



World Health
Organization



Strengthening the health sector response to

adolescent health and development

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What is adolescence?

Adolescence, the second decade of life, is a period in which an individual undergoes major physical and psychological changes. Alongside this, there are enormous changes in the person's social interactions and relationships. Adolescence is a time of opportunity, but also one of risk. It presents a window of opportunity to set the stage for healthy and productive adulthood and to reduce the likelihood of problems in the years that lie ahead. At the same time, it is a period of risk: a period when health problems that have serious immediate consequences can occur or when problem behaviours that could have serious adverse effects on health in the future are initiated.

Why invest in the health and development of adolescents?

There are sound public health, economic and human rights reasons for investing in the health and development of adolescents.¹

Investing in the health of adolescents helps prevent the estimated 1.4 million deaths that occur globally every year due to road traffic injuries, violence, suicide, HIV and pregnancy-related causes. It can also improve the health and well-being of many millions of adolescents who experience health problems such as depression, anaemia or HIV infection; and promote the adoption of healthy behaviours that help prevent health problems that occur later in life, such as cardiovascular diseases and lung cancer resulting from physical inactivity and tobacco use initiated during adolescence. Finally, investing in adolescent health can prevent problems in the next generation such as prematurity and low birth weight in infants born to very young mothers.

There is growing recognition of the economic benefits of investing in the healthy development of adolescents, and the economic costs of not doing so: Adolescents represent one fifth of the global population; healthy, competent adolescents who enter the work force can raise the economic productivity of a country. Economists stress the importance of using this "demographic dividend" for national development. On the other hand, not investing in the health and development of adolescents contributes to the vicious cycle of ill-health and socioeconomic deprivation. For example, girls from poor communities are more likely than those in more well-to-do communities to get pregnant during their adolescence. This in turn leads to loss of educational and employment opportunities, keeping them in poverty.

Almost all countries are signatories to the *UN Convention on the Rights of the Child*, which clearly states that adolescents have the right to obtain the health information and services they need to survive and to grow and develop to their full individual potential. This is especially true for those adolescents who are more likely than others to develop health problems because social, economic and cultural factors increase their vulnerability.

¹ The term "adolescent" is used to denote individuals between 10 and 19 years. The term "young people" is used to denote those between 10 and 24 years.

The World Health Organization (WHO) '4-S framework' for strengthening health sector² responses to adolescent health and development



Many things need to be done by many sectors to improve adolescent health and development. The health sector has a crucial role to play, through a range of actors, including government bodies, nongovernmental organizations (NGOs) and the private sector.

Consistent with WHO's aims and comparative advantage, the WHO Department of Child and Adolescent Health and Development (WHO/CAH) contributes to the goal of improving adolescent health in two main ways: by recommending comprehensive, multisectoral and evidence-informed adolescent health approaches; and by delineating and supporting the critical contribution of the health sector, including the leadership role of health ministries.

The 4-S framework currently uses two programmatic "entry points" to strengthen the health sector response to adolescent health and development: HIV prevention, care and support of those with HIV; and preventing early pregnancy and pregnancy-related mortality and morbidity.

This is firstly because many adolescents and young people are living with HIV, and many also experience sexual and reproductive health (SRH) problems. Secondly, these priorities are the focus of many international development goals (notably the Millennium Development Goals). Lastly, most countries have national programmes, strategies and budgets in place to address these priorities. Through these entry points, the 4-S framework can be used to address other public health issues affecting adolescents such as nutrition, mental health, substance use and intentional or unintentional violence.

What problems are being addressed?

- Many national SRH and HIV programmes highlight adolescents as requiring specific attention. However, their needs are often not addressed in a systematic or concerted manner by such programmes.
- Other sectors (e.g. education or employment) and civil society organizations (e.g. faith-based groups) also actively promote and support adolescent health. In the health sector, the health information and services provided by governments, NGOs, private sector providers and others are often *ad hoc*.

² The health sector includes the branch of government mandated to address health, as well as others organizations working to contribute to the health of adolescents, such as medical and nursing education institutions, non-governmental organizations (including not-for-profit organizations and commercially oriented ones), and civil society bodies. Their work includes efforts to improve understanding of adolescents' needs, to advocate for greater attention to adolescents' issues, and to meet their needs and fulfil their rights.

National ministries of health could often fill more of a stewardship role so that diverse efforts form part of one coherent national effort. National SRH and HIV programmes should incorporate key elements of the 4-S framework for strengthening the health sector response to adolescent health by:

- gathering and using strategic information;
- developing supportive, evidence-informed policies;
- scaling up the provision and utilization of health services and commodities; and
- strengthening action and linkages with other government sectors.

S 1. Gathering and using strategic information

The lack of accurate and up-to-date data on the health of adolescents hinders well-informed policy and programme formulation.

In many countries, some data on adolescent health are gathered in research studies, national or subnational surveys, and in established health information systems (HIS). However, the results and analyses are not routinely available and consequently do not inform policy and programme development.

Data on health outcomes (e.g. maternal mortality), behavioural outcomes (e.g. not seeking health care in the presence of danger signs during pregnancy), determinants of these behaviours (e.g. lack of knowledge of danger signs and lack of support from the family to seek care), as well as outcomes of programmatic actions (e.g. proportion of pregnant adolescents who seek antenatal care) are only rarely available. Where such data do exist, they are generally not disaggregated by age and sex.

What are the implications for action by the health sector?

Ministries of health should facilitate the systematic collection, analysis, dissemination and use of data – disaggregated by age and sex – on various aspects of adolescent health – for the purposes of advocacy and informing relevant policy and programme development.



S 2. Developing supportive evidence-informed policies³

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National SRH and HIV strategies typically identify adolescents as an important group to address in situation analyses, but rarely specify what needs to be done to address the needs and problems that are identified.

Even when national SRH and HIV strategies contain policy statements enabling programmatic actions (e.g. they indicate that all adolescents should be provided with information about HIV so that they can protect themselves) they do not contain guiding statements informed by evidence (e.g. on what are the proven approaches to provide adolescents with information and education).

What are the implications for action by the health sector?

National SRH and HIV strategies should include enabling and guiding policy statements (based on sound evidence) on what programmatic actions need to be carried out and how they should be implemented in order to effectively address the specific needs and problems of adolescents.

S 3. Scaling up the provision of health services and commodities

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In most countries, health services are provided to the general population – including adolescents – by hospitals and clinics run by the government, by NGOs and by individuals and organizations in the private sector. A range of barriers hinder the use of health services by adolescents. To respond to this, in many countries, NGOs are involved in providing health services that are intended to specifically respond to the needs of adolescents, and to be “friendly” to them. These initiatives are often small in scale and limited in duration. With some notable exceptions, they are of uncertain quality.

3 In this paper, the term policy is used to denote statements by the ministry of health which **enable** a particular programmatic action (e.g. all adolescents in the country should be well informed about HIV prevention) or **guide** a particular programmatic action (e.g. science teachers in all secondary schools in the country should teach their students about HIV and how to avoid it). Strategy: A document published by the ministry of health which outlines a set of actions to be carried out to achieve a specific objective (e.g. a national strategy to provide care and support to people with HIV in a country would contain a set of complementary actions to be carried out at the national and district levels, by different players within the health sector).

What are the implications for action by the health sector?

Ministries of health should play a leadership role in guiding the provision of health services to adolescents, both within and outside the government. They should put in place initiatives grounded in national HIV, SRH or other programmes, aimed at expanding the coverage and improving the quality of health services for adolescents (especially those who are more likely to face health and social problems) in order to achieve clearly defined health outcomes.

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S 4. Strengthening other sectors

In some places, other sectors (such as education and youth) and civil society bodies (such as faith-based institutions) do not make the essential contributions to adolescent health that they need to. In places where they do, they are typically involved in providing health information and education, in building life skills, in empowering adolescents and in mobilizing communities to respond to the needs of their adolescents. With notable exceptions:

- these activities are frequently not evidence-based; or
- no efforts are made to assess the impacts of such activities; or
- activities are not carried out in collaboration with those of the health sector.

What are the implications for action by the health sector?

1. The health sector (and specifically ministries of health) should engage with other sectors and civil society bodies to actively contribute to addressing SRH and HIV in adolescents, and supporting them to do so using evidence-based approaches.
2. Other sectors and civil society bodies should make their contributions to the health and development of adolescents, in collaboration with the health sector.

Strengthening national health sector responses to adolescent health and development

Systematic process

National level

Situation analysis / rapid programme review

Development of a health sector strategy within a multi-sectoral strategy

Development of national quality standards

Dissemination of approved national standards (to the regional / provincial level)

Development/adaptation of generic materials

Development of action plan and national scale up plan

District level

Orientation of district leaders

Orientation of district health management teams

District level mapping exercise

Development of a district scale up plan

Orientation of health facility managers

Health facility level

Orientation of health facility staff

(Self-)Assessment of quality to identify areas where quality is low

Development of a plan to improve quality

A systematic process has been developed for strengthening the health sector's response to adolescent health in individual countries, and specifically for scaling up health service provision to adolescents.

It begins with a set of actions at the national level, which are followed by subsequent actions at the district and health facility levels.

National level

The ministry of health department with responsibility for improving adolescent health should carry out the following actions and functions:

Implementing a national step-by-step process:

1. Conduct a situation analysis of adolescent health or a review of selected public health programmes.
2. Develop a strategy to strengthen the health sector's response to adolescent health, within the context of a broader multisectoral strategy.
3. Develop national quality standards for health service provision to adolescents.⁴
4. Disseminate the approved national quality standards to the regional/provincial level.
5. Develop/adapt generic materials to promote and guide the implementation and monitoring of activities to implement and monitor the standards.
6. Develop a costed national scale-up plan for implementing the standards.
7. Orient and engage leaders of district administrations, and leaders of district health management teams.

In implementing these steps, the responsible department also needs to:

- institutionalize these activities within the work of appropriate government departments;
- identify sources of technical support required throughout this step-by-step process;
- integrate activities and associated costs into existing work plans and budgets.

Ongoing functions:

- communicate national policies to all relevant stakeholders and ensure their application;
- ensure that district health management teams and health facilities have the resources they need to deliver health services to adolescents, including: adequate staff; guidelines and standard operating procedures; educational materials; equipment, medicines and other supplies;
- develop and/or adapt existing methods and tools to improve the competencies and attitudes of health facility staff, and information materials for community members and adolescents;
- support the documentation and sharing of experiences in strengthening health sector responses to adolescent health.

⁴ National standards comprise statements describing the required quality and other characteristics of adolescent health services, from the perspectives of service users and providers. These standards build on local experience and are based on evidence from three areas: how to improve the competencies and attitudes of health service providers and support staff; how to make changes in the facilities so that they are more "adolescent-friendly"; and, how to provide information to the community to help generate demand among adolescents for health services, as well as community support.

Monitoring:

Monitoring ministry of health performance should be carried out by officials from the ministry itself, as well as other stakeholders within and outside the government. Monitoring should assess whether the national step-by-step actions and ongoing functions have been carried out. The findings will be used to guide any essential re-planning at the national level.

District level (District health management teams)

Leaders of district-level health management teams and their team members should carry out the following actions and functions to implement the standards for improving health service provision to adolescents:

Implementing the step-by-step process:

1. Orient and engage all relevant district leaders in strengthening health sector responses to adolescent health.
2. Orient and engage district health management teams.
3. Conduct a district-level mapping exercise.
4. Develop a district scale up plan for provision of adolescent health services.
5. Orient health facility managers.

Ongoing functions:

- act as a bridge between the national level and health facilities, thereby helping to ensure that health facilities have the resources they need to deliver health services to adolescents, including: adequate staff; guidelines and standard operating procedures; educational materials; equipment, medicines and other supplies;
- facilitate stronger working relationships among managers of health facilities, between officials in the health and other sectors, and between health facilities and community-based organizations;
- support health facility managers to carry out assessments of the quality of health service provision, and to use these findings to address gaps and areas of weakness;
- support health facility managers to carry out the essential actions in their health facilities and in the community.

Monitoring:

Monitoring of the district health management team performance should be carried out by officials from the national level in collaboration with the district health management team. Monitoring should assess whether the step-by-step process and ongoing functions listed above have been carried out. The findings will be used to guide any re-planning that might be required at the district and national levels.

Health facility level (Health facility managers)

Health facility managers should carry out the following actions and functions:

Implementing the step-by-step process:

1. Orient health facility staff.
2. Carry out a quality assessment of the health facility to determine areas where the quality is low (in relation to the standards).
3. Develop a quality improvement plan.
4. Oversee the implementation of the quality improvement plan.
5. Carry out re-assessment of quality, to monitor progress towards the achievement of standards for health service provision to adolescents.

Ongoing functions:

- work with the district authorities to ensure that the health facility has the essential resources to deliver health services to adolescents, including: adequate staff; guidelines and standard operating procedures; educational materials; equipment, medicines and other supplies;
- support health facility staff to perform effectively;
- ensure that the health facility is adolescent-friendly;
- build and maintain relationships with community-based organizations in the catchment area of the health facility.

Monitoring:

Monitoring of health facility performance should be done on an ongoing basis by health facility staff. Periodically, it should also be done by officials from the national and district levels, in collaboration with health facility staff. Monitoring should assess whether the steps and the functions listed above are being undertaken. In addition, they should include assessments of the quality of health facilities and the utilization of health services by adolescents. This information will contribute to essential re-planning at the district and national levels.

Key objectives for WHO/CAH's work in focus countries

WHO/CAH developed the 4-S framework to strengthen the health sector's response to adolescent health. A systematic process to scale up the provision of health services and health-related commodities to adolescents has been outlined.

In order to have a clear and shared sense of purpose in individual countries, the objectives of the WHO 4-S framework for strengthening health sector responses to adolescent health and development have been developed on four levels:

Community level

- Community members are aware of the health-service needs of various groups of adolescents, and support their provision.
- Health service providers are non-judgemental and considerate in their dealings with adolescents, and provide them with the health services and commodities they need.
- Points of health service delivery carry out actions that enable adolescents to obtain the health services they need, and are appealing and friendly to adolescents.
- Adolescents are aware of why, when and where they can obtain health services, feel able and willing to obtain them, and do in fact obtain them when needed.

District health management level

- Key officials are clear about the actions they need to take in order to implement and monitor the agreed national plan to scale-up the provision and use of health services by adolescents, and can carry out these actions.

National level

- Key officials in the HIV and SRH programmes are aware of the support WHO can provide, believe in its value and are working to carry out the activities relating to the 4-S framework.

WHO country offices

- National WHO representatives (WRs) are aware of the 4-S framework and support it. International and national professional offices in place are well aware of the 4-S framework, and are able to support the ministry of health in carrying out the four functions relating to the 4-S framework, drawing upon partners inside and outside the United Nations system.

WHO/CAH is now working with WHO regional offices and WRs, and with other partners, to apply this systematic approach in a number of countries, designated as "focus" countries. This focus country work is intended to:

- demonstrate the feasibility and value of applying the 4-S approach to strengthen the way in which the ministry of health – and specifically the national HIV and/or the national reproductive health programmes – address the specific needs of adolescents and young people;
- demonstrate that WHO/CAH adds value to the work of key partners and stakeholders in improving adolescent health and development;
- serve the valuable purpose of being demonstration sites for other countries.

There are sound public health, economic and human rights reasons to invest in the health of adolescents.

There is growing realization among governments about the pressing need for action.

There is increasing clarity about what needs to be done by different sectors to improve the health and development of adolescents.

The health sector has a key contribution to make as part of this broader response.

CAH is supporting the health sector to make the contribution that it needs to.

Join us to make a difference.



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