

Training course in Adolescent Sexual & Reproductive Health 2022

Introduction

Dr V Chandra-Mouli and Dr Khalid Siddeeg

January 2022



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

Training course: Adolescent Sexual & Reproductive Health 2022

Part 1: Overview of the course



Training course: Adolescent Sexual & Reproductive Health 2022

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

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Programme

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Regional 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 Beza**

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 (MSI), Yemen.

Course core team

- **WHO Headquarters**
- Dr V Chandra-Mouli
- **External Regional contributors**
- Dr Shatha Elnakib
- Dr Madani Belhafiane
- **Geneva Foundation for Medical Education and Research**
- Dr Raqibat Idris
- Ms Fionna Poon
- **WHO Eastern Mediterranean Regional Office**
- Dr Khalid Siddeeg
- Dr Karima Gholbzouri
- Dr Anna Rita Ronzoni
- Dr Bridget Mugisa
- Dr Maha El-Adawy

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 including in humanitarian settings and COVID 19 pandemic, and for adolescents' mental health.

Module topics & dates

- Comprehensive sexuality education provision: **24th January 2022**
- Contraception counselling and provision: **31st January 2022**
- Antenatal, intrapartum and postnatal care: **7th February 2022**
- Safe abortion care: **14th February 2022**
- Sexually transmitted infections prevention and care: **21st February 2022**
- HIV prevention and care: **28th February 2022**
- Violence against women and girls: prevention, support and care: **7th March 2022**
- Harmful traditional practices (child marriage and female genital mutilation) prevention and response: **14th March 2022**

(Note: Approaches to ensuring the continuity of SRH information and service provision to adolescents in humanitarian settings as well as in the context of the COVID-19 pandemic will be integrated into each module, including considerations for adolescents' mental health)

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
6. Webinar with technical experts

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 Course introductory session and End-of-course ZOOM meetings 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 Webinars
- Participate in the Google 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>
- ❑ Every two weeks, 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:

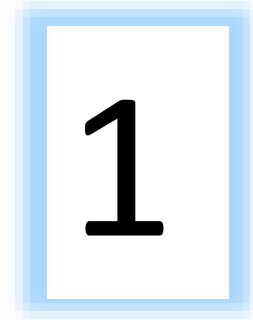
- ❑ A mentor will be assigned to you at the start of the course, to serve as your tutor and as a guide.
- ❑ Your mentor will 'mark' your assignment & provide you with feedback promptly.
- ❑ You can reach out to your mentor by email whenever required.
- ❑ Online webinars will be organized where technical experts will respond to your questions.
- ❑ 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 2022

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



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

New social context due to COVID-19

- More likely to be physically isolated from peers and teachers due to school closures and shifts to online learning (1)
- More likely to be isolated from extended families and community networks
- More unemployment - Youth employment fell by 8.7 per cent in 2020 compared with 3.7 per cent for adults. (2)
- Increase in global poverty – pandemic has caused 97 million more people being in poverty in 2020 (3)

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.



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

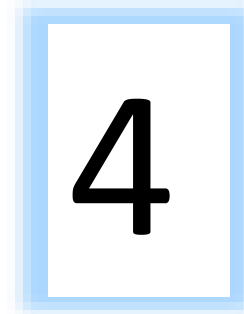


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Review article

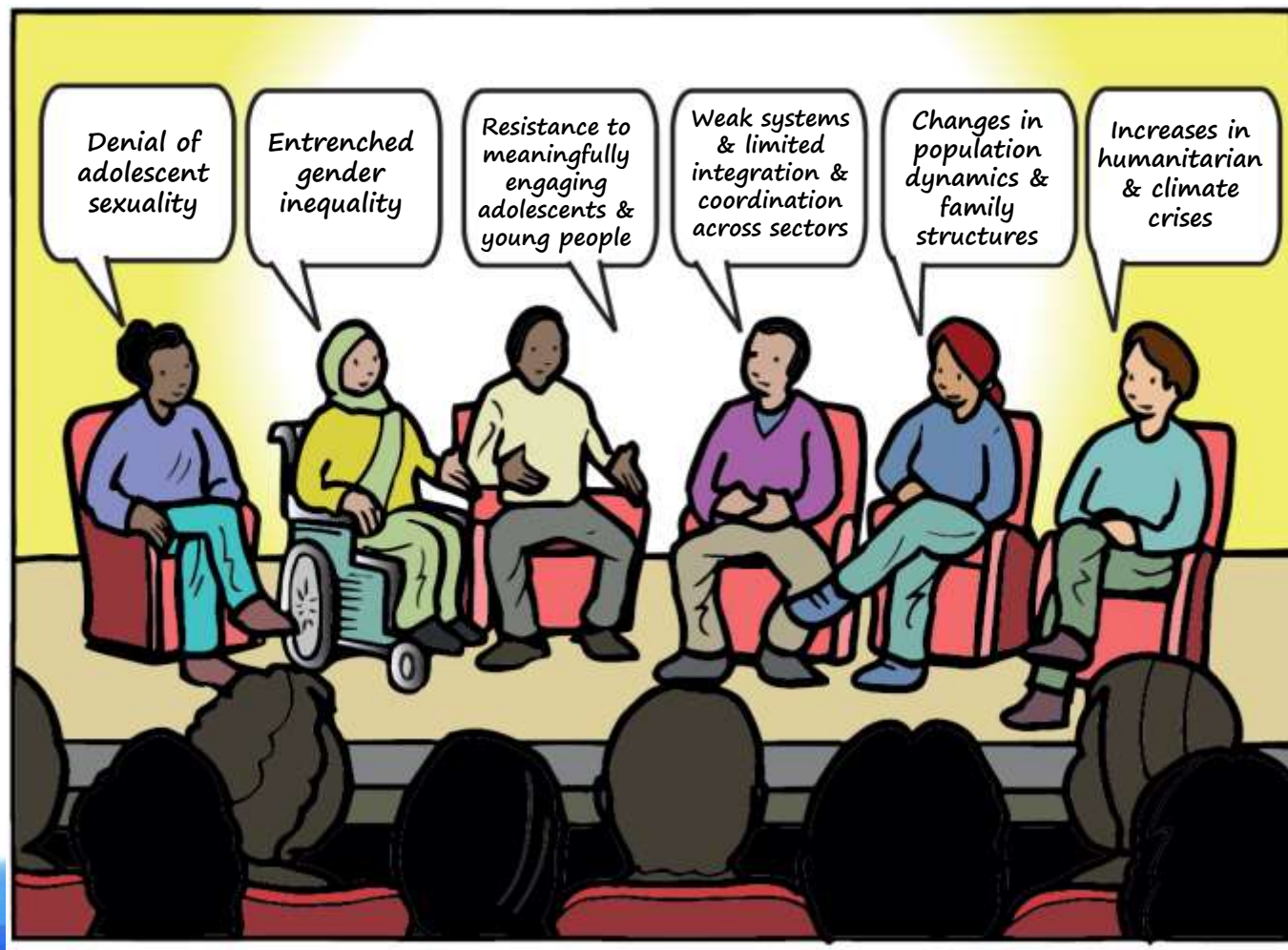
Forward, Together: A Collaborative Path to Comprehensive Adolescent Sexual and Reproductive Health and Rights in Our Time



Marina Plesons, M.P.H.^a, Claire B. Cole, M.P.H.^b, Gwyn Hainsworth, M.Ed.^c, Ruben Avila^{d,1}, Kalisito Va Eceéce Biaukula^{e,1}, Scheherazade Husain, M.P.H.^{f,1}, Eglė Janušonytė^{g,1}, Aditi Mukherji^{h,1}, Ali Ihsan Nergiz^{i,1}, Gogontlejang Phaladi^{j,1}, B. Jane Ferguson, M.S.W., M.Sc.^k, Anandita Philipose, M.P.A.^l, Bruce Dick, M.B.B.S.^k, Cate Lane, M.P.H.^m, Joanna Herat, M.A.ⁿ, Danielle Marie Claire Engel, M.A.^o, Sally Beadle, M.P.H.ⁿ, Brendan Hayes, M.Sc.^p, and Venkatraman Chandra-Mouli, M.B.B.S., M.Sc.^{q,*}

- What emerging **opportunities** must we leverage?
- What persistent & new **challenges** must we navigate?
- What strategic & specific **actions** must we undertake in the next 10 years to accelerate progress for ASRHR?

What persistent & emerging challenges must we navigate?



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What emerging opportunities must we leverage?



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Adolescents SRH in humanitarian settings

Why prioritize adolescents and young people during emergencies (IAFM 2018)

Across the globe there are an estimated **68.5 million forcibly displaced** people in the world, including **25.4 million refugees**.

“Demographic imperative”:

- Today we have the largest generation of young people the world has ever known
- Children and adolescents (<18) represent appr. 47% of UNHCR’s “persons of concern” (11% of these < 5 yrs)*

Increased vulnerabilities due to:

- Breakdown of social and cultural systems
- Exposure to violence and chaos
- Personal traumas such as the loss of family members, loss of protection mechanisms
- Disruption of school and friendships
- Absence of role models

Adolescents are more vulnerable to SRH threats during emergencies

- Lack of basic information on sexual and reproductive health
- Disruption of health services, or impossibility of access
- Early sexual initiation
- Early and unwanted pregnancies, leading to unsafe abortion or teen parenthood
- Higher risk of contracting STIs and HIV
- Gender-based violence, including family violence
- Accrued risks of sexual violence (rape, sex slaves, bush wives, survival sex)
- Recrudescence or apparition of harmful practices (trafficking, early marriage, FGM...)
- Substance abuse and boredom

Challenges

Data

- Lack of sex- and age-disaggregated data (SADD) collection and analysis
- Lack of global agreement on age categories that should be used to gather SADD

Prioritization

- « Age » is recognized by the IASC as a cross-cutting issue, but low priority is given to it:
 - ✓ age is not systematically addressed by Flash/CAP
 - ✓ no age-focus in CERF live-saving criteria
- Lack of funding

Coordination

- No formal coordination platform to support the adoption of an "age lense" through cluster approach

Technical

- Lack of knowledge and operational guidance on "how to" integrate adolescents/youth/age in cluster work
- Lack of methodology to support "youth participation"

Adolescent Sexual and Reproductive Health in Eastern Mediterranean Region (EMR)

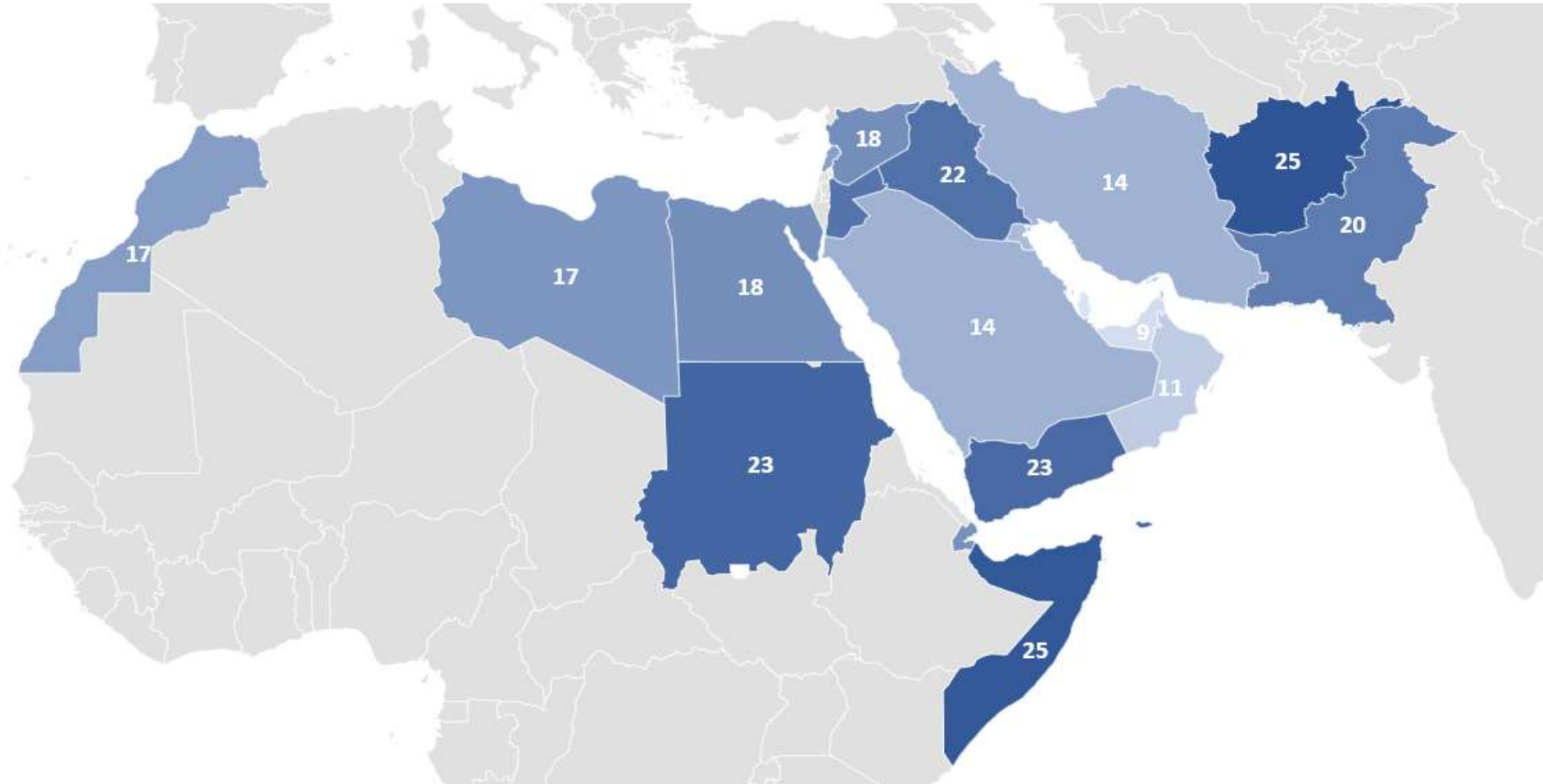


Aim

To provide an overview on adolescents' health status in EMR and the regional contextualization of ASRH training course 2022



Adolescents as % of the total population (2020 data)



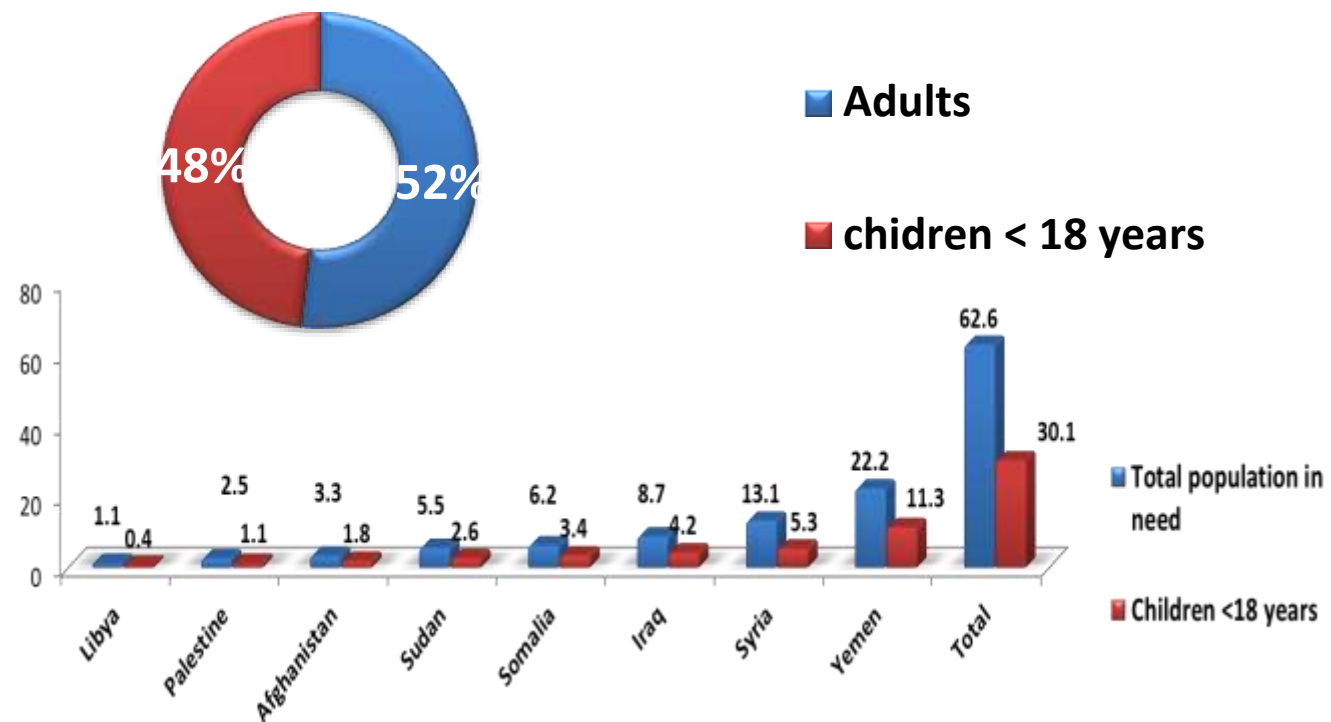
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Children and adolescents in need for humanitarian assistance in EMR graded emergencies (mainly displaced)



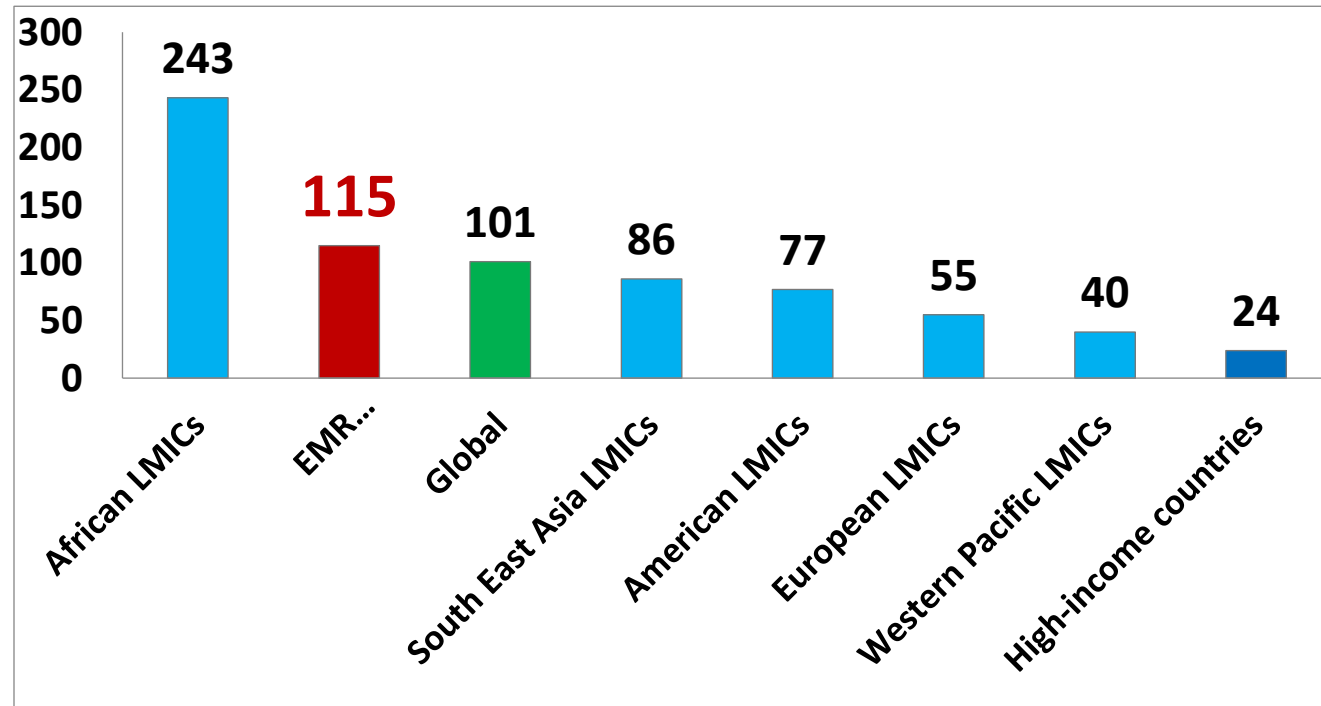
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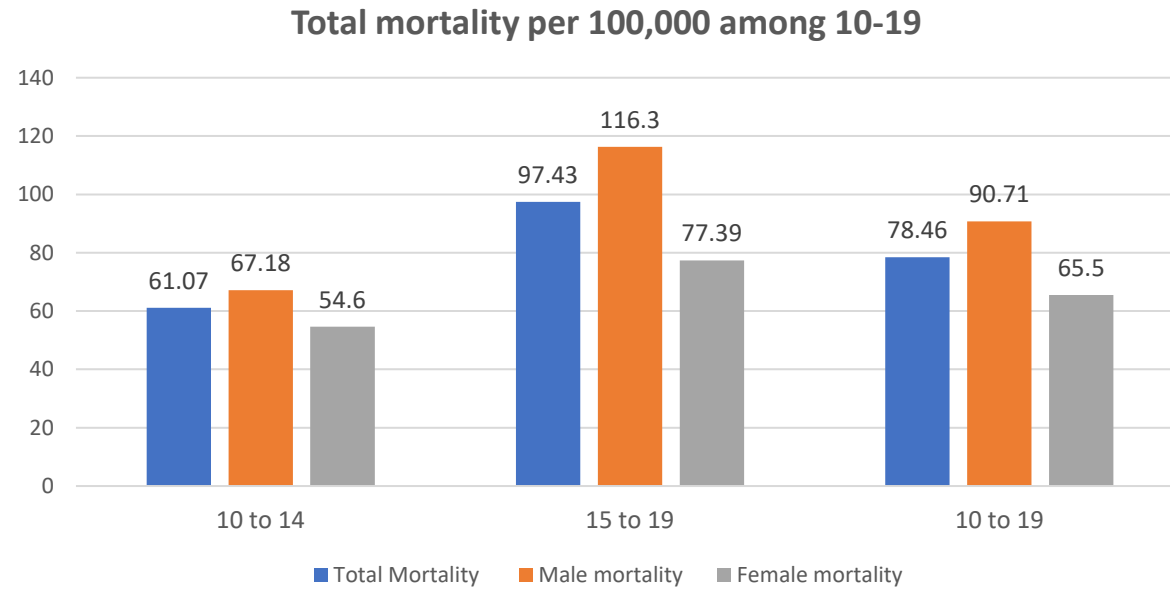
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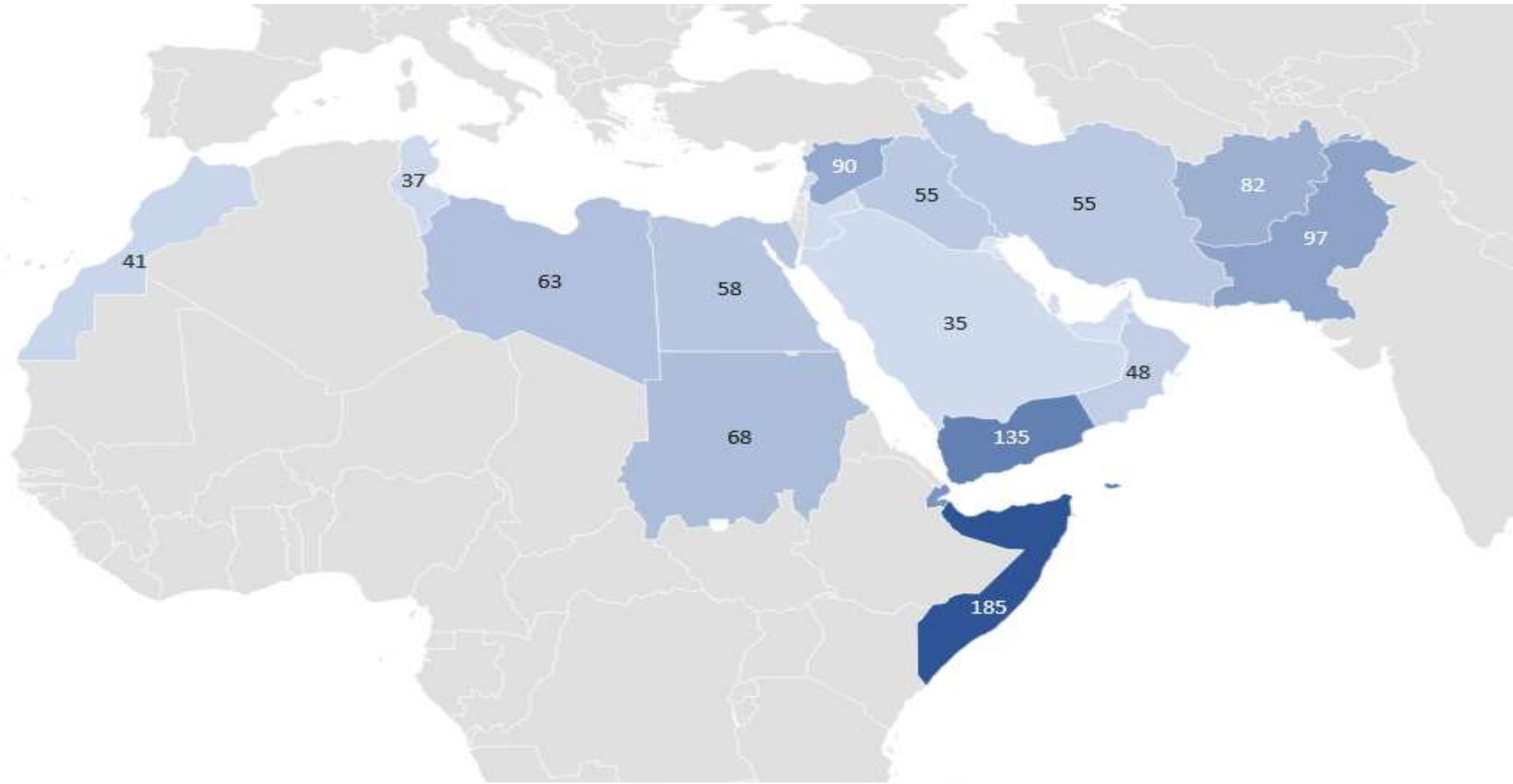
Adolescents (10-19 years) mortality rate (death rate per 100 000 adolescents 2015)



Mortality rate 10-19 in the EMR (2019)



Mortality rate 10-19 in EMR countries (2019)



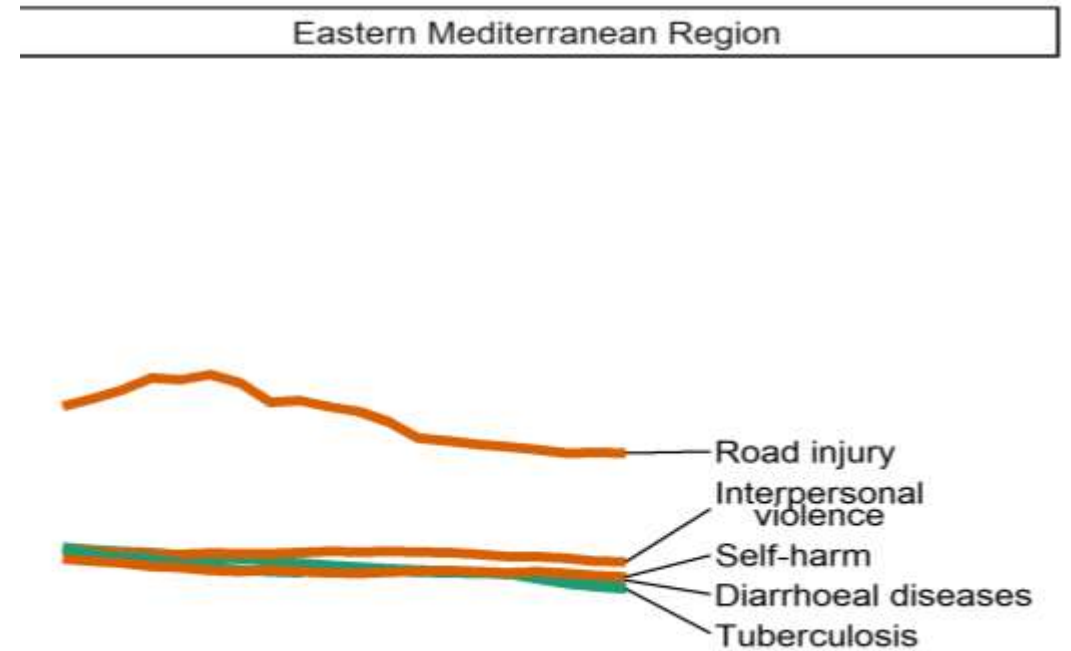
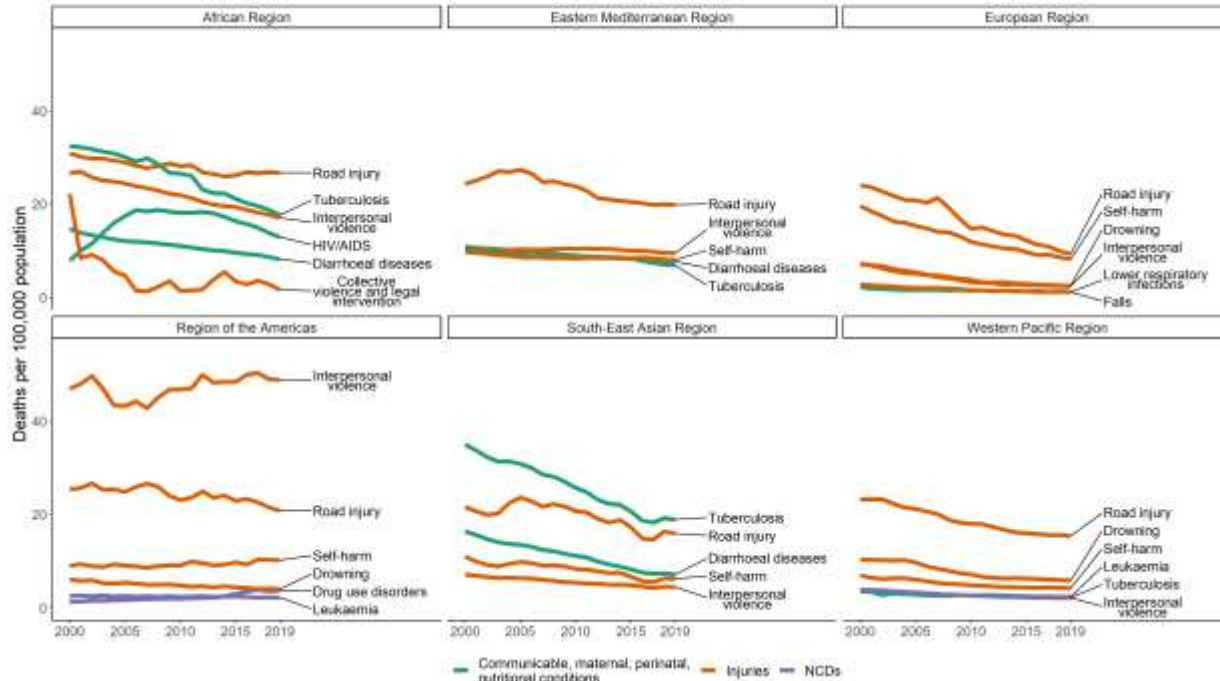
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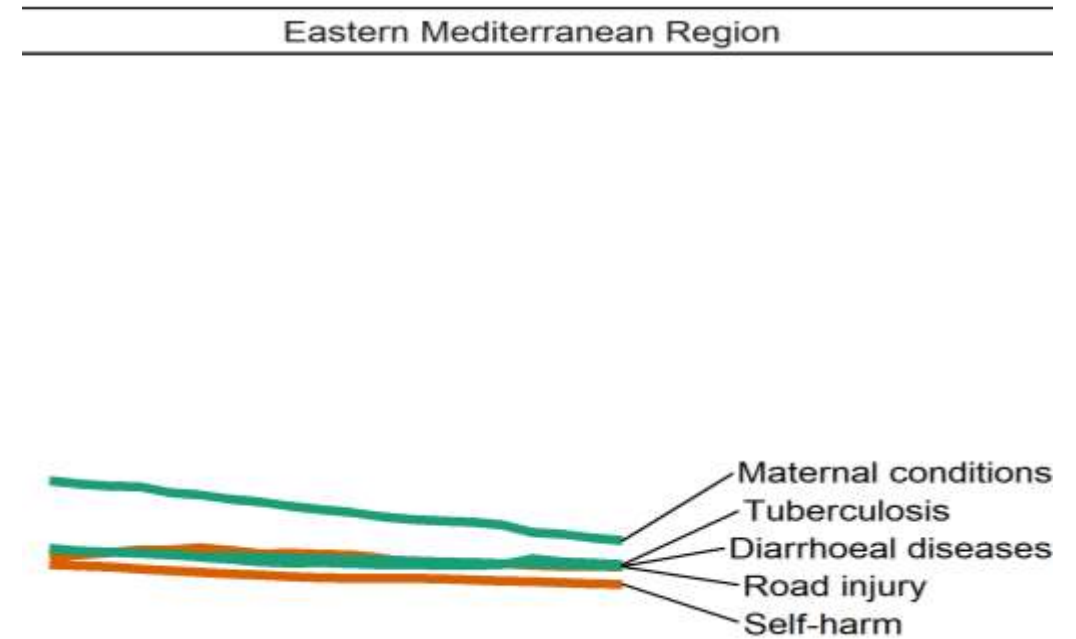
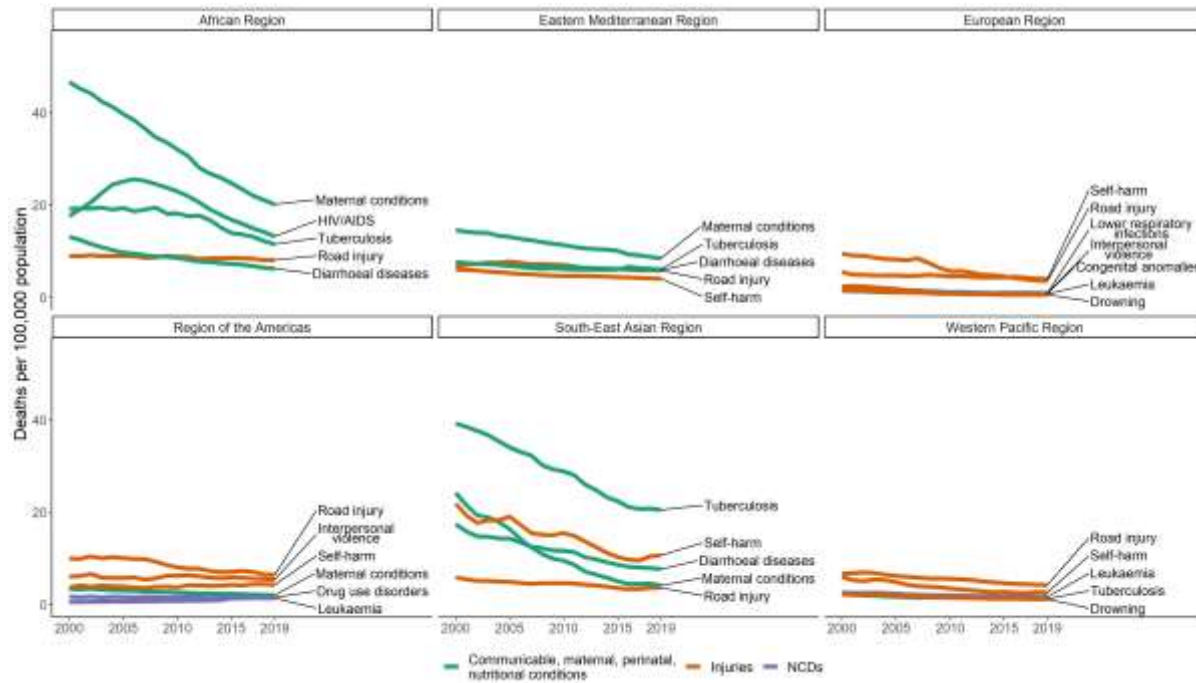
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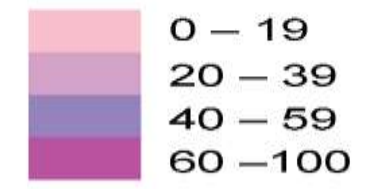
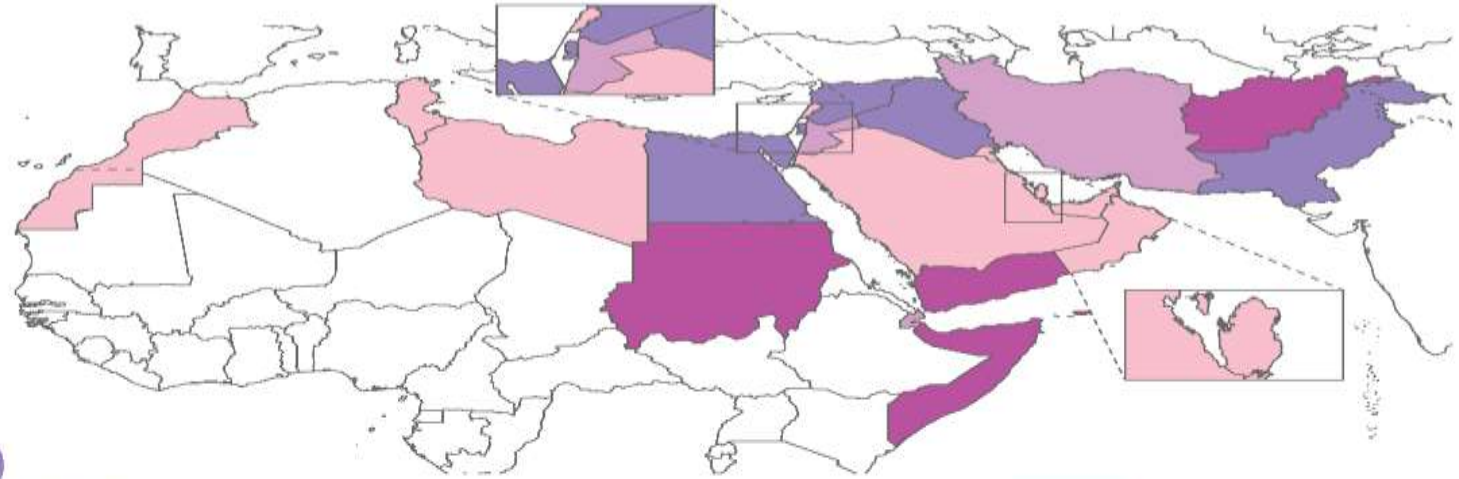
Trends in causes of death males 15-19 years – EMR



Trends in causes of death females 15-19 years – EMR



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



Child Marriage in EMR

- **Increase trend of Early marriage;**
- Home for nearly 40 million brides.
- Around 15% of girls in the region marry before age 18, and 2% marry before age 15
- Countries like Sudan (11.9%) ,Yemen (9.4%) Somalia (16.8%) 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



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