

**REPORT OF THE FIRST MEETING OF THE  
SCIENTIFIC AND TECHNICAL ADVISORY GROUP  
OF THE  
ADOLESCENT HEALTH PROGRAMME**



Geneva, January 1992

World Health Organization

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## EXECUTIVE SUMMARY

There has been a growing concern worldwide about the health of adolescents and young people and a steady expansion of interest by Member States and activities within the World Health Organization (WHO) to promote their health. The Director-General of WHO established a Scientific and Technical Advisory Group (STAG) to guide and advise him on the needs, priorities and strategies of the Adolescent Health Programme. The first meeting of the STAG was held on 10-12 April 1991 and the Members made the following recommendations.

### Overall Goal

The Members endorsed the overall goal of the Programme to promote the physical, mental and social health and development of adolescents through enhanced knowledge and skills, positive relationships and health promoting behaviour.

### Strategies

To facilitate the achievement of this goal the Members recommended that the following strategies be continued and strengthened:

1. Provide scientifically sound information on adolescent health and development, and its effective promotion, prevention, care and rehabilitation to all key groups who interact with and influence adolescents through research, information collection and analysis and technical guidance at all levels.
2. Continue to develop, adapt and apply methodologies for planning, training, research, advocacy, and evaluation which are participatory in nature and ensure culturally relevant responses to meet local needs.
3. Assure a multisectoral, multidisciplinary, holistic approach by maintaining an active partnership with other WHO programmes, other UN agencies, and the network of nongovernmental organizations who work in the field of youth.
4. Assist countries in the formulation of coherent adolescent health policies to strengthen programmatic action across sectors with due regard to cultural and social context.
5. Ensure the active participation of young people of both sexes in the planning, implementation and evaluation of activities to promote their health and development.

### Specific Recommendations for Action:

#### Information

1. Further develop the strategy for information collection, analysis and dissemination noting that the dissemination of scientifically sound information and the means for obtaining them is recognized as a key WHO role. Subjects to be covered should include: - the health status of adolescents and youth (morbidity, mortality, prevalence of problem behaviours), positive indicators of and for health (behaviours and conditions that foster health), perceptions of young people themselves of their health needs and problems, and the impact of specific successful approaches, interventions and programmes.

### Advocacy

1. Prepare a concise position paper enunciating the problems to be addressed, objectives and approaches of the Adolescent Health Programme.
2. Call attention to adolescent health and development needs, particularly at country level. The role of WHO Governing Bodies at global and regional levels as a forum for discussion and in monitoring the implementation of WHO resolutions and programmes was highlighted.

### Services

1. Facilitate an expansion of interventions on a larger scale designed to meet adolescent health needs, though not necessarily through separate adolescent health services.
  - Services should be integrated and comprehensive, with special provision to meet adolescent needs, compatible with national resources and existing infrastructures and encompassing health promotion, disease prevention, and curative and rehabilitative actions.
  - Basic services for adolescents should be included in the primary health care system. Giving priority to interventions at this level requires family and community involvement, especially for promotion and prevention activities.
  - Interventions in sectors other than the health sector are also imperative in order to reach young people where they live and work. Such approaches include comprehensive school health programmes especially in countries with high enrolment rates, health promotion through youth and sports organizations, and health services at the workplace.
  - Mechanisms for referral need to be strengthened to facilitate better use of existing services. This requires improved skills by young people and those who help them in all relevant sectors, in identifying needs for services, gaining access to existing service providers, and encouraging those providers to receive adolescents appropriately.
2. Strengthen efforts to promote and strengthen counselling services, a fundamental component of country level adolescent health programmes.
3. Encourage the use of mass media for positive rather than negative provision of information and role models for adolescents, utilizing knowledge derived from sound research findings on the impact of mass media programming on youth.

### Training

1. Identify training needs for enhanced skills and knowledge among health workers to promote adolescent health within their current functions and services.
2. Emphasize the importance of skill development in training activities, specifically for strengthening interviewing and counselling techniques, the use of group dynamics, leadership skills, skills for collaborative approaches, and training in the special sensitivities and ethical requirements of work with young people. Expand the current WHO activities in training in counselling skills.
3. Develop and field test, as needed, appropriate materials to support training schemes bearing in mind cultural contexts. Ensure adequate follow-up of trainees in the field to increase the application and perpetuation of skills and knowledge acquired in service provision for adolescents.
4. Expand training in the existing adolescent health research methodologies developed and adapted by ADH and other WHO programmes working in the field of youth for wider use at country level.

### Evaluation

1. Ensure that effective evaluation is built into adolescent health programme development through the provision of appropriate methodologies and technical support.
2. Support the development of indicators of adolescent health, including behaviours and health problems, at country level, in order to undertake comprehensive assessments of adolescent health status. Country-specific information was cited as indispensable in convincing decision makers to take action appropriate to meet local needs.
3. Initiate activities to encourage the assessment of the impact of interventions, particularly in developing countries.
4. Convene a meeting to appraise principles and processes of qualitative research and evaluation techniques which could be incorporated into future project development efforts.

### Research

1. Initiate enquiries, especially in developing countries, about factors which contribute to vulnerability and resilience of young people in special need, such as street children, working young adolescents, incarcerated youth, and young people displaced because of environmental disasters and political upheavals.
2. Initiate research on the desired and actual social development of adolescents, particularly their relationships with peers and adults, in societies undergoing rapid social change and affected by transcultural influences.
3. Expand the utilization of the Narrative Research approach used by the programme to identify prevailing patterns of relationships and behaviours identified by young people in their own societies.
4. Continue to utilize WHO's leadership role in promoting research on sensitive or difficult topics such as adolescent sexual behaviour and reproductive health issues taking into account differences within and across societies.
5. Encourage research at national and international levels to identify social policies that have a positive or detrimental impact on adolescent health and well being.
6. Increase efforts to disseminate effectively research findings obtained through the activities of WHO and others regarding adolescent health and development.

### Mechanisms

The Members recommended the following mechanisms to help facilitate the action recommended above:

1. Establish a formal interdivisional working group within WHO to facilitate the role of the Adolescent Health Programme in ensuring balanced, relevant and holistic approaches within WHO to adolescent health and development, as well as serving to advocate action to meet the needs of adolescents globally.
2. Make greater use of existing WHO mechanisms for programme planning and development at all levels to achieve overall coherence of approach and strengthen action throughout the system. In the formulation of the 9th General Programme of Work attention to adolescent health as an important unfolding programme will assist in strengthening action at the regional level.

### Conclusions

Members strongly endorsed the overall goal and strategies of the Adolescent Health Programme and expressed their appreciation to the Director-General for the establishment of the Programme. They expressed concern at the current level of resources available to meet the Programme's objectives, but were very willing to assist in the mobilization of resources. They asked for more information regarding the Programme's activities, accomplishments and future priorities on a continuing basis to better achieve that task. It was agreed that a second meeting would be held within approximately 15 months.

The Members expressed appreciation of the level of cooperation and collaboration manifest by the presence at the Meeting of many other WHO programmes, representatives of sister agencies of the United Nations and of major non-governmental organizations active in the field of youth.

The Secretariat expressed its deep appreciation of the contribution made by the Members of STAG to the Adolescent Health Programme to the promotion of adolescent health and development in all regions, recognizing this Meeting as an important milestone for the achievement of the Programme's goals.

## 1. INTRODUCTION

The health of young people between the ages of 10 and 24, is a concern which has gained momentum in the last decade in both developed and developing countries, but is a topic which has traditionally been given low priority in health policy and programmes. As public health measures such as improved sanitation, clean water supplies, and immunization programmes have succeeded to some degree in controlling diseases, attention has been turned towards those health problems which arise more from behaviour than from involuntary infection. Many of the health problems of adolescence - precocious pregnancy and childbearing, induced abortion, drug and alcohol abuse, the use of tobacco, accidents and injuries which arise from excessive risk-taking, suicide, oral health problems and sexually-transmitted diseases - are predominantly of this kind. Prevention of these problems is possible through appropriate action, not only by young people but by those responsible for the conditions in which they live, and by reorientating the nature of health resources available and accessible to them.

Other factors have simultaneously contributed to the growing concern for adolescent health. There has been an enormous increase in both the absolute and relative size of the youth population, especially in developing countries. Thirty per cent of the world's population, one and half billion people, are now between the ages of 10 and 24 of whom more than 80% live in developing countries. More than half of the people of the world are below the age of 25 with formidable implications for population growth.

The World Health Organization has taken an active interest in the health of young people for many years, particularly in relation to their reproductive health. Special attention to young people, often associated with World Health Assembly resolutions, has also been focussed on health education, health in the workplace, sexually-transmitted diseases, the prevention of AIDS, tobacco and alcohol consumption, drug abuse and narcotic dependence, mental health, nutrition, oral health, and accidental and intentional injury. It has been recognized that there is a need to provide resources to assess the health situation and needs of youth, to strengthen awareness of such needs, to develop culturally acceptable programmes, to provide training across all sectors, to involve young people as a resource both for their own health and that of their communities, and to work closely with non-governmental organizations as well as international governmental agencies to achieve these goals. The subject has frequently arisen at World Health Assemblies and Regional Committees, which, in recent years, have passed a series of resolutions (Appendix 1).

Given the steady expansion of interest by Member States and activities within the World Health Organization to promote adolescent health, a Scientific and Technical Advisory Group was established to guide and advise the Director-General on the needs, priorities and strategies of the Adolescent Health Programme.

## 2. OPENING OF THE MEETING

### 2.1 Address by the Director-General of WHO

Dr H. Nakajima, extended his welcome to participants to the first meeting of the Scientific and Technical Advisory Group for the WHO Adolescent Health Programme (Appendix 2). He noted that the healthy development of young people had become a contemporary concern of the health sector as both the potential gains arising from successful health promotion and the risks of neglecting this age group had become better understood.

STAG Members were reminded that the history of WHO's activities in adolescent health began in the 1960's when the first of a series of Expert Committees and Study Groups was convened. In the 1970's programmatic work began on adolescent reproductive health with the support of the United Nations Fund for Population (UNFPA). A strong stimulus to global concern was provided when 1985 was designated by the United Nations as International Youth Year and the Health of Youth was chosen as the topic of the Technical Discussions during the 1989 World Health Assembly. The formal establishment of the Adolescent Health Programme in 1990 thus, reflected the increasing concerns and activities of WHO and its Member States.

Dr Nakajima emphasized that adolescence was a crucial age when patterns of behaviours were established that would profoundly influence future health. Noting that health care systems were rarely designed to create or sustain health behaviours but tended to be more curative in approach, he asked if the health sector did not have a responsibility to provide the lead in promoting effective approaches to health and development. He enquired whether more systematic research on health behaviours among young people could help in identifying, describing and disseminating sound technical information about healthy behaviours to young people and others who influence them.

Health services tend to be underutilized by young people being more often designed for children or adults and rarely to meet the special needs of the adolescent. Young people frequently do not consider services as being relevant to their needs and often do not know when and how to seek help. He asked whether there might now be a need to evaluate health services making use of young people's own perspectives.

He noted that the training of most professionals working with young people places little emphasis on adolescent development, on skills which would facilitate communication with the young especially on subjects of great sensitivity such as sexuality, or on helping them to adequately understand the changes taking place in their bodies, minds and social relationships. He asked if WHO should not take the lead in strengthening the adolescent health and development components in the training not only of doctors, nurses, and midwives, but also of teachers, social workers, religious workers, family members and police forces.

Finally, the Director-General raised the need to examine the extent to which national health policies provide a framework for coherent intersectoral approaches for the promotion of adolescent health. He requested the STAG to consider the action needed to assist Member States and non-governmental organizations in the implementation of the series of WHO resolutions in relation to health needs of young people.

The Director-General informed the participants that WHO had worked closely on adolescent health with many NGO's and with sister agencies in the UN system. A series of unique and innovative approaches had been developed by WHO for planning, research, training, evaluation and advocacy for adolescent health which are highly participatory, and cross-disciplinary in nature. The central premise of the Programme was that young people of both sexes can do much to help themselves but only if those who influence their behaviour and provide care are sensitive to their needs and equipped to help them.

He requested that the STAG critically review and assess the programme strategy and activities to date. Noting that demands from Member States for guidance and technical cooperation for adolescent health continued to increase despite limited resources for the Programme, he urged the STAG to consider the future needs of the Programme which he would try to meet. Recommendations emanating from the meeting would also serve the Organization well in the current process of formulating the 9th General Programme of Work.

Wishing the participants success in their deliberations, he closed by proposing the appointment of Professor O. Ransome-Kuti as the Chairman and Dr Pramila Senanayake and Professor R. Florenzano as the Co-rapporteurs of the meeting.

## 2.2. Terms of Reference of STAG

Dr Hu Ching-Li, Assistant Director-General, explained that the Terms of Reference were similar to those of other Programmes, the primary role being to make recommendations to the Director-General on the principal strategies and priorities of the Adolescent Health Programme. Dr Angele Petros-Barvazian, Director of the Division of Family Health, described STAG members as ambassadors of the Programme guiding its development and helping in its implementation. She noted that the assistance of Members would be sought apart from formal meetings and that there would be a biennial rotation of one-third of the Members.

There was general agreement among Members on the Terms of Reference which are as follows:

1. To review the health needs and problems of adolescents.
2. To advise on the priorities, scope and dimension of the Adolescent Health Programme and specific strategies regarding its components.
3. To advise the Director-General on the overall strategy and approaches most appropriate to meet the targets of the Programme
4. To advise particularly on approaches for strengthening the capabilities of developing countries in research, training and policy and programme development in adolescent health and relevant mechanisms for WHO support.
5. To facilitate the exchange of information; act as an additional channel of communication between countries, institutions and individuals; and mobilize scientific and other resources for the programme.
6. To contribute to the monitoring and evaluation of progress of the Adolescent Health Programme as a whole and to provide scientific and technical support to the programme on a continuous basis.

The agenda of the meeting was reviewed and adopted without amendment (Appendix 3).

### **3. GLOBAL NEEDS FOR ADOLESCENT HEALTH**

Members commented that the topic although seeming simple was one of considerable complexity. Youth is an extremely diverse group, developmentally and socially. Individuals experience intense changes through the period of adolescence and youth, often compounded by those occurring in the world around them. Developmentally, adolescence is a transition period building on the achievement of the physical, psychological and social tasks of childhood. The environment - family and community - can protect or imperil young people as they undertake the progressive responsibilities of adulthood related to economic activity, family formation and civic duties. The socio-cultural context was repeatedly emphasized as crucial to the understanding of adolescent health and development.

Members noted that the current environment in many countries was not favourable to healthy development - severe economic conditions limited education, training and work opportunities and strained family relations; transmission of foreign cultures through mass media and tourism often threatening traditional values and behaviours of young and old; as well as hazards in physical surroundings related to industrial and social development compromising health and safety.

At the same time, the apparent resilience of many young people was remarkable and points the way for future research and action. WHO needs to be ambitious in encouraging the health sector to engage other sectors in specific yet comprehensive measures to identify and support those factors that promote such resilience. In this regard the involvement of young people, in partnership with their elders, was prominent throughout the discussions.

### **4. OVERVIEW OF THE WHO ADOLESCENT HEALTH PROGRAMME, AT ALL LEVELS**

#### **4.1 Global Perspective**

Dr Herbert Friedman, Chief, Adolescent Health (ADH), provided an overall description of the Programme's goals and activities, referring participants to the Overview document prepared as background for the meeting for greater detail (see Appendix 4 for ADH country projects).

The overall goal of the Programme is to promote the health and development of young people worldwide, through the achievement of the following immediate objectives:

**Information** - to help obtain, analyze and disseminate scientifically sound and culturally appropriate information to adolescents and influential adults in all relevant sectors. This includes the development of a data base, documentation and dissemination of both findings and methods.

**Advocacy** - to help create an appropriate climate for policy, legislation and programmatic action to better meet adolescent health needs through presentation at international fora and in policy programmes with other UN agencies and NGOs.

**Interventions** - to contribute to improved provision for and by young people of accessible and effective information, education, guidance, counselling, and health services to promote health, prevent problems, and care for and rehabilitate those in need, with emphasis on models of multisectoral and multidisciplinary collaboration, and the development of holistic approaches with young people's participation.

**Training** - to facilitate the training and sensitization of adolescents and key adults in the knowledge and skills needed to promote healthy behaviour and provide effective health care.

**Evaluation** - to facilitate effective evaluation of policies and programmes to promote adolescent health with the involvement of young people.

**Research** - to facilitate the acquisition of new knowledge particularly with regard to patterns of behaviour and interactions between young people and those who may provide health care or influence their behaviour.

To achieve these objectives, ADH engages in the development and adaptation of special methodologies, the systematic collection, analysis and dissemination of information, and direct technical support at interregional, regional and country levels in close partnership with other WHO programmes, sister agencies of the UN system, and NGO's.

The overall strategy of the Programme places priority on the promotion of health and development and the prevention of health problems as the most humane and cost-effective ways for the future while recognizing that, for those already harmed, effective health care and rehabilitation is also essential. To achieve these goals all key groups in society who influence adolescent health care and behaviour including young people themselves are sought as active partners in the development and implementation of policies and programmes. Special emphasis is placed on behaviour since it is during adolescence that patterns begin which are likely to endure for life. The key groups include, to the extent possible, policy makers, managers and administrators of programmes in all relevant sectors, community leaders, older family members, and crucially, young people themselves.

The activities of the Adolescent Health Programme promote action of different but related kinds at the three levels of the organization: country, regional and global. Adolescent health and development is most directly affected by action at country level through national policies and programmatic action as well as by individuals, families and communities. Such action may include primary, secondary or tertiary care in the health and related sectors, strengthening linkages between sectors, and providing training. ADH encourages a multisectoral and multidisciplinary approach with the involvement of young people in planning, implementation and evaluation stages. Emphasis is also placed on participatory approaches generally to strengthen commitment and ensure the cultural relevance of the needs identified and action taken. In order to achieve this, participatory methodologies developed at HQ for planning, advocacy, research, training and evaluation, are tested and adapted in the field in conjunction with regional and country offices and partners in other organizations.

At the regional level, support to countries in implementing action is a primary goal. The exchange of country experiences, information and research findings and training is facilitated through regional offices and a gradually expanding network of WHO Collaborating Centres in Adolescent Health. At the global level, advocacy of policy and approaches to adolescent health, is an important activity designed to enhance the development of appropriate policies and programmes in countries as well as in sister agencies of the United Nations and in international NGO's including both service organizations and professional associations.

Dissemination of information on substantive subjects and training in methodologies are provided through technical support to regional offices, regional WHO Collaborating Centres in Adolescent Health and staff of other agencies and NGO's working in the field. Together with them, when feasible, they are applied at regional, sub-regional or country level. In addition, individuals are invited from other institutions to participate in these activities as a means of exposure to the methodologies for subsequent use in their own countries to strengthen human resources for adolescent health.

At country level the programme aims to strengthen four kinds of activities: the promotion of health and healthy behaviour, the prevention of problems, effective and accessible diagnosis and treatment when problems arise, and the rehabilitation of those who are recovering from illness or injury. For adolescents, health promotion begins in the family and school. An essential requirement is the provision of sound information about healthy development and behaviour to the young person, family members, educators and health workers.

Healthy development is dependent upon a caring and supportive family environment, healthy diet, exercise, rest, recreation, learning and appropriate experimentation with new behaviours which extend the individual mentally, physically and socially. Chronic diseases or impairment due to injury or illness are obstacles to healthy development whose deleterious effects, however, can be diminished. To achieve sound development young people need both support and opportunity and it is up to those adults responsible for the welfare of the young to provide those conditions. They in turn may need help from others to equip them with the necessary information and skills.

The first level of health care is very important for young people. There must be appropriate services accessible to the young where they will be sympathetically received. School health services can provide essential monitoring of the health and development status of young people as well as preventive measures such as immunization. Other preventive services may be in the health or youth sectors such as those which provide contraception to adolescents in need to prevent unwanted pregnancies, antenatal care to pregnant girls whether married or not, help for those with drinking, drug or tobacco problems once they are recognized as health issues, identification and treatment of sexually transmitted diseases, etc. For such services to be effective staff need to be trained not only in the basic medical and health issues but also in the interpersonal skills needed to communicate effectively with adolescents.

Young people sometimes do not make use of primary health care services because they are inexperienced in when and how to use them or don't see them as relevant to their needs, and sometimes because they anticipate a negative reaction from the health providers, fairly or not. Linkages between young people and health services are necessary. Teachers, youth organizations, religious figures, and others may be able to help with a referral network once they themselves are knowledgeable enough about the services available and the individuals who are helpful.

Diagnosis and treatment for those who are ill or injured, is of course an essential need for young people everywhere. For those who are hospitalized a facility which permits young people to be together in a ward has many advantages over those in which they are required to stay with children or older adults. Young people provide moral support to each other and to some degree can maintain the ambiance they would have if they were not hospitalized. The staff who deal with hospitalized adolescents also require, to the extent possible, an overall understanding of adolescent health and developmental needs since these processes must continue to be fostered even while a specific injury or illness is being dealt with.

One of the most crucial aspects of care for young people who have been ill or injured, is rehabilitation to the mainstream of life. Accidents and injuries contribute disproportionately to health problems, particularly, of male adolescents. Those who are disabled, disfigured or chronically ill, will have a particularly difficult time because of heightened self-consciousness and will need special help.

In all of these activities a holistic multidisciplinary approach is encouraged, as is the strengthening of linkages across sectors so that young people experience compatible approaches enabling smooth transitions between health, education, youth, social welfare or criminal justice sectors.

#### 4.2 Regional Perspectives

Following Dr Friedman's presentation, officers designated by the WHO Regional Offices to participate in the meeting briefly reviewed recent activities and emphases in their regions as below:

The African Region - Mrs Zelina Pritchard indicated that efforts were being made to encourage the inclusion of adolescent health activities as part of national WHO Regular Budget plans. In addition, AFRO is promoting the designation of a focal point for adolescent health in the Ministries of Health in order to strengthen political will, coordinate activities and attract resources. Co-jointly with HQ, plans were being made for 2 workshops in 1991/1992 - one focussing on the needs of Portuguese speaking countries and the other for training in counselling skills as well as follow-up action to the narrative research projects.

The Region of the Americas - Dr Carlos Serrano expressed his pleasure with the notable progress being made in adolescent health activities in the Americas region. He attributed this to: (a) the 1989 World Health Assembly Technical Discussions on the Health of Youth which galvanized political will and strengthened the validity of previous resolutions related to adolescents and youth; (b) the numerous local experiences in many countries serving to demonstrate needs and approaches. These have also been instrumental in the creating a network useful in the support of national initiatives; (c) the implementation of local health systems contributing to overall community participation and intersectoral action; (d) the good relations between the health sector and universities facilitating research and training activities; and (e) collaboration between HQ and the Regional office in undertaking complementary tasks for mutual benefit.

The Eastern Mediterranean Region - Dr Ghada Hafez advised the participants that there were major differences among the countries of the eastern mediterranean region affecting health development in general and adolescent health specifically. Although there was no specific budget for adolescent health, several regional and national activities had taken place in the past 3 years. Looking to the future, she expressed the need to emphasize a multisectoral approach among policy makers in the region. Important action was needed to motivate donors to support country level activities in adolescent health. EMRO was taking steps to encourage countries to designate focal points in the Ministry of Health to facilitate the development of national activities. Additionally, there was a demand for information in Arabic for professionals and young people alike.

The European Region - Dr Nila Kapor-Stanulovic Consultant to the Sexuality and Family Planning unit headed by Dr Daniel Pierotti, informed participants that at the policy level at EURO there was a proposal to include a target relating to young people. Specific activities relating to adolescent health include comprehensive school health projects in Poland, Czechoslovakia, and Hungary and plans for a meeting 'Youth 2000' for eastern European countries, as well as significant UNFPA-supported activities in the domain of sexual and reproductive health in the region.

The South East Asia Region - Unfortunately, staff from the SEARO were unable to attend, however, Dr Friedman informed participants that there had been a significant amount of activity particularly at the sub-national level in countries such as Bangladesh, Sri Lanka, and Thailand. There were likely to be activities initiated in Indonesia later in 1991.

The Western Pacific Region - Dr Sun Hee Lee indicated that the focus had been on reproductive health in the western pacific region, pregnancy and sexually transmitted disease among adolescents being of particular concern. The sexual behaviour of young people remained a sensitive subject for people in many countries. Nutrition and accidents were also areas that required increased attention. Lack of resources at regional and national levels has resulted in fragmentation of efforts and inadequate follow-up. Future efforts will be focussed on increased collection of information for advocacy purposes and to enable the development of indicators so that international comparisons are possible.

Several participants observed that the development of comprehensive level programmes in countries were at a very early stage and that the continuity of successful activities was due, in a large part, to devoted individuals. The involvement of young people was emphasized as being a key strategy, while it was acknowledged that considerable attitudinal barriers still exist in this regard. Further emphasis on training activities was mentioned as an important programme element in the future. The focus on methodology development to encourage the initiation of activities in countries was commended, but several participants expressed the need for increased follow-up so that their impact on programme development and eventually health status could be more clearly ascertained.

#### 4.3 Other WHO Programmes

A major aspect of the Adolescent Health Programme is its collaboration with other WHO programmes to facilitate a comprehensive approach with the health needs of adolescents especially at country level. Representatives from other WHO Programmes were invited to briefly describe their adolescent health-related activities as summarized in Appendix 5.

### 5. PROPOSED PRIORITIES, SCOPE AND OVERALL STRATEGY FOR THE ADOLESCENT HEALTH PROGRAMME

#### 5.1 Overall Strategy

The overall strategy of the Adolescent Health programme was endorsed by Members of the STAG with emphasis placed on the following aspects:

1. Emphasize the promotion of adolescent physical, mental and social development, through the nurturance of young people's relationships with others and encouragement of healthy behaviour.
2. Encourage the active partnership with all key groups who influence development and care including young people themselves. There was unanimous agreement on the importance of facilitating meaningful participation of young people in all stages of programme development including definition of needs and issues, formulation of policy, planning, implementation and evaluation but with special emphasis on youth involvement in service delivery. The benefits to young people themselves of taking responsibility for portions of programme development and implementation cannot be overlooked and implies the participation not only of outstanding young people, but also those in trouble or at high risk. It was acknowledged that WHO had a role to play in overcoming government and professional discomfort and resistance to youth involvement.
3. Impart knowledge about adolescent development and life skills to adolescents, their families and communities. Focussed approaches are needed to reach out to young people in their families, while at school, at work or living 'on the streets' and during free time regarding culture specific adult roles and responsibilities, including parenting, education about health hazards, and information about health services.
4. Assemble knowledge regarding effective interventions in promotion, prevention and treatment of adolescents. Scarce resources for health oblige advocates of adolescent health to demonstrate the utility of programmes. Members noted the considerable effort required to establish appropriate criteria for programme evaluation particularly given the complexity of measuring behaviour acquisition and change. Attention to these issues was important for national level programme efforts to commence at a large scale and be sustained.
5. Training in interpersonal skills for communicating with the young, leadership skills and programming approaches that foster collaborative work among workers in many sectors. There is also a need to specify the specialized skills and knowledge required for service providers in all sectors including teachers, and other key groups who influence behaviour and care.
6. Encourage the use of the mass media to promote the adoption of healthy behaviour especially to reach out of school youth. At the same time, efforts are needed to curtail the use of media in promoting harmful substances.

7. Assist in the formulation of a coherent adolescent health policies to strengthen programmatic action across sectors with due regard to the cultural and social context. Help to establish an adolescent focal point in each country at the ministry of health, or in any other ministries according to national practice. Establish common features of policies for adolescent health to assist in policy formulation at country level.

8. Assure a multisectoral, multidisciplinary, holistic approach by working with other WHO programmes; other UN agencies; and expand the network of NGO's.

9. Continue to develop, adapt and apply methodologies for planning, training, research, advocacy, and evaluation which embody the above aspects.

10. Provide scientifically sound information through research, information collection, analysis and dissemination and technical guidance at all levels.

## 5.2 Specific Approaches

### Information

The dissemination of scientifically sound information and the means of obtaining it was recognized as being a key WHO role. With respect to adolescent health, there is a wide variety of subjects of interest, for example, perceptions of young people themselves on their health needs and problems, health status of adolescents and youth (morbidity, mortality, prevalence of problem behaviours), 'positive' indicators of and for health (behaviours and conditions that foster health), impact of specific interventions, experiences of successful approaches and programmes.

While, it was acknowledged by Members that this role is at the heart of WHO activity, systematic collection and maintenance of such information can be very costly. The existing Adolescent Health database of bibliographic and statistical information cannot be adequately employed because of insufficient resources for maintenance. There is a need to have a specific strategy for information collection and dissemination taking into consideration the different types and functions of information as well as the participation of other WHO technical and infrastructure programmes at HQ and Regional Offices, other UN agencies in order to avoid duplication of efforts. The potential contribution of WHO Collaborating Centres in Adolescent Health needs to be considered as well.

An important means of dissemination of 'state of the art' information is through WHO technical publications. Members noted the large body of documentation prepared by WHO on adolescent health issues including publications in scientific and, to a lesser degree, popular journals, and papers presented at many international fora.

The production of a newsletter as a means of information dissemination was discussed, and in this regard the need to carefully identify target groups for effective dissemination. The role of a newsletter in promoting an integrated approach to adolescent health programming at country level was expressed, however, given the cost implications of such an endeavour, the utilization of existing newsletters outside of WHO (UN and NGO) was recommended.

The production of material by young people for young people was considered important to ensure relevance and engender commitment.

Other means for disseminating information in addition to printed materials, particularly at country level, should be recognized and encouraged.

### Advocacy

The key to successful advocacy was said to lie in the enunciation of clear statement of problems to be addressed, programme objectives and approaches. The need to identify the target groups of advocacy efforts was discussed including policy makers in governmental and non-governmental organizations, professional and academic bodies and the private sector. The preparation of a concise position paper would be useful in this regard.

Members encouraged WHO to be courageous in promoting policies, legislation, and programmes on controversial subjects and approaches when needed. The leadership role of WHO was repeatedly emphasized as being pivotal in creating the climate of acceptability for the treatment of sensitive subjects at country level. Members noted the importance of staff participation in major international meetings for advocacy purposes.

While there has been considerable advocacy of adolescent health at the international level, the need to call attention to adolescent health and development needs, particularly at country level, remained great. The role of WHO Governing Bodies (at global and regional levels) as a forum for discussion and in monitoring the implementation of WHO resolutions and programmes was highlighted. Several meeting participants attested to the importance of the 1989 Technical Discussions on the Health of Youth during the 42nd World Health Assembly organized by ADH staff for advocacy among the government health sector

Given the formative stage of the Adolescent Health Programme, the need to use the limited resources available effectively and the commonalities of countries' needs, consistency in objectives and approaches is paramount. Close collaboration of global and regional secretariat will be significant in achieving this through the joint development of complementary strategies for country level action.

#### Services and other interventions

Action which directly affects the health and development of adolescents takes many forms including the provision of information, education, guidance, counselling, and health services. The role of ADH has been to stimulate such action and Members noted the special methodology called The Grid Approach designed for the planning and prioritizing of intersectoral action. This method has been used with participants from more than 50 countries in all regions and particularly in the health and youth sectors. Many projects have been generated at country level as a result.

Planning for interventions on a larger scale was now being considered and there was a consensus among Members that separate adolescent health services were not always feasible. Important considerations for intervention development noted were:

- services be integrated and comprehensive, based on national resources and existing infrastructure and encompassing adolescent health promotion, disease prevention, and curative and rehabilitative actions. While Members felt that it is important to give priority to integrated programmes, considered better from a preventive and health promotion viewpoints, programmes focussing on specific problems only eg. substance use, were sometimes unavoidable due to funding availability and recognized as effective in some instances.
- basic services for adolescents should be part of the primary health care system. Giving priority to interventions at this level requires family and community involvement, especially important for promotion and prevention. In most countries, adolescents more often than not live with their families and special attention to identifying adolescents and their families who may be having difficulties could be an important function of primary health care workers.
- interventions in sectors other than the health sector are imperative, to reach young people where they live and work. For example, comprehensive school health programmes, especially in countries with high enrolment rates, youth and sport organizations, workplace. It was stressed repeatedly that health and other workers trying to address adolescent health concerns must be prepared to move actively into the community.
- mechanisms for referral are greatly needed to enable young people and those who assist them to determine their needs for services and gain access to those in existence in the various sectors.

Counselling services were considered to be a fundamental component of an adolescent health programme. There is some variation in the purpose of counselling and the level of skills needed. Members cited examples of settings in the health, education, youth and social sectors where counselling plays a central role using trained volunteers and paid workers in face to face, group and anonymous approaches (such as telephone 'hot-lines', advice columns in magazines). Peer-counselling has been increasing in popularity in many places, and while Members noted its potential for heightened relevance for young people and thus greater effectiveness, they stressed the need for further evaluation to ascertain the most appropriate uses of peer-approaches.

To increase the utilization of services by young people, Members called attention to: the need for hours of operation coincident with those when youth are not engaged in work or schooling; mobility, to follow the often transient movements of young people; service provision by NGO's and other private organizations sometimes in preference to government agencies because of a distrust by young people; confidentiality, as an essential requirement for young people in services of all kinds, but especially those which deal with sensitive areas such as sexual behaviour and substance use.

The importance of the mass media was reiterated, both as a contributor to behaviours leading to health problems and as a powerful channel to convey information and create positive role models. Research regarding the impact of the media on the health behaviours of adolescents is required to confirm these widely held opinions.

Mechanisms for evaluation of all kinds of interventions were indicated as necessary for clarifying the effectiveness of certain kinds as well as to ascertain whether principles for service delivery could be established. A particular need to investigate the circumstances under which integrated services as opposed to single-issue interventions were most warranted. Standard sets of criteria for evaluation of quality of services was also mentioned as being in demand.

Members commended the joint ADH/International Youth Foundation initiative to identify and review successful programmes or projects which promote healthy adolescent development. They acknowledged that many of the projects identified may not be fully evaluated, it is anticipated that an outcome would be the facilitation of project evaluation.

### Training

Training was considered to be crucial to meeting the needs of adolescents through existing services in all sectors. The first requirement is for the identification of skills and knowledge needed to help workers address adolescent health needs within their current functions. Members cited a wide range of health and human service workers as potential beneficiaries of special training in adolescent health including primary health care providers, nurses, midwives, physicians, psychologists, social and youth workers, teachers as well as ancillary staff in services who come into contact with youth such as receptionists and cleaners. At the same time, given the costs of training, Members indicated the importance of appropriate selection (and de-selection) of trainees particularly with respect to their commitment and ability to follow-up.

There are many opportunities for including training in adolescence including initial education, and graduate and post-graduate levels where community placements and field practices are of particular value. The enhancement of 'in service' training is recommended for those in contact with adolescents to maintain skills.

Members unanimously agreed that the major focus of training should be on skill development, specifically in interviewing and counselling techniques to work with young people, in group dynamics and in ethical aspects of encounters with adolescents. Participatory techniques (such as role-playing) are at the core of the training and it was noted that effective training is related to service delivery. Current WHO activities in training in counselling skills were cited as highly relevant but as yet, insufficiently applied.

The development of appropriate materials was needed to support training schemes which should be field tested. Adequate follow-up of the trainees in the field would increase the application and perpetuation of skills and knowledge acquired.

## Evaluation

Evaluation is an essential component of strategies and needs to be considered in the development of adolescent health programmes at all levels. As a key element of evaluation is the clear enunciation of the programme's objectives. WHO is well placed to provide leadership in this area as increasing numbers of programmes in countries are developed.

STAG Members remarked that evaluation questions and methodologies for answering them are often best developed while designing interventions. This is frequently neglected due to budgetary constraints, the technical difficulty in assessing outcomes, as well as hesitancy on the part of service providers. The involvement of both the providers and potential consumers in an evaluation process maximizes the likelihood that the results will be utilized by service providers. Moreover, this aids in the understanding of the social context of services provision, so that the evaluator is aware of how broad, secular trends may be affecting programme results.

Eliciting young people's opinions and preferences is an important component of evaluation efforts, and certain evaluation methodologies lend themselves well to youth involvement in question formulation and data collection.

Both process and outcome evaluation are important components of evaluation, depending on the specific research questions to be answered and service needs to be satisfied.

Process indicators are especially relevant when implementation of particular services or interventions are already known to have a beneficial impact and can serve as measures of quality control. Process evaluation is also less expensive and easier to implement.

Where services exist, the emphasis has been on quantitative rather than qualitative measures but the latter are particularly helpful in understanding the processes and mechanisms by which a programme is successful and highlighting its weaknesses. Certain projects can best be assessed by using rapid assessment techniques which provide quick and early feedback to service providers and involve the clients. The improvement of adolescent health services is helped by comparison of provider attitudes toward youth, with youth attitudes toward providers. These are examples of topics that can include adolescents themselves in the formulation of research questions as in the WHO User/System interaction evaluation technique. Members recommended that a group of experts be convened to identify principles and processes of qualitative research and evaluation techniques which could be incorporated into future project development efforts.

A pressing need was expressed for studies assessing the impact of interventions, particularly in developing countries. While it was recognized that such studies are frequently expensive and complex, they could furnish information considered prerequisite to the full-scale adoption of measures in countries. The complexity resides in the difficulty of establishing cause and effect relationships between interventions and behaviours and ultimately, health status. However, such evaluation studies would help to identify outcome indicators that could be used for programming. Optimally, indicators should include measures of physical health status, psychosocial well-being, and health and risk behaviours.

Other health services research questions identified as requiring attention are the cost-effectiveness, consumer satisfaction, health and behavioural outcomes associated with comprehensive versus single-issue interventions; and cost-benefit studies to document the short and long term savings that may accrue from prevention and early intervention efforts.

## Research

STAG Members acknowledged the critical function of research in: (i) acquiring new knowledge; (ii) serving as the basis for increasing awareness of need for intervention, particularly among key decision makers; (iii) furnishing specific information for programme development, especially at country level; (iv) strengthening research capability of individuals and institutions in developing countries. The research activities promoted by WHO with respect to adolescent health was commended as having made major impact in a number of countries and at the global level.

However much accomplished, important questions abound requiring research. Those of highest priority in the future include the following:

One of the most conspicuous current needs is for indicators of adolescent health at country level. Methods are needed to undertake comprehensive assessment of adolescent behaviours and health problems to enable countries to assess their own situations. Methodology development is an area in which WHO could continue to make a significant contribution. Moreover, country-specific information was cited as indispensable to convince decision makers to take action.

There was a consensus that the traditional measures of health status, such as mortality and morbidity, were insufficient to assess adolescent health. For example, indications that health-compromising behaviours, such as substance use and sexual behaviour tend to occur concurrently require the utilization of different types of measures. The sociocultural context in which adolescent development takes place has a profound influence on individual health, thus attention is needed to illuminate the factors that create vulnerability and resiliency among young people.

Particular sub-groups in the youth population were highlighted as warranting special attention because of their presumed vulnerability, such as street children, working children, incarcerated youths, and young people displaced because of environmental disaster or political upheaval. While there is a universal paucity of information about such young people, it appears that many succeed in making a healthy transition from childhood to adulthood. Members acknowledged that little was known about vulnerability and resilience in developing countries. They queried whether those factors frequently cited as predictive of health problems in industrially-developed nations, such as poverty, unemployment, social disruption, lack of positive relationships with adults, were relevant in other countries.

Enhanced knowledge is needed about young people in 'transitional' societies where the values and expectations of adolescence and adulthood have been altered or confused due to the influence of other cultures. The qualities and characteristics of young people's relationships with both peers and adults have implications for interventions in all sectors, including those which support families. Closely allied is research on the impact of rapid social change on families, communities and society, specifically regarding the impact of exposure to other cultures on attitudes toward adolescents.

Members were informed of current and planned research activities of several WHO programmes regarding adolescents. The Special Programme on Human Reproduction have initiated a particular focus on adolescent's use of contraception and the risks of AIDS. The research initiative on sexual behaviour from the Global Programme on AIDS includes adolescents.

The Narrative Research approach developed by the Adolescent Health Programme has been used by youth organizations in 11 African countries in collaboration with the Sexually Transmitted Diseases Programme and the World Organization of the Scout Movement, and the World Assembly of Youth. The approach is proving to be both stimulating to the respondents and rich in explanatory possibilities since it provides information about patterns of behaviour over time and is drawn directly from those most knowledgeable about experiences during adolescence, young people themselves. Members recognized the potential value of such a technique in the identification of needs and behaviours of adolescents, as well as in generating solutions to adolescent health issues. It may be used for special groups in the population including minority groups, the disabled, migrant youth, and those affected by significant life events such as very early marriage and childbearing, family and social disruption, and natural disasters. Another ADH research methodology, the 'gatekeeper design' which uses systematic questions to key decision makers in order to strengthen knowledge and commitment and modify policy through feedback of findings is a promising technique for policy change.

In countries where certain topics may be considered extremely sensitive or difficult to discuss, assessment of adult and adolescent attitudes toward those topics (such as sexual and reproductive health) would be an important prelude to formulating strategies for attitudinal and behavioral change. Members reiterated the leadership role of WHO is promoting research in such sensitive areas. The Grid Approach has been developed and applied by the programme for just such purposes.

On both national and international levels, research is needed to identify social policies that have a positive or detrimental impact on adolescent health and well being. While Members noted the reactive nature of legislation to social change, systematic assessment of laws and policies, particularly if carried out under the auspices of WHO, can act as a powerful stimulus to reconsideration at the country level. Parallels within WHO were made with breastfeeding, tobacco use and the Health for All movement.

In addition to recommending increased attention to research in the topics above, Members observed that training in the existing research methodologies would be valuable for those carrying out research in countries. Investigators could also be assisted through the use of existing standardized instruments and methods on a variety of adolescent health topics in order to maximize validity and comparability of research studies. Moreover, the provision of technical assistance to support research would assist in developing a research capacity in those countries with limited experience in adolescent health.

Final emphasis was put on the necessity of widely disseminating research findings, a role which WHO is well-placed to facilitate.

## 6. COOPERATION AND COORDINATION WITHIN WHO AND WITH OTHER ORGANIZATIONS

STAG Members emphasized the importance of a conceptually holistic approach to the health of adolescents and youth within the various WHO programmes. The spirit of collaboration observed promised an environment where the coordination of efforts and activities will benefit ultimate action initiated at country level. The need was identified to create and promote a framework within which the various components of adolescent health can be addressed at global and regional levels of WHO and within national infrastructures.

The role of the Adolescent Health Programme was viewed as one of ensuring balance, relevance and coherence of WHO approaches to adolescent health in addition to continuing to call attention to the needs of adolescents. Members proposed that consideration be given to the establishment of an interdivisional working group to strengthen coordination.

The amount and quality of work performed by ADH was commended, despite the disproportion between the objectives set and the means available to attain them. The sense was that at the present time, the capacity of the programme could not be further extended without additional resources, but that even small additional inputs would substantially augment efficacy.

Adolescent health activities in the Regional offices were increasing in scope and nature. Reproductive health issues remained the major impetus for activities, however increasingly the attention was being given to other areas such as harmful substance use. Resolutions from the World Health Assembly were noted as instrumental in strengthening regional programmes and in enhancing the recognition of adolescent health needs. Mechanisms are needed for joint HQ/Regional office strategic planning and for the exchange of activity plans, through meetings and visits of HQ staff to Regional offices. Formulation of the 9th General Programme of Work recognizing adolescent health as an important unfolding programme will assist in obtaining greater attention at the regional level.

Regional Advisors advised Members that while there was increasing demands to provide technical support in countries, frequently with the involvement of HQ, there is neither the capacity nor resources as yet within countries to conceptualize or implement integrated programmes to promote adolescent health. Greatly expanded training opportunities for health personnel will be required after the determination of appropriate structures for service delivery. Non-governmental organizations were recognized as being well-suited to channel youth participation. Members were also keenly aware that despite potential contributions of government and non-governmental organizations, much depends on the passionate commitment of competent individuals.

The increased interest in promoting adolescent health in international governmental and non-governmental organizations was palpable and the leadership role of WHO was acknowledged in this regard. UNFPA, UNICEF and UNCSOHA expressed their intentions of expanding activities, particularly at country level preferably through enhanced collaboration with WHO.

## 7. CONCLUSIONS

Members expressed eagerness to contribute in their personal capacity to furthering the goals of the Adolescent Health Programme and in helping to mobilize badly needed resources. They felt they would be better equipped to do so if they were armed with concise summaries of the Programme's accomplishments and priorities for the future. Country level activities were paramount and mobilizing resources within countries for them remained a critical task. It was agreed that a review of the Programme's direction would be timely in approximately 15 months.

The secretariat of ADH expressed appreciation for the advice provided by the STAG, indicating its importance in assuring a coherent approach to adolescent health, particularly at country level, and in helping to set priorities.

In closing the meeting, the Chairman expressed his view that the meeting was a landmark in the development of the Adolescent Health Programme and thanked all participants for their thoughtful and productive contributions.

**WORLD HEALTH ASSEMBLY RESOLUTIONS  
ON ADOLESCENTS AND YOUTH**

<u>Resolution</u>	<u>Year</u>	<u>Subject covered</u>
WHA27.28	1974	intensify programme action within WHO to ensure multidisciplinary health education for young people
WHA29.55	1976	concerned about the growing number of young people who are smoking
WHA29.57	1976	need for Member States to develop occupational health programmes giving special attention to vulnerable groups such as young
WHA31.56	1978	concerned about the extensive promotional drive of cigarettes sales... often inducing young people to smoke
WHA31.57	1978	invites governments to stress education... of especially adolescents on the subject of sexually transmitted diseases
WHA32.40	1979	urge Member States to take all appropriate measures to reduce consumption of alcohol especially among young people
WHA33.27	1980	urges Member States to devote more attention to incidence of drug abuse... and particularly the disruptive effect that it has on lives and future of young people
WHA33.35	1980	urges Member States to strengthen smoking control strategies... laying special emphasis on educational approaches with particular respect to youth
WHA37.23	1984	young are the chief victims of narcotic dependence
WHA38.22	1985	need for maturity before childbearing and promotion of responsible parenthood
WHA42.41	1989	comprehensive coverage of the health of adolescents and youth (see overleaf)

FORTY-SECOND WORLD HEALTH ASSEMBLY

WHA42.41

Agenda item 18.2

19 May 1989

THE HEALTH OF YOUTH

The Forty-second World Health Assembly,

Having reviewed the background document and report on the Technical Discussions on the Health of Youth;

Recognizing that the health of youth represents a critical component for the health of future generations and for health development in general, and that both the current and future health of young people depend very much on their own actions, choices and behaviour;

Aware of the extent of the health problems of youth - such as accidental injuries, nutritional imbalances, sexually transmitted diseases, pregnancy before biological or social maturity, the abuse of substances including tobacco, alcohol and other drugs, and psychosocial difficulties and of the need for healthy development among young people both in developed and developing countries;

Concerned at the high rate of unemployed young people, in Member States, and of its consequences for their health and integration into society;

Noting that although the promotion of young people's health requires action in many quarters, the role of the health sector is central in the mobilization of efforts to meet the health needs of adolescents and youth and to encourage the contribution of young people to the goal of health for all;

Recognizing the critical role of nongovernmental organizations, particularly those for and of youth, and the innovative approaches that many of these organizations have already generated;

Recalling resolutions WHA27.28, WHA29.55, WHA31.57, WHA33.35, WHA32.40, WHA37.23 and WHA38.22;

1. URGES Member States:

- (1) to give appropriate priority to the health needs of adolescents and youth;
- (2) to provide the resources and facilities necessary to assess critically the health situation and needs of adolescents and youth, and identify major factors that may influence their current and future health, including policies and programmes in health and other sectors;
- (3) to develop socially and culturally acceptable programmes and services to meet the health and development needs of all adolescents and youth, ensuring the involvement of families, the public at large, health and other relevant sectors, and young people themselves;

WHO REGIONAL COMMITTEES

RESOLUTIONS ON ADOLESCENTS AND YOUTH

<u>Resolutions</u>	<u>Year</u>	<u>Subject covered</u>
PAH/CD30/R8	1984	Resolves to strengthen MCH programmes taking into account their close relationship to problems of population dynamics and to pay particular attention to adolescent pregnancy.
EUR/RC35/R9	1985	Recognizes youth as an essential section of every society which has vital contribution to make to HFA. Health for All (HFA). Request Member States to analyze the health problems of youth.
EM/RC33/R11	1986	Recognizing the existing and potential contribution of adolescents to national development in general and to national health-development in particular. Request Member States to develop a national policy and strategy for the health and well being of adolescents within the framework of Health for All strategies.
WPR/RC/9/R12	1988	Notes that the problems faced by adolescents are increasing in particular, biological issues, sex-related problems, emotional problems and those caused by risk-taking behaviour. Request Member States to take measures to obtain basic data on adolescents with regard to sexually transmitted diseases, other health problems, the occurrence of pregnancy, psychosocial and behavioural patterns.
PAHO/CD34/R14	1989	Request Member States to promote all activities leading to prevention of drug abuse with emphasis on groups at risk and adolescents; to support activities or combat, control and confiscate, implementing all necessary measures in fight against drug trafficking.

**SCIENTIFIC AND TECHNICAL ADVISORY GROUP**

**ADOLESCENT HEALTH PROGRAMME**

**GENEVA, 10-12 April 1991**

**Salle B**

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Annex 2  
page 3

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\* unable to attend

**WHO ADOLESCENT HEALTH PROGRAMME**

First meeting of the

**SCIENTIFIC AND TECHNICAL ADVISORY GROUP**

Geneva, 10-12 April 1991

Salle B

**AGENDA**

1. Opening of meeting, adoption of agenda, appointment of chairperson and rapporteur
2. Review of Terms of Reference of the STAG
3. Global needs in adolescent health: Introductory remarks
4. Overview of the WHO Adolescent Health Programme, at all levels
5. Proposed priorities, scope and overall strategy for the WHO Adolescent Health Programme and specific approaches for:
  - a. Information
  - b. Advocacy
  - c. Services and other interventions
  - d. Training
  - e. Evaluation
  - f. Research
6. Cooperation and coordination within WHO and with other organizations
7. Conclusions

ADOLESCENT HEALTH PROGRAMME  
COUNTRY PROJECTS

Studies on Growth and Development

Country	Institution	Title	Year
Sweden	Department of Obstetrics and Gynaecology	Pilot Study on Menstrual Patterns in Adolescent Girls	1976
Switzerland	Clinique Universitaire de Pediatrie Hopital Cantonal, Geneva	Pilot Study in Menstrual Patterns in Adolescence	1976
Israel	Department of Obstetrics and Gynaecology "Rebekka Sief" Hospital, Zefat	Descriptive Study of Menarcheal Patterns of Menstruation and Ovulation	1976
Israel	Institute of Endocrinology Chaimsheba Medical Centre	Assessment of the use of Urinary Pregnanadiol-oestradiol-glucuronide as indicator for ovulation in adolescent girls	1979 1980 1983
		Determination of the onset of sperm ejaculation	1978 1981
Hong Kong	Family Planning Association 152 Hennesy Road, Hong Kong	Core Study on Menstrual Patterns	1978
Sri Lanka	Faculty of Medicine, University of Colombo, Kynsey Road, Colombo	Sub-Study on Ovulatory Patterns in Adolescent Girls (Colombo)	1980 1983
		Age and development at spermarche	1983
		Endocrinological studies during puberty and adolescence in Sri Lankan boys and girls	1980 1982
Nigeria	Department of Obstetrics and Gynaecology, Faculty of Health Sciences, University of Ilorin, Kwara State	Study on menstrual patterns in adolescent girls in Ondo Ile-Ife	1978 1980
Hungary	University of Medical School, Dept. of Obstetrics and Gynaecology II-4012 Debrecen	Study of menstrual and ovulatory patterns in adolescent girls with statistical somatometric method and the method of urinary pregnandioloestradiol-glucuronide as indicator for ovulation	1980
China	Beijing Research Institute of Child & Adolescent Health	Studies on the Menstrual Cycles and Ovulatory Patterns in Adolescent Girls	1984
	Pediatric Dept. Rui Jin Hospital, Shanghai Second Medical College	Studies on the Menstrual Cycles and Ovulatory Patterns in Adolescent Girls	1984
Kenya	Department of Pediatrics, University of Nairobi, Kenya	Malnutrition and Pubertal Development	1979 1980
Denmark	Department of Paediatrics "Fuglebakken" Hospital, Copenhagen	Pattern of Emission of Spermatozoa in Urine from Spermarcheal Boys	1983

Service Oriented Research and Action Projects

Contraception

Country	Institution	Title	Year
Nigeria	University of Ibadan, Dept. Guidance and Counselling	Study on Factors Affecting Choice and Use of Contraceptives	1978 1980
Sri Lanka	Faculty of Medicine, University of Colombo, Kynsey Road, Colombo 8	Study on Factors influencing the Choice and Use of Contraceptives by Adolescents	1979 1983
Yugoslavia	Department of Psychology, University of Novi Sad, Novi Sad	Study of Factors Affecting Choice and Use of Contraceptives	1978
Finland	Helsinki University Central Hospital, Haartmaninkatu 2, 00290 Helsinki 29	Pilot Study on Incidence of Secondary Amenorrhea in Adolescent Finnish Girls and Relating to Hormonal Contraception	1978
Mexico	Centro de Orientacion Para Adolescentes, Mexico	Study on Knowledge, Attitude and Use of Contraception in Adolescents	1982
Jamaica	St James Health Dept. Montenegro Bay	Adolescent Contraceptive Service in Jamaica - Needs and Evaluation of a Pilot Intervention Project	1983
Liberia	Family Planning Association of Liberia, Monrovia	Research, training and service provision for RHA	1987 1988 1989 1990

Outcome of Pregnancy

Korea	Institute of Reproductive Medicine and Population, College of Medicine, Seoul National University	The Medical Outcome of Adolescent Childbirth in Seoul	1979 1980 1981
Turkey	Institute of Population Studies, Hacettepe University, Ankara	Identification of Risk Factors to Maternal, Foetal, Child Health in Adolescents	1981 1982 1984

Service Utilization

Malaysia	Medical Headquarters, Kuching, Sarawak	Study of Reproductive Health in Adolescents, Use, Outcome of Pregnancy, Abortion, Infant Care	1980 1981 1982
Portugal	Escola Nacional de Saude Publica	Study of Adolescent Growth and Development and Service Providers	1981
Cuba	Commission for Adolescent Health, Dept. of Maternal and Child Health, Ministry of Public Health, Habana	Baseline Studies on Service Utilization	1983

Cuba	Instituto Nacional de Higiene Epidemiologia y Microbiologia	Action/Research Project for RHA	1987
Korea	Korea Institute for Population and Health	Development of a supervisory model and monitoring system for youth sex telephone counsellors	1986
Sierra Leone	Ministry of Health	Assessment of Programme Needs	1986

Attitudes and practices of adolescent sexual behaviour  
Action Projects

Sri Lanka	Faculty of Medicine, University of Colombo, Kynsey Road, Colombo 8	Development of Teaching Programme in Human Reproductive Health for School Children in Sri Lanka	1980 1982
Sri Lanka	Faculty of Medicine, University of Colombo, Kynsey Road, Colombo 8	Evaluation of nature of problems presented by adolescents in counselling services	1987
India/Nepal	World Assembly of Youth	National Youth Training Workshops on counselling	1987
Korea	Institute of Reproductive Medicine & Population, College of Medicine, Seoul National University	Follow-up Activity on the Medical Outcome of Adolescent Childbirth in Korea	1982 1983 1984
Kenya	Department of Sociology, University of Nairobi, Nairobi, Kenya	Role of Drama in Influencing Teenage Attitudes towards Family Planning	1984
		Description of Drama Methodology for general usage	1985
Bangladesh	World Assembly of Youth, Copenhagen, Denmark	National Grid Workshop on RHA	1985
Barbados	World Assembly of Youth, Copenhagen, Denmark	Caribbean Regional Workshop on counselling skills training in RHA	1986 1987
Thailand	International Planned Parenthood Federation, London, England	Staff Training and Evaluation Research of Youth Counselling Services	1985
Tonga	International Planned Parenthood Federation, London, England	Evaluation of programme integrating recreational and family planning activities	1985
Cameroon	Ministre de la Santé Publique, Yaounde, Cameroon	Instauration de l'Education sexuelle à l'Ecole au Cameroon	1985 1988 1989 1990
Thailand	Institute of Health Research Chulalongkorn University, Soi Chulalongkorn 62, Bangkok, Thailand	School Counselling Training Programme and Implementation	1985

Costa Rica	Ministry of Health, Ministry of Social Security	Investigation of health services and adolescent reproductive health	1986
Korea	Korea Institute for Population and Health	Gatekeeper study of facilitators in the promotion of reproductive health in adolescence	1986

Narrative Research Projects

Country	Institution	Title	Year
Anglophone Africa (Kenya, Malawi, Tanzania, Uganda, Zambia and Zimbabwe)	World Assembly of Youth (WAY) in collaboration with WHO Collaborating Centre on Adolescent Health at the University of Nairobi	Intercountry Narrative Research Project: Primary and Secondary Review of Data (from some 7,000 respondents) Using the WHO Narrative Research Method	1988 1990
Francophone Africa (Benin, Burkina Faso, Cote d'Ivoire, Senegal and Togo)	World Organization of the Scout Movement (WOSM) in collaboration with Ecole Nationale Economique Applique, Dakar, Senegal	Intercountry Narrative Research project: Primary and Secondary Review of Data (from some 5,000 respondents) Using the WHO Narrative Research Method	1990
Brazil	Secretary of Sao Paulo State for Health	Narrative Research Project	1990

Other Country Projects and Technical Support

Bangladesh	National Youth Organization, an affiliate of WAY	Mobilizing Rural Youth for Safe Motherhood, a project to test education and action campaigns by village-based youth groups	1990
Costa Rica	Ministry of Social Security, Adolescent Health Programme	Establishment of psychosocial norms and indicators of health adolescent development	1990
Cuba	National Institute of Hygiene and Epidemiology	Training of Health Service Providers in the School System	1988 1989 1990
Egypt	World Organization of Scout Movement	Promotion of Adolescent Health	1987 1988 1989 1990
Kenya	Department of Sociology, University of Nairobi	The testing of drama as a research and education method for parents, teachers and policy makers on adolescent reproductive behaviour	1988 1989 1990
Mongolia	Ministry of Health, MCH and youth and women's NGOs	Study on Adolescent Reproductive Health status in the secondary and vocational school system	1988

Nigeria	Two Local Government Area	Introduction of Adolescent Health Activities into Primary Health Care Setting	1990
Intercountry (Colombia, Egypt, Jamaica, Senegal, Sierra Leone, and Sri Lanka)	International Planned Parenthood Federation	Youth to Youth: IPPF Promotion of Adolescent Reproductive Health through NGO Collaboration	1990
Sri Lanka	Ministry of Health	Epidemiological approaches to studying adolescent pregnancy	1988 1989 1990

Collaborating Centres in Adolescent Health

Africa Region	University of Nairobi	WHO Collaborating Centre on Adolescent Health	1989 1990
Nancy, France	The Centre of Preventive Medicine (previously WHO Collaborating Centre in Community Health)	WHO Collaborating Centre on Adolescent Health	1990

ACTIVITIES OF OTHER WHO PROGRAMMES IN RELATION TO ADOLESCENT HEALTH

Cardiovascular Diseases (CVD)

- \* Publication of the Report of a WHO Expert Committee, Prevention in childhood and youth of adult cardiovascular diseases: time for action. Technical Report Series 792.
- \* Development of a protocol for feasibility studies in developing countries on healthy lifestyle promotion in childhood and youth to prevent adult cardiovascular diseases.

Global Programme on AIDS (GPA)

The Youth and General Public sub-unit is responsible for improving the interventions and providing guidance to those designing and implementing programmes to these groups. With regard to youth, 1991 activities include the following:

- \* School Health Education pilot project for the prevention of HIV/STD in collaboration with UNESCO, being implemented in 7 countries. A guide for school health education to prevent HIV/STD, which was developed with the collaboration of ADH, HED & VDT, is being finalized.
- \* A guide on health promotion for the prevention and control of HIV/AIDS among out-of school youth is currently being reviewed before pretesting. This is one of the outcomes of the Technical working group meeting on accessing and communicating with youth, held in 1990.
- \* Support of the development and production of training materials by the League of Red Cross and Red Crescent Societies and the World Organization of the Scout Movement, which have included regional workshops to facilitate the use of the materials in national settings.
- \* Possible collaboration with the YWCA, Botswana to introduce HIV/AIDS prevention components into their peer activities for pregnancy prevention.
- \* Possible collaboration with the Centre for Disease Control in USA to demonstrate the effectiveness of interventions in changing the behaviours of high school students in a district of Cote d'Ivoire.
- \* Development of a joint project with ADH in promoting adolescent reproductive health in several countries.

Health Education (HED)

- \* Involving youth in health action concerning their own health as well as that of their communities has been the focus of a series of regional workshops in collaboration with the World Assembly of Youth. UNFPA/UNICEF/WHO will jointly be promoting youth action for health development in several countries during the next year.

- \* Three regional meetings involving WAY and WOSM in specific activities to control leprosy have taken place in collaboration with the German Leprosy Relief Organization.
- \* A health fact book for youth is being prepared for eventual adaptation and translation for young people in many countries.
- \* Strengthening comprehensive school health education has been a major priority through the technical support to Cameroon and Bhutan, co-sponsorship for the World Conference on Education for All (with specific activities on comprehensive school health education), the coordination of working sessions at VII International Conference on AIDS and XIV World Conference on Health Education on comprehensive school health education with WHO, UNESCO, UNICEF, UNFPA, and USAID as well as leaders from national health and education programmes to better plan and work together to support such programmes, a WHO meeting will be convened later this year to make specific recommendations on actions to further strengthen comprehensive school health education and health promotion. Discussions have been underway for some time to designate the Centre for Disease Control, USA as a WHO Collaborating Centre on Health Education and Health Promotion for School-Aged Children and Adolescents.

#### Development of Human Resources for Health (HRH)

- \* The International Federation of Medical Student Associations is in official relations with WHO and is active in organizing student exchanges relating to community health and in projects in intersectoral health activities (with students in economics, engineering, agriculture, architecture)
- \* Leadership development for Health for All activities have focussed on the strengthening of the capacities of those current and prospective leaders in their efforts to promote and implement primary health care activities. Youth have been specifically identified and with the collaboration with WAY, an interregional informal consultation was held. Plans are underway to initiate specific activities in one country this year with ADH and WAY collaboration.

#### Special Programme on Research, Development and Research Training in Human Reproduction (HRP)

This programme promotes, coordinates, supports, conducts, and evaluates research on human reproduction with particular reference to the needs of developing countries and is involved with adolescent reproductive health through the following:

- \* the Task Force for Epidemiological Research, with the collaboration of ADH, plans to update the current knowledge of biomedical aspects of hormonal contraceptive use by adolescents. A survey among HRP's Collaborating Centres to ascertain interest and suitable clinical facilities to undertake research in adolescents and contraception identified several such Centres representatives of which will meet later this year to prioritize research needs.

\* the Task Force on the Prevention and Management of Infertility will initiate studies in 3 countries to evaluate a new technique to diagnose chlamydial infection in young men.

\* the Task Force on Social Science Research on Reproductive Health supports several studies among adolescents on the dynamics of contraceptive use, the consequences of induced abortion and other subjects.

#### Injury Prevention Programme (IPR)

\* One of the priorities of the programme is to support action oriented research on safety promotion among children, adolescents and the elderly as well as focussing on intentional injuries among adolescents in addition to unintentional injuries.

\* Activities relating to training and research in the epidemiology of injuries in childhood, adolescence and old age will be strengthened in the future.

#### Maternal and Child Health and Family Planning (MCH)

\* One of the main goals of this Programme is to prevent precocious pregnancy and provide care for those who are pregnant

\* With support from the Safe Motherhood Operational Research project of MCH/FP Programme and ADH, a project on mobilizing rural youth for safer motherhood is being undertaken by Jatio Tarun Sangha, the Bangladesh National Youth Organization affiliate of WAY. The project is designed to test education and action campaigns by village-based youth groups at the community and family levels to improve food consumption and iron reserves of 15-17 year old women who are at high risk of maternal mortality and morbidity.

#### Mental Health (MNH)

\* Examples of successful programmes in enhancing psychosocial skills in adolescents have been collected and reviewed with a view for eventual adaptation of such programmes to developing countries. A meeting was held this year to propose pilot work that WHO might initiate to further extend their application.

#### Nutrition (NUT)

\* An Expert Committee on Anthropometric Measures will be held in 1992 and preparatory work is underway including the assessment of appropriate measures to ascertain the nutritional status of adolescents.

### Oral Health (ORH)

- \* One of the activities of this programme is the monitoring of oral health status and for this purpose, 12 year olds have been selected as one of the reference ages for ongoing analysis.
- \* There are numerous school-based programmes for the prevention of oral health of oral disease with the involvement of WHO in Thailand, Nigeria, Mozambique and several East European countries.

### Programme on Substance Abuse (PSA)

- \* In response to increasing international concern, a separate programme on substance use has been established to intensify action for the prevention and control of alcohol and drug abuse as well as initiating new activities. Given the widespread use of alcohol and its health consequences particularly among young people, one of the prime objectives is to focus on the reduction of demand for it and other addictive substances. In this area, prevention programmes for adolescents has been selected for special attention. Support will also be given to efforts to strengthen their access to effective treatment and rehabilitation services.

### Tobacco or Health (TOH)

- \* As part of the programme's advocacy and public information activities, efforts are made to encourage youth organizations to become involved in identifying tobacco as one of their priorities. In this regard, in 1990 WHO awarded the World Organization of the Scout Movement in recognition of their work in educating young people.
- \* The theme of World No-Tobacco Day (May 31) of 1990 was 'Growing up without tobacco' and activities focussed on children and youth were initiated throughout the world.
- \* Other activities include the participation in behavioural research into tobacco use and the value system of young people and in the production and communication of information relevant to youth.
- \* Discussions are underway with the UNESCO Youth Division and the International Fund for the Development of Physical Education and Sport to identify areas of joint action.

### Programme of Sexually Transmitted Diseases (VDT)

- \* One of the priority areas for activities by VDT in relation to youth is the collaboration with national programmes, eg. technical input provided in the preparation of teachers guide in Zambia. The approach adopted reflects the conviction that the prevention and control of sexually transmitted diseases in young people is based on the comprehensive promotion of sexual health and healthy lifestyles in general.
- \* Collaboration with other programmes has occurred as in the preparation of guides for school health education (as above) and in research, through support of the ADH narrative research projects in Africa.
- \* Special attention could focus on the involvement of youth organizations in the prevention of sexually transmitted diseases and unwanted pregnancy in the area of travel and tourism.