

NATIONAL ADOLESCENT & YOUTH HEALTH POLICY 2017



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Department:
Health
REPUBLIC OF SOUTH AFRICA

A long and healthy life for all South Africans





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&
YOUTH HEALTH POLICY
2017**

FOREWORD BY THE MINISTER OF HEALTH



It is my pleasure to present the Adolescent and Youth Health Policy 2017 to various government departments, partners and stakeholders involved in adolescent and youth health, and to young people themselves. The policy aims for a realistic, practical approach to health programming. It identifies stakeholders involved in the promotion of health among youth and emphasizes the commitments of the Department of Health (DoH). It foregrounds the critical role of various government departments and agencies in supporting and streamlining the successful implementation of health programmes.

Adolescent and youth participation has been an integral part of developing this policy. There are many influences on the lives of adolescents and youth between the ages of 10-24 years; including family, quality of health services, education, social status and economic development. The Department of Health (DoH) plays a major, but not exclusive role in the quality of health services. Supporting and promoting the health and wellbeing of young people are primary objectives of the Department. We are committed to assisting young people as they transition from childhood to adulthood.

To prepare our young people for this transition, we must equip them with the skills and motivation required to face the many challenges they will face. To lead healthy lives, young people must learn how to identify and manage risks, and to develop and strengthen resilience. The DoH has developed numerous mechanisms and programmes to improve youth health, within various components of health policy and programming:

- Adolescent and Youth Friendly Services (AYFS) which is a standards driven approach to improve quality of care for adolescents and youth.
- Integrated School Health Programme: Focuses on addressing both the immediate health problems of learners, including barriers to teaching and learning as well as implementing interventions that can promote their health and well-being during childhood and beyond.
- Ideal clinics: defined as clinics with good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes, and sufficient adequate bulk supplies. It uses applicable clinical policies, protocols and guidelines, and it harnesses partner and stakeholder support.
- B-Wise is a young person's interactive cellphone health platform to empower adolescents and youth to make the right choices based on accurate information. The primary target is young people between ages of 10-24 years, both in and out of school. Secondary targets include health care providers, parents, teachers and other partners.
- She Conquers Campaign: A youth-led campaign which will run for 3-years collaborating with government, NGOs, business, and civil society to address the major issues that adolescent girls and young women face in South Africa today. With almost 2000 adolescent girls and young women (age 15 to 24 years) becoming infected with HIV every week, we can only effect large scale change if we work closely with young people, collaborating with partners providing relevant services to mobilise and share resources, and improve health provision and support.

We must continue to provide opportunities for social and behaviour change and will focus our resources on those areas where they will have maximum benefit. It is my priority to focus on the needs of our young people.

After all, they are our future.

Dr. PA Motsoaledi, (MP)
Minister of Health
Date: 6 July 2017

MESSAGE FROM THE DIRECTOR GENERAL OF HEALTH



Our mission is to help adolescents and youth make the best of their opportunities and life chances and to support them in becoming valuable contributors to our communities. I fully support the Adolescent and Youth Health Policy 2017; we desire to have empowered young people who are healthy, stay safe, enjoy life and achieve, make a positive contribution and prosper.

I urge all other government departments and communities to integrate and streamline their programmes and objectives to promote the health among young people living in South Africa.

Success will only be achieved if everybody involved embraces change and works to support common objectives. All sections of the DoH should develop annual operational plans which are based on and responsive to this policy. These operational plans are used to set performance targets and therefore a high standard of performance is expected. Together we aspire to deliver the best possible quality interventions for our adolescents and youth.

A handwritten signature in black ink, appearing to read 'P. Matsoso', written over a dotted line.

Ms P. Matsoso
Director-General: Health
Date: 23 June 2017

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ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
AYFS	Adolescent and Youth Friendly Services
ARVs	Antiretrovirals
AYHP	Adolescent and Youth Health Policy
CBO	Community-based Organization
DBE	Department of Basic Education
DOH	Department of Health
DSD	Department of Social Development
CHW	Community Health Workers/Community Care Workers
FBO	Faith-Based Organisations
HIV	Human Immunodeficiency Virus
HCT	HIV Counselling and Testing
ISHP	Integrated School Health Programme
LGBTI	Lesbian Gay Bisexual Transgender and Intersex
MCWH	Maternal, Child and Women's Health
MDR	Multi-drug Resistant
MRC	Medical Research Council (South Africa)
MMC	Medical Male Circumcision
NDOH	National Department of Health
NGO	Non-Governmental Organization
NHI	National Health Insurance
NSDA	Negotiated Service Delivery Agreement
NYP	National Youth Policy
NYDA	National Youth Development Agency
NYRBS	National Youth Risk Behaviour Survey
PHC	Primary Healthcare
SANAC	South African National AIDS Council
SAPS	South African Police Service
SBIRT	Screening, Brief Intervention and Referral to Treatment
STI	Sexually Transmitted Infection
SRHR	Sexual and Reproductive Health and Rights
TB	Tuberculosis
TOP	Termination of Pregnancy
TWG	National Department of Health Paediatric, Youth and Adolescent Technical Working Group
UN	United Nations
UNCRC	United Nations Convention on the Rights of Children
USAID	United States Agency for International Development
WHO	World Health Organization

CONTENTS

FOREWORD BY THE MINISTER OF HEALTH	ii
MESSAGE FROM THE DIRECTOR GENERAL OF HEALTH	iii
Acknowledgments	iv
Authors	iv
Abbreviations	v
Contents	vi
Table of Figures	9
1. Introduction.....	10
2. Vision.....	10
3. Mission	10
4. Goal.....	10
5. What can harm or help adolescent and youth health?	10
6. How was the Adolescent and Youth Health Policy developed?	11
7. Methods.....	11
Figure 1: A teen advisor fills out a 'clinic report card', marking the provision of health services in the local clinic with a 'smiley face' or a 'thumbs down'	12
Figures 2 and 3: A cabinet of youth health advisors deliberates on the objectives of the AYHP (2014). Here, the appointed minister consults her cabinet on their experiences of health services. [Faces blurred to protect participant confidentiality]	12
Figure 4: 'Dream Clinic'. Notable features –an ambulance and a mobile clinic, a wheelchair room, a water tank, a comfortable waiting room with access to digital entertainment	12
8. Evidence-based reviews	13
9. Expert consultation.....	13
10. Key objectives of the AHYP.....	14
10.1 Objective 1: Use innovative, youth-oriented programmes and technologies to promote the health and wellbeing of adolescents and youth	15
10.2 Objective 2: Provide comprehensive, integrated sexual and reproductive health & rights services integrated with HIV & AIDS & TB.	16
10.3 Objective 3: Prevent, test and treat for HIV and TB. Retain patients within healthcare services and support better adherence to medicines). Integrate chronic and communicable-disease management with sexual and reproductive health services.	16
10.4 Objective 4: Prevent violence and substance abuse	17
10.5 Objective 5: Promote healthy nutrition and reduce obesity.	17
10.6 Objective 6: Empower adolescents and youth to engage with policy and programming on youth health.....	18
11. Policy Implementation, monitoring and evaluation	18
12. Monitoring and Evaluation.....	19
13. Logic Framework.....	20
14. Costing and financing the AYHP	21

TABLE OF FIGURES

Figure 1: A teen advisor fills out a 'clinic report card', marking the provision of health services in the local clinic with a 'smiley face' or a 'thumbs down'	4
Figures 2 and 3: A cabinet of youth health advisors deliberates on the objectives of the AYHP (2014). Here, the appointed minister consults her cabinet on their experiences of health services. [Faces blurred to protect participant confidentiality]	4
Figure 4: 'Dream Clinic': Notable features - an ambulance and a mobile clinic, a wheel chair room, a water tank, a comfortable waiting room with access to digital entertainment	5

1. Introduction

This Adolescent and Youth Health Policy aims to promote the health and wellbeing of young people, aged 10-24 years. Over the past two decades in South Africa, we have focused on equitable distribution of health resources and the expansion of service delivery. This has transformed the public health service. In adolescent and youth health, evidence from research has improved our understanding of needs and responses, and programmatic innovation has expanded healthcare provision and awareness. Despite this progress, adolescents and youth still face risks. Persistent high rates of HIV transmission (particularly among young, black women), tuberculosis, unintended and unsupported pregnancy, sexually transmitted infections and substance abuse are major challenges for adolescents and youth, and for the health sector that services their needs.

The Department of Health strives towards a pro-active, preventative focus on health promotion and management. There is a growing recognition of the behavioural and structural causes of health and disease, and a concomitant commitment to designing programmes that are responsive to the social and structural determinants of health. But there are vast opportunities for increasing the effectiveness of adolescent health programme, and for taking programmes to scale nationally. This Adolescent and Youth Health Policy (AYHP) will aid the Department of Health, together with principal partners in government, to change national conceptions of effective health promotion among adolescents and youth in South Africa, and further to design and implement health programmes and services that enhance health and wellbeing among youth.

2. Vision

A long and healthy life for all South African adolescents and youth.

3. Mission

To improve the health status of young people through the prevention of illness, the promotion of healthy lifestyles, and the improvement of the health care delivery system by focusing on the accessibility, efficiency, quality, and sustainability of adolescent and youth friendly health services (AYFS).

4. Goal

To provide guidance to departments and organisations working with the Department of Health on how to respond to the health needs of young people. This requires an integrated approach that is not just problem-oriented, but with focus on promotion of healthy life-styles, mitigation of risk factors and puts in place 'safety nets' for prevention, early detection and intervention.

5. What can harm or help adolescent and youth health?

Health is determined by a web of factors operating at multiple levels. Individuals make choices within the context of their relationships, families, communities, economic circumstances, and the social norms and beliefs that govern their lives. Laws, policies and programmes may enhance or limit these choices. Among population groups that are vulnerable or marginalised, for instance through patriarchal gender norms or physical disability, the freedom to seek and secure health services may be reduced.

The National Development Plan provides government's vision of 'A Long and Healthy Life for All South Africans'.¹ Health promotion depends on providing functional and youth-friendly healthcare services, together with access to decent housing and sanitation, nutrition and education. The promotion of health is therefore dependent on service delivery by various government departments, and on interdepartmental collaboration for common objectives. As numerous policy documents and commitments highlight, health can only be improved through broadening the scope of community involvement in health provision and promotion at local levels.

This policy provides an opportunity for government and communities to integrate and streamline their programmes and objectives to promote health among adolescents and youth. This follows the National Service Delivery Agreement, which commits to intersectoral initiatives (in collaboration with the Departments of Basic Education, Cooperative Governance and Traditional Affairs, Higher Education and Learning, Social Development and Trade and Industry, and with the criminal justice system) to promote improved health outcomes through the health and education systems, and within households.²

While the experiences and needs of young people are at the centre of this policy, health does not result solely from individual behaviours. Structural, familial, systemic and social factors, including economic vulnerability, violence, victimisation, social isolation and harmful gender norms, affect health among youth. Health is the result of a composite of factors operating at individual, household, community (including schools, higher education institutions) and societal levels. Therefore, health programming alone will not necessarily guarantee improved health among adolescents and youth. As a result, this policy describes a package of interventions that operate within and across these four domains: individual; household; community and society. This package aims to work synergistically – promoting health and mitigating risk factors and behaviours across these different domains.

The AYHP uses the latest evidence of programmes that will not only combat existing problems, but also seek pro-active approaches to health promotion. Evidence suggests that comprehensive packages that incorporate the multiple needs of adolescents and youth have a greater impact on risk behaviours than single interventions. Rather than focusing on broad commitments and multiple objectives, this policy provides targeted, focused and practical overviews of six key outputs, sub-divided into key interventions that form a package to promote health among adolescents and youth in South Africa.

6. How was the Adolescent and Youth Health Policy developed?

South Africa is at the global forefront of progressive policy and programming to promote the health of adolescents and youth. The first National Policy Guidelines for Youth and Adolescent Health were published in 2001, and a partnership between government and civil society resulted in the completion of a draft Adolescent and Youth Health Policy in 2012. This draft policy captured ambitious national commitments to improving the health and wellbeing of young people, and served as a key referent for the final AYHP. This AYHP builds on the critical work of government partners, civil society organizations and other expert stakeholders, and situates adolescents and youth as key experts in health policy and programming. Current policies that provide the most proactive approach to youth empowerment and health promotion are other foundations for the AYHP. These include the National Youth Policy, and the World Health Organization's Global Strategy for Women, and Children's and Adolescent's Health 2016 – 2030.

Youth participation and engagement have been central to this policy's development. In the course of eight years of participatory research as part of the Young Carers, Mzantsi Wakho and Sinovuyo Teen partnerships, the health challenges, needs and ambitions of adolescents and youth in South Africa were identified and mapped systematically. In the process of developing this policy, further engagement with adolescents, youth and other expert stakeholders was conducted in tandem with evidence-based reviews of current best practices. The aim was to integrate the needs of young people, the key target population for this policy, with the latest high-quality evidence regarding effective strategies and services for health promotion.

It is also important to ensure the inclusion of marginalised populations in the development of national policy. Following this, and guidance such as Sexual and Reproductive Health and Rights: Fulfilling our Commitments 2011-2021 and beyond, consultations included highly vulnerable groups of adolescents and youth, including those with communicable and non-communicable diseases, youth with disabilities and youth at risk of HIV-transmission.

7. Methods

This engagement took three primary forms:

- Consultations with adolescents and youth, caregivers, healthcare workers and social service providers
- Evidence-based reviews of priority areas for adolescents and youth health
- Policy-level and researcher consultations.

Adolescent, youth and caregiver consultations

Participatory research with diverse adolescents and youth established the core objectives for the policy. This included:

- Convening a Youth Health Parliament
- Visual exercises including 'dream consultations' and 'dream clinics'
- Participatory research to investigate substance abuse, mental health/illness and adherence to chronic medicines
- Health report cards in which adolescents and youth evaluated public health services
- Focus groups on sexual and reproductive health, intimacy, romance, risk and aspiration among youth and adolescents and their caregivers.

These activities were supplemented by an audit of health interventions with adolescents, caregivers, healthcare workers, traditional healers, CBOs and FBOs, in conjunction with key informant interviews in local, provincial and national settings.

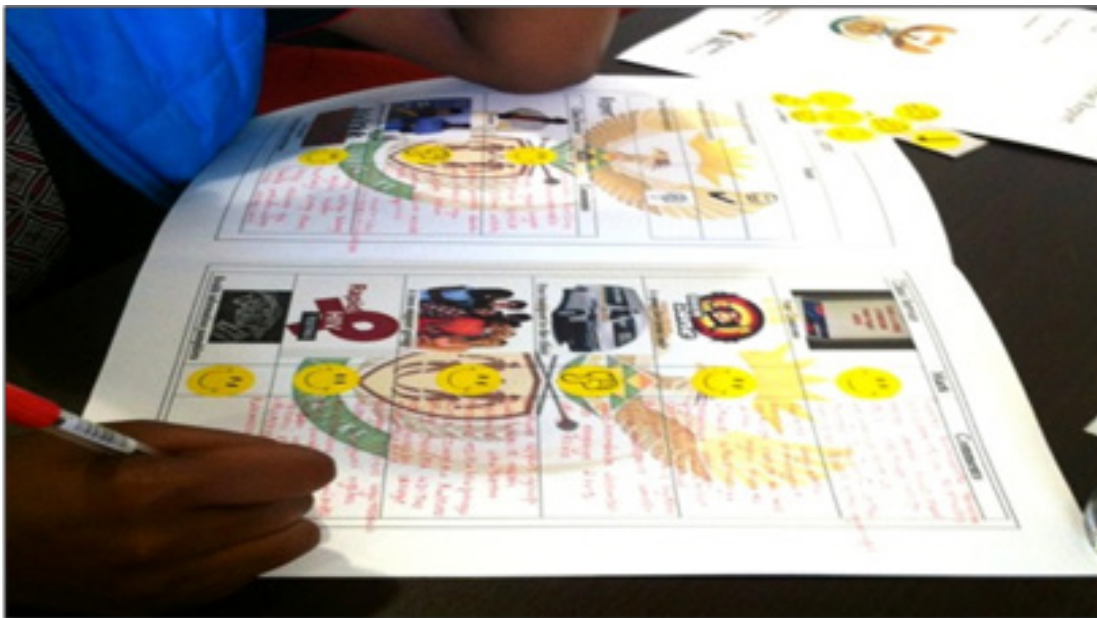


Figure 1: A teen advisor fills out a 'clinic report card', marking the provision of health services in the local clinic with a 'smiley face' or a 'thumbs down'



Figures 2 and 3: A cabinet of youth health advisors deliberates on the objectives of the AYHP (2014). Here, the appointed minister consults her cabinet on their experiences of health services. [Faces blurred to protect participant confidentiality]



Figure 4: 'Dream Clinic'. Notable features –an ambulance and a mobile clinic, a wheel chair room, a water tank, a comfortable waiting room with access to digital entertainment

8. Evidence-based reviews

Evidence-based reviews were conducted of published, peer-reviewed literature and grey literature. Location and context are vital in the design and implementation of effective health interventions, and so evidence from Southern Africa was prioritised. Reviews focused on priority areas identified by adolescents and youth together with other experts. Rather than an exhaustive list of health challenges, these focal areas represent the most critical health matters identified by adolescents and youth, and other expert advisors, through participatory research. Priority areas were also informed by the imperatives of feasibility and scalability.

Priority areas are:

- adolescent and youth friendly services;
- drug and substance abuse;
- HIV/AIDS and TB prevention;
- HIV/AIDS and TB treatment;
- mental health/illness;
- sexual and reproductive health and
- violence prevention.

AYHP objectives were developed based on findings from youth engagement, broader stakeholder consultation and evidence-reviews. To achieve the stated objectives, the AYHP recommends a series of interventions. In addition to the centrality of youth engagement and expert consultation, these interventions are based on:

- (a) acceptability and sustainability and
- (b) alignment with national and global development priorities.

While the objectives of the AYHP are ambitious, the policy aims for a realistic, practical approach to health programming. The policy identifies stakeholders involved in promoting health among adolescents and youth, approaching health promotion as intersectoral and collaborative. As a policy focused on health needs, the AYHP emphasises the commitments of the National Department of Health. However, it foregrounds the critical role of various government departments and agencies in the supportive, streamlined and successful implementation of health programmes. Each objective therefore identifies government departments whose policy objectives and goals align with each of the AYHP priority areas, and whose partnership will promote the health and wellbeing of adolescents and youth. Objectives are broken down to identify primary stakeholders, indicating the commitment of the Department of Health.

9. Expert consultation

An expert consultation was convened by the National Department of Health and UNFPA, and focused on intervention strategies and implementation plans. Here, targeted advice combined technical expertise with real-world programmatic experience and critical engagement by civil society, bilateral partners and researchers.

These experts highlighted the importance of locating the AYHP within current and international laws and policies. They also saw health promotion from the perspective of primary prevention within the community and the household. Standard approaches to improving adolescent and youth health have focused on single 'problem behaviours' (such as condom use or the delay of sexual debut). This AYHP moves away from single-focus prevention initiatives. It highlights the co-occurrence of risk behaviours and promotes a more comprehensive, holistic understanding of health determinants.

The Adolescent and Youth Health Policy is aligned with the following national and international policies and plans:

- South Africa's National Strategic Plan on HIV, STIs and TB (2012-2016)
- The World Health Organization's Global Strategy for Women, Children's and Adolescent's Health 2016 - 2030
- South Africa's Negotiated Service Delivery Agreement (NSDA) for Outcome 2: A Long and Healthy Life for All South Africans
- Sexual and Reproductive Health and Rights: Fulfilling our Commitments 2011-2021 and beyond
- South Africa's National Contraception and Fertility Planning Policy and Service Delivery Guidelines
- South Africa's National Contraception Clinical Guidelines
- UNAIDS 90-90-90: An ambitious treatment target to help end the AIDS epidemic
- Preventing HIV in Adolescent Girls and Young Women: Guidance for PEPFAR DREAMS Partnership Initiative
- The World Health Organization's Consolidated Guidelines on HIV Testing Services
- UNAIDS Fast Track – Ending the AIDS Epidemic by 2030
- The World Health Organization's Global Standards for Quality Health-care Services for Adolescents: A Guide to Implement a Standards-Driven Approach to Improve the Quality of Health-Care Services for Adolescents
- South Africa's National Adolescent Sexual and Reproductive Health Rights Framework 2014-2019
- The South African Government's National Development Plan 2030
- South Africa's National Youth Policy 2015 – 2020
- South Africa's Integrated School Health Policy, 2012
- Strategy for the Prevention and Control of Obesity in South Africa 2015 – 2020
- ALL IN to #EndAdolescentAIDS' (UNICEF, UNAIDS, MTV Staying Alive, Young People Living With HIV Partnership, the Global Fund, UNFPA, PEPFAR and the WHO).

10. Key objectives of the AHYP

The AYHP identifies six principal objectives:

1. Use innovative, youth-oriented programmes and technologies to promote the health and wellbeing of adolescents and youth
2. Provide comprehensive, integrated sexual and reproductive health services
3. Prevent, test and treat for HIV/AIDS, TB and NCDs
4. Reduce substance abuse and violence
5. Promote healthy nutrition and reduce obesity.
6. Empower adolescents and youth to engage with policy and programming on youth health and be responsible for their health and wellbeing - Leave no one behind including youth with Disability.

To achieve these outputs, a core package of evidence-based interventions must be brought to scale. Some of these interventions aim to improve health directly, and will be led by the Department of Health. Others will improve health more distally – by influencing structural and contextual factors that boost resilience or reduce vulnerability, and are led by other government departments and agencies.

10.1 Objective 1: Use innovative, youth-oriented programmes and technologies to promote the health and wellbeing of adolescents and youth

Adolescence is a period of emotional and social development, growing independence and changing relationships within families, friendships and communities. Associations between risk behaviours, poverty and inequality are complex. Research has established that social and structural deprivation, intersecting with gendered norms that disempower girls and women, are key drivers of risky behaviours and poor health outcomes. These deprivations include poverty and exclusion, income shocks, mental health distress, stigma, harsh parenting and abuse. Exposure to multiple stressors can have cumulative effects, maximising risk behaviours. In addition, these risk behaviours are primarily extra-clinical, occurring beyond healthcare facilities, in contexts in which adolescents and youth live, have fun, and take risks.

Health promotion programmes need to focus on individual behaviours, complemented by support, education, empowerment and health service delivery programmes based in schools, families and communities (including traditional and religious systems). The power and practicality of digital health tools can be leveraged to advance health education, information and support.

The Department of Health (as well as the Department of Basic Education) commits to providing interventions including in-school and out-of-school classes, with interactive methodologies. It has also committed to implementing social outreach interventions at local, district, provincial and national levels, and in schools, clinics, communities and workplaces.

The conceptualisation and implementation of Adolescent and Youth Friendly Services must be tailored according to the needs and capabilities of specific facilities, and developed in collaboration between youth and healthcare staff.

Objective 1: Interventions

Department
of Health-led
programmes

- A. Provide a package of services for adolescents and youth as well as strategies to render these services across all levels of the health sector starting with PHC up to hospital care. Provide healthcare workers with both pre and in-service training on Adolescent and Youth Friendly Services through incorporating an AYFS curriculum. The curriculum must include psychosocial and communications skills that promote the specific developmental needs of adolescents and youth.
- B. Scale up IT platforms to promote engagement of adolescents and youth with the health service and to widen and strengthen digital channels of education, information and support. By leveraging mobile technologies, create health information applications, health monitoring tools and patient feedback mechanisms.
- C. In its role as a provider of health services, the DOH will identify young people who are in need of social assistance and will refer appropriately.

Inter-
Departmental
programmes
with
Department
of Basic
Education,
Higher
Education
and Social
Development

- D. Through the Integrated School Health Policy, review and revise school-based programmes to actively promote health through evidence-based programming. The curriculum must include accessible and practical information about HIV/AIDS and TB, mental health, sexual and reproductive health, nutrition and healthy weight, substance abuse and violence prevention. Evidence suggests that interactive behavioural skills practice (such as role-plays) and non-judgemental, non-moralising forms of engagement and education are vital in effective and inclusive health communications with youth.
- E. The DOH will provide support to CHWs, Social Development staff and CBOs to implement evidence-based parenting/caregiver programmes with demonstrated effects on adolescent health risk and protective behaviours. Examples include Families Matter (CDC), Sinovuyo Teen (UNICEF/WHO). Specific programmes to promote mental health and positive prevention for HIV-positive adolescents, such as that implemented in the CHAMP+ study, will be implemented.
- F. The DOH will support processes that are led by Social Development, SASSA and the Department of Basic Education, in implementing social protection interventions for 10-24 year olds, using combined social and economic empowerment strategies. Examples include: social grants or apprenticeship schemes for 18-24 year olds as continuation of the Child Support Grant, free education and school meals.

Target groups: Adolescents and youth, teachers, caregivers.

Implementing partners: Departments of Basic Education, Health, Higher Education and Learning and Social Development, SASSA, SANAC.

Key bilateral partners: PEPFAR through the DREAMS initiative, Global Fund, UNICEF.

10.2 Objective 2: Provide comprehensive, integrated sexual and reproductive health & rights services integrated with HIV & AIDS & TB.

Sexual and reproductive health services have traditionally focused on adult women of reproductive age. They often do not meet the needs of youth and adolescents, including those living with disabilities and chronic illnesses, LGBTI, or adolescents and youth in risky sexual relationships. Comprehensive SRH services must be tailored to the needs of adolescents and youth, based on recognition of the specific challenges that they face.

The Department of Health policy Sexual and Reproductive Health and Rights: Fulfilling Our Commitments (2011) describes the package of essential services to be provided at district level. Objectives include strengthening the referrals system, integrating services, meeting the diverse needs of different users, and involving sexual partners. The interventions described here are aligned with extensive national and international commitments to improving sexual and reproductive health among diverse populations.

Objective 2: Interventions

Department
of Health-led
programmes

Inter-
Departmental
programmes with
Department of
Basic Education,
Higher Education
and Social
Development

- A. Implement single service point-of-delivery models for integrating HIV and sexual reproductive health services. Where this is not feasible, strengthen referral systems and ensure easy access for adolescents and youth to linked services. Adolescent and youth-friendly clinic spaces must aim to meet the practical and psychosocial requirements of their target users, including operating hours that accommodate learners' timetables, that uphold privacy, and that employ non-judgemental staff.
- B. Expand and improve the contraceptive method mix, including interventions for dual protection and safe conception. Increase access to medical male circumcision (including school-friendly opening times).
- C. Led by Social Development, SASSA and Department of Basic Education, implement social protection interventions for 10-24year olds that include both 'cash' and 'care' elements (i.e. cash transfers/ free school meals and parenting support. See Objective 1 for details). Evidence suggests that this intervention is especially important for HIV-prevention among adolescent girls and young women. Ensure access to cash plus care programmes for adolescent girls and young women whose financial and social circumstances render them especially vulnerable to transactional sexual exploitation: orphans, those in illness-affected families and those with a history of abuse.

Target groups: **Adolescents and youth, healthcare workers, police services, judicial services and social workers.**

Implementing partners: **Departments of Health, Justice and Constitutional Development, Correction Services, and Social Development, SAPS.**

Key bilateral partners: **PEPFAR through DREAMS, Global Fund, UNFPA, UNAIDS.**

10.3 Objective 3: Prevent, test and treat for HIV and TB. Retain patients within healthcare services and support better adherence to medicines). Integrate chronic and communicable-disease management with sexual and reproductive health services.

South Africa has the largest national number of HIV-positive adolescents in the world, and girls are at higher risk. As the National Strategic Plan states, South Africa also has the third highest level of TB in the world. Over 60% of HIV patients are co-infected with TB. Existing, ambitious HIV/AIDS and TB treatment targets provide roadmaps for significantly reducing HIV and TB transmission and promoting better treatment outcomes. These include the NSP and international initiatives such as UNAIDS 90-90-90, All-IN and the DREAMS initiative.

The TB and HIV epidemics must be prevented and treated in tandem, through integrating programmes and services and adapting these to the needs of adolescents and youth. HIV/AIDS and TB treatment and testing must be supplemented by better integration and patient support. In particular, use of condoms and adherence to ART remain haphazard, with evidence that social and structural deprivation is negatively impacting adolescents' capacity to protect themselves and others. Comprehensive adolescent-friendly TB and HIV treatment services must provide more than just disease-specific testing and treatment, exploring creative ways to support the broader health and wellbeing of patients through fertility and contraception counselling, healthy and active living techniques, and screening and support for mental illness and substance abuse (aligned with AYHP objectives 4 and 5).

Objective 3: Interventions

Department of Health-led programmes

- A. Expand HIV and TB prevention and treatment to 10 – 24 year old including through utilising mobile clinic services. HIV testing and counselling must follow the latest DOH guidelines on HIV testing according to the 5 C's: consent, confidentiality, counselling, correct test results and connection/linkage to prevention, care and treatment.
- B. Improve the transition from paediatric to adolescent adult care and down-referral processes for HIV-positive adolescents through monitoring and support by healthcare workers trained in Adolescent and Youth Friendly Services. Work with health support workers and patient advocates to support the patient transitions to new facilities or units, as outlined in the Blue Print for Action..
- C. Provide counselling and support in the stages between testing positive, ART eligibility and initiation to reduce dropout rates amongst youth.
- D. Improve adherence to chronic medicines, including ART and TB medicines, through patient literacy and support programmes, strengthened outreach services and familial or 'treatment buddy' support.

10.4 Objective 4: Prevent violence and substance abuse

Key bilateral partners: **UNAIDS and UNICEF through the All In initiative.**

Violence and substance abuse have major negative impacts on the health of adolescents and youth in South Africa, and increase risks to physical and mental health and wellbeing. The abuse of drugs and alcohol is increasing among adolescents and youth, with alcohol abuse in particular linked to high levels of violence and motor vehicle accidents. Post-violence care is part of the comprehensive package of sexual and reproductive health and emergency services, but the provision of post-exposure prophylaxis for rape survivors remains inadequate.

Preventing violence and substance abuse is the responsibility of all sectors of government and society. In order to be effective and sustainable, interventions to detect, treat and reduce violence and substance abuse must be rooted in families, schools and communities. The commitment and leadership of the Departments of Social Development and Basic Education are therefore crucial to achieve the present violence and substance abuse among youth and adolescents, through interventions that foster understanding and awareness of violence and substance abuse, that reduce the appeal and availability of alcohol and drugs to adolescents and youth, and through the promotion of positive parenting, conflict and anger management, and gender equality. Schools- and community-based interventions that provide youth and adolescents with the skills to recognise, avoid and report violence and victimisation must be provided.

Objective 4: Interventions

Department of Health-led programmes

Inter-Departmental programmes with Department of Basic Education, Higher Education and Social Development

- A. School-based interventions focus on providing information to learners and refer whenever the need arises.
- B. DOH will support partners, who work with parenting support programmes to reduce adolescent problem behaviour, including substance use and aggression. These should use the best evidence-based programmes (see evidence reviews ii and vii) and support families to keep adolescents safe in community settings.
- C. Provide easily accessible, 24-hour, post-violence treatment to youth and adolescents, including post-exposure prophylaxis to rape survivors. This should be provided in non-judgemental settings and include referrals to counselling.
- D. Gender-based transformative programmes, in collaboration with DSD and CBOs. These should be programmes with evidence of effectiveness.
- E. School-based violence prevention programmes, such as tested in the Good Schools Study, in collaboration with Social Development and Community-based Organizations.
- F. Tobacco control and prohibition of alcohol adverts.

10.5 Objective 5: Promote healthy nutrition and reduce obesity.

Global rates of obesity have escalated rapidly in recent decades. The number of overweight and obese people now rivals the number of underweight people. South Africa's National Income Dynamics Study reported that one third of women and 11% of men over the age of 15 were classified as obese. The 2008 Youth Risk Behaviour Survey reported that 41.5% of learners did not benefit from sufficient physical activity. In addition, youth and adolescents continue to experience hunger and malnutrition, at the same time as national obesity rates are accelerating. Often, underweight and overweight occur simultaneously among different household members. These recommendations below follow the guidance in South Africa's Strategy for the Prevention and Control of Obesity 2015 – 2020.

Objective 5: Interventions

Inter-
Departmental
programmes
with
Department
of Basic
Education,
Higher
Education
and Social
Development

- A. Include nutrition and wellness components in Life Skills and Life Orientation curricula at schools.
- B. Work with Social Development, Education and CBOs to promote adolescent and youth engagement in physical activity.
- C. Engage and involve youth and adolescents in activities that promote their access to healthy food choices, including food gardening.
- D. Engage with the Department of Sports and Recreation.

10.6 Objective 6: Empower adolescents and youth to engage with policy and programming on youth health.

It is essential that adolescents and youth are included as primary partners in the further development, implementation and oversight of this policy. Through engaging adolescents, government departments, civil society and development partners may ensure that programmes are designed and implemented based on the needs and objectives of their intended recipients.

Objective 6: Interventions

Department
of Health-led
programmes

- A. Youth involvement in health care provision and oversight: local, district and provincial level. Adolescents and youth to be included on 1) Every clinic and hospital committee; 2) Every district AIDS council;
- B. Youth involvement at National DoH level: There will be a national Adolescent and Youth Advisory Panel.
- C. Youth leadership in training health service providers. Youth need to be involved in development of training materials for services providers.
- D. Establish youth-friendly spaces within health facilities, and operationalize clinic hours that accommodate learners' timetables. Work with mobi-health innovations to create application-based programmes that promote youth engagement with services. This will follow the concept of the "Happy Hour" programme implemented in KZN.
- E. Utilise youth-friendly technology – for example, develop mobile-led systems to allow youth to review the health services that they receive, and for youth to access information and support through smart phones and the internet. Rigorously evaluate these new interventions.
- F. Over time, data collection on health among youth and adolescents should allow for disaggregated analysis. The progressive implementation of a unique patient identification system for adolescents and youth via the national patient electronic health record must be prioritised. In the long-term, aim for a 'Youth Health Passport' that works with biometric data to facilitate referral systems and strengthen data collection.

Target groups: **Healthcare workers, community health workers, extra-clinical healthcare staff, healthcare management, Universities and teaching colleges training healthcare staff.**

Implementing partners: **Departments of Health, Higher Education and Learning and Trade and Industry.**

Key bilateral partners: Universities, NGOs.

11. Policy Implementation, monitoring and evaluation

Effective and transparent governance and institutional co-operation must be established to ensure that the AYHP is implemented effectively and efficiently. For the NSP, this role is played by SANAC. The Departments of Health, Basic Education, Justice and Constitutional Development, Social Development and Trade and Industry, and the South African Police Services, may wish to establish an interdepartmental committee to support, monitor and evaluate the implementation of the AYHP.

The feasibility of these activities is dependent on their integration into existing government initiatives, so that the package of interventions is incorporated into existing systems and structures. It is crucial that the functionality and durability of local health, education, social development, judicial and criminal justice programmes and initiatives form the programmatic backbone of this package of interventions.

This policy will be accessible to service providers and to the public. A targeted, national campaign will communicate the strategic aims and commitments of the AYHP to government partners at national, provincial and local levels, to the broader public, and importantly to adolescents and youth.

12. Monitoring and Evaluation

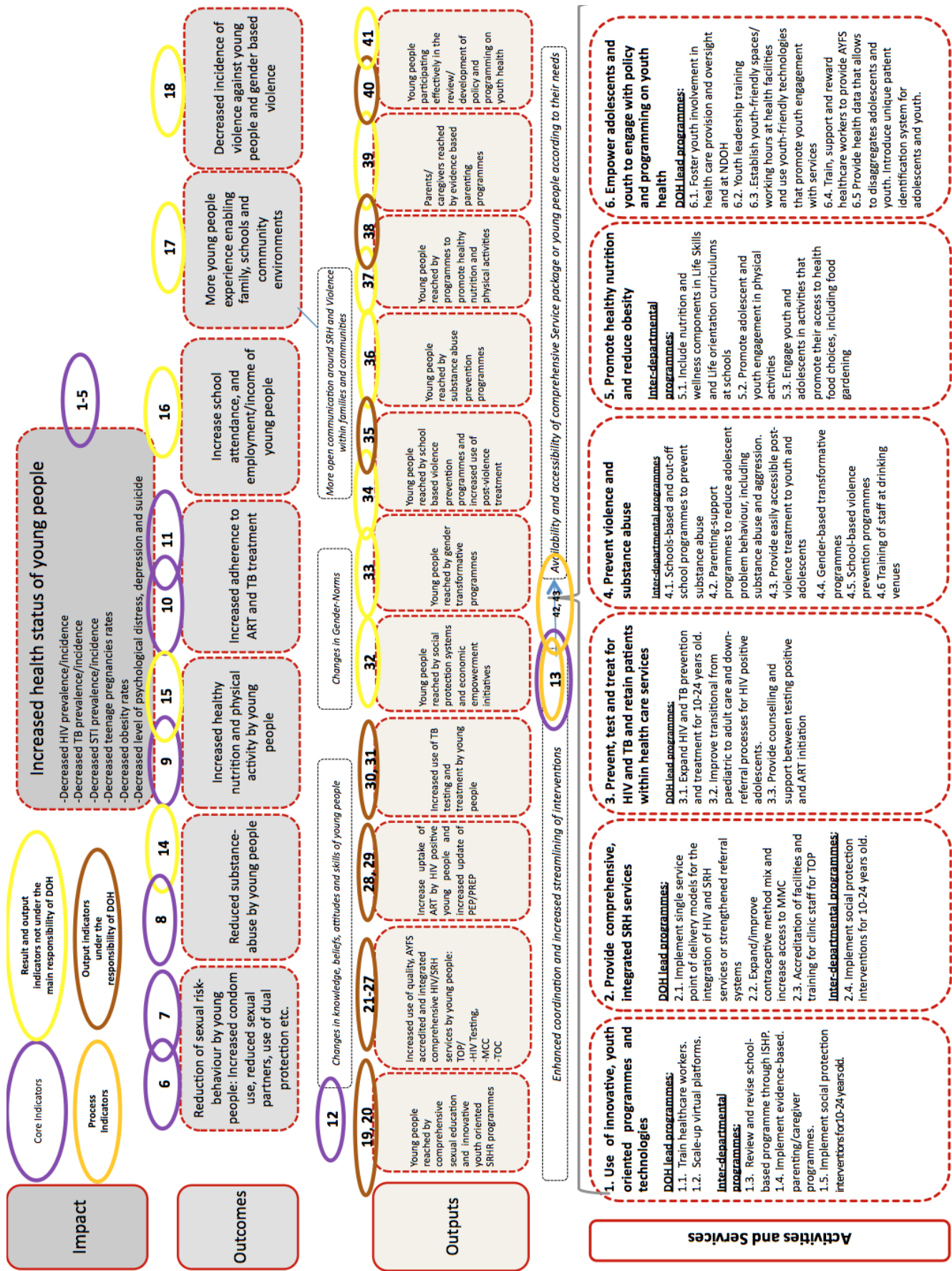
A monitoring and evaluation programme, supported by local research institutions, must be developed and made available to track and measure the implementation of the AHYP, and to assess progress against indicators.

Implementation and impacts of the AYHP will be monitored and evaluated on a regular basis. Monitoring and evaluation (M&E) will be based on existing routine data collection and surveys relevant to adolescent and youth health, such as the South African National HIV Prevalence, Incidence and Behaviour Survey and the National HIV Communication Survey. Wherever possible, data will be collected disaggregated by gender (female/male) and age (10-14, 15-19, 20-24 years).

Monitoring and evaluation shall be included in the steering structures of the AYHP on national, provincial and district level. This will ensure efficient reporting processes as well as the participation of youth and diverse stakeholders in continuous monitoring and evaluation. For stakeholders and implementation partners of the AYHP, detailed M&E guidelines will be provided

For the overall assessment of the results of the AYHP, a list of core indicators will be used. The indicators will be aligned to relevant national and international policies for adolescent and youth health, and will measure relevant changes at local, provincial and national levels. Furthermore, indicators must measure diagnostic and treatment effectiveness, detection and treatment rates (outcomes), as well as long term health effects and socioeconomic parameters (impacts).

13. Logic Framework



14. Costing and financing the AYHP

Costing models must establish the cost of implementation of these plans at national and provincial levels, to be completed in conjunction with the recommended interdepartmental mechanism. Donor funding will provide an important source for numerous interventions described here. However, the majority of AYHP funding will come from the state and the private sector. Domestic funding for health services is the key to long-term sustainability.

A specific budget should be allocated for implementation of adolescent and youth health programmes in line with recommendation of this policy, the AYFS strategy and provincial -specific operational plans.

All operational plans for implementation should be costed and submitted for approval to the respective accounting officers. National: Director-General Province: Head of Department District: District Health Manager, Sub-district: Sub-district Health Manager, PHC Clinic: PHC or Clinic Manager and Youth Centre: Youth Centre Manager

ⁱNegotiated Service Delivery Agreement for Outcome 2: A Long and Healthy Life for All South Africans, p. 3.

ⁱⁱNSDA p. 20.

ⁱⁱⁱSexual and Reproductive Health and Rights: Fulfilling our Commitments 2011-2021 and beyond 11

^{iv}SANAC, NSP 2012 - 2016, p. 4.

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