

[Module 3: Evidence based approaches to health service provision to adolescents - Adolescent health and development with a particular focus on sexual and reproductive health - Assignment](#)

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Improving the quality & expanding the coverage of health services for adolescents WHO's approach

Comment based on Cameroon experience

Improvement of adolescent health services remains embryonic due to following factors:

- National guidelines on adolescent health are not well defined and funds are not allocated to disseminate the educational messages to reach the adolescent (1-3).
- Few pilot experiences on adolescent health undertaken by NGO's (Cameroon Social Marketing Association) and international organizations (Plan International, UNFPA, Unicef, Union européenne) are restricted in scale and most of time failed to be institutionalized at the end (4-7).
- Despite creation of National Youth Council with health component, existing and on creation multifunctional youth centers do not provide health care.
- Most of time, adolescents are mixed with adults in majority of health services.
- Some public institutions especially devoted to young people are limited in scale at regional level (School Medical Inspection) and at university towns (University Medico-social Center). Curricula of these structures are not well defined, most of them propose only signature of medical certificate for national exams, school games or competitive entrance in professional training school. Most of secondary school infirmaries offer only emergency care for trauma and fever, and are closed during weekend and holidays. Health workers of these institutions are not specifically trained to provide skilled sexual and reproductive care to young people.
- New experiences are underway for creating reproductive health services for adolescents in some public health institutions (Eseka and Cité-verte District Hospitals, Yaoundé University Hospital, and Yaoundé Gynecologic-Pediatric Hospital). However, these are limited pilot experiences implemented and financially supported by international organisms (UNFPA, Unicef). In most of these health institutions, the cost of care is beyond the reach of young people and the general population.
- Young people in rural areas and those followed by non-formal educational system are not covered.
- Prevention message delivered to young people is only targeted on HIV with only abstinence method recommended in religious institutions.

Evidence base for WHO's approach to improve the quality & expand of health services for adolescents

Comment on utility

This approach provides advice for implementation of adolescent friendly health services. Public health structures must be the framework of the implementation of adolescent health programs with integration of other partners. The study cases of South Africa, Mozambique and Estonia prove evidence that the approach is determinant for developing countries.

Comment on feasibility

Evidence shows that scaling up adolescent friendly health services has worked even in poor setting.

The program should start as pilot model and thereafter extend large in scale at local, regional and national level. Cameroon remains at first step of that process, it's important that government define adequate policy, capitalize existing pilot experiences and institutionalize them, train health workers, mobilize fund and partnership (1-6).

The evolution of national adolescent – friendly clinic initiative in South Africa

Sexual and reproductive health is crucial problem all over the world especially in developing countries. Major health problems of adolescents are unwanted pregnancies, STI's including HIV and gender violence. Improving adolescent health status must lead to achievement of Millennium Development Goals. Barriers that are against the use of services by young people include poor access and quality, attitude of staff, inadequate time of the service, lack of confidentiality, repulsive & judgmental attitudes of health workers and unexplained complicated procedures. The success of improving adolescent sexual and reproductive health services needs to fulfill several conditions:

- National consensus should be obtained on the definition of the concept, the aims, objectives and guiding principles.
- Improvement should be implemented at primary care level of public sector.
- The program should be multisectorial including health provider, education, sport and cultural institutions with representation of local and international youth-serving organizations.
- Definition of national standard of care.
- Training, monitoring, evaluating and motivating health care providers.
- Collecting, analyzing and publishing data from the program.

Finally, improving sexual and reproductive health of young people should be set up by stage starting from pilot centers, which helps for testing, reviewing and revising of model and support

materials. Thereafter, campaign should be undertaken for expansion of the program at regional and national level according to disposal funds.

South African National adolescent – friendly clinic initiative was a quite success compared to Cameroon where most such initiatives usually ended at stage of pilot despite the implementation with involvement of department of health, youth, and that of woman and family promotion. These mediocre results are probably due to shortness of fund and unselfishness of policy stakeholders.

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