



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

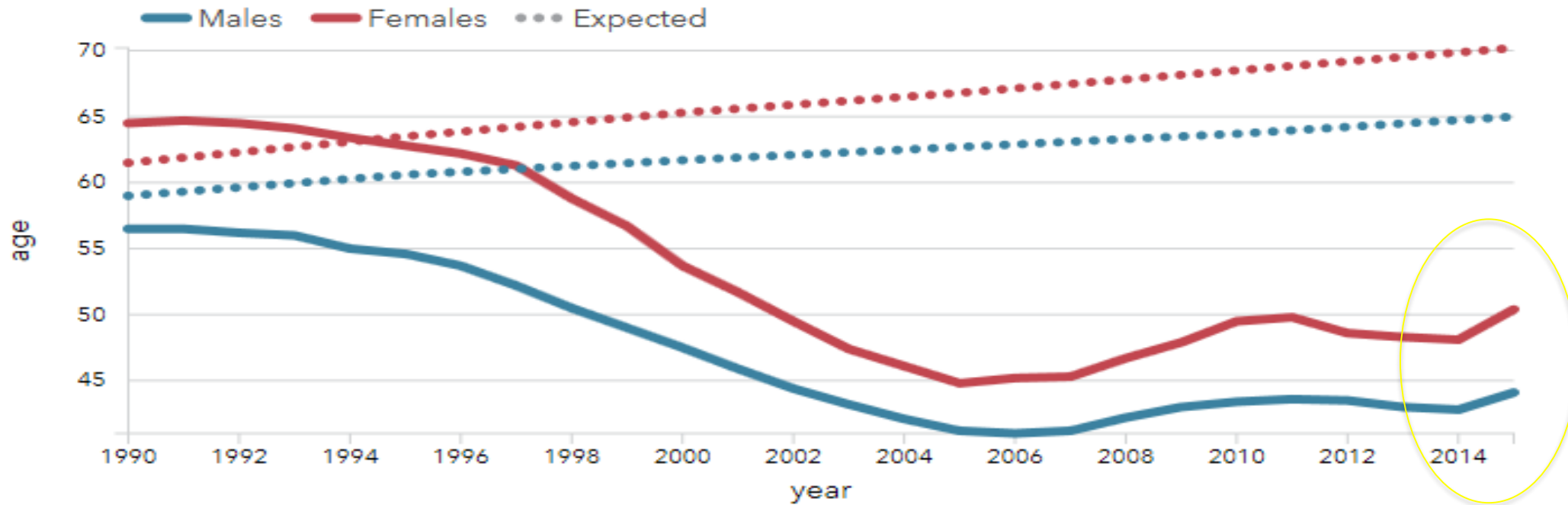


Aging with HIV Infection

- 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?

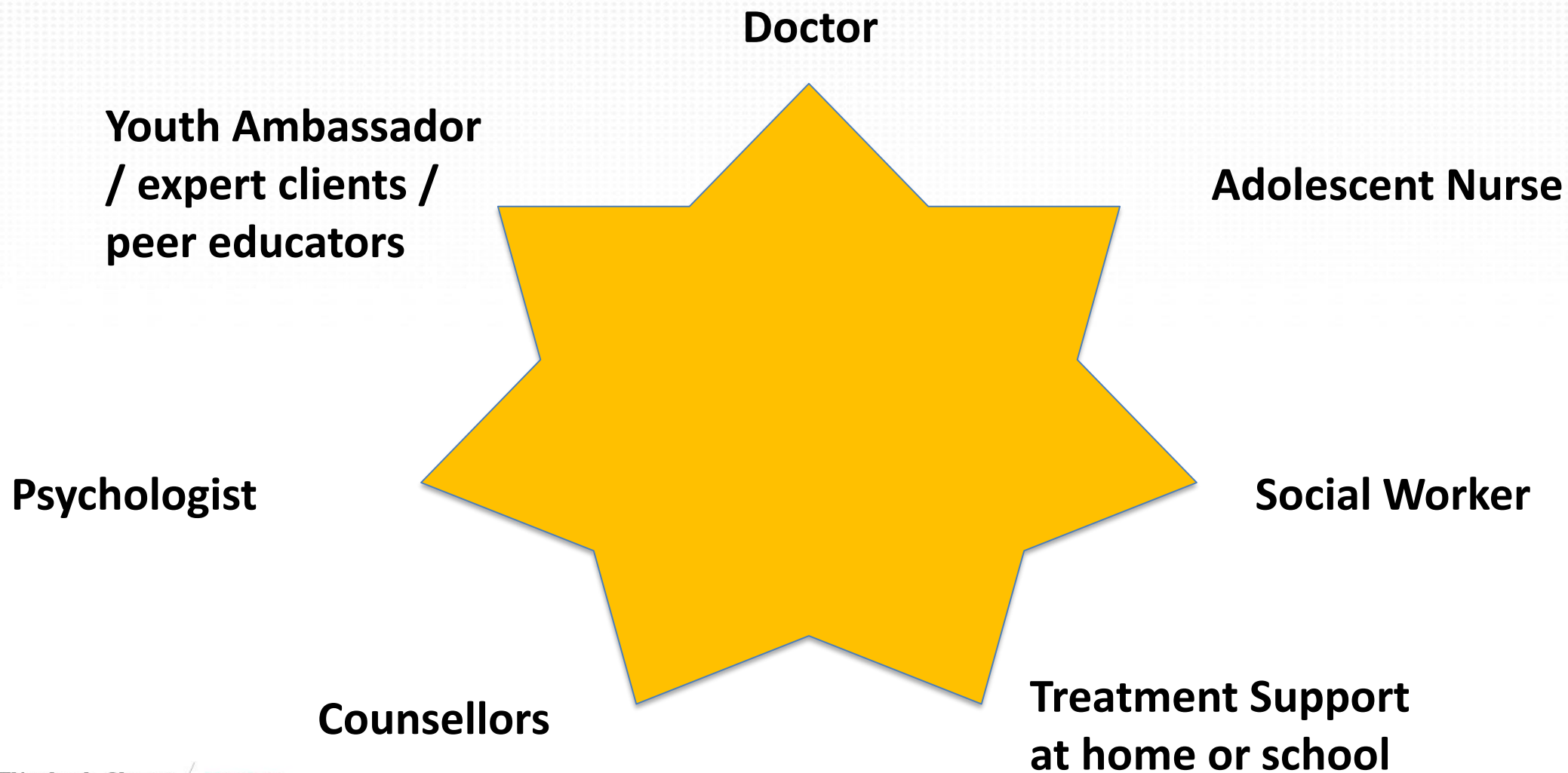


Reflect on Our Facility

- 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?

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- Identify roles of facility staff in support transition and treatment success over life



Closing

- Thanks
- Attendance
- Next module topic and date

