

Module 1: Introduction to adolescence and to adolescent health - Adolescent health and development with a particular focus on sexual and reproductive health - Assignment

Nabiha Al-Abhar

Ministry of Public Health and Population, Sana'A, Yemen

Introduction

The three documents focus on one concept: it is time for action to invest in young people living in poor as well as rich countries.

The number of people worldwide aged 12–24 years has reached 1.3 billion, the largest in history. Today's youth are tomorrow's workers, entrepreneurs, parents, active citizens, and, indeed, leaders but the gap between the MDG targets and the current state for young people leaves no time for questions.

The Framework for Action on Adolescents and Youth has been developed as a response to several needs, and allows regional and country offices to speak a common language based on a common frame of reference and still maintain room for flexibility and adaptation at the country level.

World Bank. World Development Report 2007. Development and the next generation. Washington: World Bank; 2007.

The Report identifies three policy directions for helping youth develop themselves and contribute to society.

First: expanding opportunities for young people to develop skills by expanding access to and improving the quality of education and health services and use them productively.

Second: enhancing capabilities to choose well among these opportunities by recognizing them as decision-making agents and by helping ensure that their decisions are well informed, adequately resourced, and judicious.

Third: providing an effective system of second chances through targeted programs that give young people the hope and the incentive to catch up from bad luck—or bad choices.

WHO. Strengthening the health sector response to adolescent health & development. Geneva: WHO; 2009.

It emphasizes the need to incorporate key elements of the 4-S framework for strengthening the health sector response to adolescent health by the National SRH and HIV programs:

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, surveys, and in established health information systems (HIS).

However, the results and analyses are not routinely available and consequently do not inform policy and program development.

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

2. Developing supportive, evidence-informed policies.

Many countries identify adolescents as an important group to address, but rarely specify what needs to be done, 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.

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

A range of barriers hinder the use of health services by adolescents. Ministries of health should play a leadership role in guiding the provision of health services to adolescents, both within and outside the government.

4. Strengthening action and linkages with other government sectors.

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.

[UNFPA. UNFPA framework for action on adolescents and youth. Opening doors with 4 keys. New York: UNFPA; 2007.](#)

It reports 4 keys for opening doors with young people:

1. Supportive policy making that applies the lens of population structure & poverty dynamics analyses by providing data on young people for social development policies and poverty reduction plans.

2. Gender & life-skills based sexual & reproductive health education in schools and community settings, and advocacy on improving the quality of education systems, postponing age at marriage, and retaining girls in schools, Inclusion of SRH education in school curricula and informal education programmes.

3. Sexual & reproductive health services.

Policy dialogue will focus on promoting and costing an essential package of services for young people, targeting in particular those who are out of reach, especially married and unmarried girls.

4. Young people's leadership and participation.

Investing in capacity building and leadership skills of young people will make them advocates for their own rights and development.