TECHNICAL BRIEF

DIFFERENTIATED SERVICE DELIVERY FOR ADOLESCENTS AND YOUNG PEOPLE LIVING WITH HIV IN SOUTH AFRICA

WHAT IS DIFFERENTIATED SERVICE DELIVERY?

Differentiated service delivery (DSD) puts the client at the centre of HIV services. DSD improves the client experience by adapting HIV service provision according to the heterogenous needs, preferences and expectations of different groups of people living with HIV, while facilitating service scale-up by reducing the burden on health systems and increasing efficiency[1].

Unlike service delivery models that apply standardised care for all people living with HIV, DSD considers the specific service package (WHAT), location (WHERE), provider (WHO) and frequency (WHEN)[2] most appropriate for each client group. Together, these building blocks form a differentiated service model that can best meet the needs of diverse clients within particular epidemiological contexts and local health systems, while retaining a public health approach to ensure sustainability.

WHY IS DSD PARTICULARLY IMPORTANT FOR ADOLESCENTS AND YOUNG PEOPLE LIVING WITH HIV?

Adolescents and young people living with HIV face particular challenges in accessing and adhering to HIV treatment[3]. These include psychological and social barriers such as heightened stigma and discrimination both within the community and health system. Moreover, in addition to the rapidly evolving changes that characterise the tumultuous adolescent period in general, adolescents and young people must contend with policy barriers such as the requirement for parental consent to access HIV and broader sexual and reproductive health services in many countries[4]. Together,

> The distinct rapid physical, psychological and emotional changes that occur during adolescence impact how adolescents view their health, make decisions, perceive risk and interact with health and related services[7].

these challenges prove insurmountable for many adolescents and young people, and those countries with age-disaggregated data available report poor outcomes in these age groups[5-6].

DSD provides an opportunity to ensure that all adolescents and young people receive responsive HIV services that address their unique needs.

SITUATIONAL ANALYSIS

South Africa is home to the largest population of young people living with HIV in the world. In 2017, it was estimated that 700,000 15-24-year-olds were living with HIV in the country, with 110,000 new infections diagnosed in this age group that year[8]. Studies demonstrate that adolescents and young people in South Africa have significantly lower virological suppression and retention rates compared to adults[9-11].

In 2018, Paediatric-Adolescent Treatment Africa, 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. The analysis examined the strengths, gaps and challenges of DSD implementation for the 10-24 year age group in the country, with a focus on gathering promising practice examples to guide future scale-up. The situational analysis used a four-component mixed methods approach to generate rich data, including perspectives from programme implementers, health providers and young people themselves.

These methods compromised:

i) Desk review of published and grey literature since 2005 → 20 publications
ii) Health provider survey → 14 respondents from three provinces
iii) Adolescent and young person survey → 83 respondents from three provinces
iv) Multi-stakeholder consultation → 35 participants including programme implementers, technical experts, health providers and young people living with HIV from throughout South Africa

MAJOR FINDINGS

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[12-14].** While some do not explicitly mention DSD[12-13], recommendations are for a differentiated approach

The Southern African HIV Clinician Society (SAHIVCS) *Guidelines for adherence to antiretroviral therapy in adolescents and young adults*[14] 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

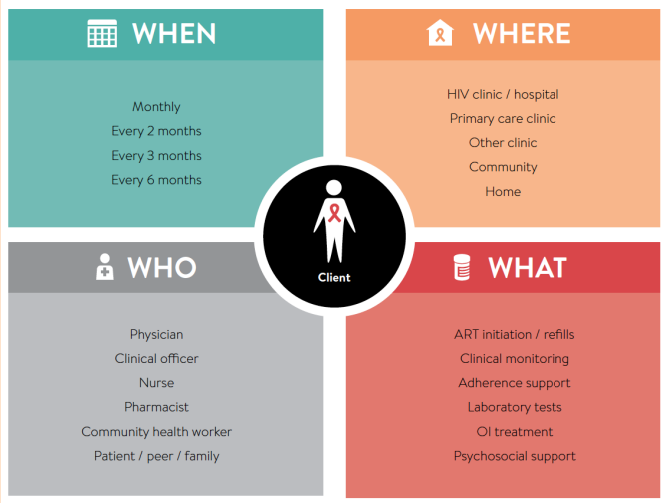
However, health providers report insufficient guidance from provincial and national health departments around the role of programme implementers in supporting DSD, as well as other structural and health system barriers to DSD policy implementation, including space and human resource shortages, weak patient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

Loud and proud at the PATA 2018 Youth Summit #NothingForUsWithoutUs

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**

DSD Building blocks for AYPLHIV



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 are briefly outlined below.

i) Youth Care Clubs[15-16] ["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

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

ii) Clinic-based Provider-led Support Groups[17] ["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

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).

"They told me that I can join other youth just like me. So Day One that I joined, I instantly felt comfortable. I didn't need further explanation because I was comfortable."

– Female YCC member

- 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[18] ["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[18] ["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%**

Key principles: Making DSD work for adolescents and young people

- 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. So use social media resources like b-wisehealth.com or Choma or....
- 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 AYFS services and make spaces more AYFS; 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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