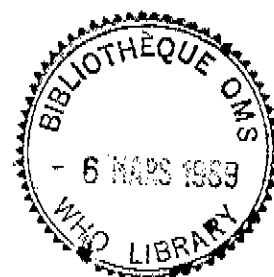


EMPOWERING YOUTH FOR HEALTH: A CHALLENGE AND A BEGINNING

Report of a WHO/UNICEF/WAY Workshop on
Youth Involvement in Health Development

Arusha, Tanzania, 7-11 December 1987



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EMPOWERING YOUTH FOR HEALTH

A CHALLENGE AND A BEGINNING:

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THE CHALLENGE

Before the 21st Century begins, the world will hold more than one billion young people between the ages of 15 and 24 years. In most countries of the developing world, more than half the population has not yet reached its 25th birthday.

We have always known that today's youth are the leaders of tomorrow. Now it is becoming clear that today's youth - by virtue of their numbers, their energy, their idealism - are the leaders of today as well.

In many countries they have already demonstrated their capacity for leadership, both social and political, in fields related to development. In health, however, this capacity is only beginning to be realized.

Yet Health for All is an objective especially suitable for the enthusiasm of young leadership. Their contribution is two-fold: (1) to reduce the toll of unnecessary, preventable death and disability among young people; and (2) to provide vision and stimulus to the improvement of health for all people of all ages.

As a group, young people tend to be better endowed with health than any other segment of the population. They are the survivors of the conditions that claim so many lives in infancy and early childhood, while they are not yet at serious risk of the diseases of the elderly.

Yet they do have substantial health problems. Many are related to the special circumstances of young adulthood - sexuality, substance abuse, risk-taking behaviour. Most of these problems can be sharply reduced by educated individual behaviour.

At the same time, youth today, especially in the developing countries, play many roles which can influence the health of the total community. As caretakers of younger siblings, and later as youthful parents, the health of many young children is in their hands. Further, as the best-educated generation of their society, they are acceding quickly to positions of community and even national leadership.

For all these reasons, the premise - that youth can and should be mobilized for health - seems rich in promise. It poses a challenge for organizations at all levels, and especially those with responsibilities for health and for service to young people. The Arusha Workshop represents one response to this challenge.

ARUSHA WORKSHOP

Sponsoring and planning

The missions of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), two of the major agencies of the United Nations, come together in their concern for the health and well-being of children and youth. In recent years the two organizations have collaborated closely in bringing to bear their combined expertise in public health and communication on problems of the world's young people. This Inter-Country Workshop represents an important new dimension in this partnership.

The World Assembly of Youth (WAY), a non-governmental organization headquartered in Copenhagen, Denmark, is an international coordinating body for national youth councils and national youth organizations around the world in both developed and developing countries, but with major emphasis on developing countries. Its close working relationships with these councils and other youth and youth-serving organizations of many kinds provided to WHO and UNICEF an essential link with active, dedicated youth resources.

As the three agencies began to plan together, the English-speaking countries of Africa were selected for the first workshop. Within this group, specific countries were then invited to send participants. The choice of countries was based primarily on the existence of well-organized youth at national level. Selection of the individual participants was left to the countries themselves (see Annex I).

The group that arrived in Arusha was diverse in background - physician, lawyer, nurse, primary school teacher and social worker were among the many occupations represented. Along with representatives of national youth organizations and youth councils came officials from the Ministries dealing with youth affairs. They were united, however, by a common interest in health and a common belief that youth can make a difference.

The host country, Tanzania along with UMOJWA VIJANA (National Youth Council), an associate of WAY, took responsibility for local arrangements and provided a team of five participants. It also, as will be noted in the subsequent account of the workshop, provided strong and eloquent support from its national leadership.

Objectives

Young people in the Third World face numerous health problems. Over-population, poverty and an unhygienic environment make youth vulnerable to diseases. The influence of modernization and the mass media on youth is to a large extent responsible for smoking, alcohol and drug abuse, changing values and life-styles. Sexual and reproduction related problems, such as sexually transmitted diseases, teenage pregnancies and abortions, are some of the consequences.

Many of these health risks can be minimized by young people themselves if they are properly informed and educated about various aspects of health problems and their solutions. They need to be motivated to take responsible actions for their own health as well as for their community's health. Active involvement of youth in planning, implementation and evaluation of community health programmes is a must in using this human resource to best advantage.

With this in view, the following specific objectives were developed for the workshop:

1. To review the contribution of youth and youth organizations in community health development.

2. To create an understanding of health, and of health related problems and issues.
3. To promote positive attitudes in youth toward healthy life-styles and ill-health-related or risk behaviour.
4. To encourage young women's participation in health promotion and health development programmes.
5. To encourage youth leaders to become agents of change in their communities, promoting good health practices, and to be actively involved in health developmental action.
6. To foster active involvement of youth organizations in health and development action at national and community levels.

Workshop methodology

The workshop plan made use of plenary sessions and small group discussions. To encourage the broadest possible participation, technical papers were limited to three general presentations by members of the Workshop staff. Other plenary sessions were used for panel discussions, general discussion of group reports, and demonstration of various workshop methodologies.

In preparing for the workshop, agenda items were developed based on the broad objectives. Day-to-day activities were planned for each agenda item. Background material for each item was distributed in advance (see Annex II).

To further encourage maximum involvement, participants were invited to take turns in serving as chairmen and rapporteurs for plenary sessions. When working in groups each group selected its own chairman and rapporteur. These roles were enthusiastically fulfilled by the participants throughout the workshop. The secretariat and resource persons met every evening to review the day's work and to plan for the next day. Reports of each day's sessions were furnished to the consultant responsible for the over-all workshop report, so that a preliminary version of the final report would be available to all participants before leaving Arusha.

At the final plenary session, recommendations for follow-up action by youth organizations, governments and international agencies, developed by the participants through small group discussions, were discussed and finalized. The participants' responses to an evaluation form were also presented and discussed.

THE WORKSHOP IN PROGRESS

Opening session

Participants were welcomed on behalf of the host country by Mr Andrew Masanje, National Youth Chairman. Mr Masanje thanked the Minister of Health, Tanzania, the Honourable Dr Aaron Chiduo, for his active interest and generous support to the workshop.

On behalf of WHO, Dr Wedson Mwambazi of the Regional Office for Africa, Brazzaville, noted that the World Health Assembly, comprising the Ministers of Health of 164 member countries, had this year formally endorsed a newly proposed programme giving special emphasis to Youth and Health, and stated that WHO leadership had high hopes for this meeting.

Mr Robert Tyabji, UNICEF Programme Communication Officer for Somalia, expressed his organization's hopes that this workshop will be an important step in involving youth in activities related to child survival and development. Mr Shiv Khare, Secretary General of the World Health Assembly (WAY) explained the basic purpose of the workshop and thanked WHO for taking the initiative.

The workshop was then officially opened by the Honourable Minister of Health of Tanzania, Dr Chiduo. In a thoughtful and inspirational address, the Minister stressed that youth can be a vital resource for health. He pointed out that young people are strongly motivated to help others, and that health provides a natural and logical arena for their energy and enthusiasm.

The Minister took note of the special health problems of youth, many of which are related to sexual activity, and stressed that what young people want and need is neither rigidity nor excessive permissiveness but rather understanding, so that they need not face these problems alone or in ignorance.

He urged every community to take stock of its youth resources and help them channel their altruism and enthusiasm into health betterment.

Review of country experiences

Individual delegates or teams from each of the countries represented were asked to present, in plenary session, brief summaries of activities and experiences related to youth and health in their respective countries.

The country reports revealed a wide diversity of experience with health-related issues among the youth organizations represented. Some reported mobilization of youth resources in support of specific national health campaigns and/or active youth participation in local construction or food production activities. A few reported committee structures already in place to support such programmes as blood donations or food and nutrition. In general, however, it was evident that the potential of young people's contribution to health had not yet been extensively tapped.

Defining health problems and needs - a medical perspective

Dr Mwambazi of the WHO Regional Office for Africa gave the major technical presentation of the workshop. He described in detail the health situation of youth in the African region.

Dr Mwambazi stated strongly that the most critical health problems of youth, in terms of both their medical and psycho-social consequences, are those concerned with sexuality. The developing countries have experienced a striking increase in numbers of young people - a 79% rise between 1960 and 1980. In Africa, 42% of all women in the child bearing years are between 15 and 24 years old. The age of menarche (onset of menstruation in women) - has been going down, now being around 11 years, while the age of marriage has been going up, with the mean age now between 16 and 18 years. Extramarital sexual activity in these age groups has increased sharply, but most young people lack adequate information on the reproductive system. This problem is further compounded by strife and failure of communication between children and parents, by continuing high rates of school drop-outs in the early teen years, and by lack of access to family planning services.

One inevitable product of these trends is a high risk of unwanted pregnancy. The consequences are devastating: teenage women burdened with children at a time which interferes with their educational and social development; increasing rates of abortion, many being performed illegally and physically dangerous; and increasing prostitution. The incidence of sexually transmitted diseases is increasing rapidly in Africa, including increases in both adolescent and paediatric AIDS.

Another serious health problem for youth in the African region is the continuing widespread cultural acceptance and practice of female circumcision. This practice, performed on millions of girls between 4 and 10 years, has severely adverse health consequences when they reach their child-bearing years.

Alcohol abuse is a matter of serious concern for African youth, not only for its direct impact on health but also because of its close association with other aspects of ill health such as accidents, violence and suicide. Cigarette smoking, trending downward in many developed countries, is on the increase in Africa.

Defining health issues - a youth perspective

The workshop participants, divided into five small discussion groups, were asked to assess and rank the most serious health problems and issues, not of adolescents alone but for the entire community and region. The results, reported back to a plenary session, revealed interesting similarities and differences among the various groups.

Malnutrition was listed among the most serious problems by four of the five groups. Sexually transmitted diseases and problems associated with water supplies and sanitation were also identified by four groups. Issues of premarital pregnancy and substance abuse received prominent mention.

In a different vein, however, several groups identified broader social problems among the principal health problems. Housing or lack of adequate shelter, poverty, ignorance and lack of adequate education and communication related to health were discussed in this context.

It was noted that when water shortages occur, sanitation and personal hygiene suffer because water is used for other purposes. The related problem was stressed that we shall never be able to improve children's health significantly if we continue to tolerate a dirty environment in homes and villages.

Defining health problems - life-style perspective

A colloquium of staff members and youth participants presented a third approach to the identification of health problems, a behavioural approach related to healthy or unhealthy behaviour choices. Personal decisions made every day by individuals have a profound effect on health - decisions with respect to food, cigarette smoking, excessive alcohol consumption, drug abuse, responsible or irresponsible sexual behaviours, etc. It was noted further that in many developed countries the principal threats to life are now directly related to life-style - heart disease, cancer of the lung, traffic and other accidents for example, as well as the new menace AIDS. For this reason, public health authorities in developed countries are placing high priority on programmes to promote healthy life-styles.

These problems are rising in prominence in Africa and the developing world as well. In part, this is because they are being "exported" from the developed countries by commercial interests and mass media.

It was once believed that healthy personal decisions would automatically follow knowledge of the risks of unhealthy behaviour, and therefore providing information represented a simple solution. This has proven to be over optimistic. People do not always act with respect to their health on a rational basis. Some degree of risk-taking is a common element of human behaviour.

It was noted that youth tend to be particularly susceptible to risk-taking, as they seek to demonstrate that they have made the transition from dependence to independence, from childhood to adulthood. Substance abuse is a clear example of this tendency. However, risk-taking behaviour is not confined to youth but practised by persons of all ages.

Promoting healthy life-styles has become an important part of health programmes. These include exercise, good diet and other positive actions. The concept of personal responsibility for one's own health is widely stressed in developed countries. Education, mass media, peer counselling and other forms of communication are essential in promoting healthy life-styles.

With respect to the role of youth in relation to risk-taking behaviour it was stressed that young people cannot be "blamed" or held solely responsible for unhealthy life-styles. They have been raised in a society which encourages such behaviours. Parents, teachers and other role models for youth bear heavy responsibility for promoting healthy personal decisions by young people. Youth "heroes" can be a very persuasive force. Risk-taking can be directed into less destructive channels.

Necessary action: roles and responsibilities

Throughout the plenary and group discussions, in addition to identifying and analyzing health problems of concern, attention was also given to the actions that would be required to begin to solve these problems and to the responsibilities and appropriate roles of various sectors of society, with emphasis on youth.

One common need for action identified as part of the solution to nearly every problem was the importance of education and communication. Only by becoming aware, informed and motivated can people be empowered to make the changes required for progress.

Education related to the health problems associated with sexuality -- unwanted pregnancy, STDs, prostitution, etc - was recognized as an area of special sensitivity and delicacy, fraught in many societies with cultural taboos. It was also recognized that responsibility for urgently needed improvements in sexuality education rested with many sectors and components of society - government, schools, parents, media and others.

The responsibilities of government lie mainly in the areas of policy development and programme support. It is necessary that governments establish national policies and guidelines which encourage family life education or sex education at appropriate levels in schools, and also that they develop policies which deal with the problem of those who drop out of school at an early age.

The school system is responsible for assuring that effective family life and sexuality education programmes are presented. Teacher training is an essential element of this responsibility, since most teachers today are ill-equipped and uncomfortable to present sex-related information. Peer-to-peer education is acknowledged as an important approach that needs to be encouraged also at community clinics. Youth leadership should therefore be adequately prepared to ensure that information exchange is accurate.

Parents received substantial criticism for having inadequately fulfilled their educational responsibilities in this area with their children. It was pointed out, however, that parents themselves inherit traditional cultural norms and taboos and cannot be expected to adjust overnight to new conditions. They share the responsibility with society as a whole. Other social forces which can help to foster better sexuality education include the mass media and religious organizations.

Finally, it was pointed out forcibly that youth leaders could and should play a leading role in this urgently needed "revolution" to educate young people about sexuality. Youth leaders can be animators in creating social change. Youth organizations can publicly proclaim the need for better education, publicize the health and social problems resulting from lack of knowledge, and utilize their energy and political skills in support of enlightened national policies.

Role of women in health and development

A special session of the workshop was devoted to the potential contributions of women in health development and the constraints which limit their availability to fulfill this potential. As a change from the discussion format, a role-play was presented which portrayed dramatically the plight of the African woman. It was stressed that education in most countries perpetuates sexual roles, as do entertainment media which adversely effect women's welfare.

With regard to individual and family health, women generally bear primary responsibility within the family for health education of the children; establishing rules of hygiene, nutrition and behaviour; maintaining sanitation of the home environment; limiting family size; ensuring that children receive the health care they need including preventive measures such as immunization; and care of elderly family members. These health-related duties are in addition to the chores of crop cultivation, food processing, fetching of water and firewood, etc.

Youth organizations can make a number of vital contributions. They can examine their own structure and practices to remove vestiges of sexism. They can continuously voice the disparities between male and female status. Above all, youth organizations can join with women's groups to work toward common goals in health and development.

Social mobilization

A special presentation by Mr Robert Tyabji, Programme Communication Officer of UNICEF working in Somalia, discussed the process of social mobilization being employed by UNICEF in cooperation with many governments to carry out what has been called the Child Survival and Development Revolution (CSDR).

Social mobilization on behalf of child survival is based on the concept, many times proven, that people empowered with knowledge can help themselves to better health. It calls for the full mobilization of all available resources within a country to proclaim that which is known and foster full involvement by individuals and communities in their own health care.

Carrying out such a programme requires, above all, a positive political will, at all levels of society. There is no "magic formula" or fixed plan universally applicable in all countries for successful social mobilization for health. Therefore, a thorough analysis of the local situation is required, including, among other factors, analysis of:

- existing social networks and traditional lines of authority, including assessment of the power structure;
- available and acceptable lines of communication, including media, inter-personal channels, community expression and entertainment;
- organized groups that can help both to generate the necessary political will and to mobilize full participation.

Youth organizations clearly are a logical leader in this latter category. Harnessing youth power for child survival should be given very high priority on the agenda for youth in health development.

Involvement of youth leaders

Mr Shiv Khare, Secretary General of the World Assembly of Youth, described for the workshop the current status of youth and youth-serving organizations around the world, with special attention to Africa. As a measure of youth's power potential, he

noted that young people in the narrow age range 15-24 make up one-fourth of the world's population, and that children and young people between 0-24 years constitute 56% of the world-wide population, and more than 60% in many developing countries. These proportions are expected to continue to rise.

Six categories of youth organizations were listed and described:

- National Youth Councils;
- Political Youth Organizations;
- Religious Youth Organizations;
- Branches of International Youth Organizations;
- Other national level groups including social, recreational associations, etc.
- Youth-serving organizations (e.g. those with adult membership but whose mission addressed youth).

It was pointed out that all of these types are present in Africa, though some are more prevalent than others.

In terms of health, the potential of all of these types of organizations has not been fully realized -- hence the current workshop. Many have been successfully involved in population related programmes but relatively few in health per se, although there are some notable exceptions, especially prevention programmes in Asia and teenage pregnancy training programmes in certain African countries.

Health can and should be built into both youth-to-youth and youth-to-community efforts. Often the available local resources are adequate for significant activities if they are properly mobilized. External assistance is available as well, as evidenced by the intense interest of WHO and UNICEF in developing stronger partnerships with youth and youth organizations..

Among the functions which should be performed by youth leadership are:

- active involvement in health policy-making at all levels;
- identification of both internal and external resources;
- close cooperation with Ministries conducting health-related programmes;
- training to prepare for health leadership and action;
- development of infrastructure, as needed, of youth and health divisions and/or volunteers for health.

WORKSHOP OUTCOMES

Country plans

To help direct attention to productive follow-up activities based on the principles and knowledge shared in the workshop, delegates from each country were asked to develop a specific national plan of action. This was intended as an exercise to bring into focus the views of country teams on how youth organizations could be involved in health. These country plans were presented at a plenary session.

The overall quality level of these proposed plans was extremely high. Nearly every country proceeded from the generalization to the specific action programme: What can we do, realistically, in our country? In what time-frame? Who shall be involved? How shall we monitor and evaluate our efforts?

The following represents a prototype plan for country-level action incorporating the strong features of many individual submissions, arranging them under four phases.

Phase 1 - Preparatory activities

1. Youth organizations in each country will be made aware of the proceedings and recommendations of the Arusha workshop.
2. Discussions will be held with national authorities on youth involvement in health development and governments will be apprised of the Workshop proceedings and recommendations, and urged to act upon them. Ministries dealing with youth affairs will be approached.
3. National action will be initiated to study existing policies on youth to examine if health and welfare of youth are either explicitly stated or implied in the policy statements.
4. A national committee or sub-committee on health of youth will be formed to serve as an advisory and coordinating body. The committee may be involved in action recommended under 3 above and help formulate new policy on youth, and ensure government commitment.
5. If necessary, a survey will be conducted on a representative national sample to find out youth health problems and issues. If recent information is already available with different ministries and organizations this may be collected and arranged to provide a baseline for planning project action.
6. A review of activities of youth organizations in the country will be made to ascertain the nature and scope of their activities and their interest and role in health and related areas.

Phase 2 - Planning activities

7. An action meeting of youth leaders will be convened to consider the survey's findings mentioned under Item 5 and current activities reviewed under Item 6 along with youth and health department officials. The group could then jointly identify priority areas for action and design a national strategy including leadership training, health education and service. If necessary this will be phased both in terms of geographic area, as well as nature and scope of work. Pilot projects may be necessary in some cases.
8. A plan of activities for the strategies agreed upon will be developed. While doing so the resources to be expended and the time frame within which activities are to be implemented will be carefully considered. Existing resources of manpower, material and funds will be kept in sight. Additional resources will be estimated and possible sources for providing these will be identified. In preparing the plan of activities with resources and time components, constraints that are anticipated will be taken note of and mechanisms worked out to deal with or circumvent them. A monitoring and evaluation system will be built into the plan.
9. The plan of action when ready may be cleared through the government. When the plan has been accepted by the government and the resources committed, action will be initiated.

Phase 3 - Pre-implementation

10. A national or sub-national conference, depending upon the scope of the project, will be convened to consider the above plan of action and to discuss ways of implementing it. A more detailed plan of programme activities will be developed for field operation. Modifications in the plan of work may be made based on the critical analysis of participants. Monitoring and evaluation aspects will also be discussed and mechanisms for assessment explained.

Phase 4 - Implementation/evaluation

11. The programme activities planned will be implemented. Training of personnel, leaders and volunteers will be a priority action.
12. Monitoring at short intervals and evaluation of the programme will be undertaken.
13. Zonal/local workshops will be organized to review progress and effect mid-term evaluation followed by modifications of work plan if required.
14. Besides this four-phase plan of action, the establishment of a regional/national newsletter, if not already existing, may be a good forum for sharing experiences and results.

RECOMMENDATIONS

Recommendations for follow-up action were developed by the participants in work groups and discussed and modified by the closing plenary session. The following are the revised recommendations, grouped for national youth organizations, governments, and international organizations respectively:

1. Youth organizations and groups should:

- 1.1 Establish a national committee consisting of representatives of youth organizations, health departments and various ministries concerned to draw the general direction of action in youth health activities and formulate policy and plans of action. These plans of action can then be realized, through the efforts of all youth organizations in the country, according to the organization's possibilities, resources and inclinations (e.g. First aid courses, to be channelled through Red Cross Societies).
- 1.2 Work with the government to prepare a Youth Health Profile. Carry out research/data/collection/compilation of information and documentation of case studies of health-related problems (e.g. adolescent pregnancy, street children, etc).
- 1.3 Include health development as their policy and pursue activities, assemble a team of motivated young people and start health development action at their level and within the area they operate.
- 1.4 Establish a health/child survival desk/wing/committee/focal point to plan, coordinate/implement and monitor health-related schemes and youth training activities.
- 1.5 Organize vigorous national campaigns to mobilise community participation and involvement in raising the basic health status of the community such as setting up or improving services in health centres in each area with massive community and youth participation.

- 1.6 Give priority in the field of health development to healthy life-style and family life education programmes and provision of family planning services to curb the big problem of teenage pregnancy and sexually transmitted diseases.
 - 1.7 Proclaim a Youth Health Day where many events can be organized to promote general awareness of health in youth. In countries with existing youth weeks, health should be a topic to be emphasized.
 - 1.8 Encourage the formation of associations/clubs among affected youth (e.g. teenage mothers) for mutual support for improved health.
 - 1.9 Use their good offices wherever possible to mediate on behalf of affected persons, to encourage and accelerate provision of basic/rehabilitation efforts.
 - 1.10 Consider the possibility of initiating an African Youth and Health Newsletter or magazine.
 - 1.11 Work with women's organizations and encourage special programmes for young women.
2. Governments should:
- 2.1 Organize seminars to impart training/awareness of health-related problems of youth and the potential role of youth in tackling them, to: police and armed forces; municipal officials; party cadres and parliamentarians; local youth groups, clubs and associations.
 - 2.2 Involve youth organizations in preparation, planning, implementation and monitoring of health-related programmes, including the establishment of counselling centres.
 - 2.3 Provide adequate financial support to youth organizations to implement health-related projects.
3. International organizations (e.g. UNICEF and WHO, in collaboration with the appropriate nongovernmental organizations like WAY and government authorities) should:
- 3.1 Develop a joint proposal as a follow-up to this meeting to implement selected issues identified.
 - 3.2 Produce films/videos (mini-feature or docu-drama) to highlight the incidence, severity and consequences of the major contemporary and emerging problems of youth in Africa. This should be a part of a comprehensive advocacy and communication/education programme.
 - 3.3 Organize regional and sub-regional workshops on youth counselling for sexually transmitted diseases and AIDS.
 - 3.4 Assist governments in organizing workshops in countries.
 - 3.5 Provide technical, financial and material support to national youth organizations in the context of youth health programmes.

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ANNEX II

PROGRAMME OF WORKSHOP

Date/Time	Sessions	Agenda Item	Activity	Supporting material
<u>MONDAY,</u> <u>7 DECEMBER</u>				
09.00-10.00			Registration of participants.	
10.00-11.00	Plenary 1	1. Opening of Workshop and procedures to be followed.	Inaugural session.	Background document. 1. Objectives of workshop. 2. Provisional agenda. 3. Provisional list of participants. 4. Provisional programme. 5. Working groups. 6. Guidelines for working groups. 7. List of supporting material.
11.00-11.15			Tea/coffee break.	
11.15-11.45	Plenary 2		Discussions on workshop procedures.	
11.45-13.00	Plenary 3	2. Review of country experiences: youth and health development.	Reviews from each country and discussions.	
13.00-14.00			Lunch break.	
14.00-16.00	Plenary 3		Reviews and discussion (continued)	
16.00-16.15			Tea/coffee break.	
16.15-16.30	Group Activity 1		Country groups meet to finalise the respective country reviews before it is documented as an annex to Workshop Report.	Guidelines for Group work 1. 7.11 TR5.731 - Young people's health.
<u>TUESDAY,</u> <u>8 DECEMBER</u>				
10.00-11.00	Group Activity 2	3. Health problems and health promotion issues.	Discussion on health problems and issues concerned with youth as seen by the participants. What are the problems and issues ? What needs to be done ? What can be done ?	Guidelines for Group work 2. 7.25 Country profiles. 7.26 Country surveys. 7.4 Healthy living: everyone a winner. 7.13 The health of adolescents and youth.
11.00-11.15			Tea/coffee break.	
11.15-12.15	Plenary 4		Presentation of paper: "Youth, health and health-related issues:- Dr W.C. Mwaqazi. Discussion on the subject presented.	7.2 Smoking/alcohol/drugs. 7.3 Sexually-transmitted diseases. 7.9 What is AIDS ? 7.12 Tobacco or health: choose health. 7.37 Youth, health and health-related issues.
12.15-13.00	Plenary 5		Plenary discussion of the paper presented and presentation of Group Activity 2. Summary of Plenary 4 and 5.	
13.00-14.00			Lunch break.	

Date/Time	Sessions	Agenda Item	Activity	Supporting material
14.00-15.45	Plenary 6		<p><u>Panel Forum:</u> Community health problems and issues in Africa.</p> <p><u>Summarise:</u> What are the problems? What needs to be done?</p>	<p>7.1 Food safety. 7.15 Water for a million. 7.18 Nutrition: facts and hopes. 7.23 6 killers in children. 7.19 Life crises. 7.20 Suicide. 7.31 STD/AIDS. 7.32 Drugs: development of addiction. 7.33 Food safety.</p>
15.45-16.00			Tea/Coffee break.	
16.00-16.30	Plenary 6 continues		Panel forum continued. Discussion.	
<u>WEDNESDAY, 9 December</u>				
10.00-11.00	Plenary 7	4. Positive attitudes on healthy lifestyles and avoiding ill-health related behaviour.	<p><u>Colloquium:</u> "Youth: avoiding ill-health related behaviour and promoting healthy lifestyles." Behaviours related to ill health: how to avoid/change such behaviour? Healthy lifestyles: how to assure healthy behaviour? (Secretariat and youth participants).</p>	<p>7.4 Healthy living: everyone a winner. 7.11 TRS.731: Young people's health. 7.21 Preventing alcohol problems. 7.31 Child-co-Child activity sheets.</p>
11.00-11.15			Tea/coffee break.	
11.15-12.15	Group Activity 3		Identifying behaviour that lead to ill health. Ways of changing them. The elements of healthy lifestyles. Ways and means of promoting healthy lifestyles among youth.	3. Guidelines for group activity 3.
12.15-13.00	Plenary 8		Presentation of Group Activity 3, reports and discussion.	
13.00-14.00			Lunch break.	
14.00-15.00	Plenary 9	5. Women's role in health and development.	<p><u>Panel presentation:</u> "Women and their role in health and development;" (What they are doing; constraints; what they can do; what support they need) (Secretariat and youth participants).</p>	<p>7.7 Women: the next 10 years. 7.10 Population/health. 7.28 Women and development. 7.29 Women and development. 7.30 Women and development. 7.35 Third-world women at work.</p>
15.00-15.15			Tea/coffee break.	
15.15-16.00	Group Activity 4		Discussion: What can women do for health development? What support do they need?	4. Guidelines for group activity 4.
16.00-16.30	Plenary 10		Presentation of Group Activity 4, reports and discussion.	

Annex II

Date/Time	Sessions	Agenda Item	Activity	Supporting material
<u>THURSDAY,</u> <u>10 December</u>				
10.00-11.00	Plenary 11	4, 5 and 6. Developing positive attitudes; involving youth including young women in health development.	<u>Presentation of paper:</u> "Social mobilization for health and development: the role of youth - including young women": - Mr Tyabji. Discussion on the subject presented.	7.38 Social mobilization for health and development.
11.00-11.15			Tea/coffee break.	
11.15-12.15	Plenary 12		<u>Presentation of paper:</u> "Involving youth leaders and organizations in health development": - Mr Shiv Khare. Discussion on the subject presented.	7.14 They all want you to go to their homes. 7.16 Only a volunteer. 7.24 What is IYSH ? 7.27 Peer instruction in alcohol abuse. 7.21 Preventing alcohol problems.
12.15-13.00	Group Activity 5	6. Youth as leaders and agents of change. 7. Involvement of youth organizations in health development.	<u>Group work:</u> Involvement of youth in health development. How can youth take up leadership roles ? What skills do they require ? Lunch break.	Guidelines for group activity 5. 7.39 Involving youth leaders and organizations in health development.
13.00-14.00				
14.00-14.30	Plenary 13		Presentation of Group Activity 5.	
14.30-15.30	Group Activity 6	7. Involvement of youth organizations in health development.	<u>Group work:</u> Prepare country plans of action. How can youth organizations be involved in health development at national- and sub-national levels ? What support do they need ? Tea/coffee break.	Guidelines for group activity 6.
15.30-15.45				
15.45-16.30	Plenary 14		Presentation of Group Activity 6, reports and discussion. Final evaluation of workshop.	
<u>FRIDAY,</u> <u>11 December</u>				
10.00-11.00	Plenary 15	8. Follow-up and recommendations of workshop.	Recommendations and follow-up of workshop.	
11.00-11.15			Tea/coffee break.	
11.15-11.50	Plenary 16	8. Closing of workshop.	Closing of workshop.	

CHAIRMEN AND RAPORTEURS OF PLENARY SESSIONS

Chairmen:

Dr A.B. Amoa (Guinea)
Mr K.S. James (Uganda)
Mr B.B. Motladile (Botswana)
Mr S.B. Mohamed (Somalia)
Mr G. Ngugi (Kenya)
Mr B.M. Simpokolwe (Zambia)

Rapporteurs:

Dr A.B. Amoa (Ghana)
Ms S. Amwatee (Mauritius)
Ms K.M. Issa (Tanzania)
Ms E.T. Mwangi (Swaziland)
Ms C.P.S. Shelley (Zimbabwe)
Mr S.M. Sooltan (Mauritius)

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