

[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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## **Health services for adolescents in Macedonia, FYR**

My perceptions of adolescent health services in Macedonia are as follows:

- Prevention, detection and treatment of adolescent health problems are provided by family doctors, departments of preventive medicine, general hospitals and clinics. Although Macedonia is low- income country, these services are available for all adolescents in public health organizations; most of them are free of cost (except a percent of participation for some services).
- Health services are also available in refugee camps, summer and winter children and adolescents camps.
- Links between adolescents, parents, doctors and teachers must be improved. They are very important for early detection of adolescent risky behavior.
- Disharmonic and poor families are related to many social and health problems of adolescents.

## **WHO's approach to improving the health services to adolescents**

The goals and actions in this approach are well identified. The potential utility is very clear: less sexual transmitted diseases, consciousness about the consequences of early and unprotected sexual activities, and decreasing number of substance abusers and accidental injuries.

The gap between the required and actual quality of health services is the reality in many environments. The solution for this problem is a systematic process in which many national and community stakeholders must be included. The key points are a realistic budget planning, training programs for health providers and implementation monitoring.

## **Amor youth clinic network in Estonia**

At the beginning of 1990's in Estonia was initiated a program of youth counseling, because of high level of sexual transmitted infections and early pregnancy among this age group.

This initiative for quality improvement of adolescent public health services was organized through:

- training sessions for youth cancellers,
- youth clinics in different places across Estonia,

- compiled education literature,
- setting a website with online counseling.

Enthusiastic providers of this program had many problems like long-term financing. Finally, thanks to excellent results of the program, the youth clinics assured regular government financing until 2015.

Fifteen years of Estonian experience in this field carries out a network of 18 Amor clinics (2007) which are very popular among adolescents. We can see it through the decrease in the number of unwanted pregnancies, improved contraception use and decreased sexual transmitted infections.

Estonian example should be used by many other countries as inspiration and challenge for development of youth-friendly initiatives and further cooperation between each of them.

### **Assignment documents**

1. [WHO. Adolescent friendly health services - An agenda for change. Geneva: WHO; 2002.](#)
2. [WHO. Amor youth clinic network in Estonia. Geneva: WHO; 2009.](#)
3. [WHO. Methods and tools to scale up quality health service provision to adolescents. Geneva: WHO; 2010.](#)