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PROGRAMMING FOR ADOLESCENT HEALTH AND DEVELOPMENT

Report of a WHO/UNFPA/UNICEF Study Group
on Programming for Adolescent Health



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WHO/UNFPA/UNICEF Study Group on Programming for Adolescent Health

Saillon, Switzerland, 28 November – 4 December 1995

Members

- Dr F. Alauddin, Family Development Services and Research, Dhaka, Bangladesh
- Professor R.W. Blum, Professor, Division of General Pediatrics and Adolescent Health, University of Minnesota, Minneapolis, MN, USA
- Mr I. Diallo, National Director of Communication, Scouts and Guides of Senegal, Dakar, Senegal
- Dr J. Djaelani, Program for Appropriate Technology in Health, Jakarta, Indonesia
- Mr S. Ghose, Senior Vice President, Siel Limited, New Delhi, India
- Dr G. Rao Gupta, International Center for Research on Women, Washington, DC, USA (*Joint Rapporteur*)
- Mr R. King, Head of Training, Adolescent Programme, SERVOL Life Centre, Trinidad and Tobago
- Ms J. Kwawu, Senior Programme Specialist / Women, International Planned Parenthood Federation, Africa Region, Nairobi, Kenya
- Dr M. Maddaleno, Adolescent Health, University of Chile, Santiago, Chile (*Joint Rapporteur*)
- Dr M. Omar, World Organization of the Scout Movement, Arab Regional Office, Cairo, Egypt
- Mr R. Rajani, Coordinator, Kuleana, Mwanza, United Republic of Tanzania
- Professor O. Ransome-Kuti, Chair, Better Health in Africa Panel of Experts, Africa Technical Department, The World Bank, Washington, DC, USA (*Chair*)
- Dr R. Niskier Sanchez, Department of Research, Fernandes Figueira Institute, Oswaldo Cruz Foundation, Rio de Janeiro, Brazil
- Dr T.L. Silva, Childhope Asia (Philippines), Manila, Philippines
- Ms M.A. Urgel, Institute for Social Studies and Action, Manila, Philippines
- Dr A.M. Zarrouk, Director of School and University Health, Ministry of Public Health, Tunis, Tunisia

Representatives of other organizations

The Mentor Foundation

Ms A. Bernadotte, Mentor Foundation, Geneva, Switzerland

International Association for Adolescent Health

Dr U. Bühlmann, Secretary, International Association for Adolescent Health, and Chair, Department of Pediatrics and Adolescent Medicine, Triemli Medical Center, Zurich, Switzerland

Advocates for Youth

Dr M. Pruitt Clark, President, Advocates for Youth, Washington, DC, USA

The Rockefeller Foundation

Ms J. Hughes, Associate Director, Population Sciences, The Rockefeller Foundation, New York, NY, USA

Secretariat

Mr J. Chui, Senior Technical Officer, Information, Education and Youth Branch, Technical and Evaluation Division, UNFPA, New York, NY, USA (*Joint Secretary*)

Dr B. Dick, Senior Youth Health Adviser, Health Promotion Unit, UNICEF, New York, NY, USA (*Joint Secretary*)

Ms J. Ferguson, Technical Officer, Adolescent Health and Development, Family and Reproductive Health, WHO, Geneva, Switzerland (*Joint Secretary*)

Dr H.L. Friedman, Chief, Adolescent Health and Development, Family and Reproductive Health, WHO, Geneva, Switzerland

Dr C. Gardiner, Technical Officer, Reproductive Health and Family Planning Branch, Technical and Evaluation Division, UNFPA, New York, NY, USA (*Joint Secretary*)

Dr G. Slutkin, Centers for Disease Control and Prevention, Atlanta, GA, USA, and School of Public Health, University of Illinois at Chicago, Chicago, IL, USA (*Temporary Adviser*)

Ms D. Widdus, Adolescent Health and Development, Family and Reproductive Health, WHO, Geneva, Switzerland (*Joint Rapporteur*)

Dr S. Woodhouse, UNICEF Representative, Jakarta, Indonesia

1. Introduction

A WHO/UNFPA/UNICEF Study Group on Programming for Adolescent Health met in Saillon, Switzerland from 28 November to 4 December 1995. The Study Group met to bring together the best information available on programming, in order to strengthen systematic action in all regions of the world.

Adolescent¹ health no longer requires justification. More than half the world's population is below 25, with four out of five young people living in developing countries. Changing conditions are bringing about changes in behaviour and countries have recognized that behaviour formed in the second decade of life has lasting implications for individual and public health. The multiplicity of health problems associated with specific types of behaviour include the consequences of unprotected sex, which increases the risks of early and unwanted pregnancy and childbirth, unsafe abortion and sexually transmitted diseases such as infection with the human immunodeficiency virus (HIV); problems associated with the use of tobacco, alcohol and other substances that impair judgement and increase the risk of cancers, cardiovascular and respiratory diseases; accidental and intentional injury; malnutrition and problems related to oral hygiene; as well as endemic diseases. A steadily rising number of countries are allocating resources to adolescent health and development through a variety of sectors.

Admittedly, no institution, private or public, can singlehandedly promote adolescent health and development. There is need for cooperation, to create the environment that will enable all young people to maximize their potential. In this context, WHO, UNFPA and UNICEF have a goal in common: to ensure that adolescents are able to acquire the information, build the skills, obtain the health services and live in the supportive environment they need for their health and development. The cooperation exemplified by the convening of the joint Study Group is vital to the achievement of this goal.

The purpose of the Study Group was to provide the technical rationale and basis for the action required for the health and development of adolescents. The growing interest in meeting adolescent health needs, preventing health problems and providing care and treatment has been manifest in many new projects. What has often been absent, however, is systematically collected and sound information about

¹ WHO considers "adolescence" as the period between 10 and 19 years. "Youth" is defined by the United Nations as 15–24 years and the term "young people" refers to the composite age group 10–24 years.

effective programming and about the best ways to establish and sustain programmatic approaches. Thus, WHO, UNFPA and UNICEF sought to pave the way for the overall formulation of policy on adolescent health and development, and on a programmatic approach at country level.

Drawing on the experience of WHO, UNFPA and UNICEF, and on that of other United Nations agencies, nongovernmental organizations and the scientific and professional community, the Study Group sought to consolidate knowledge about programming for adolescent health and development, in order to strengthen programming at country level and maximize its coverage and impact.

The Study Group reviewed current experiences, especially in developing countries, as well as the scientific evidence concerning the effectiveness of major interventions for adolescent health. A “framework for country programming” (1) (see Fig. 1) was developed. It highlights the essential elements and strategies needed to establish, implement and sustain programmes for adolescent health and development. The Study Group recommended a common agenda of actions to accelerate and strengthen programming for adolescent health, including the global and regional support needed for country-level programming (see sections 11 and 12).

This report is a synthesis of the material and expert opinions presented to the Study Group and is organized according to the components of the “framework for country programming”. Each component is dealt with more fully in its corresponding section.

2. Goals of programming

2.1 Background

Today, approximately one-fifth of the world’s population are adolescents (10–19 years of age), with more than four-fifths in developing countries. When young people strive to fulfil their physical, intellectual, emotional, spiritual, social and artistic potential, they contribute enormously to societal progress. To a large degree future economic development depends upon having increasing proportions of the population that are reasonably well educated, healthy, and economically productive. The kind of adolescence people have has a far-reaching effect on them and their society. The fate of young people depends upon them, their environment and the support and opportunities adults provide them. What, then, should society do to provide greater support for the health and development of its young people?

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