

Title: Approaches to care for the HIV-infected adolescents across national HIV/AIDS programs participating in the New Horizons Advancing Pediatric HIV Care collaborative.

Tack and Category: D94

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Background: The *New Horizons (NH) Advancing Pediatric HIV Care* collaborative is a multi-sector partnership to facilitate increased awareness, research, and leveraged resources for improved management of treatment-experienced pediatric patients on second- and third-line antiretroviral treatment (ART). The NH collaborative also aims to create a framework of support for HIV-infected adolescents and their care providers. The objective of this analysis is to describe the national approaches for adolescent disclosure of HIV status and transition to adult HIV care in country programs currently participating in the NH collaborative.

Methods: Data were collected from four national HIV/AIDS programs (Kenya, Zambia, Swaziland, and Lesotho) during a NH technical support workshop in South Africa (November 2015) for the Janssen sponsored etravirine/darunavir donation program. Data were extracted from country presentations on national approaches and guidelines for disclosure of HIV status and transition to adult care.

Results: All 4 countries reported initiating partial disclosure (discussing infection without specific naming of HIV) starting at age 4-8 years. 3 countries reported full disclosure of HIV status by age 10 years, and 3 countries require full disclosure before initiating ART and transition to adult care. Among the four countries, only Kenya’s National Adolescent Package of Care included standardized national tools for the transition to adult care. There are no national guidelines for the age of transition, but the reported standard practice ranges are all ≥15 years. All countries have national strategies health for adolescents; however, the focus on adolescents in the national pediatric, adult and consolidated (pediatric and adult) HIV guidelines varies greatly (Table).

Table. National HIV Strategy and Guidelines by Country

Country	National Adolescent Health Strategy	Adolescent Focus in National HIV Strategy/Guidelines	Disclosure: Partial (PD) Full (FD)	Transition to adult care
Kenya	National Adolescent Package of Care, 2014	Integrated in adult guidelines as a separate chapter Referred to as “ <i>special population</i> ”	PD from 6 yrs FD by 13-16 yrs	By 19 yrs National transition algorithm and evaluation tools

Zambia	Adolescent Health Strategic Plan, 2011-2015; Adolescent Health Communication Strategy, 2013-2015	Included in consolidated pediatric and adult guidelines as <i>Separate Population</i>	PD from 5 yrs FD by 10 yrs	From 15 yrs
Swaziland	National Adolescent Strategic Plan, 2014-2018	Integrated in both pediatric and adult guidelines Separate section in pediatric guidelines " <i>Special Considerations for Adolescents</i> " to address consent, disclosure and PSS	PD at 4-8 yrs FD 8-10 yrs	By 21 yrs (19-21 yrs)
Lesotho	National Adolescent Health Policy, 2012; Draft Adolescent Health Strategy, 2015	Included in consolidated pediatric and adult guidelines as <i>Special Population</i>	PD from 5 yrs FD from 10 yrs	By 20 yrs (15-18 yrs)

Conclusion: A more structured and standardized approach is needed to guide adolescent HIV care on a national level in resource-limited settings. Informed by this analysis, the NH collaborative is developing capacity building tools on disclosure and transition to adult care to be shared among national programs participating in NH activities, and globally.