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## **ADOLESCENT HEALTH: A STRATEGY FOR THE AFRICAN REGION**

### **Report of the Regional Director**

#### **EXECUTIVE SUMMARY**

1. The health of adolescents is a component of public health which is of major concern globally and in the African Region in particular.
2. Adolescence is characterized by physiologic, psychosocial, especially emotional, intellectual and spiritual development and maturation processes. Adolescent health is in part determined by the family environment that provides for basic needs for shelter, food, education, health care, and moral and spiritual values necessary for character building. Behaviour acquired in adolescence impacts health outcomes and lasts a lifetime.
3. The heterogeneous nature of adolescents, their difficulty to access and fully utilize available health services and their vulnerability to morbidity and mortality are recognized. Their health and development problems include those related to reproductive health, risk-taking behaviour and accidents, mental illness and communicable diseases such as STI and HIV/AIDS. These are often interrelated and linked to behaviour.
4. Global concern for the health and well-being of young people has been expressed in various instruments, including the 1985 International Year of the Youth (UN General Assembly), the 1990 Convention on the Rights of the Child, the OAU African Charter on the Rights and Welfare of the Child and the Reproductive Health Strategy for the African Region.
5. The strategy aims at providing guidance to Member States and partners in the formulation of policies, programmes and interventions that address adolescent health and development. It draws attention to the health sector response, the role of parents, families, communities and other sectors and the active involvement of young people.
6. Effective and successful implementation of the strategy in countries will depend on its adaptation, with the full involvement and participation of health professionals, young people, families, communities and key partners in policy and programme development, and backed up by research, to make it culture and value sensitive.
7. The Regional Committee is invited to review the adolescent health strategy and adopt it for implementation in the Region.

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## INTRODUCTION

1. The health of adolescents is a component of public health which is of major concern globally and in the African Region in particular.
2. Adolescence, a period of transition from childhood to adulthood, is characterized by rapid and objective physiologic changes, such as rapid growth, maturation of the reproductive system and changes in physical appearance. Significant psychosocial development, especially emotional, intellectual and spiritual aspects occurs through a progressive maturation process from childhood dependence to adult interdependence.
3. The perception of adolescents as generally healthy has changed due to a better understanding of the adaptation processes that they undergo. It is evident that adolescents are vulnerable and at risk of morbidity and mortality. Ill-health in adolescents is often caused by unhealthy environments, inadequate support systems for promoting healthy lifestyles, lack of accurate information and inadequate or inappropriate health services. Many behaviour patterns acquired and health conditions encountered during adolescence will last a lifetime.
4. Young people's health has a significant impact on national development, and national development, in turn, is central to addressing problems like poverty that undermine young people's health. Development in the context of adolescents refers to total human development. Youth are a valuable resource for socio-economic and cultural development. Their energy and resourcefulness are not yet fully appreciated and reflected in national development policies. The family has primary responsibility for the healthy development of adolescents, supported by the community and the wider multisectoral environment. The age-old values of respect for truth and human dignity as epitomized within the family or by societal role models in general enable most adolescents to emerge as well-adjusted members of society.
5. Common adolescent health problems include sexually transmitted infections, parasitic and water-borne diseases, malnutrition, injuries and disability as a result of risk-taking activity, and mental illness such as depression and psychosis which can lead to suicide and violence. Adolescents' sexuality and reproductive health are generally not well addressed to protect them from unwanted pregnancies, complications of unsafe abortion and HIV/AIDS.
6. Data on alcohol, tobacco and psychotropic drug usage among adolescents are fragmented. However, use by young people in the Region is evident. Some cultural and traditional practices associated with initiation and early marriage have health consequences and violate the rights of adolescents.<sup>1</sup>
7. Whereas the general public is also susceptible to similar health threats, adolescents are particularly vulnerable due to several factors. They are not economically independent to access health services; they lack the level of maturity required to make responsible decisions when they are sick; health services are not oriented to meet the health and development needs of adolescents. These combined factors contribute to under-utilization of available services by adolescents.

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<sup>1</sup> World Youth Forum. *African Youth and Health*, April 2000 (AYF/UNS/1/2000/15 g).

8. The health of adolescents is to a large extent determined by family environments that provide the immediate basic needs for shelter, food, education, health care and moral and spiritual values necessary for character building as well as by schools and the work environment. The influence of their peers and the wider community can promote health and well-being in the adolescents by providing an environment that is conducive to healthy development. Conversely, they can create unsafe and hostile conditions detrimental to health and development. Adolescents can either be victims or perpetrators of violence, for example, rape and assaults.

9. Preventive health interventions and actions to promote adolescent development can build the adolescents' capacity to develop individual social and life skills and competencies to offset negative social influences. This is particularly true of interventions that help them to feel appreciated, have belief in their own worth and a sense of belonging as well as hope in the future, including acknowledge of their rights and responsibilities.<sup>2</sup>

10. There are also examples in Member countries of how resourceful adolescents can be if their energy and enthusiasm are directed towards the improvement of their own health and that of other young people in and out of school. Experience with the use of peer educators and health clubs (e.g. anti-AIDS, anti-alcohol and drug abuse clubs in schools) managed by young people with the support of teachers, parents and responsible adults has been positive.

## **SITUATION ANALYSIS AND JUSTIFICATION**

### **Situation analysis**

11. There are approximately 1,700 million young people in the world, 86% of whom live in developing countries.<sup>3</sup> About 16% of those living in these countries are in Africa. In many countries of the Region young people constitute approximately 33% of the population.<sup>3</sup> Adolescents contribute to the high maternal mortality in the Region, accounting for up to 40% of all maternal mortality in some countries.<sup>4</sup> Lack of access to reproductive health services, including counselling, contributes to the high incidence of post-abortion complications. In some countries of the Region, 25% to 27% of first births occur among adolescents.<sup>4</sup> On average, boys and girls initiate sexual activity during adolescence. Of all new cases of HIV infection in 1999, 65% were in young people living in Africa.<sup>5</sup>

12. The health problems of adolescents in Africa are associated with socio-economic conditions characteristic of the Region. Some parts of the Region are experiencing civil strife or armed conflicts resulting in mass displacements of people, disruption of family life, dislocation of social support systems, and increased poverty. In others, intergenerational conflicts have weakened family structures and coherence, leaving adolescents exposed to negative environmental influences such as drug abuse and prostitution. Disparities existing between rural, peri-urban and urban living conditions, inadequate access to safe drinking water and sanitation, food, health services, formal and informal education, employment, recreation and housing, associated with increased rural-urban migration of children and young people in developing countries (70%), increase their vulnerability to poor health.<sup>6</sup>

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<sup>2</sup> UNICEF. *Youth Health for A Change*, 1997.

<sup>3</sup> Population Reference Bureau. *The World's Youth 2000*, August 2000.

<sup>4</sup> Unpublished country reports.

<sup>5</sup> UNAIDS Report, 1999.

<sup>6</sup> UNICEF. *Youth Health for a Change*, 1997.

13. Poverty, a cross-cutting factor, affects the majority of the Member States of the Region. It increases vulnerability of adolescents to poor health. It denies them optimal conditions and opportunities for education to acquire intellectual and vocational skills that would enable them to improve their employment options and potential. Poverty breeds environments where crime, drug abuse, violence, rape and commercial sex thrive. Experience with projects that integrate young people in sustainable development and poverty alleviation programmes to promote rural and urban development, coupled with life and vocational skills development, has shown the benefit of equipping them to become responsible individuals, parents and citizens. This approach has also increased young people's opportunities for productive formal and informal employment.

14. Adolescents are a heterogeneous group and are exposed to different degrees of vulnerability based on different parameters such as their age, gender, nutritional, marital and employment status, school enrolment and popular places where they hang out and spend most of their leisure time. Male adolescents are more vulnerable to disability and mortality as a result of risk taking leading to unintentional and intentional injuries from, for example, road traffic accidents, violence and suicide. Female adolescents carry the brunt of consequences of unwanted pregnancy. There are also adolescents living in difficult circumstances. These include those with disability, orphans, street children, those affected by HIV/AIDS, and those living as refugees or displaced persons.

15. Adolescents are not adequately accessing and adequately utilizing available health services due to lack of guidelines and orientations and they do not benefit from the advances made in health and medical technologies. They lack accurate information about available services, and the necessary economic and social means to empower them to make informed decisions to protect their health. The setting up of services that address adolescent reproductive health needs, and their endorsement by health professionals, parents and communities, will increase the rate of use of those services by the young people.

16. In general, Member States of the Region have recognized the long-term benefits of investing in healthy development, including recreation and culture-promoting activities, of adolescents. Countries of the Region are at different stages of development and implementation of programmes for adolescent health and development. Approximately 50% have established ministries of youth and 60% of these have developed national policies on adolescent health. About 97% of ministries of health have focal points responsible for adolescent health, while approximately 60% of the countries have developed reproductive health and broad-based health policies for adolescents.<sup>7</sup>

17. Television, radio and other entertainment media reach a large proportion of adolescents in urban areas and have the potential to reach those in rural areas. Adolescents can also be reached through social structures such as families, peers, NGOs and the civil society, as this has been proven to be effective in situations where the reach of the media is limited. Non-formal means of communication in the form of entertainment such as drama and theatre have also been effective channels of communicating information and presenting sensitive issues to young people in general and to out-of-school youth in particular.

### **Justification**

18. Global concern for the health and well-being of adolescents and young people has been expressed in various fora. The United Nations General Assembly declared 1985 the International Year of the Youth. The 1990 Convention on the Rights of the Child recognizes the child as an individual in its own right entitled to life, health, protection and education. The 1994 International Conference on Population and Development advocates for the promotion of healthy sexual maturation from pre-adolescence, responsible and safe sex throughout lifetime and gender equality.

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<sup>7</sup>Survey by WHO/AFRO, 2000.

19. The 1990 Organization of African Unity Charter on the Rights and Welfare of the Child discourages customs, traditions and cultural or religious practices inconsistent with the rights, duties and obligations contained in the Charter. It draws attention to the right of every child to enjoy the best attainable state of physical, mental and spiritual health.

20. The *Reproductive Health Strategy for the African Region 1998-2007* includes reproductive health needs and problems of adolescents. Other regional strategies have specific components which address adolescent problems. The *Regional Strategy for Mental Health* also addresses the prevention of substance abuse, especially among young people.

## **THE REGIONAL STRATEGY**

### **Aim and objectives**

21. The aim of this strategy is to identify and respond to the health need of adolescents, as well as promote their healthy development in Member States.

22. Its **objectives** are to support Member States to:

- (a) review, develop, implement and evaluate national policies and programmes on adolescent health and development in order to meet their needs and rights;
- (b) build the capacity of the health sector to provide basic services to meet the needs of adolescents through the active participation of young people, families, communities, religious and key partners;
- (c) mobilize the private sector and other public sector institutions to support programmes for the adolescent development, in particular, educational, vocational, cultural and life skills activities.
- (d) utilize research findings as a basis for policy and programme development, problem solving, service design and promotion of best practices; and
- (e) establish national mechanisms for ensuring collaboration among key partners, young people, parents, community leaders, youth-serving organizations and others involved in programmes for adolescent health and development at different levels.

### **Guiding principles**

23. The success and sustainability of the implementation of the strategy will depend on the following principles:

- (a) adapting the generic strategy as a basis for developing culturally sensitive national programmes that are modulated by policy orientations;
- (b) a good understanding of the problems affecting health and development of adolescents by health professionals, young people, parents, families and communities, of issues and factors involved in affecting the health and development of adolescents;
- (c) establishing and strengthening effective management information systems to monitor trends and evaluate the effectiveness of adolescent health programmes based on carefully selected and sensitive indicators;

- (d) developing evidence-based policies and programmes; and
- (e) strengthening partnerships in support of adolescent health and development in countries and at regional and global levels.

### **Priority interventions**

24. Member States will be encouraged to use strategic approaches to reach adolescents in different circumstances and settings. The key areas for interventions include but are not limited to:

- (a) creation, implementation and strengthening of essential conditions to **increase advocacy and awareness** about the needs and corresponding rights of adolescents, to orient national development policies and legislation and to place young peoples issues in the broader context of social and economic development; the legal frameworks provided by the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child form the basis for the review of existing national instruments and the formulation of new ones;
- (b) **conduct by countries of a participatory situation analysis** of adolescent health needs and use of findings to formulate policies and design programmes that include promotive, preventive, curative and rehabilitative health services;
- (c) **review of health promotion** interventions and their adaptation for adolescents, families, and communities. The interventions will be culture sensitive and based on local values that help make the environment safe, supportive and protective (reducing risks), and that stimulate young people's development;
- (d) **re-orientation of health services** and their strengthening to be adolescent friendly so as to improve their utilization; in particular, health personnel will be oriented to enable them to recognize and deal with young people's holistic health care needs, provide accurate information, maintain confidentiality and attend to them without judgement and with understanding and respect; special approaches will be developed to provide health services for young people in difficult circumstances;
- (e) **building of the capacity** of all categories of personnel who deal with and care for young people including strengthening of the capacities of families and communities and of the health system; training will be conducted to fill identified gaps in competencies and skills of personnel; the capacity of communities to understand adolescents' need for basic health services and to facilitate healthy development will be strengthened.

25. The development of the regional strategy has been enriched through **partnerships and collaboration** with Member States, United Nations agencies, international and national non-governmental organizations, professional associations, researchers, young people and youth-serving organizations. At country level, inter-agency collaboration and partnerships will be strengthened through the establishment of mechanisms that support country programmes at all levels.

26. Countries will **identify research priorities** to support programme development and implementation. Linking adolescent health with socio-economic activities will be achieved through the promotion and use of participatory action research involving young people. Research is also needed to differentiate between the information and health needs of male and female adolescents. An important area for operational research is that which links adolescents' health-seeking behaviour with psychosocial and sociocultural beliefs of young people, parents, teachers, health service providers, community and religious leaders, and others. Other areas for research will be selected in response to problems arising from implementation.

## **Implementation framework**

### *At country level*

27. To achieve the objectives of the strategy within the context of its guiding principles, countries will implement interventions at different levels. Focus will be on the review of existing programmes and the assessment of needs; development of policies and legislation to protect and promote healthy development; and integration of adolescent health interventions into programmes in other sectors.

### *Role of the health sector*

28. The health sector will:

- (a) take the leading role in advocacy and adaptation of the regional strategy to national strategies and programmes and obtain wider government and donor commitment;
- (b) ensure that the approach to adolescent health reflects the commitment and participation of other sectors, including those responsible for education, community development, law enforcement, economic planning and technical and vocational skills development; and
- (c) set norms and standards for basic package of health services, conduct training, define indicators, and monitor and evaluate the effectiveness of policies and programmes.

### *Role of other sectors*

29. The strategy provides guidance for other sectors to advocate for and reform legislation and policies affecting education, child labour, human rights and rights relevant to the health and development of adolescents. Each sector will review its policies to support the national adolescent health strategy and policy.

### *At regional and international levels*

30. WHO will provide technical support to Member States in policy and programme development including advocacy and mobilization of resources. Collaboration with regional and international partners will be strengthened and coordinated to support national programmes and action plans.

## **Monitoring and evaluation**

31. Monitoring and evaluation of country programmes using appropriate indicators will be built into national strategies. Evaluation results will be used to improve planning and implementation. Mechanisms for regional monitoring and periodic evaluation and reporting to the Regional Committee will be utilized.

## **CONCLUSION**

32. The strategy clearly recalls the importance of the problems of adolescent health and their determinants. It reflects the multisectoral and multidisciplinary nature of the issues and the solutions relating to adolescent health and development. It underscores the roles and the collective will of different levels in society (family, community and adolescents themselves) in the effort to change the situation for the better, using all feasible means and approaches. Coherent and coordinated actions are required now in order to achieve the aim of the strategy.