

[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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In Mongolia, adolescent friendly health services are not available in some areas and in areas where they are available some of them are not accessible being located far from places where adolescents live and/or get together.

The WHO's approach

In my opinion, a systematic process that is introduced in this presentation on slide 33, is offering a good framework on where we could/should start. Mongolia is a very young country in terms of demography with over 60% of the total population being young people under age of 24 years old; therefore, careful analysis of current situation is required to plan next steps.

Many of the approaches introduced in this presentation can be utilized in our country setting and majority of them are feasible to accomplish. We did develop and implement national program on adolescents' health in 1997-2003. Unfortunately, I do not have good information on evaluation of this program implementation. We may consider reviewing current situation of adolescents' health services and preparing systematic approach to address arising issues.

Amor Youth Clinic Network in Estonia

From three case studies, I have selected the Estonia experience and read through "Amor Youth Clinic Network in Estonia" report. I have found this case study to be very powerful story with good evidence to demonstrate their achievements. There are three key highlights that I would like to bring up from this case:

- They have gathered many data to demonstrate decline of STIs and abortion among their clinics' visitors. The Estonian Sexual Health Association has carried out several visitor satisfaction surveys, where they used a variety of methods, including online survey. I have no doubt that these data are a good advocacy tool to push their government for more funding.
- I also appreciated their SWOT analysis, which allowed seeing clearly their strengths - highly motivated staff, who utilized youth friendly principles in their work. Weaknesses of Amor clinics were related with shortages of these motivated and suitable, well-trained staff members, who could respond adequately and professionally to needs of their visitors. I also liked to learn that in their SWOT analysis, in opportunities part they are considering provision of counseling services for young males. Often times when we talk about sexual and reproductive health, main target of these activities are females, we leave males out of this and I do not believe it is a comprehensive approach to address the adolescents' health issues.

- I have found the lessons learned from financing of Amor clinics to be very useful and insightful. I agree with their conclusion that financing should be sought for clinics as service providers as a whole and not as separate funding for each type of service.

Assignment documents

1. [WHO Department of Child and Adolescent Health and Development. Improving the quality and expanding the coverage of health services for adolescents. WHO's approach. Paper presented at: Training Course in Sexual and Reproductive Health Research; 2010 Sep 11; Geneva.](#)
2. [WHO Department of Child and Adolescent Health and Development. The evidence base for our approach to improve the quality and expand the coverage of health services for adolescents. Paper presented at: Training Course in Sexual and Reproductive Health Research; 2010 Sep 11; Geneva.](#)
3. [WHO. Amor youth clinic network in Estonia. Geneva: WHO; 2009.](#)