
**REGIONAL CONSULTATION TO TAKE STOCK OF PROGRESS MADE IN SCHOOL HEALTH
IN THE AFRICAN REGION AND PROVIDE INPUTS INTO THE GLOBAL ACCELERATED
ACTION FOR THE HEALTH OF ADOLESCENTS (AA-HA! GUIDANCE).**

18-21 October 2016, Hotel Concorde Kintélé (Brazzaville), Republic of Congo



Final Report

1. Introduction

Changes occurring in adolescence have influence on different diseases and behavior that affect health. They are responsible for the epidemiological transition, infectious diseases and noncommunicable diseases occurring immediately or in later life. That is why today, unprecedented momentum is gathering to put adolescents and youth at the centre of global health policies. This opportunity has the potential not only to benefit young people directly but also to have wide-ranging effects on the health of adults and national socioeconomic development. It is on that basis that the World Health Organization (WHO) encourages Member States to prioritize high-impact adolescent health interventions in national strategic plans that seek to strengthen health systems in view of achieving universal health coverage.

In this context, the school setting has been recognized as one of the essential platforms for the delivery of quality health services to the greatest number of children and adolescents. It is therefore proper to monitor the progress accomplished in the implementation of the school health programme and identify the challenges and opportunities so as to move forward the agenda in this area. Children, Adolescent and Youth afford us the best opportunity to operate radical changes for a prosperous, healthy and sustainable Region.

With this background, the WHO, Regional Office for Africa in collaboration with the Government of the Republic of Congo convened a regional consultation bringing together representatives of 29 Member States, representatives of United Nations agencies, international NGOs, bilateral agencies, civil society organizations and young people organizations operating at the global, regional and national levels. These comprised of: (i) Ministry of Health focal points for adolescent health and school health; (ii) Ministry of Education focal points for school health; (iii) Representatives from other relevant Ministries such as Ministry of Gender, Finance, Family, Welfare and Social Protection, Youth and Sport; (V) Representatives of civil society (e.g. NGOs providing services in the area of adolescent empowerment and participation, education, health and health services; (vi) Representatives of UNFPA, UNICEF, UNESCO, UN Women, JHPIEGO, PAN AFRICAN YOUTH UNION and AfriYan etc.

The main objective was to review progress in school health programmes in countries, and develop country action plans to strengthen national school health programmes in the African Region. Specific objectives of the consultation were as follows:

1. To take stock of the status of the implementation of school health programmes in the African region against four programme' components: school health policies, partnerships and school health services, safe and supportive school physical and social environment, skills based health education;
2. To provide technical updates and guidance on evidence based school health policies in key areas - water and sanitation, prevention and control of early pregnancy,

- nutrition and physical activity, substance use, mental health - and identify implications for programming;
3. To provide inputs into the Global Guidance for Accelerated Action for Adolescent Health (AA-HA! Guidance) that will provide countries with a basis for developing a coherent national plan for the health of adolescents, and to align the contribution of all relevant stakeholders in planning, implementing and monitoring a Survive, Thrive and Transform response to the health needs of adolescents;
 4. To contribute to the development of country action plans to strengthen school health programmes.

The Government of the Republic of Congo accepted to host the regional consultation that took place in Brazzaville, Congo from 18th to 21 October 2016. The expected outcomes of the meeting was that Country action plans for strengthening national school health programmes should be drafted with specific priority actions identified.

2. Opening session

The opening ceremony was graced by the presence of high level personalities such as:

- Her Excellency the Prime Minister of the Republic of Congo;
- The Regional Director; WHO AFRO;
- The Minister of Health and population of Congo;
- Special Advisor of the President of the Republic of Congo in charge of health matters;
- Ministers of state and other government officials and a youth advocate;
- Representative of UN Agencies in the Republic of Congo.

The opening ceremony was marked by three speeches given respectively by the representative of young people, the WHO Regional Director, the Minister of Health and the Prime Minister of the Government of Congo.

The situation of adolescents and youth health in Congo, as in most countries in the region, is characterized by high rates of early or unwanted pregnancies, increase of HIV new infection low contraceptive prevalence, increased use of harmful substances, malnutrition and oral diseases.

The government's vision is to accelerate the progress of universal health coverage in order to achieve the Sustainable Development Goals and to allow the health system to better meet the health needs of children, young people, including in school setting.

Clement MOUAMBA, Prime Minister



The Regional Director of the WHO Office for Africa, highlighted that the inclusion of adolescents' health in the UN Secretary-General's Global strategy for women's, children's and adolescents' health presents a unique opportunity to intensify efforts to ensure that each adolescent has the knowledge, skills and opportunities for a healthy and productive life, as well as the happiness of realizing all their human rights.

Statement of the WHO Regional Director

- *It is crucial that adolescents be placed at the Centre of the sustainable development agenda, for a compressive improvement of health and development in our countries.*
- *We therefore have a unique opportunity to focus our attention on this hitherto neglected age group in a manner that would deliver benefits for adolescents and youth, as well as their families and the society as a whole.*

Dr Moeti, Matshidiso Rebecca



All speakers were unanimous in calling for more commitment and more investment in adolescent and school health and emphasized the need to involve young people in the process.

Statement of young people representative

- *As we begin this consultation on school health I would like us to have the following 4 points in mind:*
- *We must strive to motivate political will and commitment at the highest level to propel investment in the health, education and wellbeing of young people.*
- *As leaders do not compromise on meaningful youth engagement at all levels. See young people as partners for development and not just beneficiaries.*
- *Let's ask ourselves the most important question at gathering like these- how do we move the conservation from these cool air-conditioned rooms and ensure they translate into impact on the ground?*
- *I think we have the best instruments locally and globally, best institutions and stakeholder partnerships, we have had many empowering dialogues and now we only need 4 things: 1. ACTION 2. ACTION 3. ACTION and 4. ACTION.*

Miss Gogontlejang Phaladi



3. The status of the implementation of school health programmes in the African region

The first technical session entitled **Overview of the status of the implementation of school health programmes in the Africa region** was marked by several presentations.

The first presentation showed that Sub-Saharan Africa has the youngest population in the world with adolescents representing almost 20% of its population. Adolescents face many problems among which early pregnancy, child marriage, HIV/AIDS, mental health, substance abuse and malnutrition. The presentation also demonstrated that School health service is one of the key platforms for service delivery for adolescents. A number of countries are implementing various activities aimed at promoting school health amidst challenges. Current ongoing global initiatives and partnerships offer opportunities to promote school health in the African region.

Challenges are about weak service integration and linkage leading to low coverage, unavailability of disaggregated data by age and gender, weak planning, monitoring and evaluation, lack of meaningful participation of adolescent and teachers in planning and decision making and in the full programme cycle, low involvement of other sectors to improve school health programmes and low coordination between the ministries, especially the Ministry of Health (MOH) and the Ministry of Education (MOE).

The presentation also pointed out some opportunities such the African Union Campaign to end child Marriage (African Youth Development Fund) and some Global initiatives that call for more investments for the health of adolescents and their develop. Those are The Sustainable Development Goals; The UN Global Strategy for Women's, Children's, and Adolescents' Health; The Global Financing Facility; The Global Health Sector strategy for HIV/AIDS; The Global AA-HA Guidance (Accelerated Action for the Health of Adolescent). Other opportunities are the Global Partnership to End Violence against Children and the Global fund commitment to support adolescent.

The second presentation on the **Global overview of school health programmes** focused on trends likely to affect adolescents in the future. These are about Changes in demography, Epidemiological transition, Change in social context of adolescence, Growing inequalities, Persistence of entrenched violence, Crises (conflict, natural disaster, epidemic), Climate change and planetary health, and the penetration of digital technology and the ubiquitous internet. It also showed the widening gap between biological maturity and social transition to adulthood, the six components of School Health programme and some Global opportunities.

Global and regional initiatives for school health was the 3rd presentation which gave this example of FRESH (Focusing Resources on Effective School Health) Initiative. FRESH has four components and the cross-cutting themes are Equitable school health policies, Safe learning environment, Skills-based health education and School-based health and nutrition services.

The discussions that followed these presentations came out with some concrete recommendations. The need for parental and community involvement in school health was on top. Followed by the need for strong collaboration between several Ministries notably, MOE, MOH and other stakeholders and to define their clear roles. Also the need to utilize

existing funding mechanisms and to identify new ones for sustainable financing of school health programmes and strategies to involve adolescents in universities were stressed.

A presentation was made on **Water Sanitation and Hygiene (WASH) in schools and its benefits**. WASH aims to improve children's health, to boost attendance and academic performance and to reduce girls' absenteeism. At Global level WASH was implemented in different campaigns such as Raising Clean Hands Campaign, Three Star Approach, Menstrual Hygiene Management and Monitoring and Guidelines. Regional statistics indicated huge gaps.

Another presentation was made on **Education sector planning processes**. It demonstrated that the planning process should be multi-sectoral and integrated for sustainability. The presenter also showed that the Health and education are inter-related so both education and health outcomes must be looked at. He revealed the advantages and disadvantages of routine programming and Specific programming. He concluded showing that components of the Sectoral planning cycle can be adapted to suit country needs.

The sustainability of adolescent health programmes requires routine sectoral planning

Adolescent health actors must be involved in various stages of planning

Data, tools and analyzes for planning should highlight the positive impact of adolescent health on the SDGs

The revision of sectoral education plans provides an opportunity to integrate adolescent health

The second technical session started with country presentations made by Rwanda and Senegal. Some important ideas came out of the discussion that followed. Among these ideas there is the need for a good governance structure with a clear lead agency, school health must be multi-sectoral and implemented at all levels, and there must be a Policy and Strategic Plan and a clear monitoring and evaluation framework. Resources (funds and human) must be committed to it. Documentation of impact of the various interventions is necessary and this may be by analysis of existing data. Another important idea is Performance contracts for accountability.

A presentation was made to **update on systems and tools for data collection and analysis**. Those tools are as follow: The WHO monitoring and Evaluation framework, the Global School Health Survey, the Global Youth Tobacco Survey and the School Health Policies and Practices

Survey. The Global School based Health Survey (GSHS) and the Global Youth Tobacco Survey (GYTS) were presented. The GSHS targets 13-17 years old. It is self-administered in schools in class setting and it aims to measure and assess the behavioral risk factor and protective factors. As to the GYTS, it is part of the Global Tobacco Surveillance system (GTSS) which aim to strengthen national capacity to design, implement and evaluate the tobacco control action plan (WFCTC), it targets 13-15 years. It's a school based survey. And the indicators include knowledge and attitudes towards smoking, prevalence of cigarette smoking and other tobacco use, role of media, access to cigarette amongst others.

Benin Country presentation on Global School Health Survey (GSHS) and group work by country teams on improving governance and strengthening data collection and analysis for better planning and monitoring concluded the working sessions of day one. Benin GSHS Survey results provided opportunity to identify needs, prioritise them and take the necessary remedial actions. The Benin GSHS measured alcohol use; dietary behaviors; drug use; hygiene; mental health; physical activity; protective factors; sexual behaviors; tobacco use; and violence and unintentional injury. Students self-reported their responses to each question on a computer scanable answer sheet. The school response rate was 100%, the student response rate was 78%, and the overall response rate was 78%. A total of 2,536 students participated in the Benin GSHS.

The second technical session continued on day two, and it started with a presentation on **Global Guidance in preventing early and unintended pregnancy**. That guidance aimed to reinforce the education sector's capacity to prevent early and unintended pregnancy and to allow pregnant girls and adolescent mothers to continue and complete their education in an environment free of stigma, discrimination and violence. That guidance was prepared in partnership with UNESCO and WHO and will be published in 2017. They are said to be a useful tool to address early and unintended pregnancy especially in Sub Saharan Africa.

Following this, **WHO latest Guidance on Contraception for Adolescents** were presented. From this presentation participants were informed that medical eligibility criteria for contraceptive allows adolescents to have access to all forms of modern contraceptives, that there is no evidence on the loss of bone density in using Depot medroxyprogesterone acetate (DMPA) which is an injectable, progestin-only contraceptive that provides highly effective, or risk of perforation in use of Intra-Uterine Dispositive (IDU) in younger women and adolescents. It is also proved that adolescents can use all forms of emergency contraceptives. And lastly WHO new recommendations remove all restrictions in use of contraceptives for all age groups.

The presentation on **Addressing health determinants to improve adolescent's health and development** defined "A health promoting school (HPS) as one that constantly strengthens its capacity as a health setting for living, learning and working". The presentation also provided an overview on the principles and key elements of a Health Promoting School. Participants were also informed that WHO established a Commission on Social Determinants of health which made some important recommendations. Among others it recommends to

improve daily living conditions, to address inequitable distribution of power, money and resources, to measure & understand the problem and assess the impact of action. Reference was made to the complexity of policy levers looking at mitigating modifiable risk factors Vis-a-Vis industry inference (alcohol, tobacco and food). Health Promotion and Social and Economic Determinants (HPD) Unit at the WHO regional office for Africa is working to strengthen and support countries in school health promotion policy and social determinants.

Policies to promote healthy nutrition and physical activity were also presented. The presentation showed that nutrition of children and adolescents starts at conception and that there are two main drivers of malnutrition: underweight and obesity. Policies are key components of a comprehensive policy package and this can be structural, population wide and community based interventions. Nutritional labelling can consider three different options: nutrient specific, summary indicator or food group information. And Schools provide an opportunity to promote good nutrition and physical activities through policies and programmes.

Following this, a presentation was made on the **Review of the implementation of the Comprehensive Sexual Education (CSE) across 20 countries in Sub Saharan Africa**. CSE is defined as “age-appropriate, culturally relevant approach to teaching about sexuality and relationships by providing scientifically accurate, realistic, non-judgmental information” (UNESCO, 2009). UNESCO conducted a review on the implementation of CSE program across 20 countries in Sub-Saharan Africa, focusing on Objectives and principles, Content, Implementation, Integration, Teacher training, Monitoring and Evaluation and Institutional context. The conclusion that came up from the overview of comprehensive sexuality education programmes is as follows:

Principles of effective CSE programming are fairly well understood, although involvement of parents, communities and adolescents need strengthening in most countries

Content needs to be improved in a majority of countries – particularly for earlier age ranges, in SRH and Sexuality, and in Social Norms and Gender

Countries which have developed strong curricula sometimes need to work on integration (coverage, manuals, allotted time, teacher training)

A few countries score very high in most components, showing the feasibility of CSE in SSA; evidence show that adapting them to other countries is a promising approach

Countries differ widely in strengths and challenges, suggesting high potential for fruitful South-South cooperation

Opportunity to assess new areas (e.g. response to school-related GBV) when ongoing revision of SERAT is concluded

Related to this theme **Ethiopia and Zambia shared their experiences** concerning CSE. Ethiopia showed that school health education must be an integrated process, and that community, parents and teachers should be mobilized. Lessons learned in Ethiopia are: (i) integrated school health education in to the existed curriculum is effective in delivering school based sexuality education; (ii) mobilize the community, parents, and teachers (iii) ensure quality adolescent friendly services at school clinic, with proper referral system.

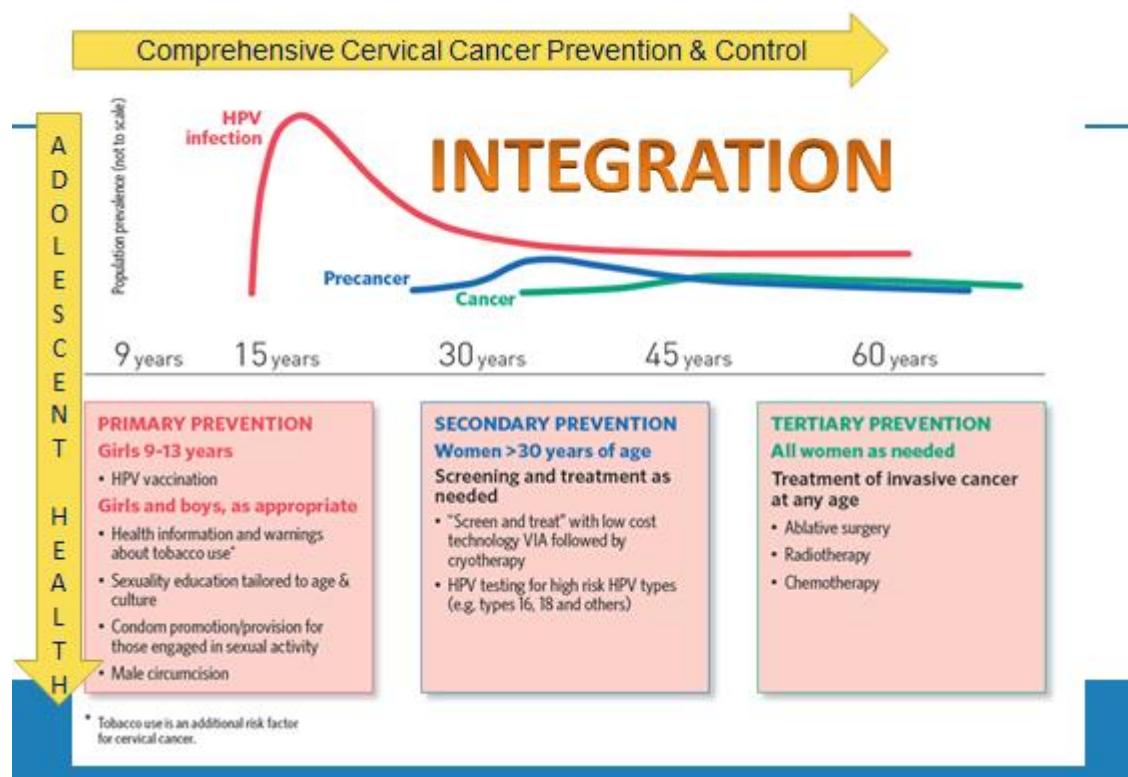
As lessons learnt, Zambia demonstrated that a consultative stakeholders coordinating structure is helpful, and that CSE framework and learning and teaching materials should be developed concurrently. In addition, the use of both online and workshop training of in-service teachers is effective. The availability and accessibility of adolescent/youth friendly services is the way to go. Despite a number of progress pertaining to CSE in some countries, there are still several challenges that countries are facing in implementing CSE.

MAIN PROBLEMS AND KEY CHALLENGES



A Global overview of school health services and their changing role in the 21st century was another presentation. History sowed that school health services have evolved from screening and referrals to the provision of comprehensive services. There are different models of school health service delivery. Those include school based, community or facility based or combination of both. 102 countries review on school health services provides an inventory of school health services and evidence on what interventions works best. Top ten interventions in school health services include vaccination, Sexual and Reproductive Health Education, Vision screening, Nutrition screening, Nutrition health education, Dental screening, Hearing screening, Mental health screening, Mental health education and Hypertension screening. Some recommendations were made for advocacy purpose: look for the best alignment with health priorities and evidence based, accelerate knowledge translation from research data to practice.

Vaccination is a key intervention in school health. And a presentation was made on the **introduction of the HPV Vaccine: opportunity for strengthening School Health Programme**. From this presentation participants learned that 95 (50%) of countries vaccinate children in schools and 11 of these countries are in Africa. Some enabling factors for successful school vaccination were listed and they included high enrolment of school-age children, both genders; Strong primary healthcare system with adequate network of health centers at lower levels; Strong central government support through vaccine supplies and equipment procurement; Collaboration between ministries, especially MOH and MOE, and within department of MOH, notably RMNCAH and Immunization programmes; Standard of operations, guidelines and training; Cooperation of staff from schools and healthcare workers; People's trust in the public health and education system. In the African region, the HPV vaccination can be considered as a window of opportunity for the integration of adolescent health interventions.



In South Africa, school health programme is the service delivery platform for the HPV vaccine programme, introduced in 2014. The target was 450 000 girls. The HPV vaccine programme procured over 2 000 android tablets (ipads) and software installed for real time data collection. It will be used for the school health data collection.

Country presentations by Kenya on Menstrual Hygiene Management, revealed that significant barriers to high-quality menstrual hygiene management (MHM) persist across Kenya and remain a particular challenge for low-income women and girls. About 65% of women and girls in Kenya are unable to afford sanitary pads. Only 50% of girls openly discuss menstruation at home and just 32% of rural schools have a private place for girls to change

their menstrual product. About 12% of girls in Kenya would be comfortable receiving the information from their mother.

In Cote d'Ivoire the assets in implementing school health programme are:

- **Political will:** engagement of the First Lady, both Ministers of the Health and Education and partners (WHO, UNICEF and UNICEF) and existing platform for multisectoral collaboration.
- **Development of strategic document :** National Standards and training materials
- **Sensitization and capacity building:** on adolescent sexual and reproductive health, family planning, life skills approach.
- **Fostering access of adolescent services:** accurate information, SRH and PF services, and HIV testing and services, outreach and community activities.
- **Monitoring &Evaluation:** collection and analysis of data, decision making based on evidence.

Following these presentations, Sierra Leone and the Republic of Congo shared their country experiences on school health. Lessons learned in these countries revealed that:

- Early pregnancies, unsafe abortion, HIV infection, substance abuse School are areas of concern;
- Dental caries and ocular diseases are very common in schools;
- Building teacher capacities provide an opportunity to sustain health intervention in school setting;
- Integrating the concepts of school health, sexual and reproductive health of adolescents and young people into the curriculum makes it possible to reach a large number of learners and the adoption of responsible behaviors;
- The lack of interdepartmental collaboration is an obstacle to the promotion of school health.

The Regional Consultation on school health in the African Region also registered the participation of a number of adolescent and youth Associations. They constituted a working group and they made a contribution during the final day. In a communication called Top Tips, they made a contribution about Governance at national, sub-regional and local levels. They pointed out the fact that many documents such as policies are available but they are not implemented because they are not practicable. The best way to address this, is to conduct research before developing policies and involve all stakeholders at all level and make sure that adolescents and youth are properly engaged as actors not only as targets. To achieve this, they proposed the establishment of a working group of Ministry of Health, Ministry of Education and representatives of Youth led organisations to develop a work plan and accountability mechanism and resources mobilisation strategies.

They also contributed for the Evidence-based school health policies for safe and supportive physical and social environment school. The observation was that there is a lack of research and extensive consultations of young people to inform the drafting of the policies. What they propose is to improve research capacities of young people, move away from using "Experts".

Technical presentations kept on with a communication on **Global and regional initiatives, tools and resources to strengthen school health personnel capacity**. This communication showed that the implementation of Healthy Schools framework requires specific skills. Those include school health services, Healthy school policies, Physical school environment, Community links and parents, Social school environment and Health skills and education. The presentation took examples from WHO Europe, The International Union for Health Promotion and Education (IUHPE), FRESH and CDC. All those organizations produced resources for school health that can be helpful. Many documents were developed by WHO concerning the core competencies in adolescent health. All the documents are available on the WHO website.

4. The contribution of the African region to Global Accelerated Action for the Health of Adolescent (Global AA-AH!)

A presentation was made on the **Global Strategy for Women's Children's and Adolescents' Health: implication for the African Region**. The Presenter showed that the Global Strategy is in line with the SDGs and made more emphasis on goal #3 pointing out that the Global strategy focuses on the achievement of goals # 3 that aims at improving Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH). He emphasized the Global Strategy being much broader, more ambitious, and more focused on equity than the SDGs.

The vision of the Global strategy is that by 2030, a world in which every women, child, adolescent in every settings realizes their right to physical, mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping sustainable and prosperous societies.

The Global strategy has 3 main objectives:

Objectives

1. SURVIVE

End preventable deaths



2. THRIVE

Ensure health and well-being



3. TRANSFORM

Expand enabling environments

What is new and makes the difference in the Global Strategy 2016-2030? The Global Strategy for Women's, Children's and Adolescents' Health underlined 5 key elements:



▪**Equity**

Focus on reaching the most vulnerable
and leaving no one behind

▪**Universality**

For all countries, with an explicit focus on humanitarian settings

▪**Adolescents**

The "SDG generation" – a 10 year old in 2016 will be 24 in 2030

▪**Life-course approach**

Health and well-being interconnected at every age, and across generations

▪**Multisector approach**

Joint progress across core sectors e.g. nutrition, education, WASH

The operational Framework is to support implementation of the Global Strategy and to provide technical resources for countries on how to translate SDG targets and Global Strategy action areas into existing and new country-led plans for implementation. This operational framework is meant for National governments, civil society, private sector, development partners. It clarifies roles of global and regional actors. When planning programmes, countries are encouraged to consider the inclusion of (School Health) into RMNCAH programs.

There are nine ingredients for action in the Operational Framework. The first ingredient that is about country leadership stewarded by national governments, is fundamental and overarching. All other ingredients contribute to and are dependent on. Civil society, the private sector and development partners can also contribute to all of the ingredients. Each ingredient for action in the Operational Framework corresponds to an action area of the Global Strategy, for which it aims to facilitate implementation. For each ingredient, implementation objectives and guidance are presented. The Presenter emphasized that the Operational Framework also links to and aligns with other support for the Global Strategy, including the Global Financing Facility and the Independent Accountability Panel.

To support the implementation the Global Strategy Worldwide, Member States were requested by the UN Secretary General to make written commitments. So far 27 countries¹

¹ Angola, Benin, Burkina Faso, Burundi, Chad, Comoros, Congo, Cote d'Ivoire, DR-Congo, Eritrea, Ethiopia, Ghana, Kenya, Liberia, Lesotho, Madagascar, Malawi, Mali, Mauritania, Mozambique, Rwanda, Sao Tome & Principe, Senegal, Sierra Leone, South Africa, Togo and Zambia.

in the African Region made written commitments to the Global Strategy (West Africa -10 Countries, Central Africa-6 Countries and East & Southern Africa 11 Countries).

For the first time, the adolescent health has been taken into account in the Global Strategy. That is why a presentation was made on the **Global Accelerated Action for the Health of Adolescent (AA-AH! Guidance)** which is currently developed by WHO in collaboration with other UN agencies (UNICEF, UNFPA, UNAIDS, UNESCO, UNWOMEN and World Bank). The presentation on the AA-HA! Guidance gave a background and also made an overview of the draft document.



The Global AA-HA!



- Will be launched alongside World Health Assembly in May 2017
- Contribution to the implementation of the adolescent component of the Global Strategy for Women's, Children's and Adolescents' Health



 World Health Organization

The presentation recalls that by 2050, Sub-Saharan Africa is projected to have more Adolescent than any other region. It then pointed out five key reasons for countries in sub-Saharan Africa to focus on the health of adolescents and young people. First, a large group with substantial proportion of burden of disease which is increasing relative to that of younger children. Second, there is a need to act now to avert major adult Noncommunicable Diseases (NCDs), mental health, violence & injury burden in the future. Third, ensure we recoup the investments in child survival. Fourth, avoid swelling the ranks of angry protestors and combatants. And fifth, there is increasing evidence that interventions and programmes in this age group can work.

Some principles of the documents were enumerated. The Global AA-HA! Guidance is useful to countries; it focuses on the major health problems and potentials; it only makes evidence-based recommendations; it's global remit, but it has local applicability; it promotes equity (needs of the most vulnerable); it builds on existing Global Strategy documents; it fits within Universal health coverage, Quality of care, Positive development and Health in all policies.

Considering future timetable for the document, participants were informed that an Online open consultation will be effective in December 2016. In February 2017 the final document

will be sent for clearances and translation. And finally, in May 2017 alongside the World Health Assembly the official launching will take place.

Following these presentations, countries went in group works. The first exercise was about important challenges that countries are facing in relation to adolescent health programming. Feedback from this exercise showed that more challenges stress on policy formulation, service delivery in terms of accessibility and availability, adolescent/youth participation. The largest group challenges were related to inter collaboration, uncoordinated programmes for adolescent health.



The second group work concerned two main activities that countries want to undertake by on or before May 2017 to be ready to make the maximum use of Global AA-HA Guidance. Feedback listed activities such Youth Mobilization, Resources mobilization, Align policy with AA-HA Guidance, Stakeholder consultation & Advocacy for AA-HA implementation, Situation analysis (was mention as a very good proposal and preliminary preparation for AA-HA Guidance) and Capacity Building.

The final day of the consultation was marked by a very special event. The Republic of Congo signed its commitments in order to materialize the country support to the implementation of the **Global Strategy for Women's Children's and Adolescents' Health**. The official ceremony brought together the Minister of Health and Population of the Republic of Congo, the Director of Family and Reproductive Health Cluster, representing WHO Regional Director for Africa, WHO Representative of Congo also representing the UN Coordinator in Congo and the Special Advisor of the President of the Republic of Congo in charge of health matters.

Following this important event, participants were introduced to the **Adolescent Health Costing module in the UN One Health costing tool**. The observation was made that there is an increasing global and country level need and interest for costing scale up of adolescent

health programmes and interventions as adolescent health programmes in countries are maturing. Unfortunately there is no costing tool to systematically plan and cost delivering adolescent health programmes and interventions. The tool that was presented is the **One Health Tool new Adolescent Health Module**. The Adolescent Health module which is developed in addition to the existing modules of the One Health Tool will be tested in November 2016 in Uganda.

WHO wants to field test the module in different scenarios including countries that plan to cost their existing adolescent health programme; or that plan to develop a costed adolescent health component of business case for the Global Financing Facility (GFF); or plan to scale up HPV vaccination and consider to integrate with other adolescent health interventions (for example in the context of GAVI supported HPV vaccine introduction).

The **Dakar Appeal to Action** (2015) was also presented. This Appeal is meant to accelerate the implementation of education on HIV, adolescent pregnancy and gender-based violence in West and Central Africa. It also aimed to increase the quality and coverage of comprehensive sexuality education in West and Central Africa.

5. Recommendations of the regional consultation on school health

The Regional Consultation to take stock of progress made in School Health in the African Region and provide inputs into the Accelerated Action for the Health of Adolescents (AA-HA Guidance) in Brazzaville came up with the following key recommendations:

COUNTRIES	PARTNERS
<i>School health Policy</i>	
<ul style="list-style-type: none"> • Develop/adopt a school health policy 	<ul style="list-style-type: none"> • Provide technical and financial support to countries for the development and adoption of school health policy.
<i>School and adolescent health Strategies and plans</i>	
<ul style="list-style-type: none"> • Develop a multisectorial plan for adolescent health 	<ul style="list-style-type: none"> • Provide technical and financial support to countries for the development, revision and costing of school and adolescents health strategic documents.
<i>Advocacy for school and adolescents health</i>	
<ul style="list-style-type: none"> • Advocate towards Governments for the allocation of resources to school and adolescent health 	<ul style="list-style-type: none"> • The UN Coordinators should help heads of states to commit to the AA-HA Guidance.
<i>Coordination of actions on school and adolescent health</i>	
<ul style="list-style-type: none"> • Establish an inter-sectoral committee for school and adolescent health 	<ul style="list-style-type: none"> • Establish an intercountry coordination framework to promote school health (regular meetings for experiences sharing). • WHO / AFRO should facilitate the establishment of a regional school health and nutrition network in order to promote collaboration and exchange of experiences between countries.

<i>Implementation of the AA-HA guidance</i>	
<ul style="list-style-type: none"> • Allocate a budget line and provide funding for school health programs • Put in place an integrated package of school health interventions. 	<ul style="list-style-type: none"> • Identify and provide countries with information on sources of funding for school health. • Provide support to countries to implement actions contained in the AA-HA guidance.
<i>Partnership to Promote the Implementation of the Global Strategy for Women, Newborns, Children and Adolescents Health and School Health</i>	
	<ul style="list-style-type: none"> • WHO/HQ should promote and strengthen partnership with UN agencies for the implementation of the global strategy for women, newborn, child and adolescent health and ensure that gender issues are taken into account.
<i>Youth involvement in school and adolescent health</i>	
	<ul style="list-style-type: none"> • Engage school attendant adolescents at national and local level in meetings on school and adolescent health.
<i>Capacity building for implementation of actions on school and adolescent health</i>	
<ul style="list-style-type: none"> • Build capacity of young people to implement and transmit what they learn in meetings on adolescent and youth health • Build capacity of school teachers on school health. 	<ul style="list-style-type: none"> • Technical support for the capacity building of implementers of school and adolescent health (including provision of necessary documentation).

6. Next steps

At the end of the regional consultation to review progress and strengthen school health programmes in the African Region, the next steps on which all the countries agreed on, are as follows:

- Finalization of country action plans;
- Development of a regional action plan based on country action plans;
- Dissemination of the regional action plan;
- Support and follow up of country action plans implementation;
- Provide technical support to countries engaged in the process of reviewing their school health policies or strategies.

7. Closing ceremony

The Closing ceremony was chaired by the Minister of Health and Population of the Republic of Congo and the Director of the Family and Reproductive Health representing the WHO Regional Director. The WHO Congo country office Representative and the Special Advisor on health issues of the President of the Republic of Congo were also present at the closing ceremony. Three speeches were pronounced.

- The Representative of the participants;
- FRH cluster Director on behalf of WHO AFRO Regional Director;
- The Minister of Health and Population of the Republic of Congo.

Keys achievements of the Consultation are that each country developed a draft action plan that will contribute to the development of a regional one. Each country identified key challenges, problems, and the way to address those challenges and problems.

Based on the consultation achievements, the speakers urged countries to mobilize resources in order to really implement their national action plans that came up from the consultation. Furthermore, countries were requested to use school health programmes as a vehicle to reach more adolescents with interventions in the context of the multisectoral approach.

8. Conclusion

This consultation was a real success both in the number of participating countries and quality of the presentations made facilitators and country teams. It has been clearly established that the strengthening of school health programmes is a window of opportunity to improve service delivery for children and adolescents. Moreover, given the stagnation of health indicators for adolescents and youth, it is more than urgent to explore the use various platforms for service delivery in order to innovate the strategic approach to reach more children and adolescents with high impact interventions.

The national action plans resulting from the Brazzaville consultation is likely to be important tools for reversing the current trend of adolescent and youth health indicators. It is therefore important for each country to implement key actions that aim at strengthening school health programmes. This should be done in full collaboration with the Government, technical and financial partners, the private sector, civil society organizations including young people organizations, parents, religious and community leaders, etc.

The regional action plan that will be developed based on national action plans, will serve as an instrument of technical support, coherence and follow-up between the regional office and countries.