

## The universe of webinars

### Grand rounds

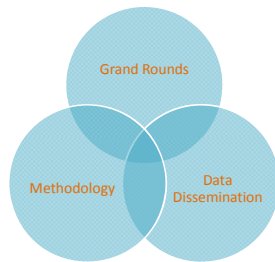
- Clinical and programmatic focus

### Methodology

- Practical application of analytic and research-related concepts
- Goal: facilitate use of these concepts when measuring progress towards program goals, targeting interventions, conducting program evaluation, and implementing studies

### Data dissemination

- Highlight important trends and outcomes in ICAP-supported programs using routinely collected data
- Goal: encourage closer examination of routinely collected data and encourage evidence-based programming



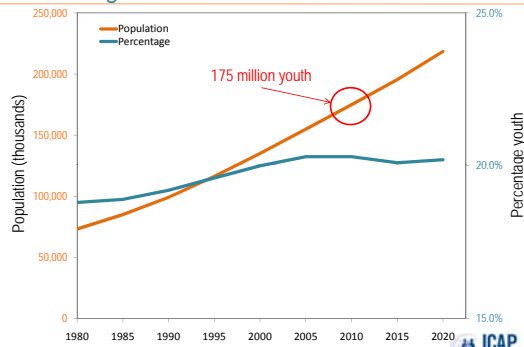
## Baseline characteristics and outcomes among youth enrolled in ICAP-supported care and treatment clinics



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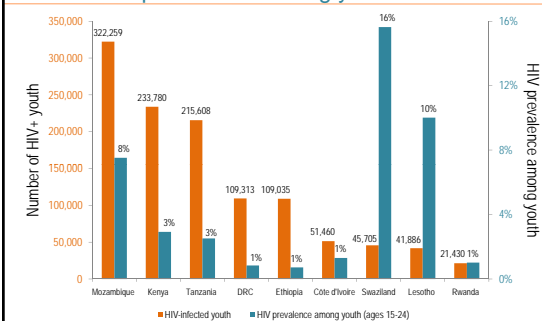
## The number and percentage of 15-24 year olds is increasing in sub-Saharan Africa



Source: United Nations World Population Prospects, Sub-Saharan Africa. 2008 Revision



## Many countries where ICAP works have high HIV burden and prevalence among youth

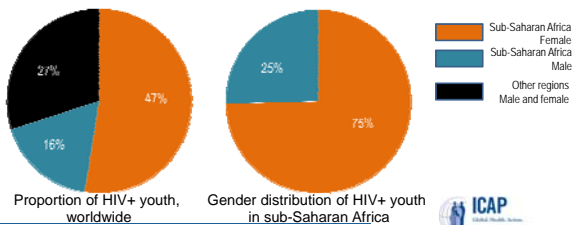


Sources: Demographic and Health Surveys; MEASURE DHS; ICF Macro; U.S. Census Bureau.



## Youth are driving the HIV epidemic in sub-Saharan Africa

- 45% of new HIV infections worldwide occur among 15-24 year olds
- 3.3 million youth in sub-Saharan Africa are living with HIV/AIDS



UNAIDS/WHO AIDS epidemic update : November 2009.

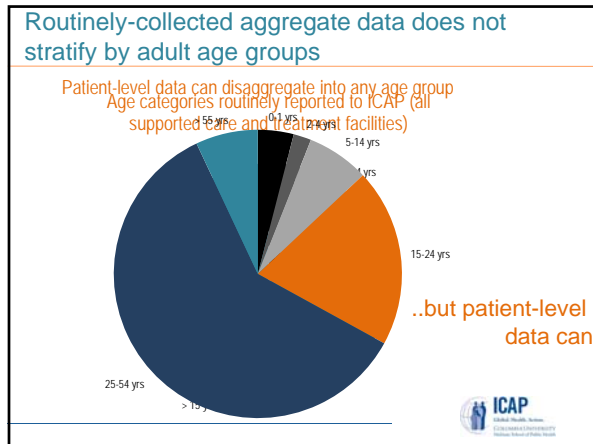


## The transition into adulthood presents special challenges for HIV risk and long-term follow-up

- Sexual initiation
- Increased familial and fiscal responsibility
- Competing priorities (school, work)
- Responsibility for personal health decisions
- Mobility
- Stigma, distrust, beliefs
  - Barriers to disclosure and adherence

UNAIDS/WHO AIDS epidemic update : November 2009.





- ### Characteristics of HIV+ youth at ICAP-supported care and treatment clinics with patient-level data
- What is the proportion of 15-24 year olds in HIV care and on ART?
    - Has this changed over time?
  - Do youth differ from other age groups by:
    - gender and pregnancy characteristics
    - Point of entry into care
    - Health status at enrollment into care and ART initiation
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- ICAP  
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International Center for AIDS Program

### Population (through September, 2010)

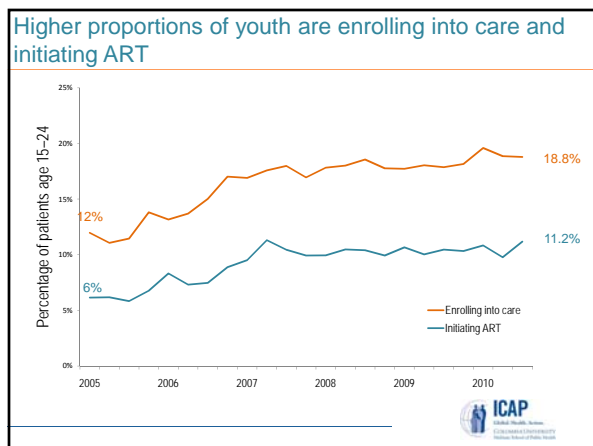
<b>All ICAP-supported care and treatment clinics</b>	9 countries 681 clinics 920,576 patients ??? youth
<b>Clinics in countries with patient-level data shared with ICAP-NY</b>	4 countries 392 clinics 535,148 patients ??? youth
<b>Clinics with patient-level data shared with ICAP-NY*</b>	4 countries 123 clinics 311,637 patients 50,203 youth

<b>KY:</b> 158 clinics 137,024 patients	<b>MZ:</b> 60 clinics 278,083 patients	<b>RW:</b> 47 clinics 52,766 patients	<b>TZ:</b> 127 clinics 67,275 patients
<b>KY:</b> 28 clinics 46,496 patients 10% youth	<b>MZ:</b> 28 clinics 194,465 patients 20% youth	<b>RW:</b> 58 clinics 40,107 patients 12% youth	<b>TZ:</b> 31 clinics 40,509 patients 11% youth

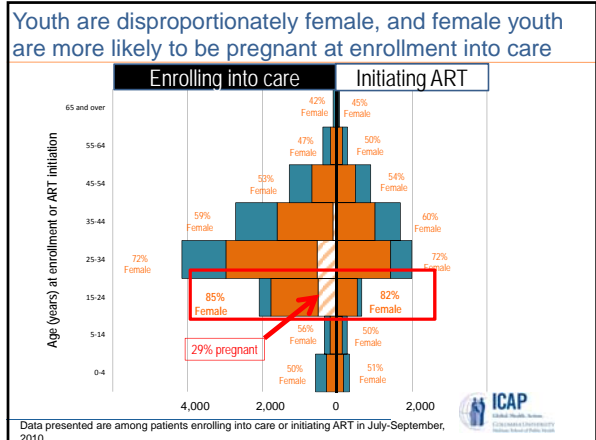
\*Facilities that provided data to ICAP-NY for the July-September, 2010 quarter

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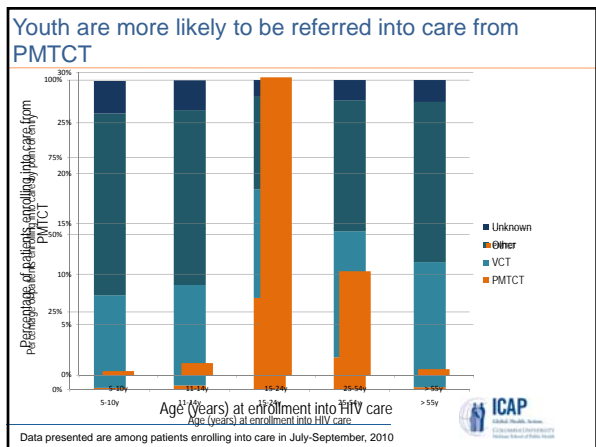
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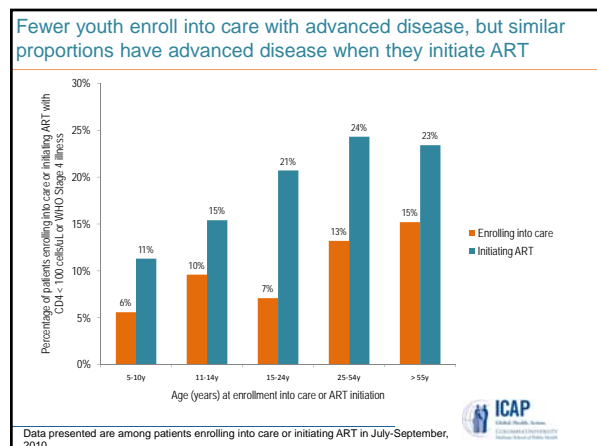
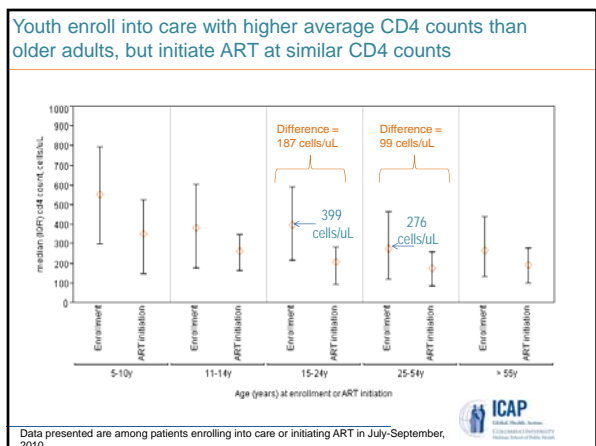
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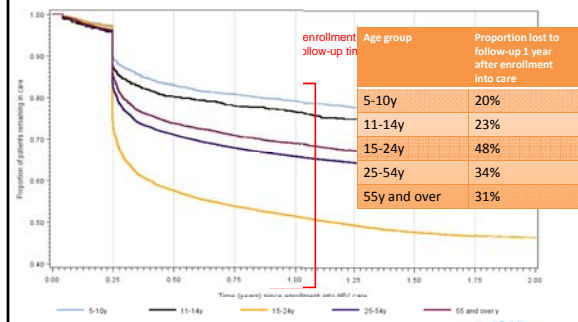


### Definitions of ascertained death, loss to follow-up, and retention

- **Ascertained death:** patients who have died while in care or after ART initiation, and whose death is recorded in their patient records
  - Note: not all deaths are recorded
- **Loss to follow-up:** patients whose status is unknown to the facility, and who have not had a recorded visit in the last 6 months data was available (ART patients) or the last 12 months data was available (pre-ART patients)
- **Retained:** not lost to follow-up



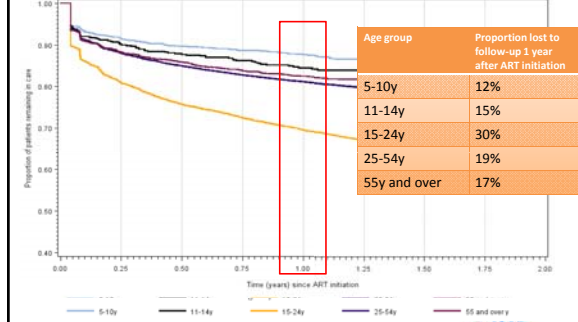
### Youth have worse retention after enrollment into care than any other age group



\*Among patients enrolling April 2008-March 2010. Loss to follow-up is defined as patients not known to have died or transferred without a visit in the last year of data collection (pre-ART) or the last 6 months of data collection (ART). Patients LTF are censored 3 months after their last visit (pre-ART) or 15 days after their last visit (ART).



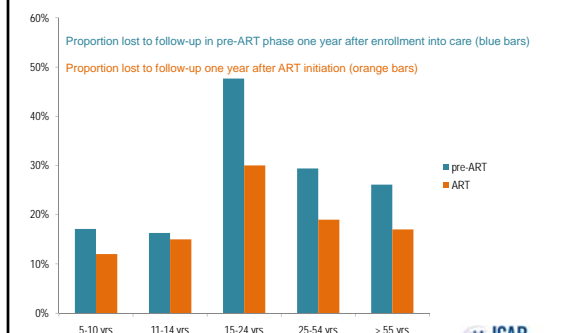
### Youth have worse retention after ART initiation than any other age group



\*Among patients initiating ART April 2008-March 2010. Loss to follow-up is defined as patients not known to have died or transferred without a visit in the last 6 months of data collection (ART). Patients LTF are censored 15 days after their last visit (ART).



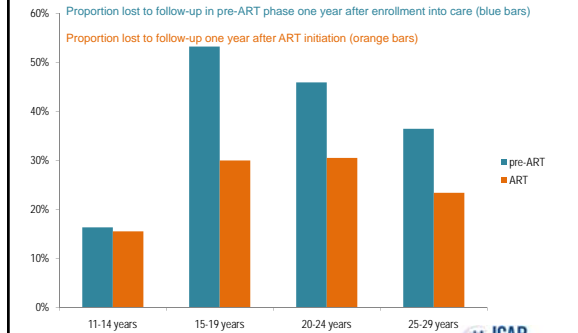
### Youth have worse retention, period.



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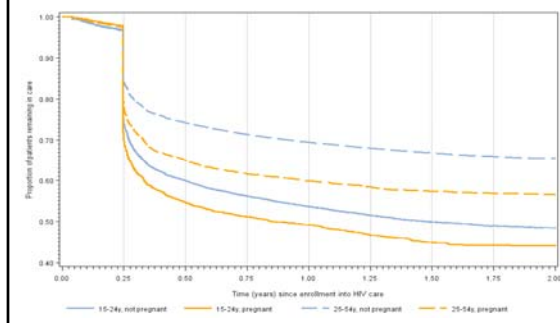
### 15-19 year olds have the worst pre-ART retention



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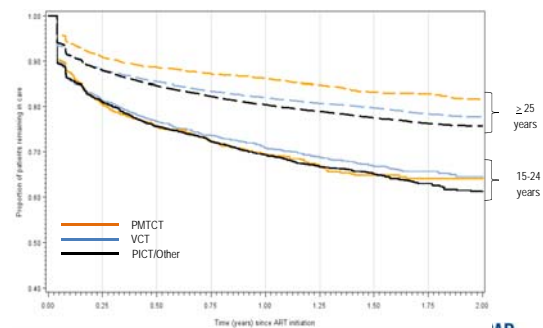
Pregnant women have worse retention than non-pregnant women in the same age group, and young pregnant women have the worst retention



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Older adults have better post-ART retention if referred from PMTCT, but youth do not



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## Summary

- Youth are a unique and growing population at ICAP-supported care and treatment facilities
- While youth enrolling into care are healthier than older adults, initiating them on ART early is a challenge
  - Non-retention is very high among youth in both pre-ART and post-ART treatment settings
- Services targeting young women, and young mothers (including PMTCT services) are potential points of intervention



## Limitations and caveats

- From a patient's perspective, loss to follow-up does not necessarily mean defaulting from care
  - Improving the documentation of transfers and deaths will improve our ability to evaluate programs
- Although the patient-level database is expanding, it is still not representative of all ICAP care and treatment facilities
- We are only able to assess patients who enrolled into care
  - Linkages to care important area of study



## Discussion

- Does this data match clinical experience in the field?
- Does where a young patient is seen in care make a difference (pediatric vs. adult clinic)?
- Are there examples of youth-friendly services in action at ICAP-supported facilities?
  - Do they focus on barriers to retention and adherence?
  - Has their impact been evaluated?



## Thank you

Batya Elul, Deborah Horowitz, Michelle Moses-Eisenstein,  
Ruby Fayorsey, Beatriz Thome, Rosalind Carter

ICAP's M&E family

Hospital and health facility staff

