

# Pathways of adolescent HIV care transition in South Africa



UK Research and Innovation



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## STUDY DETAILS

? What are the pathways of transition out of paediatric HIV care for adolescents across public South African healthcare facilities?

 951 adolescents living with HIV and initiated on anti-retroviral therapy, with available clinical records from 52 public healthcare facilities in a health district of the Eastern Cape, South Africa.

 Measures: Clinical records (paper and electronic), in-depth questionnaires with adolescents, semi-structured interviews with healthcare staff.

 Analyses: Associations between pathways and health outcomes were tested while controlling for socio-demographic and treatment-related variables.

## KEY MESSAGES

- The reality of adolescents' transitions out of paediatric HIV care in South Africa is more complex than the traditional assumption of linear movement from specialised paediatric to adult (hospital-based) care.
- Many adolescents are treated exclusively in generalised primary care clinics and never experience paediatric care.
- Some adolescents move between paediatric and generalised or adult care multiple times; others remain in paediatric care through young adulthood.
- Understanding the reality of adolescent care pathways – and appropriate planning and support for transition between care facilities – can promote adolescents' retention in care and positive health outcomes.

## RESEARCH FINDINGS

• Two types of transition out of paediatric HIV care were identified: **classical transition** from specialised paediatric to specialised adult HIV care (43%) and, more commonly, **transition from specialised paediatric care to generalised HIV care in primary clinics (57%)**.

- Transition is often not a once-off event: 27% of adolescents who transitioned had moved between paediatric and non-paediatric HIV care multiple times.
- Adolescents are first experiencing transition at younger ages (median 14 years) than South African national guidelines.
- Compared to other care pathways, transition to generalised primary care clinics was associated with viral suppression (<1000 copies/mL).
- Healthcare providers are applying informal criteria to determine which adolescents are appropriate for generalised primary care: viral suppression, patient 'stability', willingness to transfer, good adherence, and no care complications.

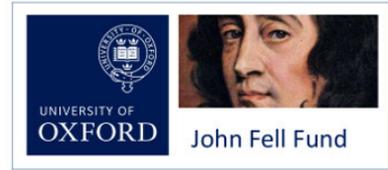
### Not a single HIV treatment and care model:

- **39.5%** received non-paediatric care only
- Only **20.4%** transitioned out of paediatric care after initiation
- **29.8%** had patient files at  $\geq 2$  facilities
- **24.7%** adolescents ever down-referred in care
- **9.5%** experienced silent transfer

## IMPLICATIONS FOR POLICY AND PRACTICE

- Policies and protocols supporting adolescents' HIV treatment **must consider all care pathways and facility types**. This will help ensure that care is appropriately tailored to their needs, supporting retention in care and good health outcomes.
- **Simple guidelines can be adopted by paediatric care facilities** to assess patient readiness for transition beyond age, including viral load and general health. Careful selection can ensure the timely transition of adolescents who are likely to do well in non-paediatric care, while more vulnerable patients remain in specialised paediatric care until they are ready for transition.
- Both origin and destination facilities can use basic protocols to ensure that the new facility is appropriate and welcoming for adolescents, and **continuity of care is maintained after transition**. These include allowing adolescents to choose their new facility, contacting destination clinics so that they expect the patient, and following up with the adolescent after their first appointment at the new facility.

# THANK YOU



## CONTACT

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