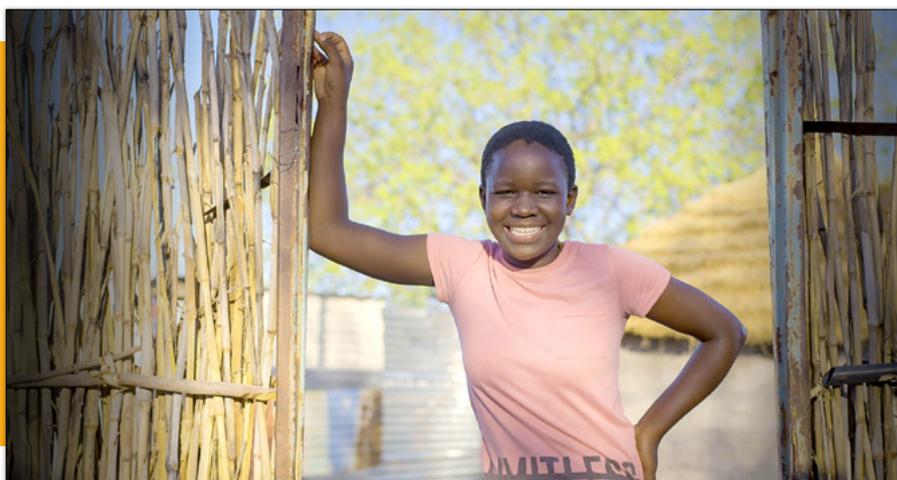


Cyclical Transition





“We need to think about adolescent care transitions differently for Sub-Saharan Africa.”



WHAT DOES THIS MEAN FOR PRACTICE?

- Policy guidelines for adolescent HIV care should ensure standardized quality of developmentally appropriate care across facility types guide as well as inform care pathways.
- Understanding adolescent HIV care pathways in the local health care context along with other factors that may affect adolescents’ successful transitions is important to design appropriate, effective interventions.
- Service delivery protocols can help health workers to support transitioning adolescents along care pathways, through careful readiness assessments that include clinical stability, viral load and adolescent views.
- Communication between facilities, including confidential sharing of patient information and shared care plans for adolescents approaching transition, and those at risk of loss to follow-up, can help facilitate successful transition.

FUNDERS AND PARTNERS:

