

LINKED Lives

IMPROVING HEALTH AND WELL-BEING IN A COMPLEX WORLD

**Family and Community Health (FCH)
Highlights 2001–2002**



World Health Organization



LIVES LINKED

WHO/FCH/03.1

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PREFACE

This document describes the structure and principal areas of activity of the WHO Family and Community Health (FCH) cluster during the period 2001–2002. In **PART 1** a brief overview is given of the main areas of work of the four technical departments which together make up FCH. Highlights are presented of the ways in which this work directly addresses the broad range of goals endorsed by the international community at recent conferences. Many of the commitments made at these conferences over the last decade have now been brought together to form the basis of the United Nations Millennium Development Goals (MDGs). The work of FCH is directly aligned with these goals, not only in areas such as reducing child mortality, improving maternal health and combating HIV/AIDS, but also in broader areas such as eradicating extreme poverty and hunger, and promoting gender equality and the empowerment of women.

In **PART 2** four major activity areas are described that best illustrate how the work of each department is linked to – and strengthened by – the activities of all the other departments. Through its efforts in these and other areas, FCH is working to bring about a situation where it is the norm to experience a healthy start to life, where children and adolescents develop to their full potential, and where women and men enjoy healthy and mutually respectful relationships.

But there is a long way to go. The current reality for millions of individuals is more likely to be poor health, early, unwanted and potentially unsafe pregnancy and childbirth, lost opportunities in adolescence, gender discrimination, and the ever-present threats of violence, and exposure to HIV and other sexually transmitted infections. These are all priorities for FCH, and accordingly the four activity areas chosen in **PART 2** to illustrate the work of FCH across its departments are:

Making Pregnancy Safer – Healthy Mothers and Healthy Babies

Breaking the Unwanted Link – Preventing HIV Infection in Infants and Young Children

Protecting Young Lives – Integrated Management of Childhood Illness (IMCI)

Dealing with Transition – Adolescent Sexual and Reproductive Health and Development



Dr Tomris Türmen
Executive Director, Family and Community Health (FCH)

PART 1

Family and Community Health (FCH)

Under the overall coordination of its Office of the Executive Director (EXD) Family and Community Health (FCH) consists of four technical departments:

- Child and Adolescent Health and Development (CAH)
- Gender and Women's Health (GWH)
- HIV/AIDS (HIV)
- Reproductive Health and Research (RHR)

The work of FCH relates primarily to the early and middle key stages in the life course, namely infancy, childhood, adolescence, and the reproductive ages. FCH programmes address a broad spectrum of health issues including infant, child and maternal

mortality and morbidity, HIV/AIDS, the epidemic of other sexually transmitted infections, and violence against women.

In all these areas, the work of FCH is in full alignment with the United Nations Millennium Declaration¹ adopted by Member States in September 2000, and with the goals contained in the follow-up document² to this. These goals – now referred to as the “Millennium Development Goals” (MDGs) – summarize key commitments made by Member States at United Nations conferences during the 1990s. Within each of the 8 MDGs a number of targets have been identified, and indicators of progress have been developed.



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As a measure of the central importance of the work of WHO in this endeavour, 3 of the 8 MDGs, 8 of the 16 targets, and 18 of the 48 indicators are health-related. The MDGs and their associated targets and indicators represent an important focus for the work of FCH, and a framework for WHO's interaction with Member States. Accordingly, in the accounts of the FCH activity areas that follow, reference is made to the MDGs and to other internationally agreed goals as appropriate.

In June 2001, a United Nations General Assembly Special Session (UNGASS) on HIV/AIDS was held, and a Declaration of Commitment on HIV/AIDS³ was adopted. Contained in this document is a range of specific goals, and a number of these also appear in the relevant sections below. Similarly, in May 2002, more than 7000 participants attended the United Nations General Assembly Special Session (UNGASS) on Children, at which the nations of the world committed themselves to a series of goals to improve the situation of children and young people. Once again, selected goals from the outcome document⁴ of this special session are shown where relevant in the following sections.

All of these important events have followed on from a number of earlier initiatives, particularly the International Conference on Population and Development (ICPD) held in Cairo in 1994 (and the associated ICPD *Programme of Action* presented in the conference report⁵); and the 1995 Fourth World Conference on Women held in Beijing (and the Beijing *Platform for Action*, again contained in the corresponding report⁶). Five-year reviews of the progress made since both of these events have also provided invaluable further guidance^{7,8}.

FCH is committed to playing its full part in helping to bring about the changes called for by the international community in all these landmark documents, and selected goals from each are also shown in the present document where they apply.

- ¹ Fifty-fifth session of the United Nations General Assembly. Agenda item 60(b). Resolution adopted by the General Assembly. *United Nations Millennium Declaration* (A/RES/55/2). September 2000.
- ² Fifty-fifth session of the United Nations General Assembly. Item 40 of the provisional agenda. Follow-up to the outcome of the Millennium Summit. *Road map towards the implementation of the United Nations Millennium Declaration*. Report of the Secretary-General (A/56/326). September 2001.
- ³ Twenty-sixth special session of the United Nations General Assembly. Agenda item 8. Resolution adopted by the General Assembly. *Declaration of Commitment on HIV/AIDS* (A/RES/S-26/2). August 2001.
- ⁴ Twenty-seventh special session of the United Nations General Assembly. Agenda items 8 and 9. Resolution adopted by the General Assembly. *A world fit for children* (A/RES/S-27/2). October 2002.
- ⁵ *Programme of Action of the International Conference on Population and Development* (ICPD) in *Report of the International Conference on Population and Development, Cairo, 5–13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.
- ⁶ *Platform for Action* in *Report of the Fourth World Conference on Women, Beijing, 4–15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annex II.
- ⁷ Twenty-first special session of the United Nations General Assembly. Agenda item 8. Resolution adopted by the General Assembly. Addendum. *Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development* (A/S-21/5/Add.1). July 1999.
- ⁸ Twenty-third special session of the United Nations General Assembly. Agenda item 10. Resolution adopted by the General Assembly. *Further actions and initiatives to implement the Beijing Declaration and Platform for Action* (A/RES/S-23/3). November 2000.

At the request of its Member States, and in order to achieve these goals, WHO has developed a series of strategic documents and approaches. In May 2000 the World Health Assembly adopted a resolution requesting the Director General of WHO to develop a strategy for addressing HIV/AIDS as part of the United Nations systemwide effort to combat the pandemic. The FCH Department of HIV/AIDS played a pivotal role in developing the resulting Global Health-Sector Strategy (GHSS) for HIV/AIDS. With its stated aim of strengthening the response of the health sector to the challenges posed by HIV/AIDS as part of an overall multisectoral effort, the GHSS is another important guide to FCH activities, and represents an exceptional opportunity to redouble the fight against a devastating global pandemic.

Similarly, CAH has taken the lead in developing the WHO Strategy on Child and Adolescent Health and Development. This strategy outlines the ways in which the Organization will work towards achieving its Strategic Goals and the Millennium Development Goals which relate to child health. The strategy outlines WHO's commitment to help define and implement the most effective interventions for children and adolescents.

Finally, the FCH Department of Reproductive Health and Research (RHR) in close consultation with WHO regional and country offices, and with other key stakeholders, is currently drawing up a proposed strategy for accelerating progress in the attainment of those international goals and targets which relate to reproductive health.

Underlying all these efforts is the recognition that inter-linked and mutually reinforcing approaches are now needed to tackle complex and historically intractable issues such as unsafe pregnancy, infant and child mortality, and HIV/AIDS. For example, efforts to promote the health and survival of the mother will help to lay the foundations for the well-being of her infant. In turn, a healthy infancy and childhood is the preparation for successfully



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meeting the challenges of adolescence and adulthood. Healthy behaviours among young people will reduce the burden of disease in areas such as nutrition, noncommunicable diseases, injuries and violence, and will help to turn around the current epidemic of sexually transmitted infections including HIV/AIDS. Ultimately, the young people of today will become the parents of the future and the whole cycle will start again.

Understanding the importance of such a “life-course” approach to health will however count for nothing unless the insights and knowledge gained can be translated into programmes and interventions that reach those who are most in need. In parallel with efforts to improve the quality and applicability of its research findings, documents and guidelines, FCH works to ensure effective coordination between WHO headquarters, the six WHO regional offices and WHO country offices. This three-way partnership promotes a consistent health-sector response from WHO and measures success based on the real achievements made in countries. FCH also works with a broad range of United Nations and bilateral agencies, nongovernmental organizations and others to develop joint strategic approaches to the planning, research and implementation of national projects across the range of its activity areas. It is to these activity areas that we now turn.

Department of Child and Adolescent Health and Development (CAH)

Millennium Development Goal 4:

Reduce child mortality

TARGET 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.

The Department of Child and Adolescent Health and Development (CAH) undertakes research, development and technical support activities that promote the health and optimal growth and development of infants, children and adolescents. In all the activity areas outlined below, CAH works to fully integrate a child-rights perspective.

Neonatal and infant health and development

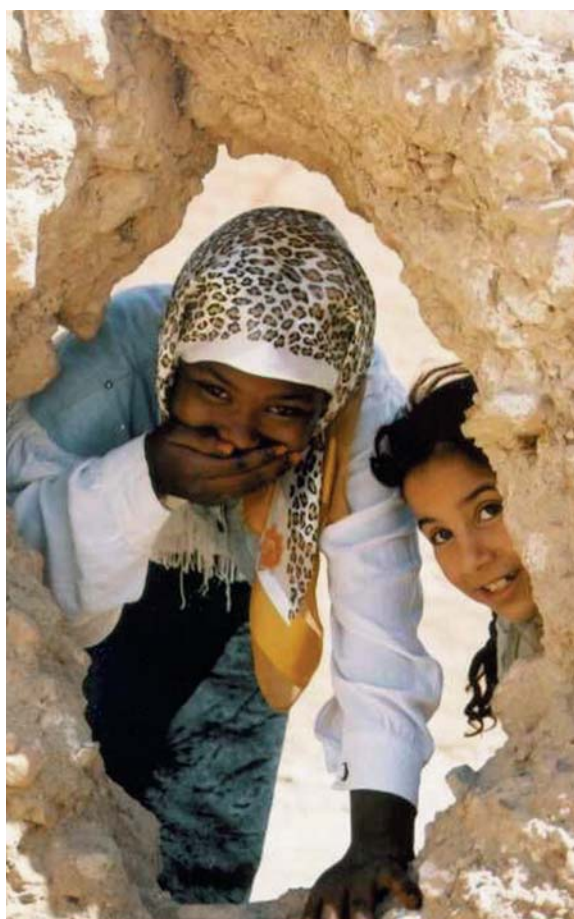
From: *A world fit for children*

(reference⁴ page 3)

Special emphasis must be placed on prenatal and post-natal care, essential obstetric care and care for newborns, particularly for those living in areas without access to services.

A healthy start in life provides a firm foundation for future health and development. In order to ensure this, attention must be given to the health and care of mothers during pregnancy and childbirth. In addition, during the first 28 days of life (the “neonatal” period) it is important to manage infections and establish sound health and feeding practices. CAH works to promote the health and development of infants and newborns, ensure their sound nutrition and care, and address the major causes of neonatal and infant morbidity and mortality by:

- Researching how best to promote home and community practices that lead to improvements in neonatal health and survival, and to gains in the growth and development of infants and young children.
- Identifying the improvements needed in the care of newborns at first-level health facilities, particularly as part of the Integrated Management of Childhood Illness (IMCI) strategy (see **PART 2**).
- Developing tools to assist countries in promoting improved neonatal care, and the healthy growth and development of infants and young children within communities and at health facilities.



Anita Kolmodin

Child health and development

From: *A world fit for children*

Develop... and implement... national early childhood development policies and programmes to ensure the enhancement of children's physical, social, emotional, spiritual and cognitive development.

CAH supports research and develops guidelines and interventions in the areas of prevention and care of childhood illness, and the promotion of good health and development. Within this, the department is responsible for the development of guidelines and tools for the adaptation, implementation, monitoring and evaluation of the Integrated Management of Childhood Illness (IMCI) strategy – expanded upon in **PART 2**. Following the introduction of IMCI in more than 100 countries, CAH is now conducting a review of the experiences of implementing this strategy, and a multi-country evaluation of its cost, effectiveness, and impact. In its broader efforts to address the health and development needs of children, with particular attention given to those under the age of 5, CAH:

- Promotes family practices that improve child health, and addresses cultural variations in the understanding of child illness and responses to it; helping mothers to recognize when their child is seriously ill; and supporting care-givers in the home. CAH also supports work on improving the physical environment for child health, and collaborates with nongovernmental organizations that plan and deliver child-health services at community level.
- Improves the understanding of the epidemiology of child health by generating cause-specific estimates of morbidity and mortality among children.
- Supports clinical research, and develops and refines clinical management guidelines.
- Supports efforts to improve and maintain health-worker and health-service performance and to strengthen health systems.



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- Monitors and evaluates child-health programmes to provide managers and planners with sound data, and help countries to scale-up and assess the cost-effectiveness of priority child-health interventions.

Adolescent health and development

From: *A world fit for children*

Develop... and implement... national health policies and programmes for adolescents, including goals and indicators, to promote their physical and mental health.

Adolescents are defined by WHO as those aged between 10–19 years, and are generally perceived to be healthy. By the second decade of life, they have survived the diseases of early childhood, while the health problems associated with ageing seem a lifetime away. Yet many adolescents do die prematurely. Every year, an estimated 1.7 million young men and women lose their lives – mostly through accidents, suicide, violence, and pregnancy-related complications and other illnesses that are either preventable or treatable. But young people are also resilient, and can be a real asset in helping to develop approaches to best serve their needs. If treated with respect and provided with the support and services they need, young people can be the driving force of positive change in society.

CAH works to develop the evidence base for interventions that promote and protect the health and development of young people. In this and its other activities, CAH is guided by a number of international initiatives including the

WHO/UNFPA/UNICEF Common Agenda for action for adolescents which lays out the major intervention areas and challenges for country-level programming. CAH also works with the other departments of FCH in accordance with the goals set by international bodies. These include reducing HIV prevalence among young people, and increasing their access to key information, skills and services to help them to protect themselves from HIV infection. To make progress in these and other goals in this area CAH is working to:

- Increase young people's access to health services and supplies for the prevention and care of HIV infection.
- Improve the collection, analysis and use of strategic information needed for policies, programmes and advocacy.
- Ensure that policy decisions are influenced by sound public-health evidence.

- Raise awareness of neglected groups of young people, including boys, married adolescents and the very young adolescent.
- Promote adolescent sexual and reproductive health, for example by highlighting HIV and young people as a key entry point for strengthening health-sector action in countries.

From: *A world fit for children*

By 2003, establish time-bound national targets to achieve the internationally agreed... goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent and by 25 per cent globally by 2010.

In January 2001, adolescent sexual and reproductive health and development became a core activity area for FCH – an issue expanded upon in **PART 2**.

In order to ensure that the outcomes and potential benefits of efforts in all these areas are made available where they are most needed, CAH also works directly with WHO regional offices to:

- Ensure effective planning cycles, and the appropriate management and budgeting of activities and staff.
- Catalyse and support partners in child and adolescent health and development strategies.
- Build up capacity among WHO staff, consultants and partners at all levels through the organizing of training courses, briefings and other capacity-building events.
- Develop planning tools for use at national and district level.
- Develop effective approaches for the use of new tools.
- Document and analyse experiences during implementation.



DEPARTMENT OF GENDER AND WOMEN'S HEALTH (GWH)

Millennium Development Goal 3:

Promote gender equality and empower women

TARGET 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and to all levels of education no later than 2015.

The extent to which gender inequality and discrimination affect health status and well-being has only recently begun to be fully recognized. Gender-based differences and inequalities in societal roles and responsibilities, in available opportunities and resources, and in the ability to make well-informed decisions all contribute to produce different, and often inequitable, patterns of health risk and access to health care (Box One).

The Department of Gender and Women's Health (GWH) therefore works to bring gender considerations into the mainstream of activities throughout WHO and to promote increased attention to the health and human rights of women throughout their life span. GWH collects, analyses and disseminates information, develops materials and methodologies for gender analysis,

implements advocacy programmes, and supports countries in their efforts to integrate gender considerations and women's health needs into policy and planning. GWH works specifically to:

- Raise awareness of the gender dimensions of health, including gender-based violence.
- Develop a solid evidence base on the impact of gender and gender discrimination on health, and identify key areas for further research, while documenting the experiences and lessons learned from health programmes, interventions, case studies and evaluations.
- Develop normative tools and guidance for the integration of gender issues into health research, policies and programmes.
- Support Member States in undertaking gender-responsive planning, implementation and evaluation of policies, programmes and projects.
- Carry out research on issues of relevance to gender and women's health generally, and on gender-based violence specifically.



WHO/Harri Anenden

Box One: Gender and Health

Gender analysis in health can help explain the differences between women and men in relation to:

- Exposure to health risk.
- Risk and protective factors.
- Manifestation, severity and frequency of disease.
- The social and cultural responses to ill-health or disease.
- Health outcomes.

Gender analysis also helps in understanding existing inequities between women and men in relation to:

- Access to resources to promote and protect both mental and physical health.
- Interaction with – and the response of – the health sector.
- Enjoyment of good health as a fundamental human right.
- Access to resources, and exercise of responsibility and authority as health-care providers.

From: *Further Actions...*

(reference⁸ page 3)

Develop and use frameworks, guidelines and other practical tools and indicators to accelerate gender mainstreaming, including gender-based research, analytical tools and methodologies, training, case studies, statistics and information.

In March 2002, a WHO policy on integrating gender perspectives into the work of WHO was approved. This has now provided a framework for specific action at all levels of the Organization. Gender focal points have been appointed at the departmental and cluster level, and these together with GWH staff and gender focal points in WHO regional offices constitute the WHO Gender team. Work is under way to implement jointly identified strategies to take this work forward in WHO, with the major challenges including:



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- How to stimulate interest and develop knowledge and skills so that all departments in WHO include sex-disaggregated data and gender analysis in their work.
- How to move from diagnosis of the problems to interventions that address them; stimulating more research on gender-sensitive interventions.
- How to make gender equity a core value for the Organization; and how to highlight the need for attitudinal change.

From: *Further Actions...*

Support activities aimed at the elimination of all forms of violence against women and girls, including by providing support for the activities of women's networks and organizations within the United Nations system.

A major component of GWH's work has been a pioneering effort to document the magnitude, nature and impact of violence against women by intimate partners, and to identify potential areas for policy and interventions. A multi-site study on the problem of violence against women is now being implemented in 8 countries (Box Two). The interaction between violence against women and their sexual and reproductive health is another priority area where collaboration across the departments in FCH offers major opportunities and synergies.

Other emerging issues of concern include the trafficking of women, women's health in emergency situations, gender issues in health systems, and integrating gender into medical and nursing curricula. This latter work builds on a collaborative initiative between GWH and the Department of Reproductive Health and Research (RHR) – The Training Curriculum for Integrating Gender and Rights in Reproductive Health. This strategic and forward-looking work will be implemented with the assistance of WHO regional offices and countries, and will provide a real opportunity to make gender a core element of training for health professionals.

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As illustrated in **PART 2** of this document, the work of GWH in integrating a gender perspective into priority health areas is beginning to demonstrate proven benefits. Sound, comprehensive and effective approaches to improving the health and well-being of women, men and children cannot be delivered in the absence of a proper recognition of the gender dimension, for example in health-care delivery and utilization. Considerations of gender can no longer be viewed as an “add-on” part of interventions and other health initiatives, but must instead be seen as an integral and essential reference point.

Box Two: Violence Against Women

Gender-based violence epitomizes gender inequality and is a barrier to women's health and development. However, a lack of reliable data, particularly from developing countries, has hindered recognition of the problem and the development of programmes and interventions. In response to the recommendations of a WHO Expert Consultation and the Beijing Platform for Action in 1995 (reference⁶ page 3) WHO initiated the development of a common cross-cultural methodology for measuring violence, and implemented a multi-site study of violence against women in 8 countries. This study provides important new data on the prevalence and frequency of different forms of violence experienced by women. It also provides information on the associations between violence and women's health.

The long-term aim of WHO is to identify and promote the implementation of effective strategies to prevent violence against women, and to decrease morbidity and mortality among women experiencing abuse. Specific objectives include:

- Increasing knowledge of the scale of the problem and its health consequences and disseminating the results among policy-makers, health providers and programme planners.
- Identifying appropriate prevention and intervention strategies to reduce violence against women by their partners.
- Improving the capacity of health workers at all levels to identify and respond appropriately to women suffering emotional, physical and sexual abuse.
- Supporting the formulation, by national governments, of adequate anti-violence policies and protocols.
- Serving as an advocate for greater recognition of the implications of violence against women for health policies, programmes and training.

DEPARTMENT OF HIV/AIDS (HIV)

Millennium Development Goal 6:

Combat HIV/AIDS, malaria and other diseases

TARGET 7: Have halted by 2015, and begun to reverse, the spread of HIV/AIDS.

The HIV/AIDS pandemic continues to threaten human welfare, developmental progress and social stability on an unprecedented scale. In December 2000, the FCH Department of HIV/AIDS (HIV) was created in order to coordinate a more strategic Organization-wide response to the pandemic, and to enable WHO to provide enhanced technical support to countries and regional offices. The overall mission of the department is:

to significantly reduce the level of human suffering caused by HIV/AIDS, and to lessen its impact on the development of human, social and economic capital globally.

To achieve this the department aims to promote effective health-sector responses to HIV/AIDS in countries, guided by strategic information, comprehensive national health-sector strategies and operational plans, and

backed up by the necessary technical and other resources needed for implementation. The technical work of the department in support of this is deliberately focused on the limited number of major, inter-related intervention areas which follow, and which are considered to be the essential components of an effective, expanded response to HIV/AIDS. As described in its most recent progress report, the work of the department in all these areas has already brought results.

HIV testing and counselling

From: *Declaration of Commitment on HIV/AIDS*
(reference³ page 3)

Expand access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmittable infections (by 2005).

Less than 10% of people living with HIV/AIDS in developing countries are aware of their HIV status. Much higher levels of knowledge of HIV status are essential for the wider uptake of HIV/AIDS treatment and care, and for the reinforcement and enhancement of prevention efforts, including the prevention of HIV transmission to infants (see **PART 2**).



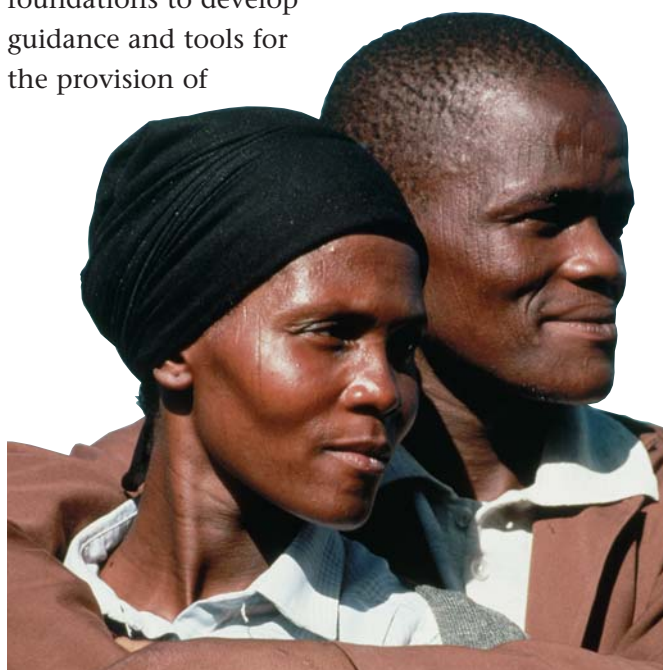
However, HIV-testing services are not always widely available and vary widely in quality. Furthermore, the classic “voluntary counselling and testing” model is not always appropriate or feasible in resource-limited settings. The Department of HIV/AIDS is therefore working with a wide range of partners to address the policy and programmatic aspects of HIV testing and counselling, and to develop models, which can be readily integrated into existing infrastructures, and appropriately linked with other prevention and care interventions. Major emphasis will be placed on the strengthening of testing and counselling in clinical-care settings and in antenatal and other reproductive health care settings.

Prevention of HIV infection in infants and young children

From: *Declaration of Commitment on HIV/AIDS*

By 2005, reduce the proportion of infants infected with HIV by 20% and by 50% by 2010.

In order to support the introduction and rapid scaling-up of approaches to address this issue in the most-affected countries (see **PART 2**) the Department of HIV/AIDS works with a number of national and international partners including other United Nations agencies, bilateral donors and foundations to develop guidance and tools for the provision of



essential services that can be readily integrated into ongoing reproductive-health, and maternal and child health programmes. In particular, guidelines are being finalized for the comprehensive care and support of women infected with HIV and their children, and an integrated and streamlined package of tools is being assembled for improving maternal and child health in the context of HIV/AIDS.

Strategic HIV/AIDS Prevention Efforts (SHAPE)

From: *Declaration of Commitment on HIV/AIDS*

Establish time-bound national prevention targets, which particularly address those most vulnerable to HIV infection (by 2003).

Within the SHAPE framework, the Department of HIV/AIDS concentrates upon the strategic use of surveillance data and other innovative methodologies to target prevention programmes where they are most needed, and will yield most benefit. Such data may indicate for example that HIV incidence occurs in clusters in certain geographical settings frequented by particularly vulnerable groups or where risk behaviours are common. In many settings, young people in particular are particularly vulnerable to HIV infection, are a key target for prevention interventions, and have already helped to shape the response to the pandemic in several countries where prevalence rates are falling.

Access to antiretroviral drugs (ARVs)

From: *Declaration of Commitment on HIV/AIDS*

Develop strategies to strengthen health-care systems and address factors affecting the provision of HIV-related drugs, including affordability and pricing of antiretroviral treatments (by 2003).

Prevention, treatment and care are all essential and linked elements of effective responses to HIV/AIDS. Although the prevention of HIV infection remains the mainstay of the health-sector response, it cannot be separated from the treatment and care of those living with HIV/AIDS. Each encounter

between a health-care worker and client is an opportunity to provide information about HIV transmission, as well as to offer medical treatment. The Department of HIV/AIDS therefore works to maintain a careful balance between its prevention and health-promotion activities, and those relating to the provision of treatment and care.

Expanding access to HIV/AIDS treatments must be seen as a very high priority. Providing the highest possible level of care is not only a fundamental responsibility of the health sector but will also create major opportunities for broader and more effective responses, beyond simply providing drugs. Within the health sector itself, the availability of treatments is likely to significantly boost staff morale, while at the same time reduce the demand for inpatient services. It will also provide a major incentive for people to come forward for HIV testing. This will lead to opportunities to support them, their partners and families, either in reinforcing prevention among those who are not infected, or in preventing further transmission.

Surveillance, monitoring and evaluation, and research

WHO has an important role to play as an unbiased global source of surveillance information. Such information is essential for advocacy and planning, and for monitoring and evaluation. WHO is therefore strengthening its links with countries and regions to develop and improve surveillance systems, and to promote the collection of accurate data on HIV, other STIs, and related behaviours. In the context of scaling-up the response to HIV/AIDS, specific international and national goals and targets have now been set. FCH focuses upon strengthening country practices in the monitoring and evaluation of health-sector related interventions, and upon achieving international standardization of indicators and tools. Furthermore, FCH is taking a lead role in guiding and facilitating operational research for the development of appropriate and effective health-sector interventions.



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Technical support and partnerships

The capacity of FCH to provide technical support has been significantly increased through the strengthening of links with WHO regional offices, country representatives and ministries of health. Efforts are now being tailored toward filling gaps in technical expertise and assisting with resource mobilization – for example by assisting countries in preparing proposals for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Ultimately, any health-sector response to HIV/AIDS can only be effective in the context of comprehensive strategic frameworks, a supportive policy environment and the availability of evidence-based standards of best practice. In addition to its established role in producing normative and technical support, FCH is also increasing its efforts to offer strategic guidance to the health sector. Important initiatives in this area include the Global Framework to Reduce the Burden of HIV and TB, and the Global Health-Sector Strategy for HIV/AIDS.

Within the multisectoral response specified in the Declaration of Commitment delivering the interventions outlined above is the clear responsibility of the health sector, and their development is compatible with WHO's comparative technical advantage. By identifying and taking advantage of opportunities to link and integrate these interventions within existing health infrastructures, health systems overall can be strengthened and a major impact can be made on the HIV/AIDS pandemic and related diseases.

DEPARTMENT OF REPRODUCTIVE HEALTH AND RESEARCH (RHR)

Millennium Development Goal 5:

Improve maternal health

TARGET 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.

The Department of Reproductive Health and Research (RHR) was formed in November 1998 by the joining together of the Division of Reproductive Health Technical Support (RHT) and the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) and is now an integral part of FCH. Within a framework of collaboration with all the departments of FCH, the overall objectives of RHR can be summarized as:

contributing through research, and support to programme development, to a reduction in the morbidity and mortality related to sexual and reproductive health, and to the implementation of accessible, equitable and high-quality reproductive-health services in countries.

From: *ICPD Programme of Action*

(reference⁵ page 3)

All countries should strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible and not later than 2015.

RHR seeks to ensure that people are empowered to lead healthy sexual and reproductive lives and are supported in making informed choices. The principal areas addressed by the department are as follows.



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Promoting family planning

From: *Key actions for the further implementation of the Programme of Action of the ICPD*

(reference⁷ page 3)

Ensure that all primary health-care and family planning facilities are able to provide the widest achievable range of safe and effective family planning and contraceptive methods; essential obstetrics care; prevention and management of reproductive tract infections, including sexually transmitted diseases; and barrier methods to prevent infection (By 2015).

One major goal of the department is to expand and improve the range of family-planning methods available to users and potential users. RHR collaborates with developing countries in identifying research and development needs, and designing and implementing research. Current topics include researching new technologies, conducting clinical trials of improved and new methods in a variety of settings, and studies into the acceptability and use of existing methods. The department is also committed to improving the quality of care in family planning through the creation and implementation of evidence-based guidance on safe and effective contraceptive use.

Controlling sexually transmitted and reproductive tract infections

From: *ICPD Programme of Action*

...prevent, reduce the incidence of, and provide treatment for, sexually transmitted diseases, including HIV/AIDS.

RHR develops and promotes guidelines and tools for policies, programme planning and implementation in the areas of sexually transmitted infections (STIs) and reproductive tract infections (RTIs). The department also works to establish the evidence base for new and improved STI/RTI-control strategies, and advocates for improved services for their prevention and management. Specific objectives of the department include reducing the incidence of congenital syphilis by 90% as a step towards its complete elimination; initiating research on the effectiveness of male and female condoms in preventing STIs; and developing vaginal microbicides for the prevention of STIs including HIV. RHR is also active in generating evidence on the acceptability, safety and effectiveness of interventions to prevent HIV infection in infants

born to HIV-infected mothers – an activity area outlined in more detail in **PART 2**.

Preventing unsafe abortion

From: *ICPD Programme of Action*

In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion.

RHR generates scientific evidence addressing a range of issues related to preventing unsafe abortion while improving the quality of abortion-related care, and advocating for best practices. Specific initiatives in this area include clinical trials to evaluate medical abortion procedures; research to better understand the pathways to safe and unsafe abortion; documentation of global and regional levels of unsafe abortion and associated morbidity and mortality; development of guidelines for abortion services; and the provision of technical support to countries to improve abortion-related services and care.



Making pregnancy safer

From: *ICPD Programme of Action*

Expand the provision of maternal health services in the context of primary health care.

In line with the Millennium Development Goal of improving maternal health, RHR continues to work to reduce the current levels of maternal mortality. Increasing the quality, utilization of, and access to, maternal and newborn health care is a priority area for RHR. As part of this, it is essential that skilled health-care providers are available, and are equipped with the drugs, equipment and supplies needed to function effectively, within a supportive policy environment. Increasing women's access to skilled providers has been one of the core elements of the WHO Making Pregnancy Safer initiative since its launch in 1999 – an initiative outlined more fully in **PART 2**.

In all these and other areas RHR will continue to:

- Lead, direct and conduct research to identify sexual and reproductive health problems and to find evidence-based solutions to them.
- Promote the use of new knowledge to develop norms, guidelines, tools and interventions, and to develop mechanisms for their delivery and implementation.
- Undertake advocacy to promote and protect human rights and gender equality, as they relate to sexual and reproductive health.

As with other areas of FCH, the work of RHR is firmly placed within a broad framework of technical cooperation with countries. Increased efforts have been put into incorporating research findings and updated practice guidelines into the implementing of reproductive-health programmes. The department continues to make significant contributions to the capacity of countries to address their reproductive-health needs through the fostering of interregional research and technical cooperation. Research and programmatic work is

being carried out by national academic, research and service institutions in cooperation with WHO regional and country offices, governments, nongovernmental organizations, and other partners. Ensuring this continued linking of research findings to action plans, policy formulation and reproductive-health programme development and strengthening represents an important challenge for the department now and in the future.



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PART 2

Illustrating Linkages – Four Selected FCH Activity Areas

Making Pregnancy Safer – Healthy Mothers and Healthy Babies



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Breaking the Unwanted Link – Preventing HIV Infection in Infants and Young Children



World Bank Photo Library/
Curt Carnemark

Protecting Young Lives – Integrated Management of Childhood Illness (IMCI)



World Bank Photo Library/
Chialing Yang

Dealing with Transition – Adolescent Sexual and Reproductive Health and Development



World Bank Photo Library/
Curt Carnemark

Making Pregnancy Safer – Healthy Mothers and Healthy Babies

Every minute of every day, somewhere in the world, a woman dies because she did not receive the care she needed during pregnancy and childbirth. WHO estimates that a total of half a million women die each year, with more than 20 million falling ill or becoming permanently disabled due to pregnancy-related complications. Many of those who become ill or disabled are unable ever again to enjoy a full, healthy family and social life. Compounding this tragedy of maternal mortality and morbidity is the equally tragic toll on the newborn. Every year, three million babies are stillborn and a further four million die in the first week of life.

The WHO Making Pregnancy Safer initiative is located within the Department of Reproductive Health and Research (RHR) and works with many partners to reduce maternal and perinatal mortality and morbidity. The initiative focuses upon strengthening national health systems at all levels in order

to increase the accessibility, availability and quality of maternal and neonatal health care services. The key measures of success in this area include:

- Reducing unwanted pregnancy and unsafe abortion
- Implementing effective practices in the care of pregnant women
- Increasing the number of women who have the support of a health-care professional during childbirth.
- Increasing access to well-equipped and staffed referral facilities for complications and emergencies.

WHO works to achieve these outcomes by focusing on the priority activities outlined in Box Three.

To address the current gaps in knowledge regarding the global dimensions of maternal and neonatal ill-health, RHR is conducting a systematic review of the epidemiology of



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maternal morbidity and mortality. The information generated will improve estimates of the extent of the global burden of disease, and will permit better calculations of the cost-effectiveness of interventions to be made.

Carrying out research and generating reliable evidence are both essential if further progress is to be made in making pregnancy safer. During 2001–2002, RHR research efforts have also addressed the prevention of eclampsia, the prevention of postpartum haemorrhage, and the content and timing of antenatal care. The findings of such research are now being integrated into guidelines on enhancing the technical quality of clinical care provided to pregnant women.

In order to provide guidance on best practices in the management of pregnant women, RHR has developed a comprehensive package of evidence-based norms, standards and tools known as the Integrated Management of Pregnancy and Childbirth (IMPAC). Using locally adaptable, scientifically validated tools for the management of pregnancy and childbirth, IMPAC provides countries with the means to improve the skills of health workers, and enhance the responsiveness of health systems to the needs and expectations of pregnant women and to promote supportive individual, family and community practices relating to pregnancy, childbirth, and postpartum care.

An IMPAC manual has now been written for midwives and doctors at the district-hospital level who are responsible for the care of women who experience complications during pregnancy, childbirth or in the immediate postpartum period. The emphasis of the manual is on rapid assessment and decision-making, and includes guidance on dealing with the immediate problems of the newborn. The recommended actions are based upon clinical assessment with limited reliance on laboratory or other tests, and most are possible in a variety of clinical settings.

Box Three: WHO Priority Areas for Action to Make Pregnancy Safer

- Technical support to countries in delivering quality services to individuals, families, and communities.
- Advocacy to ensure that safe motherhood is kept high on the international development agenda.
- Building partnerships to increase funding and provide coordination.
- Setting norms and standards, and developing tools for maternal and newborn care that are adaptable for local use.
- Promoting and coordinating research, and disseminating the findings of intervention studies.
- Tracking progress towards universally agreed goals relating to maternal morbidity and mortality, and monitoring and evaluating the impact of the Making Pregnancy Safer initiative.

RHR, in collaboration with the Department of HIV/AIDS (HIV), is also working to provide guidelines on the care and management of HIV-positive pregnant women, and on the best ways of preventing the transmission of HIV infection from a mother to her child. In addition, guidelines are being developed to prevent the transmission of HIV to health-care workers caring for HIV-infected pregnant women.

Collaboration with the Department of Child and Adolescent Health and Development (CAH) is focusing upon the essential elements of newborn care, including the management of sick newborns and infant feeding. RHR also works with the Department of Gender and Women's Health (GWH) to address gender issues that may impede women's access to effective care, and to identify and address issues such as gender-based violence that may contribute to adverse health outcomes for both mother and infant.

Breaking the Unwanted Link – Preventing HIV Infection in Infants and Young Children

WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimate that more than four million children under the age of 15 have been infected with HIV since the pandemic began. More than 90% of these infections have occurred in the infants of HIV-infected mothers either before or during birth or through breastfeeding. Because HIV infection often progresses quickly to AIDS in the very young, most of those under 15 who have been infected have developed AIDS and most of these have died. At the same time, another 13 million children have lost their mother or both parents to the disease.

Although there have been spectacular advances in the availability of methods to reduce the risk of HIV transmission from a mother to her child, transmission rates in developing countries remain substantially higher than those in the developed world. This is partly due to the use of elective caesarean section and the avoidance of breastfeeding in developed-country settings, neither of which is always possible or safe in the developing world. In addition, potent antiretroviral regimens are used in developed countries to reduce maternal viral load, and the associated vertical transmission of HIV.

On behalf of the UNFPA/UNICEF/WHO/UNAIDS Inter-Agency Task Team on Mother-to-Child Transmission, WHO held a technical consultation on HIV infection in infants and young children in October 2000. As a result, it was recommended that methods for

preventing such infection (see Box Four) should be included in the minimum standard package of care for HIV-positive women and their children. In support of this, the Department of HIV/AIDS is working to improve the provision of HIV testing and counselling services so that HIV infection can be detected and the range of interventions outlined in Box Four can be offered to those most in need.



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The prevention of HIV infection in infants and young children is also being integrated into other FCH activity areas such as promoting family planning; making pregnancy safer; and implementing IMCI (see **PART 1** and below). RHR is working with the Department of HIV/AIDS to develop technical guidelines on “mainstreaming” the prevention of HIV infection in infants and young children within current reproductive-health and safe-motherhood programmes. Two important examples of this are: *HIV and Family Planning* and *HIV and Making Pregnancy Safer*. Recently, guidelines on the management of pregnant women with HIV infection have been written and field-tested with assistance from other departments. In these and other areas RHR collaborates with its partners to advance knowledge on the effectiveness, safety and practicality of interventions, and on how to integrate these interventions effectively into existing reproductive health care services.

To coordinate all these and other efforts, a “mother-to-child transmission” (MTCT) Unit involving all four FCH departments has now been set up centred in the Department of HIV/AIDS.

Box Four: Preventing HIV infection in infants and young children

HOW DOES IT OCCUR?

HIV can be transmitted from an HIV-infected mother to her infant during pregnancy, during labour and delivery, or following birth as a result of breastfeeding.

WHY IS IT IMPORTANT?

Since the beginning of the HIV/AIDS pandemic, an estimated four million children worldwide have been infected in this way. In the year 2001, more than 800 000 children were newly infected; 90% of them in Africa. The resulting levels of ill-health and suffering threaten to reverse the progress already made in improving child health and survival, particularly in countries hardest hit by the HIV/AIDS pandemic.

In the absence of any intervention, the rates of infection among infants and young children range from 15–30%, with even higher rates being observed in populations where prolonged breastfeeding is common.

WHAT CAN BE DONE?

A number of interventions need to be in place to achieve the following aims:

- Primary prevention of HIV infection – avoiding HIV infection in women in the first place is not only a major goal in its own right but is also the best way to prevent HIV transmission to infants and young children.
- Prevention of unintended pregnancies among HIV-infected women – health and family-planning services need to be strengthened so that all women, including those who are HIV-infected, can receive support in preventing unintended pregnancies.
- Prevention of HIV transmission from HIV-infected women to their infants – a package of interventions has now been identified to help prevent such transmission (including antiretroviral drug use, safer delivery practices and infant-feeding counselling and support) and all women should be given the opportunity to benefit from these interventions.
- Provision of care and support to HIV-positive women, their infants and family – programmes to prevent infection in infants and young children will identify large numbers of HIV-positive women and children, and it is vitally important to strengthen the linkages between such programmes and those providing care and support services.

Infant feeding and HIV – cooperation to address a complex issue

In full collaboration with HIV, CAH works to produce care guidelines on infant-feeding issues, especially in the context of HIV/AIDS. Breastfeeding can increase the risk of HIV transmission from mother to child by 10–20%. However, not breastfeeding can expose children to an increased risk of malnutrition, diarrhoea and infectious diseases other than HIV. CAH generates and disseminates scientific knowledge in support of the safe feeding of infants; in particular on preventing the continued transmission of HIV through breastfeeding. Work is underway to identify ways of making infant feeding safer in high HIV prevalence settings, and to determine the risks associated with different modes of feeding. Much of this work relates to the training and support of health workers responsible for counselling mothers on the different feeding options open to them, and for helping mothers choose the best option according to their individual circumstances. CAH is currently working on an improved feeding strategy, bearing in mind that the majority of women are not HIV-positive.

All HIV-positive mothers should receive counselling that includes information about the risks and benefits of various infant-feeding options, and guidance in selecting the most suitable option for their situation.

RHR has developed a multicentre research protocol to assess the safety and effectiveness of a triple-combination antiretroviral regimen given in late pregnancy, throughout delivery, and during the first six months of breastfeeding to prevent HIV transmission. Mothers who require antiretroviral therapy because they are clinically ill, or whose health deteriorates during the course of the study, will be provided with combination therapy. By explicitly offering such treatment to all immunocompromised HIV-positive women, the protocol is pioneering a comprehensive approach to preventing HIV infection in infants and young



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children, and to the care of the mother and child. Such an approach has the potential to change the dynamics and acceptability of voluntary counselling and testing in antenatal care, which is the key starting point for prevention interventions.

The potential for success in all these endeavours will be greatly enhanced if gender-based violence and gender inequalities that threaten progress in this area are addressed. This implies taking action to address issues such as the potential dangers faced by women who disclose their HIV status to their partners and communities. Recent reviews carried out by GWH have concluded that although there is no simple way in which gender issues can be integrated into HIV/AIDS programmes, addressing its implications for policies and interventions will be a key determinant of success.

Protecting Young Lives – Integrated Management of Childhood Illness (IMCI)

In the year 2000, 10.8 million children died before reaching their fifth birthday. Almost half of all these deaths were caused by just five preventable and treatable conditions – namely, pneumonia; diarrhoea; malaria; measles; and HIV/AIDS. Malnutrition is an underlying factor in 60% of these deaths. In response to this situation, WHO and UNICEF have developed a strategy called Integrated Management of Childhood Illness (IMCI).

IMCI is an approach to child health that focuses on the well-being of the whole child and aims to reduce death, illness and disability, and promote improved growth and development among children under 5 years of age. IMCI includes both preventive and curative elements that are implemented by

families and communities as well as by health facilities. In the home setting it deals with issues such as appropriate care-seeking behaviours; improved nutrition and preventive care; and the correct implementation of prescribed care.

Research has shown that many sick children are not properly assessed and treated by health-care providers in settings such as hospitals, health centres, and pharmacies. In addition, factors such as limited supplies and equipment combined with an irregular flow of patients can make providing quality care to sick children a serious challenge. In relation to health facilities, the IMCI strategy:

- Promotes the accurate identification of childhood illnesses in outpatient settings.
- Ensures appropriate combined treatment of all major illnesses.
- Strengthens the understanding of key messages among care-givers who visit facilities.
- Improves the referral of severely ill children for further care.

Children brought for medical treatment in the developing world are often suffering from more than one condition, making a single diagnosis impossible. IMCI therefore takes into account the variety of factors that put children at serious risk. CAH works with other departments in WHO and with other organizations to integrate IMCI across a wide range of specific health issues including malaria, nutrition, immunization, and maternal health.



As part of the IMCI strategy, CAH works directly with the Department of HIV/AIDS on issues such as infant feeding in areas of high HIV prevalence, and on the follow-up of infants born to HIV-positive mothers. CAH and the Department of HIV/AIDS are also working closely with the Joint United Nations Programme on HIV/AIDS (UNAIDS) in the planning and conducting of validation studies in different epidemiological settings, and on the feasibility of using the adapted IMCI guidelines at first-level health facilities. Progress has already been made in developing improved case-management guidelines for children living in countries with a high prevalence of HIV infection.

Increasing attention has also been brought to the gender dimensions inherent in implementing IMCI. In some countries, gender inequality (for example resulting from son preference) commonly plays a

role in the differential prevalence and fatality rates of many health problems and behaviours among boys and girls, even at this early stage of life. In parts of the world, continuing inequities in the care and feeding of girls still leads to higher rates of female infant and child mortality. Disparities still exist too in the willingness of families to take girls for medical treatment compared to boys.

Research has shown that quality of life during early childhood is linked not only to health status in later life but also to behaviours that either support or undermine adolescent health and development. A life-course approach recognizes that support given to children will not only help to protect their immediate well-being, but will also help to lay the foundations for health and health-related behaviours as they enter the next phase of their life.



ICRC/Thierry Gassmann

Dealing with Transition – Adolescent Sexual and Reproductive Health and Development

Adolescence is a time of transition from childhood to adulthood, during which young people experience rapid biological, social and psychological changes. A normal and healthy part of this process is sexual development. Fortunately, most adolescents go through such changes without significant problems. Nonetheless, all adolescents need support and attention during this transition to adulthood, and some need special help. As a group, adolescents have sexual and reproductive health needs that differ from those of adults in important ways, and which remain poorly understood or served in much of the world.

For millions of adolescents, sex is linked with coercion, violence and abuse – sometimes even by family members or adults with privileged relations. In many societies, women are conditioned to be submissive to men, and they find it difficult or impossible to refuse early marriage, to space births, or to refuse to have unprotected sex with an unfaithful spouse or partner. All these factors reiterate the importance of the work of GWH in bringing an awareness of gender issues into the centre of FCH activities. GWH and CAH are working on a review of gender issues and concerns among adolescents and young people in varied settings, and of interventions that have addressed these. Covering more than 100 studies and 79 interventions in different parts of the world, the review has already highlighted the severe shortage of reliable information on intervention outcomes and their relative effectiveness.

A supportive social environment is crucial to healthy adolescent development. Evidence from many countries and regions in the world indicates that adolescents who have a positive relationship with parents, and those who feel connected to their school, are less likely to initiate early sexual activity, to use substances such as tobacco and alcohol, and are less likely to experience depression.

Adolescent sexual and reproductive health and development is an FCH priority with all the departments playing a major role. A Working Group has been set up to identify challenges and to discuss the strategic approaches to be taken. One of the major obstacles to improving adolescent sexual and reproductive health is the fact that adolescent sexuality is a taboo subject and there is often resistance among policy-makers and programme managers alike. There is also a lack of evidence on the effectiveness of interventions even though this is a vital aspect of programme design. As well as setting priorities for FCH, the Working Group works with other WHO departments and other partners to share information and define priority areas for research. Joint FCH activities have been initiated in a number of areas including “Married Adolescents”; “Pregnancy and Adolescence”; and “Sexual Health”.



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A key objective for FCH in promoting and protecting adolescent sexual and reproductive health and development is to build up evidence to answer the question: “What works”? Within the RHR department, work focuses on promoting research and filling gaps in the evidence base on the sexual health situation and needs of adolescents in developing countries – related to this are activities intended to strengthen research capacity and disseminate findings. A social science research initiative is currently ongoing that addresses topics ranging from risk behaviours and their determinants, dual protection and sexual coercion, to the health-seeking behaviours of adolescents, and providers’ perspectives on sexual and reproductive health services for adolescents. Also under way is research focused on improving health-service delivery in respect of adolescent sexual and reproductive health in five Francophone African countries.

Preventing HIV infection in young people is crucial because new infections among this group are the driving force of the HIV/AIDS pandemic. An estimated 10.3 million young people aged 15–24 are

living with HIV/AIDS, and half of all new infections – over 7000 daily – are occurring in this group. Young people are vulnerable to HIV because of risky sexual behaviour, substance use, and their lack of access to HIV information and prevention services, and supplies. Many young people do not believe that HIV is a threat to them, and many others do not know how to protect themselves against infection. This problem, which represents a major challenge for national public-health programming, calls for a strategy of closely interrelated interventions.

FCH has established an inter-departmental Action Team on HIV and Young People. In consultation with WHO regional and country offices, a strategy has been developed to help countries to meet the global goals of reducing the prevalence of HIV among young people by 25%, while ensuring that 90% of young people have access to the information, skills and services they need to reduce their vulnerability to HIV by the year 2005. Central to this strategy are the three priority areas outlined in Box Five.

Most young people become sexually active before the age of 20 but generally lack access to services for family planning (including appropriate contraceptives); for preventing or treating STIs; and for pregnancy care. For many young people, the opening times or location of services make them inaccessible, or the care is too expensive. Many health-care facilities require the consent of parents or spouses, or may be forbidden by law to provide services to adolescents. In addition, the judgemental attitudes of many health-care professionals often discourage adolescents from seeking advice and treatment related to sexual and reproductive health. WHO has led the way in developing a consensus around the key characteristics of adolescent-friendly health services. In order to achieve results in this area, WHO has developed an ambitious operations-research agenda, and has provided guidance on how to apply a quality-improvement approach in countries. In addition, a number of existing FCH technical and managerial guides and advocacy materials with relevance to sexual and reproductive health in the population at large have been produced and where necessary tailored in full light of the unique needs of adolescents.

Nowhere is the interdependent nature of the activities of FCH more apparent than in the area of promoting and protecting the health, well-being and development of young people. Failure to ensure this will come at great cost. From the lost opportunities and dangers caused by early and unwanted pregnancy, to their increased vulnerability to a whole range of biological, social and economic challenges, to their adoption of high-risk behaviours that can affect their whole life course, young people are frequently faced with difficult and often dangerous situations. But young people are also a powerful force for change and if provided with the opportunity to grow and develop in healthy and positive ways then the potential benefits for them and for the societies they are part of are enormous.

Box Five: Preventing HIV/AIDS The WHO Strategy for Young People

Young people are at the heart of the HIV/AIDS pandemic both in terms of HIV transmission and in the impact that HIV/AIDS is having on families and communities. Global goals in the area of HIV and young people provide direction and demand a focus on impact (decreasing prevalence) and coverage (of key interventions). Accordingly, a strategy has been developed by WHO to accelerate action on HIV and young people in countries with the aim of helping the health sector to focus on the “3 Ss” – Services, Strategic Information, and a Supportive Policy Environment.

SERVICES

Increasing young people’s access to information and core services (condoms, STI treatment, reducing intravenous drug use, voluntary HIV testing and counselling, and care).

STRATEGIC INFORMATION

Strengthening the capacity of countries to collect, analyze and use the data necessary for programmes, policies and advocacy, by focusing on a related set of domains (HIV, sexual and reproductive health, substance use and gender-based violence) through the use of biological, behavioural, contextual and programmatic indicators.

SUPPORTIVE POLICY ENVIRONMENT

Ensuring that the health sector is able to use evidence-based support and examples of good practice in relation to issues that affect the development and implementation of policies and programmes for prevention and care in the area of young people and HIV/AIDS.

ANNEX I: FCH Financial Summary

The total income of the FCH cluster during the biennium 2000/01 was just over US\$ 105 million. Eighty two million was provided through Voluntary Contributions, thirteen million from the WHO Regular Budget and ten million from other sources, such as savings, special allocations and some of WHO's sister agencies. The top ten donors to the Family and Community Health Cluster in 2000/01 were the United States, The Bill and Melinda Gates Foundation, Italy, Norway, the Netherlands, Sweden, the World Bank, UNFIP and UNAIDS. Together they provided 82% of all Voluntary Contributions to the cluster.

