

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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Adolescents Friendly Health Services in Sudan

Adolescent health services programmes are a relatively new phenomenon in Sub-Saharan Africa as well as in Sudan with the first reproductive health (RH) programmes having been established in the late 1970s. Adolescent needs include adequate information, skills, safe and supportive environment and health and counseling services. The WHO framework for adolescence health calls the health providers to help well adolescents stay well, to help ill adolescents get back to good health and to make use of influential people in the community to understand and respond to the needs of adolescents. Programmes on adolescents friendly health services, however, are rare and comparatively less developed in Sudan. This is possibly because of lack of resources and prioritizing setting.

In the recently endorsed population policy of Sudan, youth is considered as one of the important population sectors for the future of the country. The policy document identified common youth problems as education, labor, marriage, family life, and problems of change and ambition and effects of globalization.

The health care provided to youth, schoolchildren or university students is only of curative nature. There is neither education program on adolescent RH problems nor health services to deal specifically with adolescent and youth RH problems in a way which will be addressing their needs.

The Sudanese Ministry of health announced the National Strategy for Reproductive Health 2006/2010. The overall objective of the strategy for RH in Sudan is to accelerate progress towards meeting the nationally set and internationally agreed RH targets (esp. MDGs) and ultimately to attain highest achievable standard of RH for all population as well as adolescence. Also the government of South Sudan announced its Basic Package of Health and Nutrition Services in 2008. The document stated that Adolescent Sexual Reproductive Health Services will provide services for adolescents and young people to prevent sexually transmitted infections, adolescent pregnancies and HIV/AIDS. Youth friendly service provision and care will be adopted to encourage health seeking behavior among young people.

WHO's Approach to improve the quality and expanding the coverage of health services to adolescents

It has been demonstrated that provision of appropriate health services has positive health outcomes for adolescents, including reduction in the incidence of early and unwanted pregnancy and complications during pregnancy and childbirth, STIs, and use of tobacco, alcohol and drugs.

Regarding the feasibility of such programs there are many challenges for adolescents health programs, including strengthening the evidence base to address Adolescent Friendly Health Services; focusing on interventions which affect the determinants of the health and development of adolescents; establishing mechanisms to promote the healthy development of at risk vulnerable adolescents; measuring outcomes and effectiveness; and procuring necessary funding. Responding to adolescent health and development needs must include the establishment of a supportive legal and social environment as well as the provision of support and education for parents, families, teachers, religious leaders and friends.

Adolescents Friendly Health Services: A Case of Amor Youth Clinic Network in Estonia

Estonia is of 1 341 672 population, 46% male and 54% female. Young people aged 15–24 years made up 15.3% (205 395) of the population. Amor youth clinics are youth-friendly free-ofcharge sexual and reproductive health clinics in Estonia, where both males and females are welcome. The clinics are specially designed to address the sexual and reproductive health needs of young people. The clinics provide not only advice concerning contraception and testing for HIV/STIs, but also a chance to talk about relationships and sexuality with a professional. Although Estonia experience in adolescents friendly health services could not be generalized to many developing countries, because of the small population size and other variables. Here are three comments about Estonia experience:

1. The experience of Estonia tells about an excellent application of the WHO ecological model for adolescents friendly health services, this is manifested by the cooperation with key local figures and organizations. Also this is clear from the fact that young people are more likely to visit a youth clinic because they know it is specifically intended for them and employs youth-friendly methods. More over it is of great importance that the service remains free of charge and is readily available.
2. Constructive and regular feedback from all (clinics to the ESHA, young people to the ESHA and clinics, workgroup to clinics, funders to the ESHA as well as clinics) has provided great productive energy. Evaluation is an important part of the ongoing learning process of the network and help in improving the quality of the services provided.
3. The issue of the sustainability of the program if government financing is discontinued, since services intended for young people must not charge any fee.

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.