

The evidence base for our approach to improve the quality & expand the coverage of health services for adolescents

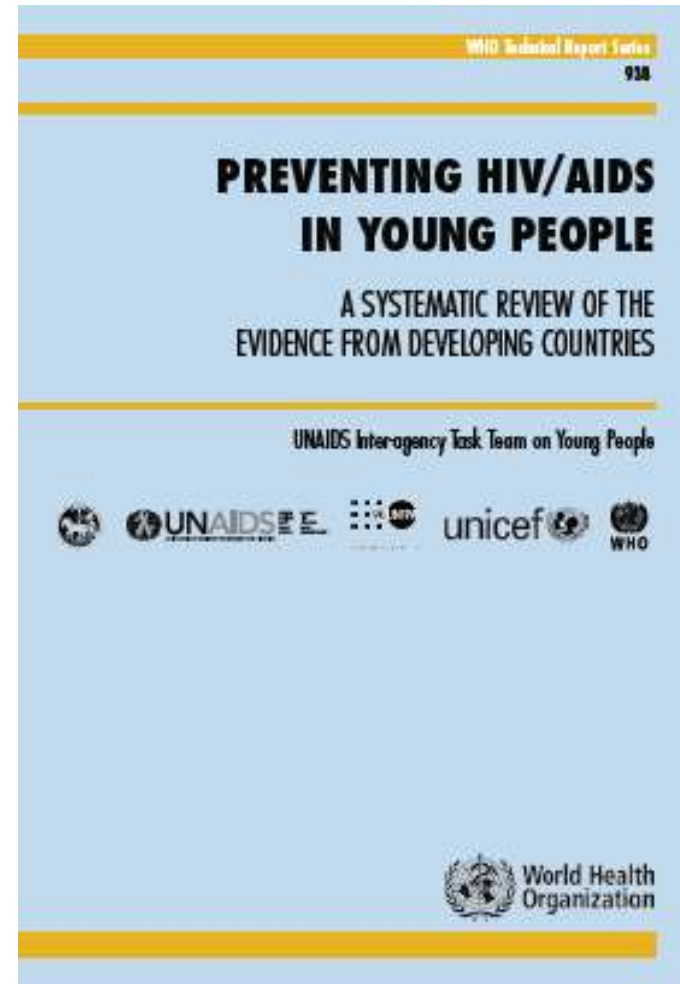
1. Evidence of the effectiveness in making health services adolescent friendly
2. Evidence of effectiveness in improving the performance of health services and health organizations ?
3. Evidence of effectiveness in expanding coverage of health services



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- The evidence for the effectiveness of interventions to increase young people's use of health services was sufficient to recommend that interventions that include training for service providers, making improvements to clinics and using activities in communities should be widely implemented with careful monitoring of quality and coverage, and those that involve other sectors should also be cautiously implemented, provided they include a strong evaluation component.
- Operations research is also required to understand the content of the interventions and their mechanisms of action.

Dick B, Ferguson J, Chandra-Mouli V, Brabin L, Chatterjee S, Ross DA. A review of the evidence for interventions to increase young people's use of health services in developing countries.



- In this paper, we present key models of youth-friendly health service provision & review the evidence for the effect of such model's on young people's health.
- Unfortunately, little evidence is available, since many of these initiatives have not been appropriately assessed. Appropriate controlled assessments of the effect of youth-friendly health service models on youth people's health outcomes should be the focus of future research agendas.
- **Enough is known that a priority for the future is to ensure that each country, state & locality has a policy & support to encourage provision of innovative & well-assessed youth-friendly health services.**

Tylee A, Haller D M, Graham T, Churchill R, Sanci L. Youth-friendly primary-care services: how are we doing & what more needs to be done. www.thelancet.com. Volume 369, May 5 2007.

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Youth-friendly primary-care services: how are we doing and what more needs to be done?

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For developmental as well as epidemiological reasons, young people need youth-friendly models of primary care. Over the past two decades, much has been written about barriers faced by young people in accessing health care. Unfortunately, initiatives are emerging that attempt to address these barriers and help reach young people with the health services they need. In this paper, we present key models of youth-friendly health provision and review the evidence for the effect of such models on young people's health. Unfortunately, little evidence is available, since many of these initiatives have not been appropriately assessed. Appropriate controlled assessments of the effect of youth-friendly health-service models on young people's health outcomes should be the focus of future research agendas. Enough is known to recommend that a priority for the future is to ensure that each country, state, and locality has a policy and support to encourage provision of innovative and well-assessed youth-friendly services.

Introduction

The present generation of young people face more complex challenges to their health and development than their parents did.¹ However, the major health problems for young people are largely preventable. Access to primary-health services is one of an important component of care, including preventive health for young people. Two decades of research, in both developed and developing countries, have shown attention to the latent young people face to accessing health services. The results have been led to a growing recognition that young people need services that are sensitive to their unique stage of biological, cognitive, and psychosocial transition into adulthood, and an impetus of how health services can be made more youth-friendly has emerged. Recent resolutions encouraging nations around the world to "take a new commitment" by the WHO-led call for the development of youth-friendly services worldwide.² In this paper, we summarize the commitments for providing more youth-friendly primary-care services and provide a descriptive review of evidence that implementation of such services is beneficial to health outcomes for young people. Panel 1 explains the methodology we use throughout this paper.

Major health problems and health-risk behaviours worldwide. HIV/AIDS and depression are the leading causes of disease burden for young people (mean age 15-24 years).³ Half the world's acquired HIV infections occur in young people with most of those infected living in developing countries.⁴ In developed countries, mental disorders are at the forefront of disease burden in young people.⁵ Studies show that perinatal infection forms a great burden of disease for young people, including intellectual and developmental delays, cerebral palsy, autism, epilepsy and other conditions, and unexpected mental impairment.⁶ Many people will explore their health-risk behaviours, which will engage in them worldwide, both groups playing their health at risk.

The increasing changes to emotional and cognitive functioning that take place during adolescence, heralded by puberty, have implications for health care that are unique to this age-group. The emerging capacity for abstract thinking and planning opens a path to increasing autonomy which goes together with a growing need for privacy and confidentiality. These new thinking abilities also bring with them the construction of the anticipatory audience (eg, everyone is interested in me), and personal skills (eg, "this behaviour may be risky for others, but not for me") both of which contribute to higher risk taking in this age group than in people of other ages.⁷ Furthermore, the interaction of these developmental changes with the quality of the social contexts in which young people live, work, and play (eg, family, school, community) have a bearing on health and health-risk behaviours that is apparent from childhood.⁸

Although adolescents report that they welcome the opportunity to discuss health issues such as contraception,

Text strategy: adults and children

Information available in this introduction, epidemiology, and information on business was drawn from previous reviews. No the description refers to the results of all relevant health-care research, we acknowledge additional research for relevant articles in MEDLINE, PsycInfo, Behavioural Change, Depression, Anxiety and Stressors, Cochrane Database of Systematic Reviews, between 2000 and 2005, using as our main search terms: "young people", "youth people", "adolescent", "primary health care", "general practice", "family practice", "community mental health", "youth health care", "youth health services", "adolescent health services". Specific case-reports are available from the peer-reviewed literature. We included all studies assessing the effects of different service models of health-care provision for young people in primary care or community health settings. In the majority of such studies, either, or their potential benefits were rarely described but not specifically assessed were included. Similarly, studies assessing current interventions suitable for clinical research but for which no comparative data were identified were included but not specifically assessed were included. Similarly, studies assessing current interventions suitable for clinical research but for which no comparative data were identified were included.

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Series

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Review of strategies to strengthen health services

- The evidence base is weak for claiming success of any particular health services strengthening strategy – which was defined as one that was implemented & that improved quality & quantity of health services - across LMICs.

Source: J Ovretveit, B Siadat, D Peters, A Thota and S El-Saharty. Review of strategies to strengthen health services. In D Peters, S El-Saharty, B Siadat, K Janovsky & M Vujicic (ed.) Improving health service delivery in developing countries from evidence to action. World Bank. Washington. 2009.

Health service strengthening strategies

- Training of managers and managers, including auxiliary & support staff
- Education/training in healthy behaviour, self care & health-care seeking behaviour
- Pharmaceuticals - logistics systems design & operation
- Regulation
- Social marketing
- Contracting
- Organization of community forums
- Quality improvement programmes
- User vouchers
- Franchising
- Decentralization
- Service agreements with NGOs/providers
- Raising revenues from development assistance
- Informing providers about standards of care
- Informing providers & communities about community perceptions
- Disclosure of performance of service providers to the public
- Collaboration between providers & communities
- Human resource performance management
- Provider payment systems
- Subsidies for service provision
- Disease surveillance
- Public-private partnerships
- Provider-based accreditation
- Vertically integrating services

150 studies included

- RCT
- NRCTs
- BATs

Recommendations based on the review of of strategies to strengthen health services

1. Assessment & planning:

- Do a thorough assessment of needs and constraints
- Develop a plan to minimize constraints

2. Leadership & management:

- Develop competent & committed leaders to implement the strategy
- Develop a management structure to implement the strategy.

3. Stakeholder involvement & consultation:

- Develop broad based support of multiple stakeholders.
- Develop & use representation from powerful groups who will support or oppose implementation.
- Create & use formal networks and community groups to design, conduct & monitor the implementation process.
- Obtain continuous feedback from all stakeholders, and adapt the strategy to the local context.
- (Identify & address current & impending policy & institutional constraints)

continued

Recommendations based on the review of of strategies to strengthen health services

4. Resource availability:

- Ensure that availability of sufficient financial & human resources for the implementation process.
- Increase the workforce.
- Create financial incentives for the workforce.
- Reduce opportunities for corruption.
- Use inputs of different types & at different levels if there is management capacity to coordinate them on an ongoing basis.

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What do we mean by scaling up ?

" Deliberate efforts to increase the impact of health service innovations successfully tested in pilot or experimental projects so as to benefit more people and to support policy and programme development at a large or national scale."

Source: WHO. Scaling up health service delivery: From pilot innovations to policies & programmes. WHO. 2007.

Are there any proven successes in scaling up public health programmes ?

20 success stories met the following 5 criteria:

1. Large in scale (national, regional or global)
2. Addressed a problem of public health significance
3. Demonstrated a clear & measurable impact on health
4. Functioned 'at scale' for at least 5 consecutive years.
5. Used a cost-effective approach

Source: Centre for Global Development. Millions Saved: Proven Successes in Global Health. 2007.

There have been proven successes in scaling up public health programmes

Saving mothers' lives in Sri Lanka:

Despite relatively low national income & health spending, Sri Lanka's commitment to providing a range of 'safe motherhood' services has led to a decline in maternal mortality, from 486 to 24 deaths per 100,000 live births over 4 decades.

Controlling River blindness in Sub-Saharan Africa:

A multi-partner international effort dramatically reduced the incidence of River blindness & increased the potential for economic development in large areas of rural West, Central and Southern Africa. Transmission of the parasite has been virtually halted in West Africa, & since the programme's inception in 1974, 22 million children in the 11-country area have been free from the threat of contracting river blindness.

There have been proven successes in scaling up public health programmes

Curbing tobacco use in Poland:

Starting in the early 1990s, a combination of health education & stringent tobacco control legislation has prevented 10,000 deaths a year, has led to a 30% reduction in the incidence of lung cancer among men aged 20-44 & has helped to boost the life expectancy of men by 4 years.

Eliminating polio in the Americas:

Beginning in 1985, in a regional polio elimination effort, almost every child in the Americas was immunized, eliminating polio as a threat to public health in the Western hemisphere in 1991.



Some key lessons learned from these success stories

- ✓ Scaling up of public health programmes has worked even in the poorest countries.
- ✓ National governments have got the job done.
- ✓ Individuals & families have adopted healthy behaviours.

Source: Centre for Global Development. Millions Saved: Proven Successes in Global Health. 2007.



Some key lessons learned from these success stories

Successful programmes take many forms:

- ✓ Vertical approaches – initiatives that are centrally managed & isolated from broader health services
- ✓ Horizontal approaches – initiatives that strengthen health systems & those that reform laws & regulations
- ✓ A mix of vertical and horizontal approaches

Source: Centre for Global Development. Millions Saved: Proven Successes in Global Health. 2007.



Elements of success in scaled up public health programmes

1. Technical consensus about a public health approach.
2. Political leadership and champions.
3. Predictable & adequate funding from international & local sources.
4. Strong partnerships.
5. Technological innovation available at a affordable price, delivered through an effective delivery system.
6. Good management on the ground.
7. Effective use of information.

Source: Centre for Global Development. Millions Saved: Proven Successes in Global Health. 2007.

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