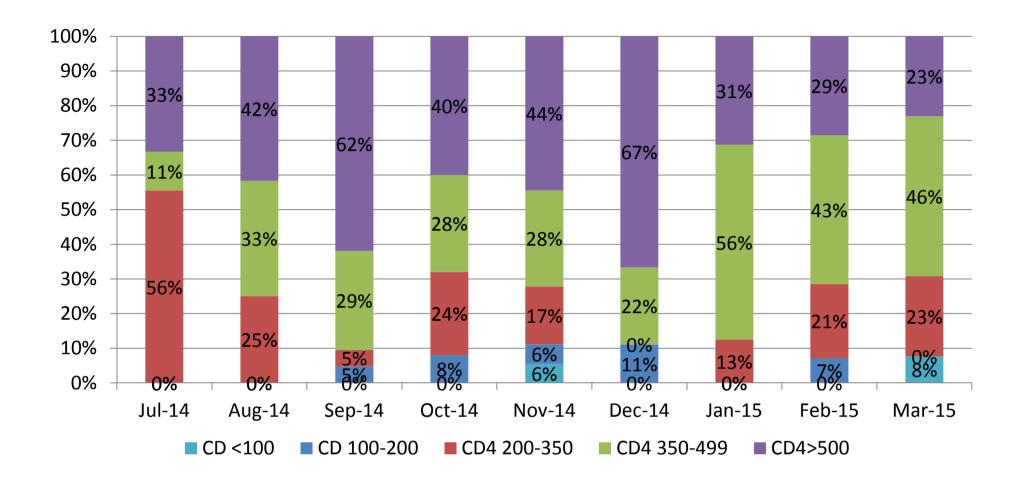
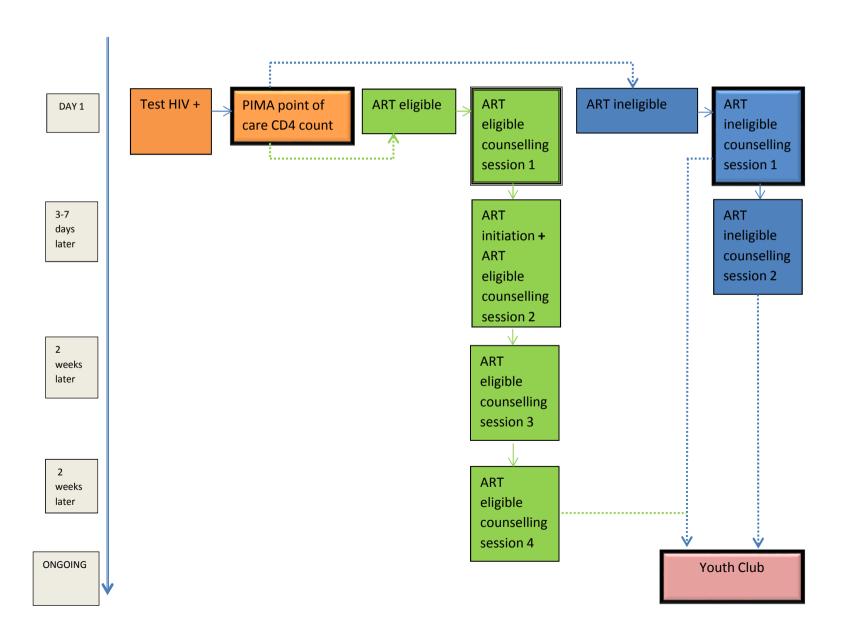


PIMA point-of-care CD4

- Introduced same-day CD4 testing in 2011
- A before-after observational study was conducted a year later:
 - 90% left the clinic knowing their ART eligibility
 - Reduced time to ART initiation by 6 days.



Youth: PIMA

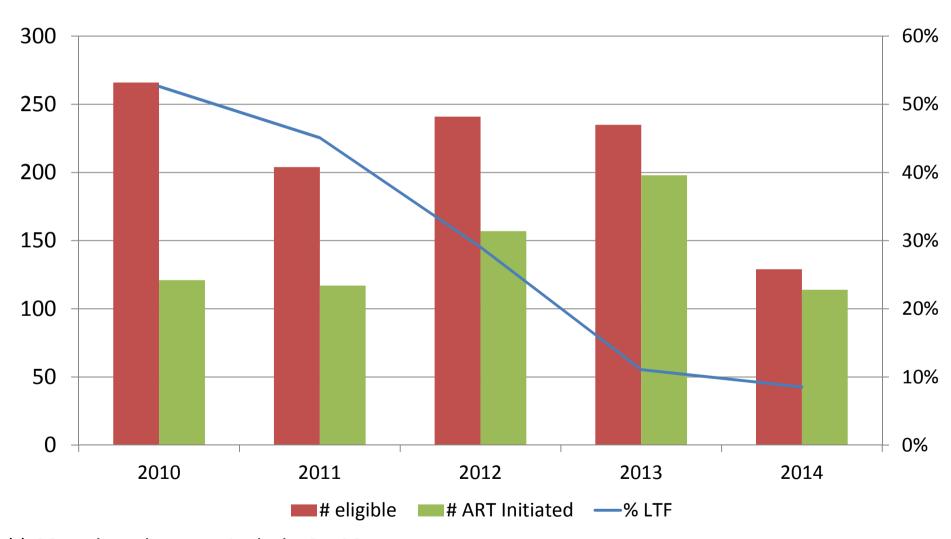


Fast track ART initiation & counselling model

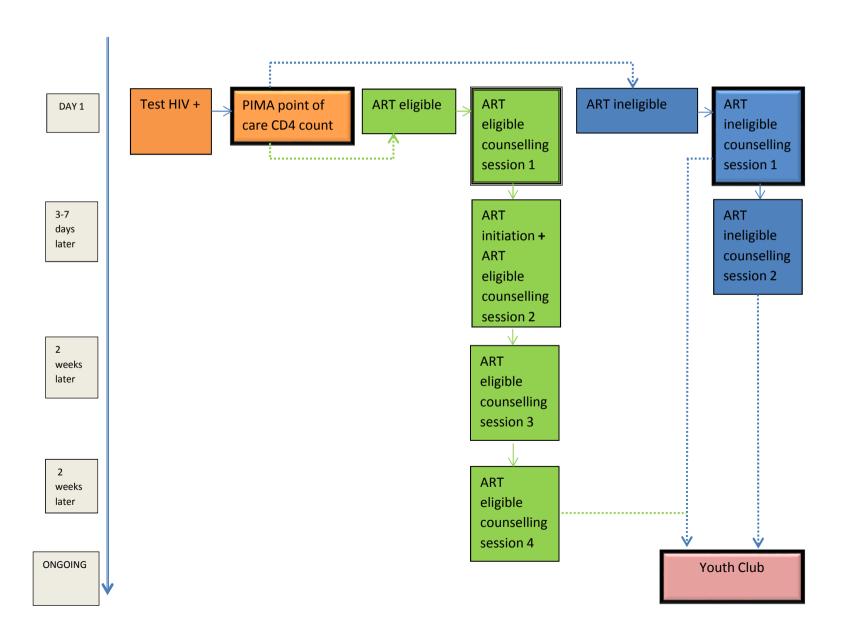
- Implemented in 2013
- ART initiation fast-tracked from average of 28 days to 1 week
- Adherence plan to address common adherence barriers

SESSION	OBJECTIVE	CONTENT
Session 1 1A (group/individual)	For Session 1A Understand basic principles of HIV and ART	For Session 1A HIV/ART education
1B (individual) 1C (group/individual - patients not ready to start ART)	 For Session 1B Start preparing patient's individual adherence plan (2 copies - 1 copy to go home with patient, the other to stay in the patient's clinic file) Define life goals and motivation for treatment For Session 1C Provide additional support and encouragement for patients eligible for ART who do not feel ready to start treatment 	 For Session 1B Reasons to lead long healthy life Identify support system Planning future appointments Combining TB Treatment and ART (only if co-infected) Readiness to start treatment Agreement with the patient on an adherence plan For Session 1C Investigation of the reasons of non-readiness to start ART, testimony of expert patients, identification of barriers to start treatment and strategies to overcome these
Session 2 (individual)	 Prepare patients eligible for ART on day of initiation Continue preparing patient's adherence plan 	 Creation of a medication schedule Managing missed doses Reminder strategies Storing medication and extra doses Dealing with side-effects Adapt patients adherence plan
Session 3 (individual)	 Support patients on ART at first clinic visit after initiation Continue preparing patient'sadherence plan 	 Review adherence plan Planning trips Dealing with substance use Communication with treatment team Adapt patients adherence plan
Session 4 (individual)	 Support patients on ART at second clinic visit after initiation Review adherence plan Troubleshoot any adherence obstacles thus far 	 Review adherence plan Learning from mistakes Education on viral load monitoring Discuss further support Adapt patient's adherence plan

ART eligible & initiation

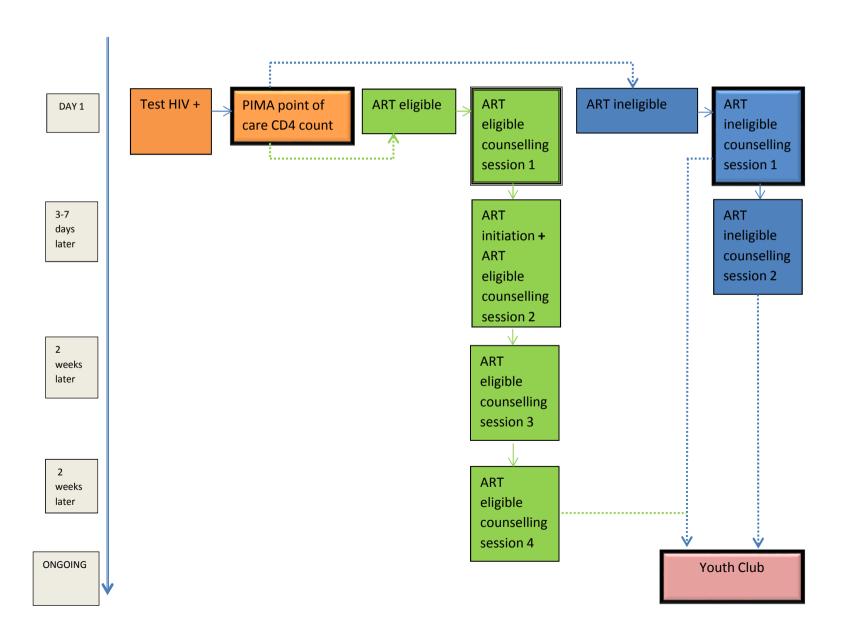


^{** 2014} data does not include Q4 2014



Ineligible counselling

- Option of attending 1 or 2 counselling sessions that cover:
 - acceptance of HIV status
 - HIV education
 - disclosure & support options
 - caring for themselves & potential sexual partners
 - importance of repeat CD4 at 6 months
 - Invited to join a Youth Club



Youth Clubs

- Closing HIV cascade gaps in the long-term care of HIV+ youth
- Group of 20 horizontally infected youth
- Mixed group of non-eligible, newly initiated on ART & stable on ART
- Meet monthly for first year, thereafter once every
 - 2 months
- Integrated clinical care & psychosocial support

Youth Clubs

- Counsellors recruit ineligible & newly initiated youth during counselling sessions
- Nurses recruit ART stable youth
- Virtual mentor programme
- Waiting room talks
- Each club has own club facilitator (MSF) & own club PN (City)

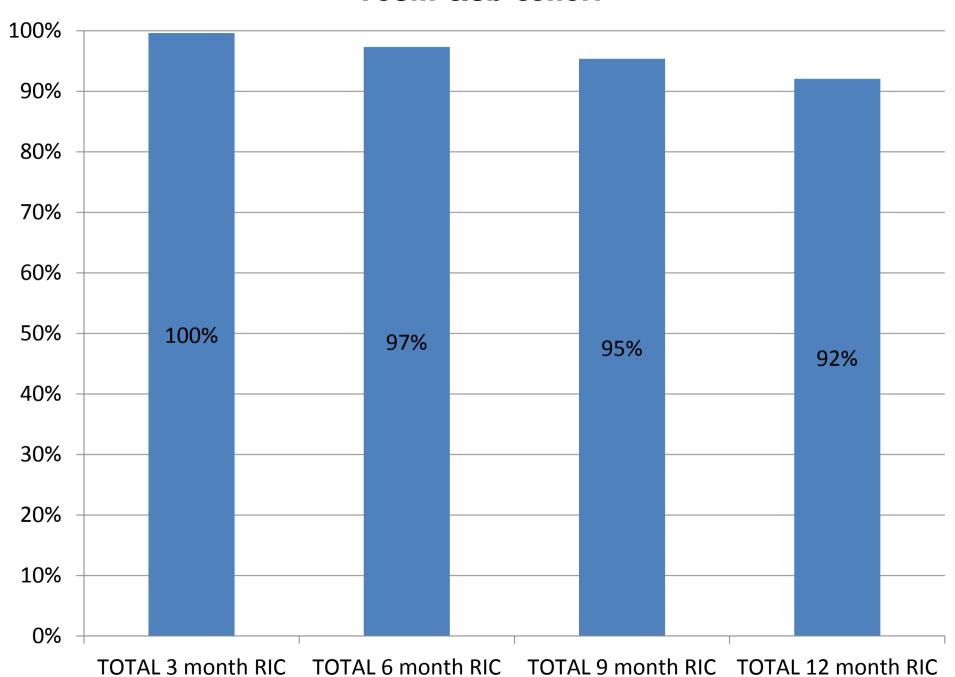


- Club facilitator records weight & symptom in paper register
 - 45-60min interactive, youth-specific discussion
- New on ART receive pre-packed ART from club PN after discussion
- Stable ART receive pre-packed ART from club facilitator in club room
 - FP, blood and clinical visit with club PN directly after discussion

Youth Clubs

- 304 ever enrolled
- Age out at 25 years, moved as a group to form own 'adult' ART club
- Current 168 youth across 10 youth clubs at SCY
- 3/10 youth clubs are for school-going youth
- 2 youth clubs at non-youth specific clinic, 1 for vertically infected adolescents

Youth Club Cohort



HIV cascade - closing the gaps

