



# AYFHS Modular Training

## MODULE 5:

### Aging with HIV: Transitioning Care from Childhood to Adulthood



# Thanks

- Participants
- Facility leadership
- Ministry of Health
- PEPFAR (PUSH and Star-L Districts)

All material developed for the training are based on Lesotho national health policy and guidelines.



# Training Progress Discussion

- Attendance
- Pre and post test scores
- Between training, site support and data review.
- Reflect on the application and use of training content in the facility;
  - **Module 1:** Friendly services for adolescents and young people
  - **Module 2:** TnT for Adolescents in Lesotho
  - **Module 3:** Undetectable Viral Load: Adherence for AYPLHIV Treatment Success
  - **Module 4:** Treatment Support: Disclosure in the family, school and in relationships

**What has been accomplished? Why?**



# Module 5 Overview: 3 hours

TIME	TOPIC
15 min	Welcome & Opening
10 min	Pre Test
30 min	Introduction to Aging with HIV
30 min	Brainstorming of AYP Life Stages and impact of HIV
5 min	Break
15 min	Facility Analysis – Transition, LTFU and transfers
60 min	Reviewing SOPs for Transitioning ALHIV to adult ART Clinic
15 min	Planning for our Facility's Clients Living with HIV
5 min	Closing & Next Training Topic



# Welcome

## REVIEW GROUND RULES

- Participate
- Ask for clarification if unclear
- Provide constructive comments and share professional experience
- Cell phones on silent for 3 hours
- Prepare for success and certification
  - Participate in all trainings & pass test
  - Demonstrate use in the facility



# Pre Test

- 10 minutes given to answer a multiple choice test on the topic area.
- At the end of the training, you'll be given a post-test to check your learning



# Learning Objectives

- Review life expectancy of PLHIV and aging with HIV
- Understand the context for transitions in care for ALHIV
- Explain the differences between child & adult HIV care to reflect on transitional needs of ALHIV
- Look at a checklist for transition used in another setting
- Identify roles of facility staff in support transition and treatment success over life

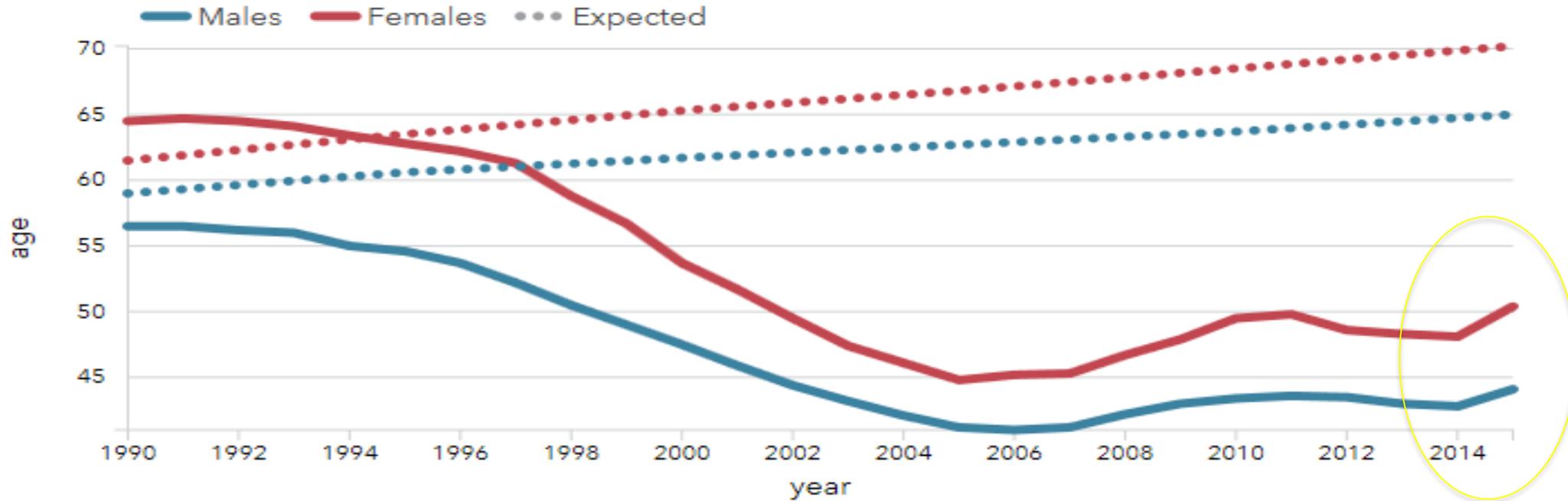


# Aging with HIV Infection

- Universal access to ART will result with more patients living longer with HIV infection; essentially ‘aging with HIV.’
- Health care systems are evolving to accommodate more HIV-infected patients that will transition through age-appropriate care.
- Life expectancy rates in Lesotho are rising again.
  - For example for females; once as low as 40 years old to over 50 years old.



# Life Expectancy Rates Lesotho



	Expected		Observed	
	1990	2015	1990	2015
Males	59.0	65.0	56.5	44.1
Females	61.5	70.2	64.5	50.4



**IHME**  
Institute for Health Metrics  
and Evaluation

# Josephine Nabukenya: EGPAF Ambassador from Uganda



Elizabeth Glaser  
Pediatric AIDS  
Foundation

*Until no  
child has  
AIDS.*

# Birth → Adolescence → Adulthood with HIV



- EGPAF is very aware of this success in treatment. Our programs see many prenatally infected children surviving through adolescence and successfully into adulthood.
- An undetectable viral load can lead to a long and prosperous life like any other young adult; educated and starting his/her own family.

**Are there examples of this here in Lesotho?**



# Transition

Defined as: The purposeful, planned movement of adolescents and young adults with chronic medical conditions from child-centered to adult oriented care systems.

Transition can happen:

- Within a facility with defined pediatric, adolescent and adult clinics
- Between facilities with age defined clinics; ex. home to work setting
- Through care process; moving from caregiver/provider-led to patient-led disease management



# Reflect on Differences in Care

Child-centered care (pediatric) is:

Adult-centered care is:



# Review Differences in Care

## Child-centered care (pediatric) is:

- Family involved; parent/caregiver at appointments
- Provider gives instructions for patient through consenting parent/caregiver
- HIV integrated into primary care; immunizations, growth charts, ART dosage changes with weight
- Partial-disclosure from ages 5-9 years old
- Simple language used to explain adherence to patient
- PSS is through play and fun

## Adult-centered care is:

- Patient-led; patient must understand appointment schedules, way around facility to complete ART refills, complete viral load monitoring and track results.
- Patient listens to provider on 'advice' and usually follows.
- Patient must be pro-active to explain changes or emerging health needs to provider.
- Patient may ask for referrals; FP

# ADOLESCENTS?



# Patient flow and logistics in our facility

	Child-centred services	Adult-centered service
• Times services offered		
Space available		
Rooms available		
Patient flow – from arrival to leaving the facility		
Staff who offer services		
Services offered Clinics available		
Cost to the client		
Age limit for clients served		

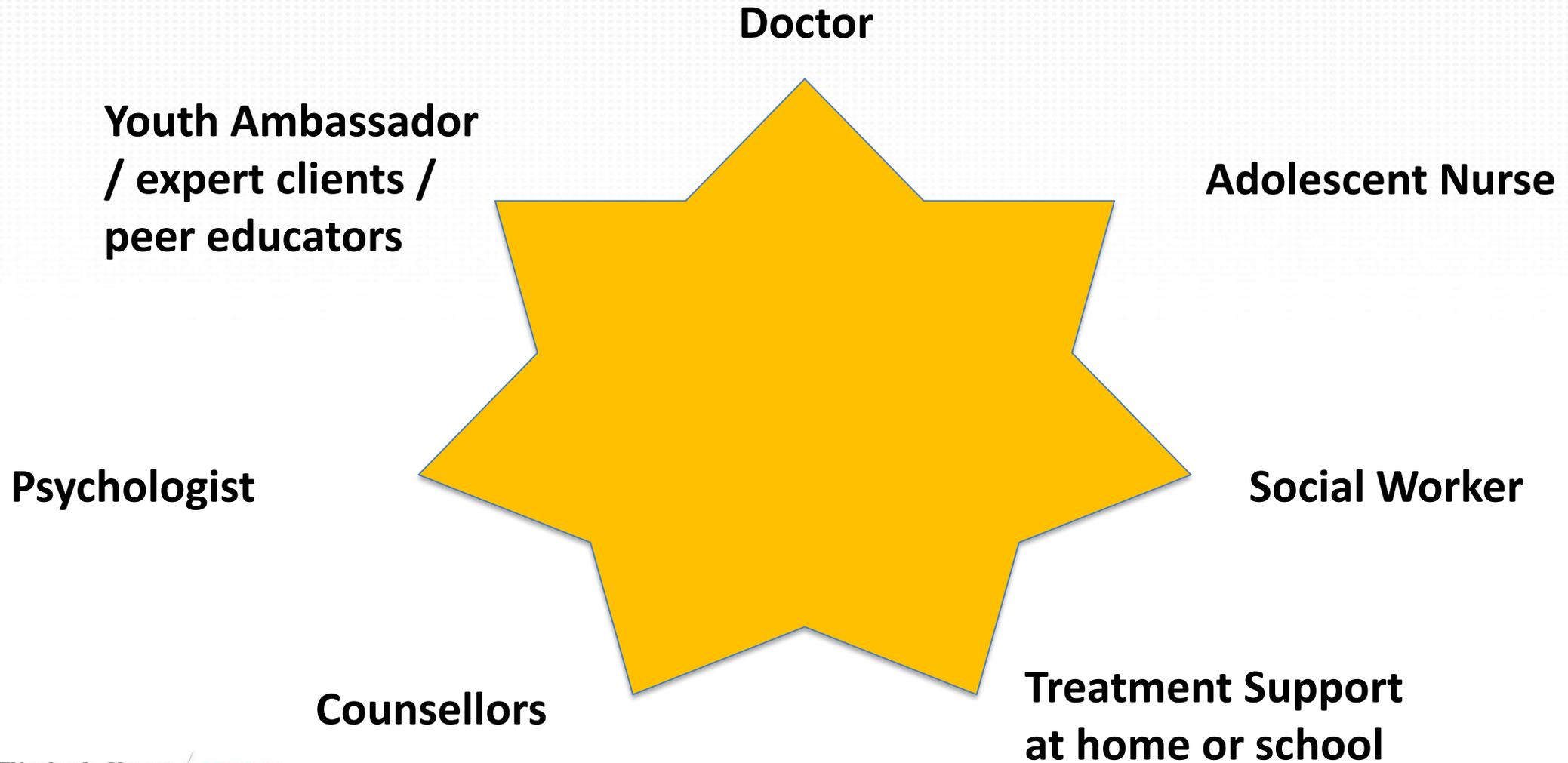


# Reflect on Our Facility

- Where are transition points in HIV care? Consider life stages of ALHIV.
- Map out the flow between clinics and care packages.



# What are ALHIV Team transition support roles?



# Challenges of Transition



**What challenges might arise for teen clients during transition?**

**How can we overcome this?**



# Management of Transition

- Handout example checklist from Kenya for review
- Make comments about whether or not this could work in Lesotho and this facility.



# Next Steps for Achieving Transition in Our Facility

- How many pediatric clients are entering adolescent care?
- How many adolescent patients can prepare for transition to adult care?
- What are the next steps?
- Who will assist with this? How?

Make notes on the Module Report.



# Learning Objectives; Did we?

- Review life expectancy of PLHIV and aging with HIV
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- Look at checklists for transition used in other settings
- Identify roles of facility staff in support transition and treatment success over life



# Closing

- Thanks
- Attendance
- Next module topic and date

