

***Address by***

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Regional Director, WHO South-East Asia***

***At the***

***Regional Meeting of Programme Managers on  
Scaling Up of Adolescent Health Programme***

***11-14 October 2011  
Bangkok, Thailand***

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Ms Nobuko Horibe, Regional Director, UNFPA, Asia Pacific Regional Office (APRO),  
Dr Nitas Raiyawa, Deputy Permanent Secretary, Ministry of Public Health, Thailand,  
Distinguished participants, colleagues and partners, ladies and gentlemen, it is my  
pleasure to meet you at this important meeting. We are here to deliberate upon  
various issues relating to scaling up of “Adolescent Health Programmes”.

Adolescence, as we know, is a period of rapid transition in life from  
“childhood” to “adulthood”. This phase of life is full of “opportunities” and, at the  
same time, full of “risks” and “vulnerabilities”. In the WHO South-East Asia Region  
there are about 350 million adolescents comprising 22% of the total population.  
Adolescence is generally perceived to be a “healthy period” of life because  
“mortality” is relatively low in this age group. This is however, “deceptive”, since  
adolescents face many challenges in their life and several of these challenges relate  
to their health. These health challenges are, of course, different from what they  
faced when they were younger.

However, it is important to keep in mind in this perspective that health problems during these two periods of life, “adolescence” and “younger age” are in the same continuum and the same course. A health problem started during a period of life may extend or continue to the next period. Globally, every year, 2.6 million young people die and most of these deaths are preventable, with 97% of these deaths occurring in low and middle-income countries and mostly in Asia and Africa.

In the WHO SEA Region, important causes of maternal mortality are haemorrhage, sepsis and complications from abortion. These causes account for a higher proportion of deaths among young women, including adolescent girls. Whereas, among young men, injury-related deaths are significant causes of deaths. These include traffic accidents, violence, fire-related incidents, and drowning. Moreover, it is estimated that nearly two-thirds of premature deaths and one-third of the total disease burden in adults are associated with “conditions” or “behaviours” initiated during adolescence.

The “health” and “nutrition” status of adolescents also has an “intergenerational effect” on their offsprings. “Early marriage” and “early childbearing” among girls of 18 years of age is common in a number of countries in the Region. More than 68% of girls in Bangladesh, 51.4% in Nepal, 47.4% in India and 24% in Indonesia are married by 18 years of age. “Early pregnancy” has higher chances of adverse “reproductive health outcomes” such as high maternal mortality and high infant mortality. As compared with women in their twenties, adolescent girls are two to five times more likely to die from causes related to pregnancy and childbirth. Hence, the “adolescent age group” is significantly contributing to population “momentum” and to population “dynamics” and in this Region this age

group also contributes to the causes of a high MMR and a high IMR. This situation places the chances of member countries to achieve MDGs 4 and 5 by 2015 at risk.

Ladies and gentlemen, “mean age” of initiation of sexual activity as reported from among adolescents is between 13-14 years in some countries. “Early sexual activity” associated with a low rate of “condom use” exposes adolescents to the risks of STIs, HIV infection, unintended pregnancy, as well as unsafe abortion and its consequence. “Unmet needs” for “contraceptive services” are high among adolescents in Bangladesh, India and Nepal. Use of “contraceptive supplies” is still low in several countries 87% of women aged 15–19 years in India, and 58% in Bangladesh are not using any methods of contraception.

Furthermore, “undernutrition” and “anaemia” are important public health concerns in the adolescent age group. In many countries of the Region instances of overweight and obesity are also common in children and adolescents. Drug and substance abuse is another important public health problem. “The Global Youth Tobacco Survey” shows a high “prevalence” of tobacco use in young people. For all these and for other reasons, adolescents deserve a sound public health response that should come primarily from national policies and programmes that fully involve “multidisciplinary” and “multisectoral” actions in their development and implementation.

Although health services are available, it is also a common observation that adolescents and other young people are reluctant to come forward to use them, the main reason being lack of “privacy” or “confidentiality”. This is in addition to many other “sociocultural barriers”, and “financial constraints”. We must recognize also

that our health-care providers still have limitation in their capacity to deal sensitively and effectively with the social dimension of adolescents. In this regard, there is an urgent need for strengthening the capacity of health care-providers.

Ladies and gentlemen, during the last World Health Assembly, a resolution on “Youth and Health Risks” was adopted. The resolution is to further facilitate our work in this important area. This resolution was intended to promote the linkages between the national adolescent health programme and the Strategy on “Every Woman and Child” of the UN Secretary-General. The resolution is also to ensure linkages with the programme on prevention and control of NCDs.

After reviewing our work in countries of the SEA Region, it is a matter of satisfaction to note the significant progress made towards meeting the numerous challenges faced by adolescents. Almost all countries in the Region are systematically implementing “adolescent health programmes” with support from many stakeholders and partners both within and outside the UN system. To improve access by adolescent clients to quality health services in a comprehensive manner, “country-specific operating guidelines” have already been developed and used in several countries.

To strengthen the capacity of programme managers and other service providers, training modules and other necessary tools have been adapted for use to suit specific social and cultural conditions in countries. A large number of health workers, including medical doctors, have been trained to manage “adolescent-friendly clinics”. Despite these initiatives and developments, Member States still face challenges in scaling up the implementation of their adolescent health programmes.

However, the efforts to overcome these challenges are underway through interagency coordination and cooperation.

Among others, “strategic information” for advocacy, planning, and programming is being reviewed and strengthened. Lack of age- and sex-specific data at the national level remains an important constraint. Information on several aspects of health and social dimensions of the adolescent age-group is not easily available from the usual sources such as the NHIS.

At the same time, WHO has always been pointing out the necessity to include “measurable adolescent health indicators” in the national adolescent health programmes for “effective monitoring” and “objective assessment” of programme implementation. Data generated from the adolescent health programmes should also be analysed with respect to age and sex. Attempts should be made to disaggregate the existing data from any sources according to age and sex. This is to better understand trends of sexual and reproductive health parameters relating to adolescents.

As far as health services are concerned, at present the main focus of adolescent health programmes is on sexual and reproductive health, including prevention of HIV infection. However, efforts have been intensified to address other important areas such as: nutrition, healthy lifestyles, mental health and mental well-being, as well as prevention of violence and injuries. It is necessary, in this development process, to build strong partnerships with different stakeholders and with different groups of people who are influential in advocating for sound “physical”, “mental” and “social” well-being of adolescents.

Adolescents must be appropriately equipped with relevant knowledge and skills and be provided with an “enabling environment”, in order to encourage them to come forward with their “demand” for “health services” without any fear. To move forward the agenda of “adolescent health and development”, WHO has been engaged in developing and sustaining partnerships with other UN agencies and partners in striding forward multisectorally through multidisciplinary involvement in the most coordinated manner in supporting Member States. To a certain extent, this movement in “adolescent health and development” would help countries in their efforts to achieve the MDGs.

I am particularly pleased that this regional meeting of “national programme managers” is organized to deliberate upon various dimensions of scaling up the implementation of national adolescent health programmes. I am sure that the participants will benefit from the mutual sharing of experiences and best practices as well, and that they will gain from the presentations as the meeting, as well as the understanding on various guidelines and other tools which will be useful for their use in the scaling up of “adolescent health programmes”.

The deliberations during the course of the meeting will help develop a common understanding among participants on various issues involved, and help ensure consonance in their workplans and roadmaps towards the common goal, of ensuring complete soundness of health for all adolescents. The participation of colleagues from UNFPA, UNICEF and other international agencies and the participation from countries of other WHO regions are most encouraging, indeed. This type of partnership will provide us with further impetus to expand our effective

“cooperation” in contributing to the development of the full potential of adolescents for their effective participation and involvement in the overall social and economic development of their own countries.

With these words, ladies and gentlemen, I wish the meeting all success, and I wish you all fruitful deliberations and an enjoyable stay in Bangkok. Thank you.