DIFFERENTIATED SERVICE DELIVERY FOR ADOLESCENTS AND YOUNG PEOPLE LIVING WITH HIV: A SITUATIONAL ANALYSIS IN SOUTH AFRICA

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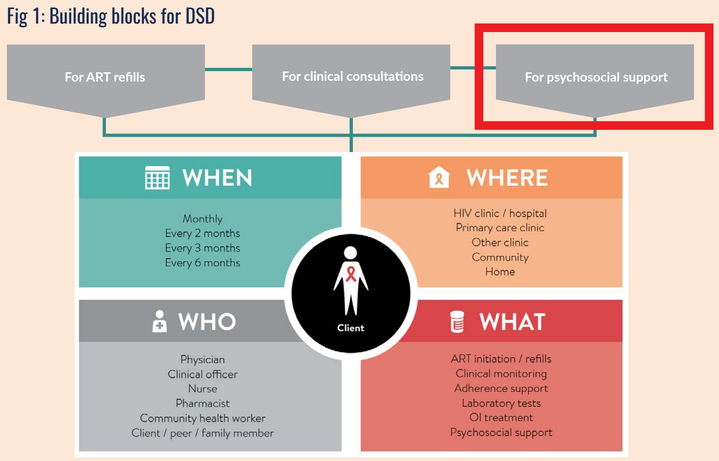
BACKGROUND

- In South Africa, there are more than 320,000 adolescents living with HIV who have a lifetime of ART management ahead
- While adolescent-specific data on health outcomes are scarce, increasing evidence indicates that adolescents and young people are underserved by HIV services, and have poorer access to ART than adults
- In addition to the challenges of accessing and adhering to treatment, adolescents and young people living with HIV (AYPLHIV) must also navigate through the often-complex adolescent developmental stage- which may further perpetuate poorer health outcomes
- Providing services that are responsive to their needs is therefore critical and requires alternative models of care, adapted to address their particular preferences, greater convenience and flexibility
- Differentiated service delivery (DSD) provides this opportunity, however the extent and efficacy of DSD implementation for AYPLHIV in South Africa is largely unknown

Fig 1: Building blocks for DSD



METHODS

In 2018, Paediatric Adolescent Treatment Africa (PATA), in collaboration with the South African Young Positives (SAY+) and other key stakeholders, undertook a situational analysis of DSD for adolescents and young people living with HIV in South Africa to examine the strengths, gaps and challenges of DSD implementation for the 10-24 years age group in the country, with a focus on gathering promising practice examples to guide future scale-up.

The situational analysis used a mixed method approach to generate rich data, including perspectives from programme implementers, health providers and young people themselves This included:

- Desk review of published and grey literature since 2005 (n=20)
- Anonymous paper-based, structured 18-item survey on current HIV service experiences and preferences for AYPLHIV aged 18-25 years across three South African provinces (n=83)
- Anonymous online, structured 21-item survey on understanding, attitudes and current practices around DSD for AYPLHIV for health providers within South Africa (n=14)
- Multi-stakeholder consultation on DSD for AYPLHIV in South Africa held in Johannesburg (n=35 delegates in attendance, representing 13 organisations)

RESULTS

1 **Absence of published literature documenting adolescent-specific DSD models,** in the East and Southern Africa region and South Africa specifically.

2 **Normative guidance in South Africa broadly supports DSD for adolescents and young people living with HIV[2,3,4].** While some do not explicitly mention DSD[2,3], recommendations are for a differentiated approach.

The Southern African HIV Clinician Society (SAHIVCS) Guidelines for adherence to anti-retroviral therapy in adolescents and young adults[4] in particular goes beyond global guidance on DSD for adolescents and young people, and includes service delivery building blocks for both stable and unstable adolescents and young people at treatment initiation and after the second year of ART.

Importantly, the SAHIVCS framework emphasizes:

- Psychosocial support
- Peer engagement
- Integration of sexual and reproductive health services
- Services out of school or work hours including during school holidays and weekends
- Health provider sensitisation and training on delivering adolescent and youth-friendly services

However, health providers report insufficient guidance from provincial and national health departments around the role of programme implementers in supporting DSD, as well as other structural and health system barriers to DSD policy implementation, including space and human resource shortages, weak patient booking systems, and insufficient integration of ART service delivery within broader health areas.

3 **Most adolescents interviewed are not accessing DSD**

- 62% attend ART refill visits monthly or every second month, even though monthly refills were the least preferred frequency selected by only 4%
- 60% attend clinical consultations monthly or every second month
- 69% collect ART from a clinic pharmacy
- Only 41% report the services they receive to be adolescent-friendly
- 80% reported that they only receive psychosocial support from their health providers when they ask for it

4 **Health providers who are implementing DSD for adolescents recommend**

- Youth adherence clubs
- Extended clinic hours
- Fast-track visits
- Peer-led interventions

5 **There is little evidence of DSD models for potential scale-up in South Africa**

The analysis did identify five projects that had been piloted, some with preliminary data that is largely unpublished. Although these projects were mostly acceptable to patients, and showed some improvement in service delivery, they have not been implemented nationally or at significant scale. These models include:

i) Youth Care Clubs[5,6], ["Youth Clubs", Medecins Sans Frontieres]

- Monthly or bimonthly session outside of school/work hours
- At a clinic or other safe space
- Closed group of ~20 members of similar age
- Led by trained lay provider such as peer educator
- Supported by health providers
- Each session includes screening (such as for tuberculosis, sexually transmitted infections, poor nutrition, psychosocial challenges, sexual and reproductive health needs); a pre-packed ART refill; and psychosocial support within a structured peer support group. In addition, some sessions also include a fast-track clinical consultation (e.g. for those identified at screening or annually for all)
- Support groups are based on standardised session guides on topics such as disclosure

→**IMPACT: Data show 75% viral suppression and 81-86% retention at 12 months**

ii) Clinic-based Provider-led Support Groups ["Health worker managed groups", Right to Care]

- Psychosocial support groups facilitated by health providers
- Combined with improved standard of care, e.g. dedicated adolescent clinic afternoon or day, pre-packaged ART, and priority youth card
- Uses an established support group manual
- Trains and provides ongoing technical support to health providers
- Covers multiple aspects of psychosocial support including mental health, health management, and SRH
- Integrates treatment adherence support

→**IMPACT: Limited qualitative data reflect acceptability of the intervention, improved referrals and strengthened networks of support**

iii) Community-based Provider-led Support Groups[8] ["Hlanganani Plus", Desmond Tutu HIV Foundation]

- Weekly psychosocial support group sessions over 22 weeks
- Held in a safe social space, with extended virtual support (mobile phone online platform)
- Provides ongoing adherence support and facilitates the transition from adolescent to adult care
- ART refills are administered by a nurse dedicated for these services
- Group and individual counselling facilitated by a trained lay counsellor
- Covers life skills and resilience-building, with a focus on well-being, self-care and goal setting

→**IMPACT: Investigation ongoing; anecdotal evidence reflects improved outcomes**

iv) Health facility-based Youth Care Model ["Health Connectors", Wits Reproductive Health and HIV Initiative (Wits RHI)]

- Weekly and when young person initiates communication
- Based at primary health care facilities for in-person support, with additional remote support via telephone and WhatsAPP and SMS
- Led by peer navigators, known as Health Connectors, who are trained graduates of a national health promotion programme
- Assist adolescents and young people to access, link to, navigate and remain engaged in services by making referrals, and providing health information and psychosocial support

→**IMPACT: Investigation ongoing; anecdotal evidence reflects improved outcomes**

v) Community-based Mobile Screening Services[8] ["Tutu Teen Truck", Desmond Tutu HIV Foundation]

- Tutu Teen Truck brings youth-friendly health screening services directly to adolescents and young people
- Screening for HIV, TB, diabetes and a range of other chronic diseases
- Provides comprehensive health advice including family planning and referrals to support linkage to HIV care
- Emphasises prevention and adopts a sero-neutral (focus on both HIV-positive and HIV-negative) approach

→**IMPACT: 96% uptake of HIV testing; yield of 2.9%**

Mercy Ngulube, IAS, United Kingdom, launches the new youth-led chapter in the Activist Toolkit on Differentiated Service Delivery from International Treatment Preparedness Coalition (ITPC) and AIDS Rights Alliance for Southern Africa (ARASA) at the PATA 2018 Youth Summit.

CONCLUSIONS AND RECOMMENDATIONS

- Scaling up DSD nationally will require leadership and coordination by the national department of health, with strategic input from key stakeholders, and strong partnerships with programme implementers also a coodinated effort from donors
- Foster a human rights-based service environment to ensure that DSD is implemented within a broader person-centred delivery context
- Ensure meaningful participation of adolescents and young people as equal partners in DSD policy and programme development, implementation and evaluation
- Respond to the diverse needs of all adolescents and young people living with HIV by considering characteristics such as age, gender, clinical stability, pregnancy, disability and key population status when planning DSD
- Strengthen partnerships, linkages and referrals between health facilities and community structures such as community-based organisations for continuity of care and programme sustainability
- Provide accurate, age appropriate information to young people and communicate on their level. Social media resources should be utilised
- Build the capacity of professional and lay health provider cadres, providing ongoing training and sensitisation on DSD, adolescent-friendly health services and psychosocial support
- Include psychosocial support as an essential component of any DSD model for adolescents and young people living with HIV
- Employ young people to provide AYF services and make spaces more AYF; especially in roles that link young people to care
- Integrate HIV and SRH services, where feasible, or strengthen referral systems to link these services
- Operate around learners' timetables, including for example Saturday and/or after-school clinics
- Offer fast-track ART refills for adolescents and young people
- Standardise DSD quality through standard operating procedures and robust monitoring and evaluation systems

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RECOMMENDED READINGS

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