

Strengthening the provision of adolescent-friendly health services to meet the health and development needs of adolescents in Africa

A Consensus Statement

Emanating from a regional consultation on strengthening the provision of adolescent-friendly health services to meet the health and development needs of adolescents in Africa

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Abbreviations used

AFHS	–	Adolescent-Friendly Health Services
AIDS	–	Acquired Immunodeficiency Syndrome
ADH	–	Adolescent Health and Development
ARH	–	Adolescent Reproductive Health
FLE	–	Family-Life Education
HIV	–	Human Immunodeficiency Virus
IEC	–	Information, Education and Communication
PHC	–	Primary Health Care
RH	–	Reproductive Health
SRH	–	Sexual and Reproductive Health
STDs	–	Sexually Transmitted Diseases
STIs	–	Sexually Transmitted Infections
TB	–	Tuberculosis
VCT	–	Voluntary Counselling and Testing for HIV/AIDS

Definitions

In this document, unless otherwise indicated, the term “adolescent” follows current WHO convention and refers to any individual aged between 10–19 years. The broader term “young person” similarly follows WHO usage and refers to any individual between 10–24 years. However, the term “Youth” is used predominantly in the current document in a more generalized sense and does not necessarily correspond with its narrower WHO definition (i.e., any individual aged between 15–24 years).

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1. PREAMBLE

Adolescents make up one fifth of the world's population, and 86% live in developing countries of whom 16% live in Africa. Those who live in sub-Saharan Africa account for 13% of the global burden of disease among this age group. Of all new HIV infections in 1999, one third were in young people living in Africa. This represented 65% of all new HIV infections in young people worldwide. The age-specific fertility rate among 15–19 year old females in sub-Saharan Africa is 143 births/1000 women. Other health problems among African adolescents include reproductive-health problems related to early marriage, early unwanted, unprotected sex resulting in unplanned pregnancy and high maternal and infant mortality; and sexually transmitted infections (including HIV/AIDS); substance use and abuse including tobacco and alcohol; gender-based and other forms of violence, especially sexual abuse; mental-health problems including depression and suicides; and malnutrition especially micronutrient deficiency.

Health ministers in the WHO African Region at the 45th regional Committee for Africa (1995) requested WHO to assist Member States in their efforts to address the health problems of adolescents in an integrated manner¹. In addition, the WHO reproductive-health strategy for the African Region includes a framework which provides for equitable access to quality health services through the establishment of youth-friendly services and counselling for all adolescents².

There have been many initiatives, largely donor-driven, in many African countries to provide health

services to adolescents. On the other hand, there is ample evidence that even when health services are available adolescents do not utilize them for various reasons, ranging from the organization of services; the attitude of health workers, and community acceptance of services for adolescents.

1.1. The Harare Consultation

An African regional consultation on adolescent-friendly health services (AFHS) facilitated by WHO and UNICEF was held in Harare, Zimbabwe from 17–21 October 2000. Seventy participants (including several young people) attended the meeting from 16 African countries which represented the major language groups in the region. The participants were carefully selected to ensure the presence of people who have been key in implementing AFHS in the member states of the region, as well as those who have taken time to document their actions to enable “evidence-based” recommendations. The participants therefore included various implementing partners, adolescent-serving organizations, NGOs, researchers, and United Nations collaborators from within the region.

The main objectives of the consultation were:

- 1: To share experiences of the provision and acceptability of adolescent-friendly health services in the African context, analyse the findings, and identify the lessons learned, and the obstacles and barriers to success.
- 2: To identify existing gaps in the provision and acceptability of such services, and identify areas for future research.

1 Resolution AFR/RC45/R7. WHO Regional Office for Africa.

2 Reproductive Health: Strategy for the African Region 1998–2007. AFR/RC47/8. WHO Regional Office for Africa, Harare, 1998.

- 3: To support the development of a regional plan to improve the health-sector response to better meet the health and development needs of adolescents.
- 4: To document the outcomes of all the above in a regional synthesis document on adolescent-friendly health services.

There is increasing global consensus that adolescents have a right to access health services that can protect them from HIV/AIDS and from other threats to their health and well-being, and that these services should be made adolescent-friendly. As part of a comprehensive approach to adolescent health and development, improving health services is identified as one of five main intervention areas in the WHO/UNFPA/UNICEF framework for country programming for adolescent health³.

Recent consensus documents emerging from United Nations conferences have also reiterated the importance of addressing the health needs of adolescents. Significantly, the key actions⁴ elaborated for the further implementation of the Programme of Action of the International Conference on Population and Development include:

...to protect and promote the right of adolescents to the enjoyment of the highest attainable standards of health, provide appropriate, specific, user-friendly and accessible services to address effectively their reproductive and sexual health needs, including reproductive-health education, information, counselling and health-promotion strategies.

Countries should ensure that programmes and attitudes of health-care providers do not restrict the access of adolescents to appropriate services and the information they need, including for the prevention and treatment of sexually transmitted diseases (including HIV/AIDS) and sexual violence and abuse.

Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development, *Paragraph 73*.

In recognition of the important contributions to be made by adolescents in the development of policies and programmes, several young people actively participated in the regional consultation. This Consensus Statement reflects the conclusions and outcomes of the meeting.

2. CONSENSUS STATEMENT

2.1 Basic adolescent health needs

The meeting recognized that adolescents (10–19 years) are a heterogeneous group and differ in terms of context, demographic characteristics, living conditions, sociocultural and educational characteristics. This heterogeneity includes adolescents in difficult circumstances, including those with disabilities, those who have been displaced, and those living without parental or familial support on the streets. The meeting also recognized that the health and development needs of adolescents cannot be met by the health sector alone. These needs include:

- Information and counselling on development during adolescence and healthy lifestyles including sexual and reproductive health
- Access to quality health services
- Basic livelihood skills and opportunities
- Functional education
- Supportive environments, including those for recreational activities
- Good nutrition.

2.2. Health-seeking behaviour

The meeting acknowledged that the health-seeking behaviours of adolescents is insufficiently documented. Different categories of adolescents go to different places to seek information and services. Adolescent-friendly health services should be designed on the basis of knowledge of adolescent help-seeking behaviour.

3 Programming for Adolescent Health and Development: Report of a WHO/UNFPA/UNICEF Study Group on Programming for Adolescent Health. *Technical Report Series, 886*. World Health Organization, Geneva, 1999.

4 Report of the Ad Hoc Committee of the Whole of the Twenty-first Special Session of the General Assembly: Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development. *A/S-21/5/Add. 1, paragraph 73*. United Nations General Assembly, New York, 1999.

2.3. Adolescent-friendly health services (AFHS)

The meeting recognized that adolescent-friendly services need to be holistic, i.e. comprising of promotional, preventive, curative and rehabilitative components within the context of a primary health care (PHC) delivery system. AFHS should comprise a variety of components that should meet the needs and the interests of adolescents (see Box 1). The services should be responsive; comfortable; and offer a conducive environment in an atmosphere that attracts adolescents. Such services should be gender-sensitive, accessible, affordable, acceptable, and available to adolescents and offered by personnel who are knowledgeable about adolescent health and development issues, and skilled in dealing with adolescents. Mutual respect, patience and nonjudgemental attitudes among health workers are considered to be very important by young people.

Not all health services utilized by adolescents are controversial. Parents, by and large, do not object to adolescents receiving treatment for malaria or influenza for example. But parents and adults in general do raise concerns when adolescents have access to sexual and reproductive health services. Where such services are available they must be provided in such a way that non-acceptance will be reduced to a minimum. The community requires a better perception of the reproductive health needs and challenges of adolescents in order to achieve this. Privacy and confidentiality must be given high priority. Clinic-based services need to operate at times and days convenient to a wide range of adolescents. Services should also act as appropriate referral pathways within the health system and provide linkages with activities in other sectors. Adolescents should be involved in the conceptualization, planning, implementation, monitoring and evaluation of these services.

2.4. Sustainability

Programming should include the appropriate management of resources, and should always have an in-built mechanism for sustainability. In order to build acceptability, support and sustainability into adolescent-friendly services, it is important to involve parents and other key stakeholders in the community and other levels (school, district, sub-district, etc.) in a meaningful way. Also from inception it is important to identify and build mechanisms for making services

Box 1

The basic requirements for AFHS must include clinical services such as:

- General (TB, malaria, endemic diseases, injuries, accidents, dental care, skin conditions)
- RH (contraceptives, STIs, pregnancy options, pregnancy care, post-abortion care management)
- Voluntary counselling and testing for HIV/AIDS (VCT)
- Prevention and management of sexual violence
- Services to support/manage mental-health issues, including those relating to substance use
- Information and counselling on development during adolescence, SRH, nutrition, hygiene, and substances abuse (tobacco, alcohol, other drugs)
- Referral systems and linkages with other sectors as appropriate.

In addition, activities to generate demand and support for health services and to contribute to adolescent well-being and development should include:

- Development of life skills (psychosocial competencies)
- Development of livelihood skills
- Development of recreational activities.

affordable for adolescents in the long term, e.g. through insurance schemes, cost sharing, etc. This will also contribute to better utilization of the services by adolescents.

2.5. Resources

Adolescent-friendly services need to include basic medical supplies; essential drugs; relevant diagnostic kits, equipment, contraceptives; consumables; IEC materials; recreational facilities (where appropriate); and skilled, supportive and responsive personnel. An assessment of the cost and possible financing mechanisms of AFHS should be the foundation of initiatives to secure adequate resources, and to ensure the affordability of such services. The participation of adolescents and other key stakeholders in such assessments is critical. There should also be appropriate and effective Management Information Systems, and logistic and supportive vision to ensure quality AFHS.

2.6. Approaches to AFHS

The meeting acknowledged the need for a multi-sectoral and multi-dimensional approach that responds to specific needs in different geographical

areas, institutions and sociocultural settings. However in each situation, the involvement of adolescents at all levels, alongside personnel that are sensitive and responsive to adolescent needs, is important and necessary. The meeting also recognized that whether AFHS are “stand-alone” or “integrated”, they must provide the basic services identified as components of AFHS in section 2.3 above.

2.7. Research areas

The following areas for research were highlighted:

- Health seeking behaviour of adolescents
- Constraints on utilization of health services
- The capacities and roles of adolescents in AFHS, particularly as peer educators or counsellors
- Pattern and burden of diseases, and concerns of adolescents
- Constraints on the provision of health services to adolescents, including legal constraints
- Perceptions of adolescent-friendliness of services: criteria or preferences
- Operational aspects of service provision æ for example, Health Management Information Systems (HMIS); are there differences between young adolescents and older, married and unmarried adolescents in their use of health services; what are the gender differences, and how have these been handled in service provision?
- Costing of AFHS programmes and cost-effectiveness analysis.

3. RECOMMENDATIONS

The meeting recommended the following:

The basic requirements for AFHS should include the components stated in Box 1. Services should be regularly monitored, evaluated and reviewed to maintain high-quality standards and optimal coverage.

National and regional responsibilities:

- Governments should develop, review and adopt clear policies relevant to adolescent development, in particular those related to their sexual and reproductive health needs. The policies should specify the role of health services.
- Governments must have a policy for the training and re-training of all categories of workers in

adolescent-related sectors, in NGOs, and in other relevant organizations in order to ensure gender sensitivity, promote nonjudgemental approaches and ensure appropriate skills.

- Pre-service and in-service curricula of all levels of health-care providers must be reviewed to address all issues related to offering AFHS.
- All sectors of the community should be mobilized to support and encourage health services for adolescents.
- Disseminate and promote this Consensus Statement, and the recommendations of this meeting among all relevant ministries, adolescent-serving organizations and development partners.
- Establish regional and national networks of organizations that promote adolescent-friendly services for more collaborative and effective outcomes.

Responsibilities of WHO and other agencies

- Mobilize support for relevant research and documentation in all related areas of AFHS in the region.
- The WHO Regional Office for Africa should promote the concept of the basic package for AFHS to all ministries of health in the Region and to donor agencies nationally and internationally.
- Conduct a series of smaller meetings to go further into the operational details of the important “keys to success” identified in the meeting, e.g. youth participation in health services, community awareness and support, measurement issues, etc.
- Document the experience of peer-education strategies and approaches, and examples of young people’s work in advocacy in relation to adolescent friendly health services.
- The regional offices of participating partners should support the production of technical materials relevant to AFHS.
- WHO country offices should establish country teams to develop appropriate guidelines and curricula for pre-service and in-service training on AFHS that would include the district-focus health-sector reform.
- WHO country offices should mobilize resources to enhance the formalising of AFHS.

All United Nations and international agencies, bilateral donors and other partners, including the private sector, are encouraged to support the provision of AFHS.