January 2021

Training course in Adolescent Sexual & Reproductive Health 2021

Introduction

Dr V Chandra-Mouli and Dr J Al Raiby

World Health Organization

hrp
UNDP · UNFPA · UNICEF · WHO · World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

Training course: Adolescent Sexual & Reproductive Health 2021

Part 1: Overview of the course

Training course: Adolescent Sexual & Reproductive Health 2021

Meeting the needs and fulfilling the rights of adolescents' sexual and reproductive health

(conducted by the Geneva Foundation for Medical Education and Research in conjunction with WHO's Eastern Mediterranean Regional Office)

Course coordinators

Dr Venkatraman Chandra-Mouli

Scientist, Adolescent Sexual & Reproductive Health, Department of Sexual & Reproductive Health & Research, World Health Organization/ Human Reproduction Programme

@ChandraMouliWHO
chandramouliv@who.int
drvchandramouliv.com

Dr Jamela AlRaiby

Regional Advisor for child and Adolescent health. WHO Eastern Mediterranean Regional Office

alraibyj@who.int

Course advisory group

- **Dr Mamdouh Wahba**

President, Egyptian Society for Adolescent Medicine, President Arab Coalition for Adolescent Health & Medicine, Vice-President, International Association for Adolescent Health.

- **Dr Nafisa. M. Badri**

Professor in Reproductive & Women's Health, Assistant to the President for Quality Assurance, Accreditation & External Relations Manager of the Gender & Reproductive Health & Rights Resource & Advocacy Center, Ahfad University for Women, Sudan

- **Dr Nadia Bezad**

President, Organisation Panafricaine de Lutte Contre le Sida, Morocco

- **Ms Sheena Hadi**

Executive Director, Aahung, Pakistan

- **Dr Ashraf Badar**

Founder & Chairman of Yamaan, Country Director of Marie Stops International, Yemen

Course core team

- **WHO Headquarters**

Dr V Chandra-Mouli

Ms Marina Plesons

- **External contributors**

Dr Bismeen Jadoon

Ms Annan Saeed

- **Geneva Foundation for Medical Education and Research**

Dr Raqibat Idris

Ms Fionna Poon

- **WHO Eastern Mediterranean Regional Office**

Dr Jamela Al Raiby

Dr Khalid Siddeeg

Dr Anna Rita Ronzoni

DR Nilmini Hemachandra

Course objectives

To build knowledge and understanding in the following areas:

1. **The rationale for the provision of a package of effective health & social interventions to promote adolescent sexual and reproductive health, to prevent health and social problems, and to respond to them if and when they arise, with particular relevance to the Eastern Mediterranean Region.**
2. **WHO's recommendations for the delivery of these interventions.**
3. **Special considerations in delivering these interventions to adolescents in humanitarian settings and in the context of the COVID 19 pandemic.**

Course module topics & dates

- Comprehensive sexuality education provision: 25th January 2021
- Contraception counselling and provision: 1st February 2021
- Antenatal, intrapartum and postnatal care: 8th February 2021
- Safe abortion care: 15th February
- Sexually transmitted infections prevention and care: 22nd February 2021
- HIV prevention and care: 1st March 2021
- Violence against women and girls: prevention, support and care: 8th March 2021
- Harmful traditional practices (child marriage and female genital mutilation) prevention and response: 15th March 2021

(Note: Approaches to ensuring the continuity of SRH information & service provision to adolescents in the context of the COVID-19 pandemic will be integrated into each module)

What each course module will contain

Each module contains:

1. 2-3 sets of PowerPoint slides with accompanying talking points
2. A video recording of each presentation
3. A video recording of an expert commentary
4. 2-3 key required reading documents
5. One assignment

Teaching-learning methods 1/3

What is required of you (the course participants):

- To connect with your mentors at the start of the course & to reach out to them when needed.
- To complete & submit the end of course evaluation.
- To participate in the end-of-course ZOOM meeting with the organizers & resource persons.

For each module:

- To watch the presentations & read the required reading.
- To complete & submit the assignment by the required date.
- Participate in the Google Groups Forum

(This will take you between 3-4 hours per module)

Teaching-learning methods 2/3

Google Groups:

- You will receive an invitation to join the group.
- You will need a Google account to join and post in the group.
- You can create a Google account without changing your email address. Alternatively, you can create a new Gmail address. Learn how at: https://accounts.google.com/SignUpWithoutGmail
- Once you become a group member, you can create new topic for discussion or response to any topic through email or direct access to the group website.
- Google has clear online instructions on how to access and participate in the group at: https://support.google.com/groups/answer/1067205#join
- Each week, GFMER will post a question for discussion in the group.

Teaching-learning methods 3/3

What the course organizers will do to support the participants:

- A mentor will be assigned to you at the start of the course, to serve as your tutor and as a guide.
- Your mentor will 'mark' your assignment & provide you with feedback promptly.
- You can reach out to your mentor by email whenever required.
- The GFMER secretariat will conduct an e-forum for you to share and learn from other course participants.
- You can always contact the GFMER secretariat with questions or concerns.

Certificate & awards

- All participants who send in completed assignments by the required date will receive a certificate of completion.
- The top ten participants will receive an additional certificate of commendation.
- They will also get a set of books for personal and professional development.

Training course: Adolescent Sexual & Reproductive Health 2021

Part 2: Global & regional overview on adolescent sexual & reproductive health

1

Journal of Adolescent Health 65 (2019) S3–S15

ELSEVIER

JOURNAL OF ADOLESCENT HEALTH
www.jahonline.org

Review article

The State of Adolescent Sexual and Reproductive Health

Mengjia Liang, M.S. [a], Sandile Simelane, Ph.D. [a], Guillem Fortuny Fillo, M.Sc. [b], Satvika Chalasani, Ph.D. [a], Katherine Weny, M.Sc. [a], Pablo Salazar Canelos, M.Sc. [c], Lorna Jenkins, M.D. [c], Ann-Beth Moller, M.P.H. [d], Venkatraman Chandra-Mouli, M.B.B.S., M.Sc. [e], Lale Say, M.D. [e], Kristien Michielsen, Ph.D. [f], Danielle Marie Claire Engel, M.A. [a], and Rachel Snow, Sc.D. [a,*]

Aim:

To provide an overview of levels and trends in a wide range of factors related to ASRHR since 1994.

New demographic realities

- *More adolescents, especially in sub-Saharan Africa*
- *More boys/young men than girls/young women*
- *Growing up in smaller households*
- *Growing up in the context of increased life expectancy*

Changing burden of illness

The Lancet Commission on Adolescent Health and Wellbeing placed countries in three categories:*

1. *Multiple burden (communicable diseases, sexual and reproductive health-related and nutrition-related),*
2. *Injury excess, &*
3. *Non-communicable disease predominant.*

Many countries still face the health challenges they faced 25 years ago, and in addition are facing new ones e.g. obesity/overweight.

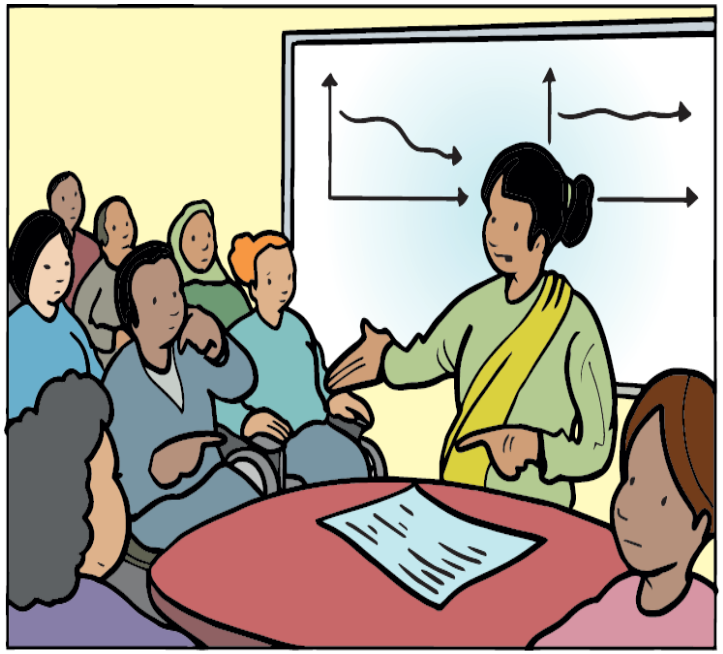
*https://www.thelancet.com/commissions/adolescent-health-and-wellbeing

New social context

- More likely to be digitally connected
- More likely to be enrolled in school, & to complete school
- Growing up in the context of declining poverty
- Rates of unemployment & underemployment in young people are higher than those in adults, with growing sex disparities in those who are unemployed
- Rates of working poverty have increased

ASRH: Progress in some areas, but not in others

- Girls & boys are more likely to initiate sexual activity later than they did in the past.
- Girls are less likely to be married & to have children before 18, more likely to use contraception & to obtain maternal health care.
- They are less likely to support & experience female genital mutilation.
- Boys & girls are less likely to have sex with a partner who they were not married to or living with; they are also more likely to use condoms.
- HIV incidence is declining slowly but deaths among adolescents due to HIV have not.
- There are no clear trends on unsafe abortion, & mortality & morbidity resulting from it.
- Finally, from the limited available evidence levels of STI & intimate partner violence are high and are growing.



Adolescents' realities are very different, with many – even in high income countries – being left behind.

ELSEVIER

JOURNAL OF ADOLESCENT HEALTH
www.jahonline.org

Review article

The Political, Research, Programmatic, and Social Responses to Adolescent Sexual and Reproductive Health and Rights in the 25 Years Since the International Conference on Population and Development

Venkatraman Chandra-Mouli, M.B.B.S., M.Sc. [a,*], B. Jane Ferguson, M.S.W., M.S.C. [b], Marina Plesons, M.P.H. [a], Mandira Paul, Ph.D. [c], Satvika Chalasani, Ph.D. [c], Avni Amin, Ph.D. [a], Christina Pallitto, Ph.D. [a], Marni Sommers, Dr.P.H., M.S.N. [d], Ruben Avila [e], Kalisito Va Eceéce Biaukula [f], Scheherazade Husain, M.P.H. [g], Eglé Janušonytė [h], Aditi Mukherji [i], Ali Ihsan Nergiz [j], Gogontlejang Phaladi [k], Chelsey Porter, M.P.H. [l], Josephine Sauvarin, M.B.B.S., M.P.H. [m], Alma Virginia Camacho-Huber, M.D., M.P.H. [n], Sunil Mehra, M.D. [o], Sonja Caffe, Ph.D., M.P.H., M.Sc. [p], Kristien Michielsen, Ph.D., M.Sc. [q], David Anthony Ross, B.M.B.Ch., Ph.D., M.Sc., M.A. [a], Ilya Zhukov, Ph.D. [c], Linda Gail Bekker, M.B.Ch.B., Ph.D. [r], Connie L. Celum, M.D., M.P.H. [s], Robyn Dayton, M.P.H. [t], Annabel Erulkar, Ph.D. [u], Ellen Travers, E.M.A. [v], Joar Svanemyr, Ph.D. [w], Nankali Maksud, L.L.M. [x], Lina Digolo-Nyagah, M.B.Ch.B, M.Med., M.Sc. [y], Nafissatou J. Diop, Ph.D. [c], Pema Lhaki, M.S. [z], Kamal Adhikari, M.A. [aa], Teresa Mahon, M.Sc. [ab], Maja Manzenski Hansen, M.Sc. (Public Health), M.Sc. (Sexual & Reproductive Health) [ac], Meghan Greeley, M.P.H., M.S.N. [ad], Joanna Herat, M.A. [ae], and Danielle Marie Claire Engel, M.A. [c]

Two questions:

1. How have epidemiologic trends, & political, research, programmatic & social responses to ASRHR evolved in the 25 years since the ICPD ?

We examined the following 6 areas: adolescent pregnancy & child bearing, HIV in adolescents & young people, child marriage, violence against adolescent girls, female genital mutilation, & menstrual hygiene & health

2. What contribution did the ICPD make to this ?

Conclusions - 1/5

2

- ***Advocacy by a growing body of stakeholders, including young people themselves.***
- ***High profile international consultative processes***
- ***International conferences***

… have drawn attention to the demographic, public health, economic & human rights rationale for investing in adolescent health.

- **Some aspects of ASRHR are higher on health & development agendas than ever before.**

Conclusions – 2/5

2

Funding for some areas has grown substantially:

- ***Preventing & treating HIV***
- ***Preventing child marriage***
- ***Increasing access to and uptake of contraception to prevent unintended/unwanted adolescent pregnancy.***

- **There is steadily growing financial investment in ASRHR, although much of the funding is from external sources & remains inadequate & fragmented.**

Conclusions – 3/5

2

A growing body of data & evidence:

- *Nature & scale of problems*
- *Causes of problems*
- *Consequences of problems*
- *What works & what does not to prevent & respond to them*

But there are still important gaps e.g.

- *Costing*
- *Delivering interventions at scale with quality & equity*

Norms & standards have been developed on many issues, but:

- *Some areas are not covered e.g. contraceptive provision to unmarried adolescents*
- *Guidelines produced by different international organizations sometimes contradict each other*
- *Guidelines not do not always reach & influence decision makers*

- **While there are still many gaps to be filled, there is a growing body of data & evidence on ASRH. This has fed into norms & standards to guide policies and programmes.**

Conclusions – 4.1/5

2

In some areas e.g. child marriage prevention:

- ***Laws to end this practice have been passed***
- ***Efforts are underway to communicate & apply these laws (in some – not all – places)***

In other areas e.g. provision of CSE, safe abortion care & contraception to unmarried adolescents:

- ***Legal & policy restrictions remain***

In many places, laws defining the age of sexual consent & classifying sex before that age as statutory rape requiring reporting.

Such laws combined with stigma & discrimination impede access to SRH information & services.

- **Although implementation of ASRHR policies & programmes in many countries remains weak, a small but growing number of countries have created & implemented enabling legal & policy environments, & strong government-led programmes.**

Conclusions – 4.2/5

2

NGOs were the first to respond to ASRHR. They continue to play the role of service providers, innovators, advocates & watch-dogs.

Over the years, national governments have developed policies & strategies, & developed programmes. Today, most countries have national ASRH programmes of some form.

In many places, both NGOs and governments employ ineffective interventions, & deliver interventions poorly & in a piece meal manner.

In a small – but growing number of - countries, this is beginning to change.

- **Although implementation of ASRHR policies & programmes in many countries remains weak, a small but growing number of countries have created & implemented enabling legal & policy environments, & strong government-led programmes.**

Conclusions – 5/5

2

There is support for:

- *Preventing child marriage*
- *Ending violence against girls & young women*

There is substantial resistance to:

- *Promoting safe abortion*
- *Providing contraceptive information & services to unmarried adolescents*

In many places:

- *Increasingly stronger resistance has led to stalled programmes & reversal of progress made*

On the other hand, in some places:

- *initiatives have learned to build support & overcome resistance*

Robust grassroots level movements, including those led by young people have become active & influential in moving the agenda forward

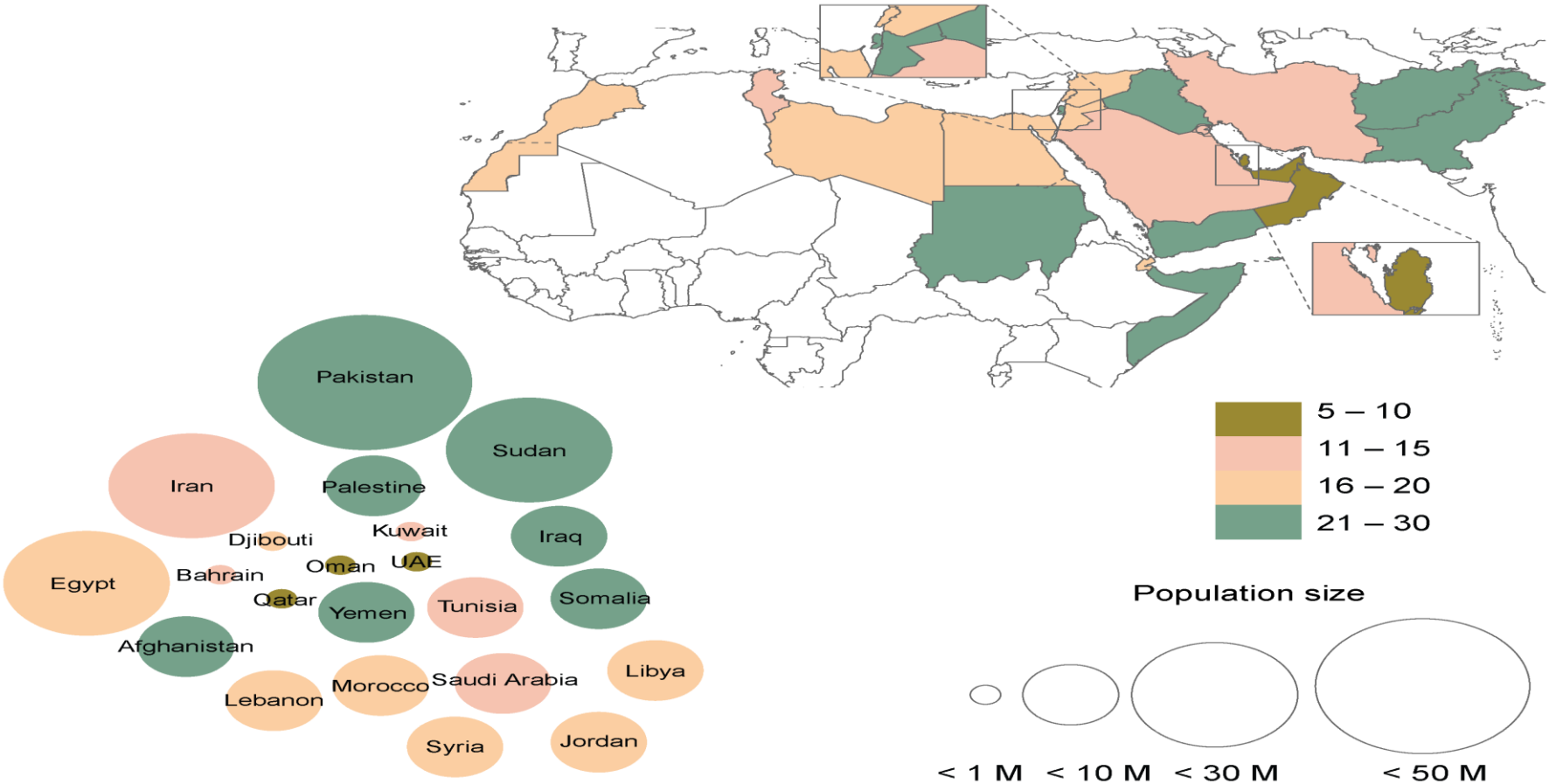
- **Although there is growing support for addressing some aspects of ASRH, there is ambivalence about other aspects, & there is increasingly well-financed & organized resistance.**

Eastern Mediterranean Regional Context

Adolescent Sexual and Reproductive Health

Introduction

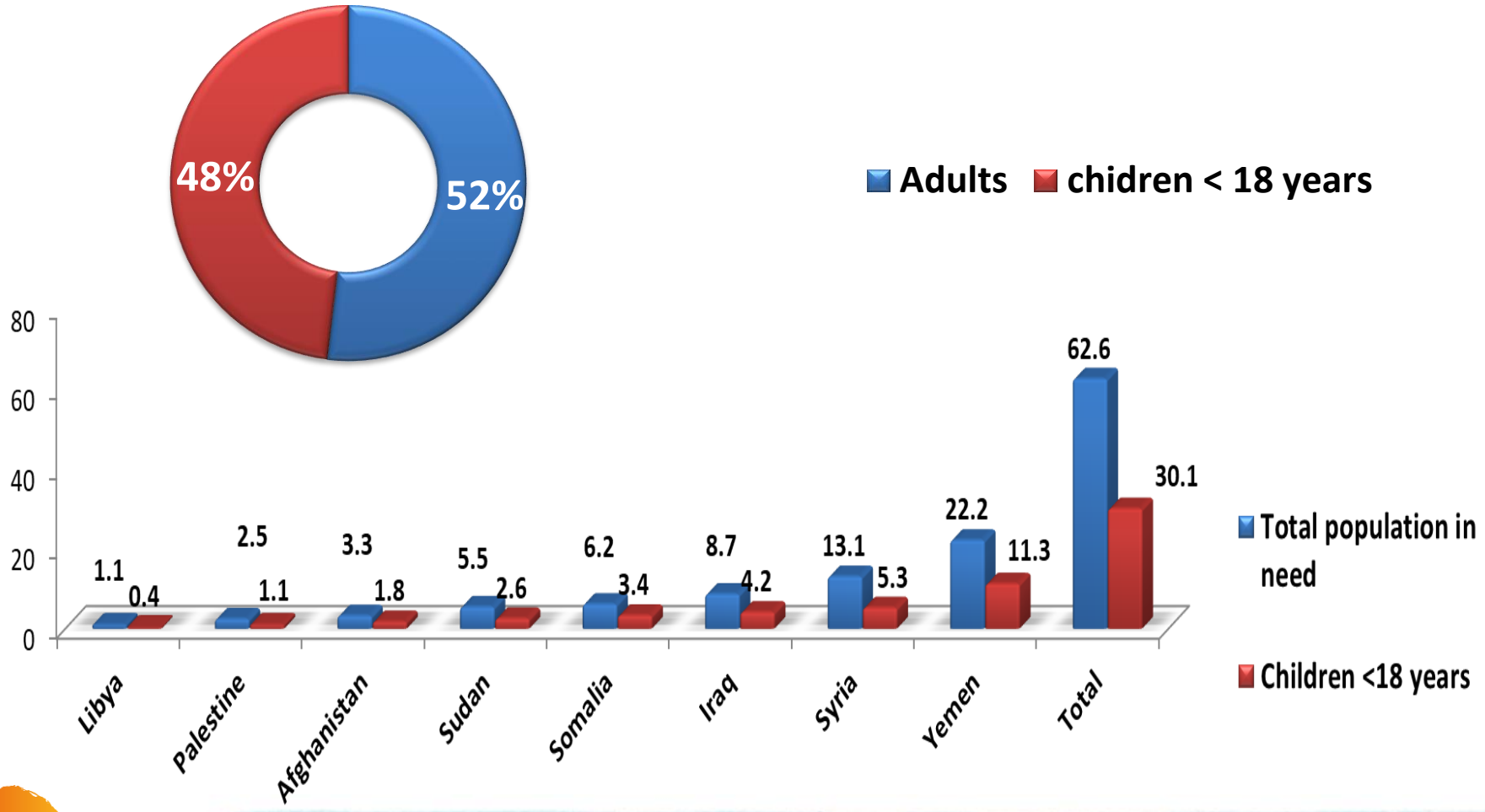
Adolescents' population as a % of the total population & adolescents' population number/country



HEALTH FOR ALL BY ALL
a call for solidarity and action

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

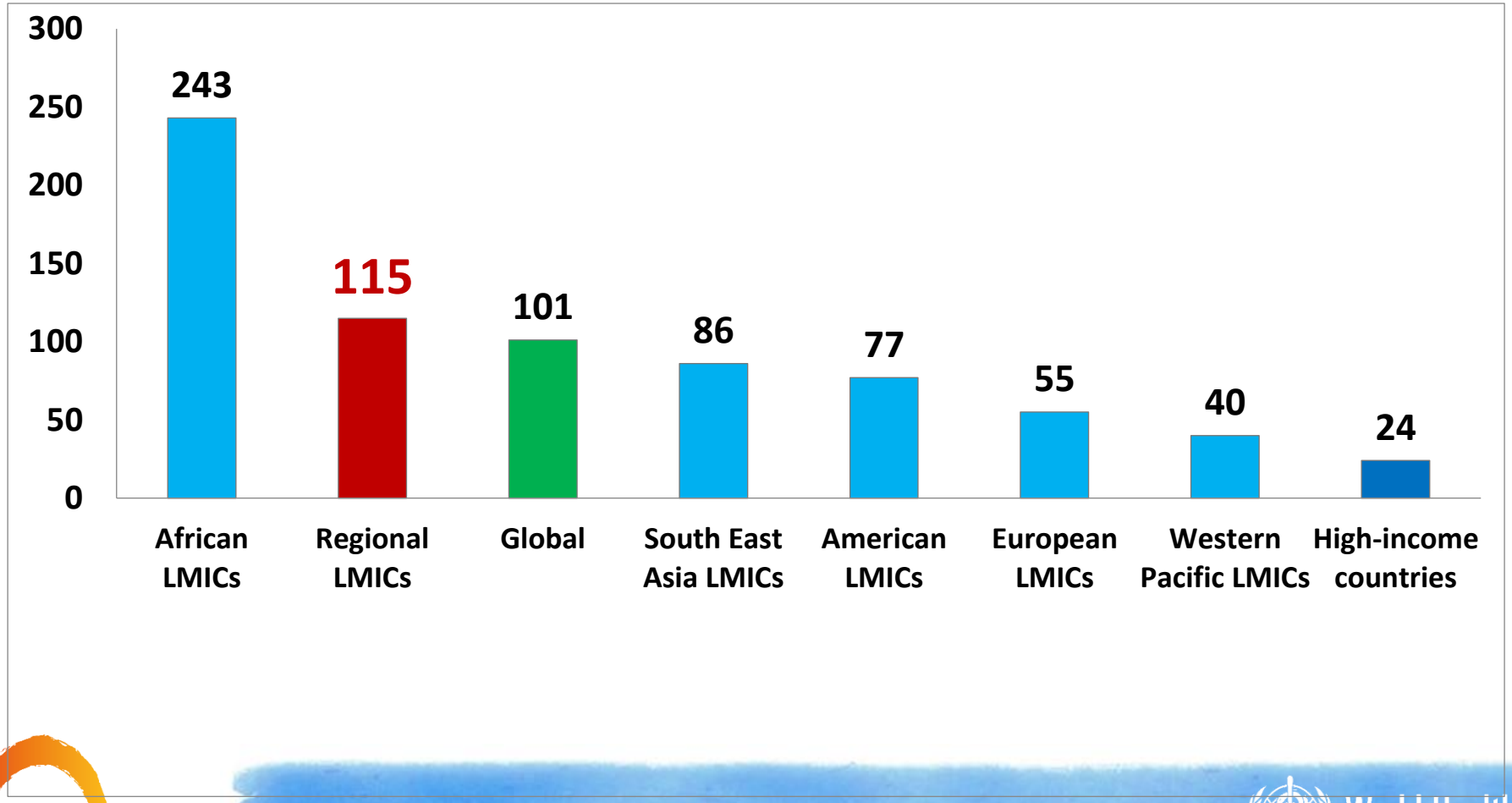
Children and adolescents in need for humanitarian assistance in EMR graded emergencies (mainly displaced)



HEALTH FOR ALL BY ALL
a call for solidarity and action

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

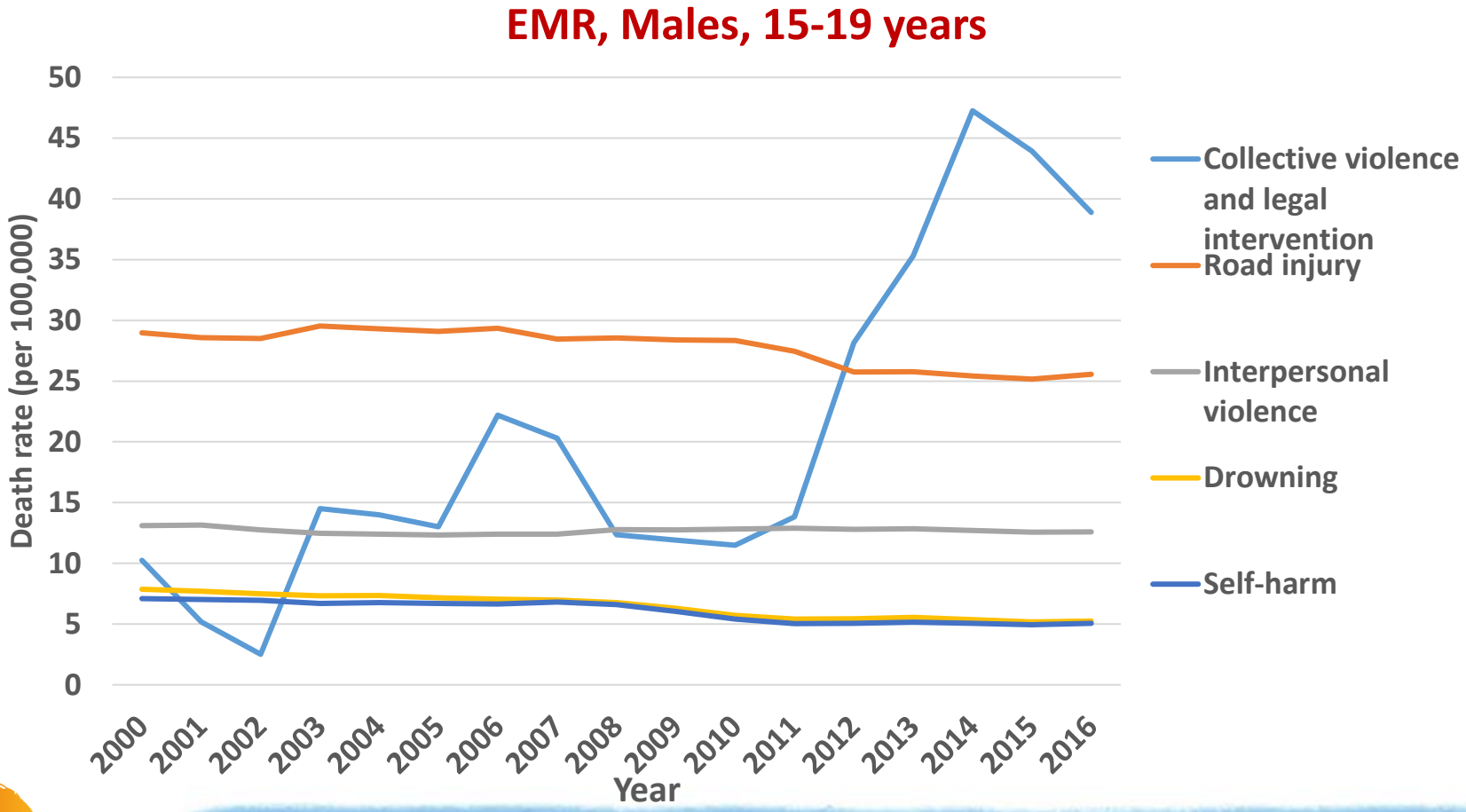
Adolescents (10-19 years) mortality rate
(death rate per 100 000 adolescents 2015)



HEALTH FOR ALL BY ALL
a call for solidarity and action

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

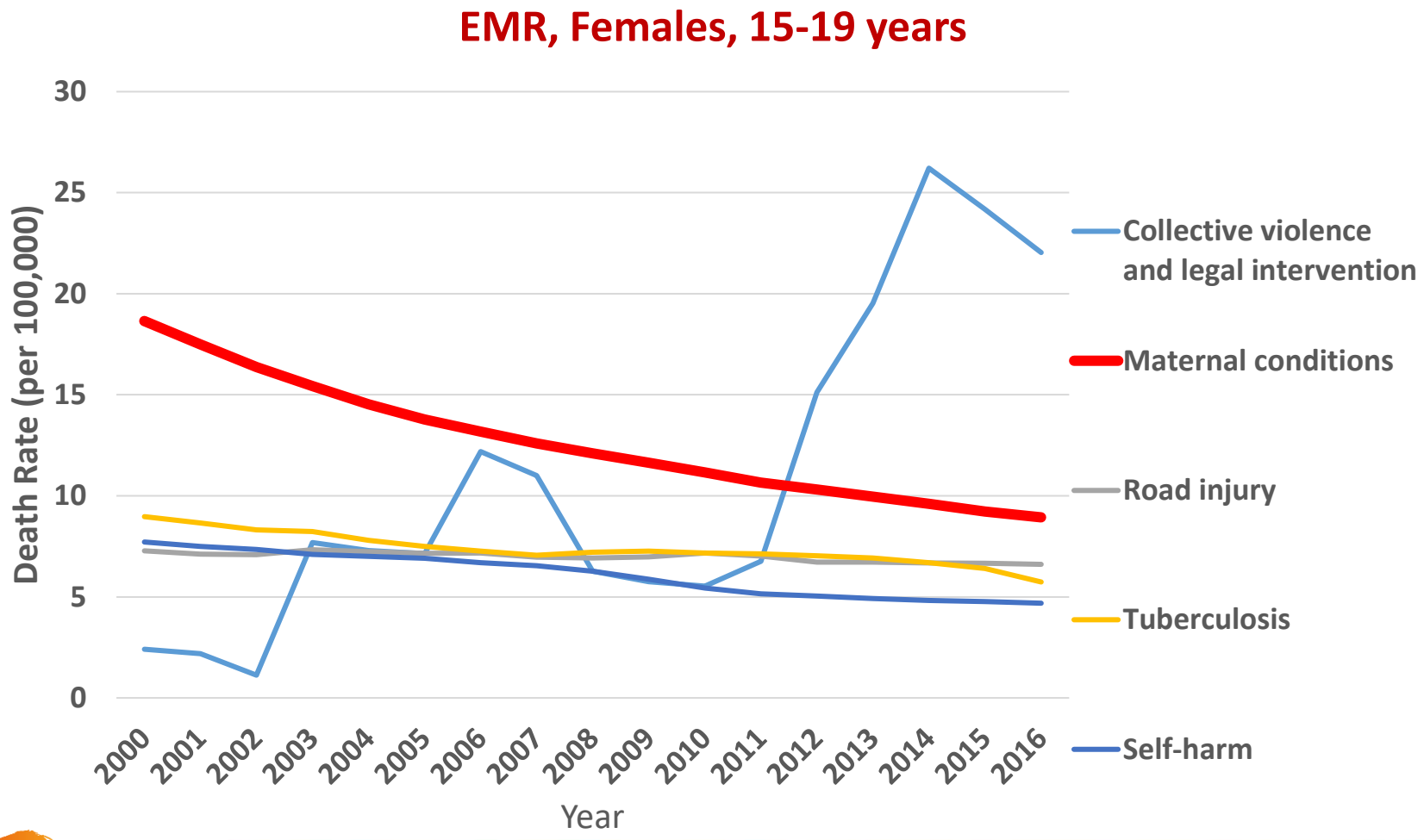
Trends in causes of death (top 5 in 2000 and 2016), males 15-19 years – EMR LMIC



HEALTH FOR ALL BY ALL
a call for solidarity and action

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

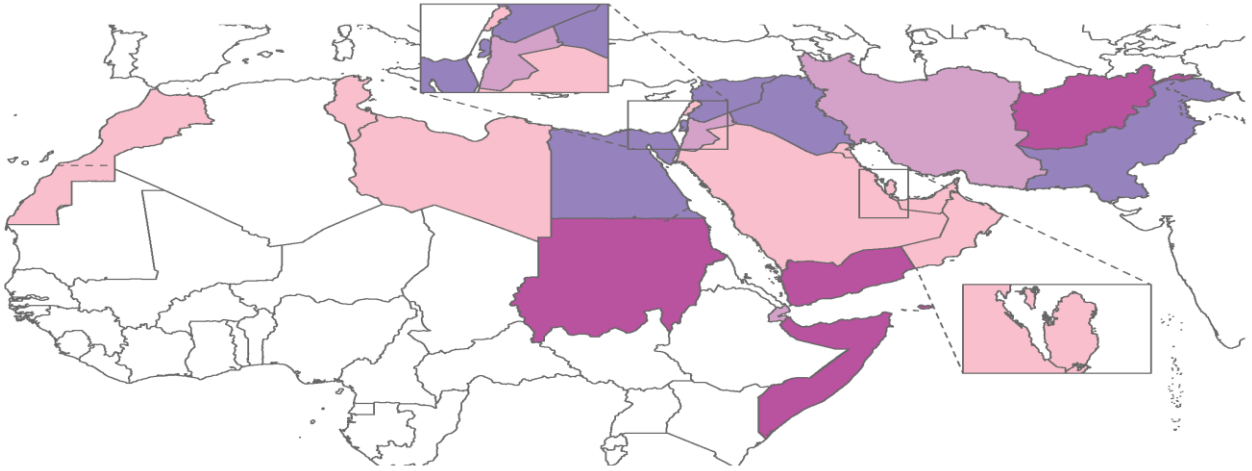
Trends in causes of death (top 5 in 2000 and 2016), females 15-19 years – EMR LMIC



HEALTH FOR ALL BY ALL
a call for solidarity and action

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

Adolescent fertility rate (per 1000 girls aged 15-19 years)



HEALTH FOR ALL BY ALL
a call for solidarity and action

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

Child Marriage in EMR

- **Increasing trend of early marriage**

- Home for nearly 40 million brides.
- Reflected in the Arab region (1 in 5 women).
- Countries like Sudan (11.9%), Yemen (9%) Somalia (8.4%) and Iraq (7.2%) have the highest number of women aged 20-24 in the region who are married or in union before the age of 15.

Sexual, Reproductive, Maternal, Neonatal, Child and Adolescent Health (SRMNCAH) policy Survey 2019

- **EMR has the lowest availability of National standards of delivery of health services (27%)** to the adolescents as compared to other Regions of the WHO.

- **National Adolescent Health programmes exist in 63%** of Member States responding to Global SRMNCAH policy Survey in 2019.

Regional opportunities

- **Accelerated Actions for the Health of Adolescents (AA-HA!)**
- Operationalize the adolescent health component of the Global strategy for women's, children's and adolescents' health 2016-2030.
- EMR RC 2018 resolution to urge MSs to update/develop ADH national policies and plans based on global implementation guidance
- **Regional implementation Framework for newborn, child and adolescent health 2019-2023**
- EMR RC 2019, Ministers of health endorsed the Regional implementation Framework for newborn, child and adolescent health 2019-2023 which represents an excellent opportunity to advance adolescents health agenda as it puts great emphasis on the importance of multisectoral approach and integrated services .
- **Regional operational guide for child and adolescent health in humanitarian settings**
- Provides a programmatic guidance on how to integrate child and adolescent health needs during emergencies. It is a step-by-step guide to help programme managers to coordinate, assess, prioritize, respond, monitor and evaluate child and adolescent health interventions including SRH in humanitarian settings