



Charter for optimal care transitions in sickle cell disease

From framework to action: Using the Charter to amplify your advocacy work

The Charter and activities related to the Sickle Cell Policy Lab are supported with funding from Novo Nordisk and Pfizer. All activities are strictly non-promotional. Specific medicines should not be discussed or referred to either directly or indirectly.

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From framework to action

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What you can do to take the issue of poor care transitions forward

The care transition: What is it and why it matters



What is transition?

Transfer

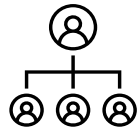
The 'handover'
from paediatric to adult care.¹

VS

Transition

“The purposeful, gradual, planned process of transferring a young person’s healthcare from a child-centred to an adult-oriented care setting that comprehensively addresses the medical, psychosocial, educational and vocational needs of that young person.”²

Why does the transition matter?



Sickle cell disease is a life-threatening inherited blood condition, recognised as a public health priority by the World Health Organization.¹



The condition affects haemoglobin, the protein inside red blood cells that carry oxygen around the body.² For people affected, the red blood cells become hard, sticky and become crescent/sickle shaped.²



Despite being a rare disease, sickle cell is:^{1,3}

- The most common genetic disorder in the UK and France.
- Increasingly prevalent across Europe.

While people living with sickle cell disease are living for longer, the number of deaths occurring in young people aged 18 to 26 is rising, coinciding with the transition period.

Poor transitions are reported to lead to:^{4,5}



Poor quality of life



Long-term health complications



Increased risk of death

Experiences of the transition

“There’s a **lack of support** or the support has been **non-existent**, [the patient] had a video call with her nurse from the clinical side but there was no support during secondary school.”



“There are still not many physicians who know about SCD, which means that **adult patients are still treated in paediatric clinics.**”



“[We need to] **educate and advocate for better care** outside of Paris, in small towns.”



“With the children’s clinic, you get a bit more support and a lot of people are a bit more interested in what’s going on with you. But when you are transitioned into the adult clinic, you are **expected to know every single thing about what’s going on with your health.** ... it might be **confusing** for a lot of people.”



“In my case, **I never had a real transition...** It was about being **transferred from paediatric care and trying to find an adult specialist by yourself**, which was not easy.”



Why do people experience a poor transition?

People with sickle cell disease often experience poor transitions in care for many different reasons.

Fragmented health and care systems	Social and cultural barriers	Lack of education and support	Structural and policy barriers
Siloed adult and paediatric services with poor coordination	Disadvantaged groups face limited access, support, and resources	Inadequate patient and parent/ carer education on self-management and navigating adult care	No or limited national guidelines
Limited access to specialist adult providers and continuity of care	Lack of culturally competent care and support tailored to diverse needs	Poor patient engagement, low autonomy, and fear around transition	Lack of data, monitoring, and interoperability between care systems
Geographical, financial, and coverage-related barriers to smooth transition	Stigma, discrimination, and low trust in healthcare providers	Emotional burden, isolation, and lack of psychosocial support	Inadequate reimbursement and undervaluing of multidisciplinary working



Sickle Cell Transitions
Policy Lab

Introducing the Charter for optimal care transitions in sickle cell disease



How we developed the Charter

Our vision

To seamlessly bridge the gap between paediatric and adult care for people living with Sickle Cell Disease, ensuring a continuous, coordinated, and compassionate healthcare journey that optimises their mental and physical well-being during this critical time.

Our process

We convened a multidisciplinary Policy Lab and Lived Experience Council made up of:



20+
Patients



5 patient
advocacy
organisations



12 adult and
paediatric
clinicians

from



UK



Germany



Switzerland



Spain



France



Portugal



Greece



Sweden



Ireland



Italy



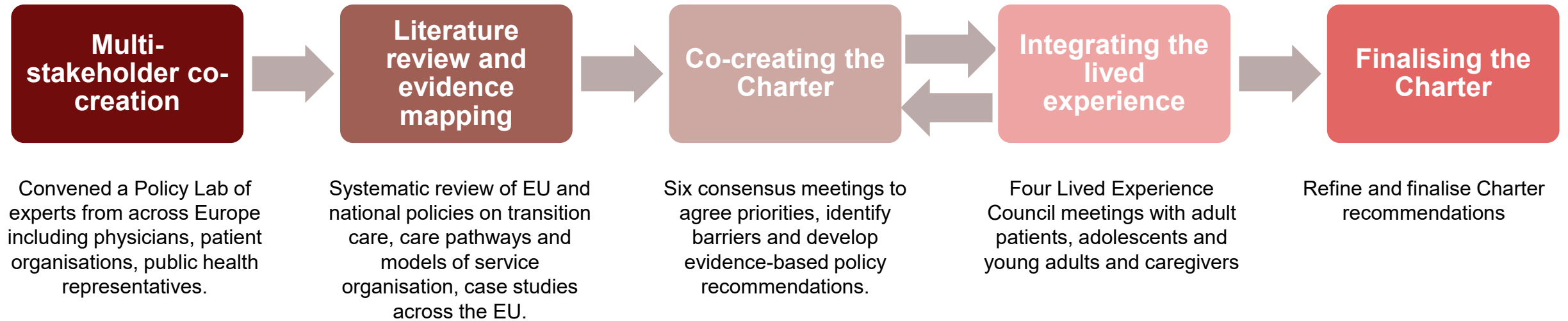
Belgium

Our Charter



Available in English, French, Italian and Spanish [here](#)

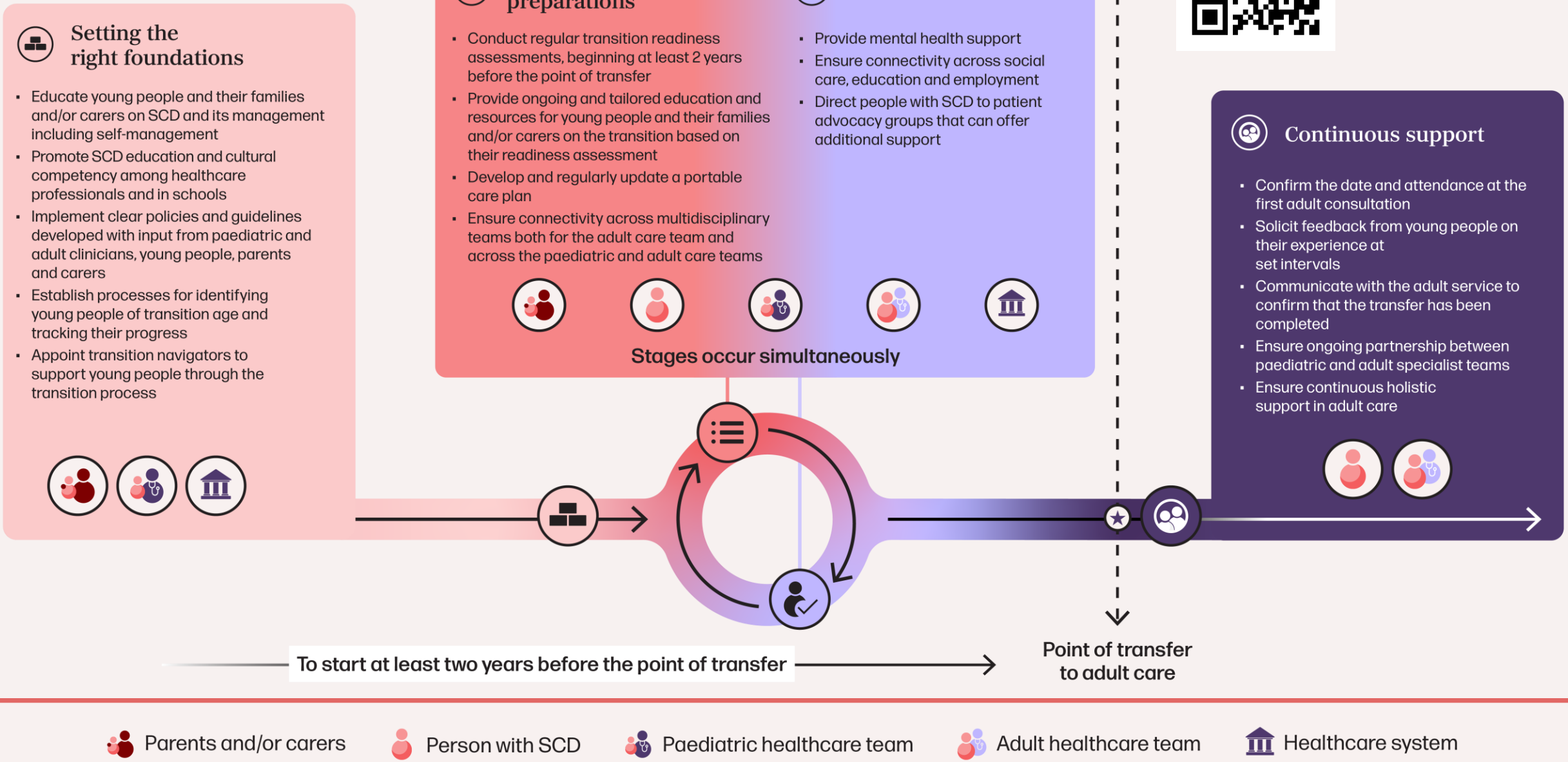
Our Policy Lab process



The Policy Lab was co-chaired by the European Sickle Cell Federation and ERN-EuroBloodNet



Our framework and recommendations



Download the Charter here

The need for action at the European level

All young people living with sickle cell disease deserve to experience a smooth, person-centred transition. Robust policies at the EU and national levels are needed and should:



Recognise sickle cell disease transition within wider rare or chronic disease policies, ensuring that policies and guidelines are developed with input from young people and their families and/or carers.



Mandate early, tailored and holistic transition planning, starting at least two years before the transfer to adult care, supported by dedicated funding and resources.



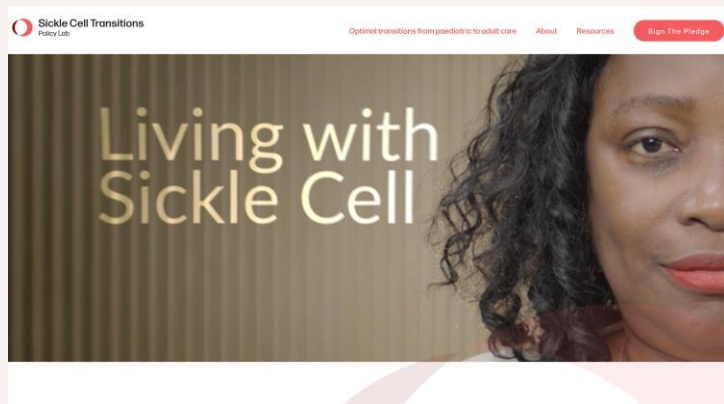
Embed evidence-based best practice to support healthcare teams, ensuring clear, consistent and high-quality care across Europe.

From framework to action



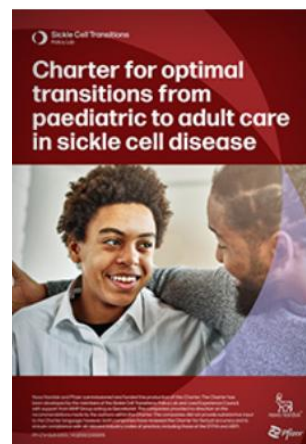
The tools we have developed

Read them. Share them. Use them.



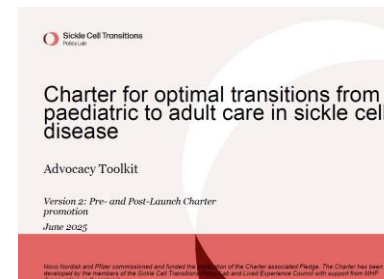
[The Sickle Cell Policy Lab website](#)

hosts a range of materials to support your advocacy work, including the Charter, Charter summary, an advocacy toolkit, short videos, conference posters and event materials.



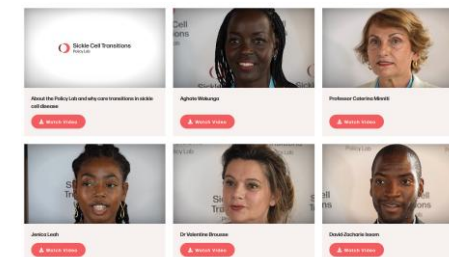
The evidence-based and clear call to action to policy and decision-makers at all levels

Available in English, French, Spanish and Italian. 1-page summary also available in English



A practical guide to help advocates make the case for better transition care

Includes key messages, policy asks, social media assets and more



Short videos to bring the Charter to light

Includes patient stories, expert perspectives and the 'why' behind the Charter

Everything is free to access. Scan the QR code to find all resources in one place



Taking the Charter across Europe

The Charter was launched at the European Hematology Association Congress in June 2025



The Charter was subsequently launched at a multistakeholder roundtable at the European Parliament in October 2025





Sickle Cell Transitions
Policy Lab

What you can do to take the issue of poor care transitions forward

Sign our pledge to optimise the transition from paediatric to adult care in sickle cell disease

To ensure that all adolescents and young adults living with sickle cell disease benefit from a smooth and person-centred transition from paediatric to adult care with:

- ✓ appropriate planning and pre-transition preparation
- ✓ teams that stretch beyond clinical care
- ✓ ongoing progress monitoring and a tailored health plan

We commit to driving health system change at all levels to ensure that health systems deliver an optimal transition for every young person with sickle cell disease, regardless of where they live.



With your support, we can ensure every young person living with sickle cell transitions into adulthood with the best possible care tailored to their needs.

Use the Charter to support your advocacy work



Read the Charter and identify what recommendations would have the biggest impact on improving transition care experiences in your country

Connect with other advocates and patients to understand centres of best practice for transition care in your country, to use as a case study in engagement

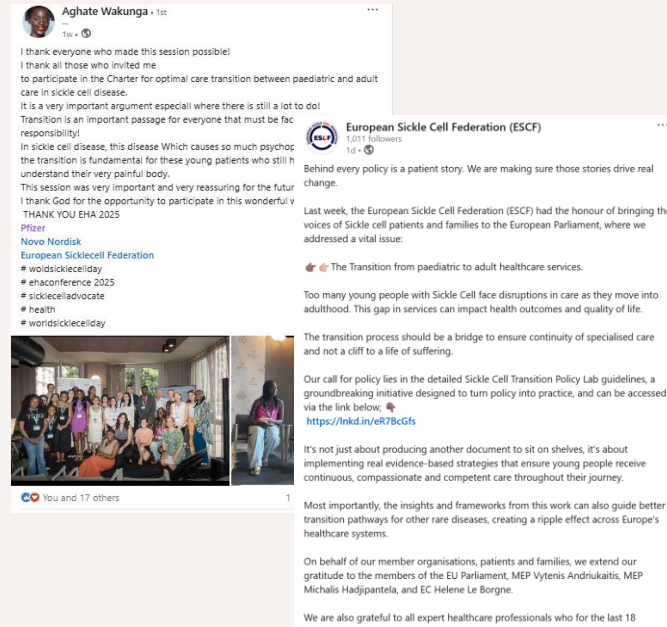
Engage with your local health system policymakers, using the Charter to highlight the gaps in transition care and the need for urgent action

Sustain engagement through campaigning (e.g. writing letters to local stakeholders, social media, engaging in meetings, organise local events)

Use your voice – examples of advocacy in action



Share the Charter and videos with your care team, child's school, employer or wider community



Post about care transitions on social media using our ready-made assets



Write to, or meet with, a local politician or hospital lead to share the Charter and discuss why care transitions must improve

Your experience is evidence. Every conversation matters.



Thank you

For any questions, please email
sicklecell@mhpgroup.com



<https://www.sicklecellpolicylab.com/>