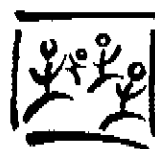




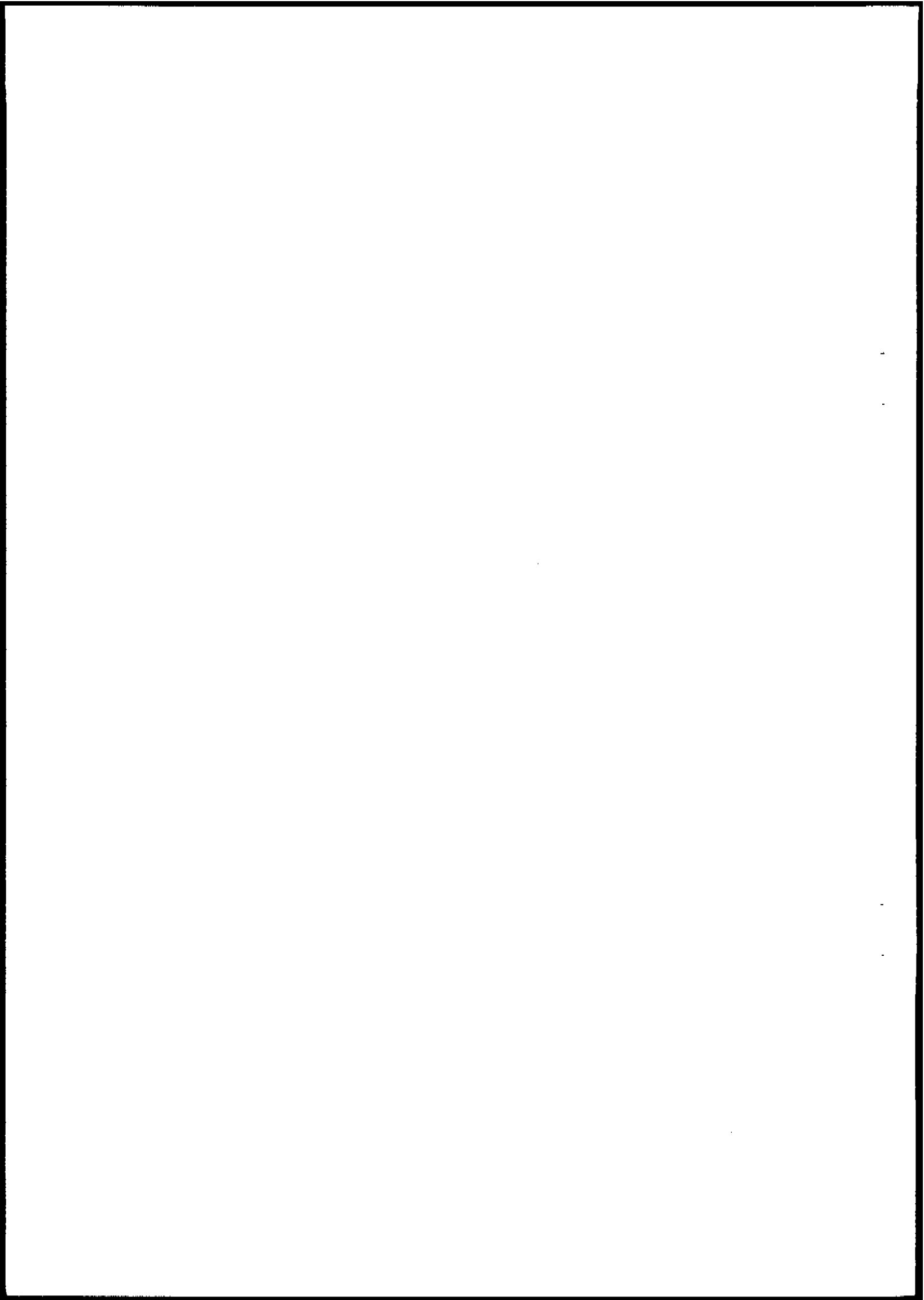
Progress Report

Adolescent Health and Development Programme

**Progress Report
June 1997**

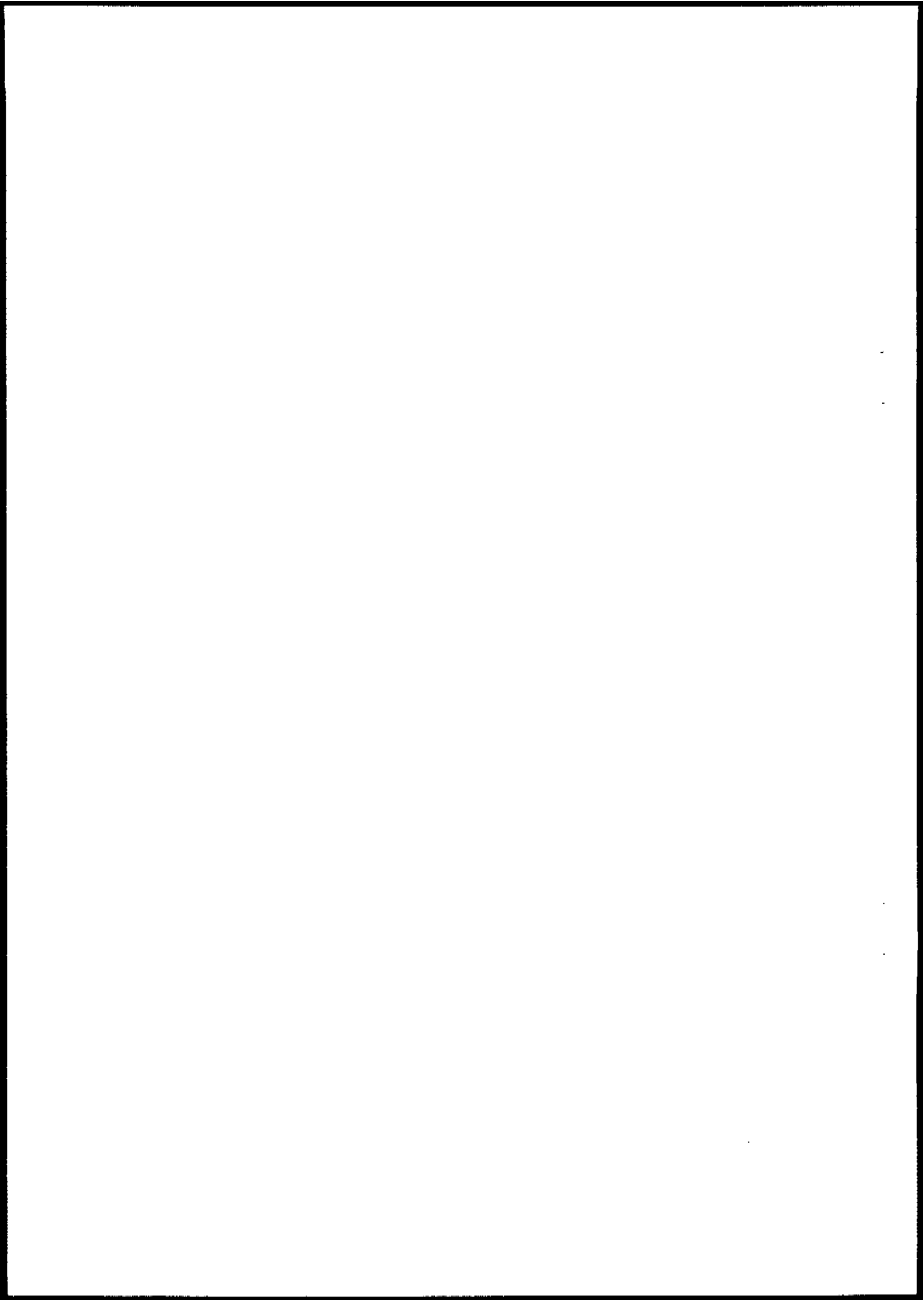


*Family and Reproductive Health
World Health Organization
Geneva*



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I. Introduction

1996-1997 has been a period of consolidation and rethinking the future direction of the Adolescent Health and Development Programme (ADH). The year since the last Meeting of Interested Parties (MIP) has been distinguished by:

- major changes in staffing
- financial uncertainty
- an important shift in programmatic direction
- vigorous implementation

As can be noted in the Table on *Current posts* in the Interim Financial Report for the Biennium 1996-1997, Dr Herbert L. Friedman, the Chief of ADH since the inception of the Programme in 1990, retired at the end of March 1997. The post has been advertised and the selection process is underway. Another change since the last MIP, is that the post of Medical Officer was filled in July 1997. The Reproductive Health in Adolescence - Technical Support Services post remains vacant due to insufficient funds.

By the end of the first quarter of 1997, the financial resources available became clear. Reference to the information presented in the Financial Report, indicates that the sources of funds continues to diversify. Particularly notable is the increased contribution from the WHO Regular Budget and unspecified contributions from several bilateral donors which has provided some leeway for developing new programme orientations.

As signalled during the last Meeting of Interested Parties, an important shift of direction has taken place. This can best be characterised as 'a narrowing of our focus, but not of our interests'. The new direction, presented in the Proposed Programme Budget for the Financial Period of 1998-1999, results from our assessment of the areas which require the particular input of WHO to provide technical leadership, especially in the area of health service delivery for adolescents and programming monitoring. Increased efforts to support accelerated implementation of programme efforts in countries is also an important charge. The changes that have taken place within Family and Reproductive Health have provided new perspectives and opportunities. The establishment of UNAIDS provides further mechanisms for collaboration within WHO and other UN agencies which we have taken on with enthusiasm.

The report that follows highlights the progress ADH has made in some of activities that we undertook to at the time of the last Meeting of Interested Parties.

II. Objectives

The specific objectives of the Programme for 1996-97 are:

1. **To expand the knowledge base** for adolescent health and development including an understanding of the meaning, parameters and status of adolescent physical, psychological and social health, and of specific action that will promote their health and development in all societies
2. **To advocate for policy and programming** for adolescent health and development based on the state of art knowledge to achieve effective and sustainable programming building on what exists
3. **To develop and adapt methods** which will ultimately facilitate action in countries to better understand and meet adolescent health and development needs
4. **To help expand human, institutional and material resources** available to promote the health and development of adolescents in countries
5. **To provide technical cooperation to countries and key partners** to ensure that knowledge, methods and resources for adolescent health and development are systematically and efficiently made available

III. Activities

To achieve these objectives the following activities have been and are being undertaken:

1. *Expand the knowledge base*

During the 1996-97 period, ADH continued to contribute to an expanded knowledge base on critical issues relating to adolescent health and development. The following table summarizes these contributions, noting our partners and the principal activities undertaken.

Issue	Collaborating partners	Approach
1. Young people and their families	--	Survey
2. Laws and policies affecting adolescents	UNICEF, UNFPA	Survey
3. Technical Report of the WHO/ UNFPA/UNICEF Study Group	UNICEF, UNFPA	Literature review & expert consultation
4. Immunization for Adolescents	GPV/EPI	Literature review & field survey
5. Mobilizing the health sector	UNICEF, CMA	Demonstration projects
6. Services for Adolescents	HRP	Support to research design

Young people and their families: a cross-cultural study of parent/adolescent discord in 3 countries

As pillars of a family, parents play a crucial role in supporting the healthy development of adolescents. However, rapid social change is modifying cultures, often undermining the traditional social support parents give. Better understanding of parent-adolescent relations in different cultures can provide guidance in how their role can be strengthened.

In three countries - Cote d'Ivoire, India and Nigeria - ADH enabled national researchers to explore the nature of parent-adolescent relationships, the presence of conflict between parents and adolescents and the factors contributing to the conflict.

Despite the considerable cultural differences between the three countries, the principal reasons for discord were common: adolescent use of psychoactive substances and sexual activity. Anxiety related to the seeming subversion of fundamental values by outside influences was pervasive and considered damaging to the security and self-esteem of both generations. The findings of the study confirm the critical role parents play in the development of adolescents and validates the importance of programmatic actions directed at supporting them. A summary report of the studies is available.

Laws and policies affecting adolescents' access to information and services

Laws and policies are statements of principles which guide action. They often reflect prevalent social norms and accordingly,

determine the access to health information and services to adolescents. This is especially so in relation to sensitive issues such as sexual behaviour and substance use.

In conjunction with UNICEF and UNFPA and in partnership with WHO regional offices, 12 countries in Asia, Africa and Latin America were asked to provide information on current laws and policies regarding adolescents' access to information and services concerning sexual and reproductive health. The results from the survey are hoped to raise awareness, stimulate debate and prompt action both in the countries and among those interested in adolescent health.

An interim report containing a preliminary analysis of the findings in 11 countries is available.

Technical Report of the WHO/UNFPA/UNICEF Study Group on programming for adolescent health

The widespread acknowledgement of the need for action to promote healthy development in adolescents, to prevent health problems and to respond to them when they arise, exists in many places. While there has been little systematic research undertaken to evaluate country level activity, there is a substantial empirical body of knowledge available requiring synthesis and dissemination. The WHO/UNFPA/UNICEF Study Group on Programming for Adolescent Health, convened in late 1995, set out to review the evidence regarding the effectiveness of key interventions used in programming for adolescent health; describe the current extent of country level experience; and highlight the essential factors and strategies needed to establish, implement, and sustain programmes for adolescent health.

Adolescent sexuality and reproductive health was an integral part of the work of the Study Group. It was confirmed that most successful approaches to preventing the health consequences of too early, unwanted and unprotected sexual activities among adolescents were those which addressed the overall developmental needs of adolescents. Moreover, the key interventions and principles for effective programmes are common to the prevention of a variety of health problems as there is frequently an intersection of cause and effect among them.

The Technical Report summarizes the information reviewed by the Study Group and elaborates upon the elements of Framework for Country Programming developed during the meeting. Wherever

possible examples of programmes are provided. Its aim is to provide substantive guidance and reference material useful for programme development in countries. Activities to promote the healthy psychosocial and sexual maturation of adolescents and to address consequent reproductive health problems are featured throughout the report.

Additional drafting of the document is required as well as review by UNFPA and UNICEF before final editing and publication as part of the WHO Technical Report Series. A summary version is also planned for wider distribution.

WHO position paper on Immunization for Adolescents

The widespread use of vaccines that are available- in schedules recommended by WHO - has contributed to tremendous reductions in the levels of incidence of vaccine-preventable diseases such as measles and polio. It has also changed the age of incidence of some of these diseases. For instance, in most countries measles incidence is shifting from early childhood to late childhood and even into early adolescence. These changes have led several countries to consider the general administration of booster doses to adolescents in addition to those that are recommended as part of the childhood series. What is more, new vaccines and combinations of existing vaccines for use in adolescents are being developed by pharmaceutical companies. There is a need to develop consensus on the value and use of these vaccines/vaccine combinations for public health activities.

In September 1996, an international congress *Adolescent Health 2000: access through immunization* was organised by Pasteur Merieux MSD, a pharmaceutical company, in Monaco. ADH contributed to the development of the agenda and the choice of resource persons for the congress. Discussions during the congress prompted GPV/EPI and ADH to clarify and articulate WHO's position on the value and use of immunizations in adolescents. Primary and secondary information gathering is underway and the draft position paper will be available by early 1998.

Mobilizing the health sector for and with youth

The government-run health service delivery system in many countries often tends to respond rather poorly to the health-related needs of adolescents. One reason for this is that they are rarely if ever designed with consideration to the preferences and needs of adolescents. NGOs working to promote adolescent health have been

quicker to respond to the needs of adolescents. These NGOs are generally involved in information provision, skills building and only occasionally in health service provision. There is often very little interaction between the government and non government sectors.

With the aim of stimulating and facilitating working relations with Ministries of Health and youth serving NGOs, ADH in association with UNICEF and the Commonwealth Medical Association (CMA), supported a series of inter-country activities. In Kenya, Nigeria and Uganda, specific activities were supported including the establishment of youth clinics in Kenya; a pilot school health project and assessments of NGO efforts in Nigeria; and, in Uganda the delineation of a basic package of health services for adolescents. The activities have provided an opportunity for the Ministries of Health to work with professional and youth NGOs interested in youth health to better determine the contribution of the health sector. They have also underscored the need for strengthening the technical capacity of health service providers in countries; further exploration of ways to increase the access of young people to health services; and increased attention to the measurement of programmatic efforts to address adolescent health needs in a variety of settings.

Summary reports of the activities in the 3 countries are available.

Strengthening programming through services for adolescents in sexual and reproductive health

There is widespread recognition that the accessibility and acceptability of sexual and reproductive health services to adolescents, are often poor in many developing countries and that this represents countless missed opportunities in primary and secondary prevention of several key public health problems such as STD and unwanted pregnancy in adolescents. There is an urgent need for the exploration of sustainable strategies in various countries that improve access to health services.

ADH supported an activity of Essential National Research Unit (HRP/HRN) to initiate operations research to develop and test approaches to increase the accessibility and improve the acceptability of health services in 2 districts in each of 6 french speaking African countries. ADH has contributed to the formulation of the project, and continues to be active in its implementation. This has included organisation and participation of an orientation workshop for country teams and the development of a core-protocol. Proposals from the 6 countries are now being assessed and implementation of the studies is due to begin shortly.

Clarifying the economic basis for investing in adolescent health

As part efforts to stimulate investment in promoting the health of adolescents and young people in developing countries, several papers have been commissioned to explore the economic arguments. One presents the relationship between health and economic growth, providing a conceptual link between adolescent health and economic development. This paper also summarizes the available literature indicating the economic costs of health problems affecting adolescents as well as those associated with behaviours established during adolescence.

Another paper recalculates the burden of disease for adolescents and youth. The disability-adjusted life years (DALYs) measure has gained considerable currency as a health indicator. According to the calculations, worldwide, about 62 million DALYs were lost among young people (10-24 years) from communicable, maternal, perinatal and nutritional conditions, 89 million DALYs from non-communicable conditions and 63 million DALYs from injuries. The paper also includes regional variations and distributions of the major causes of DALYs for both males and females.

Both papers require additional revision before they can be considered final.

2. Advocate for policy and programming

During the 1996-1997 period, ADH has worked with programmes in WHO's Headquarters and Regional Offices, with other UN agencies and bodies, and with organisations outside the UN system to inform and influence their policies and programmes related to adolescent health.

As in the past, this is accomplished by:

- ▶ producing (or assisting in the production of) documents that tackle important adolescent health issues;
- ▶ providing information to organisations working to promote the health and wellbeing of adolescents;
- ▶ participating in meetings and consultative processes.

The following table provides an overview of the main advocacy activities ADH has engaged in during the period covered by this report. It is followed by a brief description of the 'products' listed below:

Action	Within WHO	UN Agencies	Others
Process	Taskforce on Tobacco use	UN World Youth Forum (Vienna, November 1996)	International Association of Adolescent Health
	Interprogramme Working Group on Healthy Cities Initiative	UNAIDS working group on youth in school	International Youth Foundation
	Interprogramme working group on Physical Activity	UNAIDS working group on especially vulnerable young people	World Organisation of the Scout Movement
	Taskforce on STD/HIV	High level inter-secretariat meeting WHO, UNICEF & UNFPA Interagency group on reproductive health indicators development Interagency working group on reproductive health for refugees (UNHCR)	
Product	<i>Safe Motherhood Newsletter, feature on adolescent health (RHT/MSM)</i>	<i>Action for Adolescent Health. Towards a Common Agenda (WHO/UNFPA/UNICEF)</i>	<i>Healthy Young People = A Brighter Tomorrow, joint publication with the International Council of Nurses</i>
	<i>Sexual and Reproductive Health Research Priorities for WHO for the period 1998-2003 (HRP)</i>	<i>Framework for country programming (WHO/UNFPA/UNICEF)</i>	<i>Young people and HIV/AIDS in sub-Saharan Africa, booklet 12 in the Strategies for Hope series.</i>

'Products' (publications and documents)

Safe Motherhood Newsletter

'Early sex - early motherhood: facing the challenge'

The Safe Motherhood newsletter, published by RHT/MSM has an intended audience that includes health care providers, programme managers and policy makers. The 3rd issue of 1996 (No.22) was dedicated to Safe Motherhood in adolescents. ADH prepared the lead article for the issue, entitled "Early sex - early motherhood: facing the challenge".

Sexual and reproductive health research priorities for WHO for the period 1998-2003

In the third quarter of 1996, HRP set in motion, a consultative process involving all staff members in HRP, RHT, WHD & ADH. ADH staff were actively involved in this exercise, both in general discussions and in the discussions relating to adolescent health.

Action for adolescent health, towards a Common Agenda (WHO/UNFPA/UNICEF)

The Members of the WHO/UNFPA/UNICEF Study Group on Programming for Adolescent Health emphasized the crucial need for the 3 agencies to provide complementary support to countries, by working within a common technical framework, in order to strengthen and expand the activities in countries aimed at promoting adolescent health in a more programmatic fashion.

A Common Agenda for Action was elaborated during the meeting to encourage the three UN agencies with principal interest and experience in the area of adolescent health, to support activities in countries in complementary ways. Seen as an update of the 1989 *WHO/UNFPA/UNICEF Joint Statement on the Reproductive Health of Adolescents: a strategy for action*, the Common Agenda is intended to reflect the policies of the 3 agencies and could serve as a basis for discussion at country level in the determination of their contributions towards supporting country-level programming. It also provides specific suggestions for collaborative activities that would advance programming for adolescents at the different levels of the 3 organizations.

Framework for country programming (WHO/UNFPA/UNICEF)

A one-page Framework for Country Programming was developed during the Study Group meeting, intended as a graphic summary of the elements - goals, principles and interventions - to be considered in national programming for adolescent health. The Framework also highlights the key challenges in the national programming process for adolescents, particularly as differentiated from conventional programming for other groups in the population.

Healthy Young People = a Brighter Tomorrow. A resource pack

The International Council of Nurses (ICN) is an NGO in official relations with WHO, carrying out a wide range of activities to support the work of the nursing profession worldwide. The development of a

resource pack to commemorate World Nursing Day is one of ICN's annual activities. ADH has provided ICN with technical and financial support to develop the resource pack to mark World Nursing Day 1997. The pack has been produced in English, French and Spanish and has been dispatched for use in advocacy and continuing education activities by national nursing associations all over the world.

Young people and HIV/AIDS in Sub saharan Africa: Booklet 12 in the Strategies for Hope Series

Strategies for Hope is a series of publications documenting case studies of HIV/AIDS/STD prevention and care initiatives in Africa and Asia. Booklet 12, which is currently being researched and written, will give an overview of effective approaches that are being employed by NGOs and governmental bodies to/by young people in Nigeria, Kenya, Botswana and Tanzania. ADH has provided the series editor a framework for the booklet and has put him in touch with youth-serving organisations in the 4 countries and with individuals with expertise in the field of adolescent health.

Information provision

Furnishing information to organisations and individuals working to promote adolescent health and development is an important part of ADH's work. On request, ADH publications and documents are sent and requests for information on specific issues are responded to.

Responding to requests for ADH publications

Over the last 12 months ADH staff have handled more than 240 requests for its publications. As a result of such requests, over 500 copies of the recently published document "A Picture of Health? A review and annotated bibliography of the health of young people in developing countries", approximately 1600 copies of the guide on Counselling skills training in adolescent sexuality and reproductive health and 400 copies of the guide on applying the Narrative research method have been sent out. In addition to such requests directed to ADH, orders for ADH publications are received by DSA, the unit in WHO which is responsible for the commercial provision of WHO publications. Before September 1996, DSA sold 7,260 copies of the document entitled The health of youth: a challenge and a promise; 18,121 copies of Reproductive health of Adolescents: A strategy for action.

Responding to specific requests for information

ADH receives recurrent requests for information on a variety of issues (such as trends in the levels of suicide among young people in a certain area; or factors contributing to unsafe abortion among young people in a certain area; or the pros and cons of the establishment of drop-in youth centres as a means to provide information and health services). Considerable effort is often required to gather the appropriate information, analyse it and prepare responses. The database that ADH has established, contains a wealth of information and serves as a base to deal with these requests. At present, it contains over 4800 entries, covering facts and figures on a range of adolescent health issues, and about the situation in many countries. However, the limited accessibility of this database for users outside the WHO, has urged us to look for alternative ways of gathering, storing information, and making it accessible to an ever increasing number of people and institutions involved in adolescent health (see box - *Knowledge management system*)

ADH provides this information described above, to other UN agencies (such as UNFPA, UNICEF and UNHCR), international NGOs, academic and research institutions, government bodies and NGOs in countries, the media etc. with preference to those requests from resource-constrained countries.

Knowledge management system

The field of adolescent health is rapidly evolving and organisations need information and want to learn from the experiences gained in addressing the needs of young people. Traditional sources of information like journals and newsletters, now coexist with electronic means of communication that have transformed the way in which we deal with knowledge.

The critical need to provide brief synthesis of data and programme experiences has prompted UNICEF and WHO to join forces to develop a new way of managing knowledge. Two products have been planned. The first is a network to link people with expertise and programme implementors in countries to discuss issues of common concern, synthesize discussions and experiences for wider distribution, identify questions requiring further examination, and review resource materials and country level experiences. This UNICEF system intends to go beyond information sharing and discussion by setting up working groups where experts participate to synthesize the available knowledge in specific areas, a process that will play a catalytic role in identifying research questions. In addition to storing and disseminating the knowledge generated by such networks, advances in information technology provide new possibilities to manage the knowledge 'intelligently'. It is now viable to arrange knowledge in such a way that it learns from the new knowledge that is added over time and prompts users to use the knowledge in a manner that supports their specific decision-making. Very promising problem solving programmes have been designed based on new technologies derived from research in artificial intelligence. These will be used to build an intelligent learning tool 'prototype' for adolescent sexual and reproductive health in 1997 which will be applied to specific areas of ADH focus in 1998/99 - youth friendly health services, measurement and adolescent development.

3. *Develop and adapt methods*

A central aspect of ADH work over the years has been the development of methodologies. These are all based on the principle of eliciting from young people and adults, within their own cultures, knowledge of their needs and of solutions to their problems as the foundation for programming. During the 1996/97 period, another tool has been developed, field-tested and produced:

Coming of age: a guide for assessing the situation of adolescent reproductive and sexual health

In response to the numerous requests by governments, NGOs and others who are working for adolescent health, ADH has prepared a guide to conducting situation analyses in countries focussed on adolescent sexual and reproductive health. The step-by-step process

adolescent sexual and reproductive health. The step-by-step process outlined in the guide will enable organisations to collect relevant information in order to understand the problems and needs of adolescents so that programmes can be tailored to respond to them. A particular emphasis throughout the guide is on the active participation of adolescents in the collection, analysis and use of information.

While earlier tools developed by ADH are referred to, the guide includes methodologies and guidance from researchers and programme managers throughout the world with specific expertise in adolescents and reproductive health. It was field tested by front-line organisations in several countries. It is currently being finalized for printing and will appear in both English and French as well as being made available on the Internet.

Guinea: Situation analysis for policy and programme design

Guinea's Ministry of Health was eager to initiate activities for adolescent health on a sound footing. ADH's narrative research was one method specifically chosen to enable the participation of adolescents in collecting qualitative and quantitative data about their sexual behaviour. Results from this and other research highlighted the link between sexual and reproductive health and other issues such as substance use, gender relations and access to schooling and jobs. Reflecting these multiple issues in the drafting of the national youth policy and the national reproductive health programme has been ensured by the adolescent health focal point of the Ministry of Health. The 1989 UNFPA, UNICEF, WHO Reproductive health of adolescents: a strategy for action served as a framework for the programme activities now implemented with technical and financial support from UNFPA and WHO.

4. Help expand human, institutional and material resources

In many countries, little specific attention has been devoted to the providing those adults coming into contact with adolescents, with the knowledge and skills that could assist them understand and deal with adolescents and their particular needs. ADH has championed the importance of improving communication and counselling skills and developed a training guide to this end. In this biennium, we have turned our attention towards health workers as an essential strategy in the improvement of the quality and consequently the acceptability of health services. Several activities have been initiated to strengthen the adequacy and accessibility of human resources for programming in adolescent health.

Orientation in adolescent health for health care providers

A modular training package was developed through collaboration with the Commonwealth Medical Association (CMA) and UNICEF to improve health care providers' understanding of adolescent health problem and orient them to the needs of adolescents. The modules cover topics like sexual and reproductive health, substance use and mental health. A first field-test has taken place in Uganda and others will follow. The modules are already being used by the Ministry of Health in Namibia and will be used -among others- by national medical associations.

Core curriculum for adolescent health and prototype materials for in-service training

A core curriculum dealing with major aspects of adolescent health including substance abuse, nutrition and oral health, intentional and unintentional injury, but with an emphasis on sexual and reproductive health, has been prepared. In December 1997 this draft document will be refined and tested in a workshop in the WPRO region. The participants, representing the health and educational sectors, will then adapt this curriculum to their own training institutions and used as a basis to expand adolescent health programmes and policies.

Kenya: Improving teachers' counselling skills

The Ministry of Education selected 30 primary school teachers from all the provinces to benefit from an intensive 6 week course in guidance and counselling skills based on the ADH Counselling Skills Training guide at the AMANI Counselling Training & Therapy Institute. Fieldwork during the training in schools around Nairobi included interviews with teachers, parents and students, assessment of problem areas in the school and creation of a local resources and service referral file for the schools. Important lessons learned included: teachers lack knowledge about the physical and psychological development of adolescents; they have great interest in learning counselling skills as teachers are aware of the problems adolescents face. The teachers recommended the course to be part of the pre-service teacher training and to expand it to cover vocational counselling. After the course, the teachers were designated focal persons for counselling in their respective schools.

People for adolescent health: a WHO/UNFPA/UNICEF human resource roster (ADHR)

As adolescent health and development activities in countries rapidly increase, the need for experienced people is also growing. In reply

to the many requests ADH receives for individuals to give support to programming in countries and in collaboration with UNICEF and UNFPA, a computerized databank of carefully selected people in adolescent health and development, most with experience in developing countries, was established. The ADHR was developed during 1996 and the pilot version made available to the three agencies, WHO, UNICEF and UNFPA in 1997. Based on a six-month testing phase at the global and regional level, the expansion to other organisations and country levels will be considered. It has already been useful within ADH to respond to requests from UN agencies, including WHO, UNFPA, UNICEF and UNHCR, as well as from several international NGO's.

Ad hoc training activities

In addition to the preparation of materials for training, and facilitating access to experienced human resources, ADH staff occasionally participates in training activities. Often this involves the preparation of specific materials for inclusion in a programme dealing with topics closely related to adolescent health, for example:

ADH Training Calendar

1996

21-25 OCT Half-day session on young people and STD; Thematic workshop on: integrated RTI/STD/HIV/AIDS in the context of reproductive health at the primary health care level, WHO, Geneva

1997

10-14 FEB Thematic workshop on adolescent sexual and reproductive health; UNESCO, Paris

26 MAR One-day session on adolescent health; ICHD Master course, Royal Tropical Institute, Amsterdam

5. Provide technical cooperation to countries and key partners

During the 1996-97 period, ADH has continued to provide technical input to other programmes in WHO headquarters, including those in FRH itself (HRP, RHT and WHD) and other programmes in WHO (notably PSA).

Supporting the work of WHO's regional offices in the area of adolescent health is a high priority although requires increased mechanisms. Over the last year, ADH staff have visited WHO regional offices in Brazzaville (AFRO), New Delhi (SEARO) and Washington (PAHO).

With technical support from ADH, SEARO has initiated activities in Bangladesh, Indonesia, Myanmar and Thailand - aimed at sensitizing community members/leaders of the health problems and health-related needs of adolescents, and lay the basis for improving the youth-friendliness of health services. In 1994-5, with technical support from ADH and funding from UNFPA, AFRO began situation assessments in 17 countries, which were followed up with specific project activities in 9 countries (such as the development of national policies on adolescent health in Cameroon, and health education campaigns on the hazards of tobacco use and the dangers of HIV/AIDS and STD in Mauritania). Several of these activities continued into 1996. ADH has assisted AFRO in compiling a report of these initiatives, and in currently assisting in the development of plans for the future. ADH is currently working with WPRO to develop a core curriculum on adolescent sexual and reproductive health, to be used for training individuals in the health and education sectors who are involved in national training institutions in their respective sectors.

AFRICA's commitment to adolescents

Reflecting the emphasis given by AFRO through the UNFPA supported AFRO project, the recent Regional Committee Resolution and the work of the WHO Adolescent Health advisors in 2 of the UNFPA CSTs, 16 countries have allocated WHO resources for adolescent health activities.

While the regional offices have the primary responsibility to provide technical support to WHO's member countries, ADH staff is sometimes called upon to directly collaborate with country policy and programme development. Recent examples include:

- ▶ Uganda - for the facilitation and drafting of a research agenda on adolescent health;
- ▶ Bahrain - to assist in a workshop for the development of a national strategy to respond to the health - related needs of adolescents;
- ▶ Myanmar and Thailand - to provide technical inputs into the situation assessments on adolescent health that were underway;
- ▶ South Africa - to assist in the development of a plan of action in adolescent health, for Cape province;
- ▶ Ukraine - a UNICEF led inter-agency situation assessment mission on adolescent health. Technical input represented the perspectives of both ADH and the WHO Programme on Substance Abuse (PSA).

Finally, during the biennium, ADH has continued to maintain close and mutually beneficial working relationships with UNICEF and UNFPA. Similar working relationships are being forged with UNAIDS and UNHCR.

Working with the youth-serving NGOs

ADH has a long history of activities together with youth-serving NGOs. For example, Scouts all over the world have been motivated to take action in relation to adolescent health. After a workshop in Cairo in the late 1980s on Adolescent Health using the Grid Approach to identify adolescent health needs and action that could be taken, Scouts started "Health Caravans", an approach which was welcomed and subsequently expanded by UNICEF. The energy and commitment demonstrated by organizations such as the Scouts, prompted IPPF to initiate the "Youth for Youth" project with technical support from ADH, carried out by six youth NGO's in 1990 in Columbia, Egypt, Jamaica, Senegal, Sierra Leone and Sri Lanka, with funding from UNFPA. The follow-up of this network laid the basis for the International Youth Consultation at the 1994 ICPD and the Youth Declaration which is an important advocacy document for the youth NGOs. IPPF now has young people as a standing feature of their programme advisory bodies.

Young people have also influenced the technical work of ADH - the World Organization of the Scout Movement and the World Assembly of Youth (WAY) were instrumental in the field-testing of the ADH Narrative research method for adolescent reproductive health. WOSM and WHO continue to collaborate in the development of health activities of the Development Village during the Scout Jamborees to which over 20,000 adolescents participate every 3 years.

IV. List of selected ADH publications and documents

1. Adolescent Reproductive Health - An Approach to Planning Service Research, WHO Offset Publication No 77, WHO, Geneva, 1983
2. Young people's health - a challenge for society, Report of a WHO Study Group on Young People and 'Health for All by the Year 2000', Technical Report Series 731, WHO, Geneva, 1986
3. Paxman, J., and Zuckerman, R.J., Laws and Policies Affecting Adolescent Health, WHO, Geneva, 1987
4. The Reproductive Health of Adolescents - A Strategy for action, A Joint WHO/UNFPA/UNICEF Statement, WHO, Geneva, 1989
5. The health of young people - A challenge and a promise, WHO Geneva, 1993
6. Approaches to Adolescent Health and Development: Principles for Success, WHO/ADH/92.3

7. Approaches to Adolescent Health and Development -A Compendium of Projects and Programmes - WHO/International Youth Foundation Joint Project, WHO/ADH/92.4
8. A Study of the Sexual Experience of Young People in Eleven African Countries - The Narrative Research Method, WHO/ADH/92.5
9. Counselling skills training in adolescent sexuality and reproductive health - A facilitator's guide, WHO/ADH/93.3
10. The Narrative Research Method - Studying behaviour patterns of young people - by young people - A guide to its use, WHO/ADH/93.4
11. Adolescent Sexual Behaviour and Reproductive Health: From Research to Action - The Narrative Research Method - Report of a Joint Meeting, Dakar, Senegal 22-26 April 1993, WHO/ADH/93.5
12. Resourcing the Future: Youth, Population and Development The Role of Youth-Serving NGOs (Cairo Egypt 31 August- 4 September 1994), WHO/ADH/94.2
13. WHO and UNICEF, A Picture of Health? - A review and annotated bibliography of the health of young people in developing countries, WHO/FHE/ADH/95.14
14. WHO, UNFPA and UNICEF, Action for Adolescent Health: Towards a Common Agenda - Recommendations from a joint Study Group, WHO/FRH/ADH/97.9
15. Coming of age: A guide for assessing the situation of adolescent reproductive and sexual health, WHO/FRH/ADH/97.18
16. Young People and their Families: A Cross Cultural Study of Parent/Adolescent Discord in Côte d'Ivoire, India and Nigeria, WHO/FRH/ADH/97.19