

FROM ADOLESCENT FRIENDLY SERVICES TO ADOLESCENT FRIENDLY CARE: AN INTERNATIONAL PERSPECTIVE

Prof. Pierre-André Michaud, MD

*Former head, Multidisciplinary Unit for Adolescent Health, World Health Organization
Collaborating Center, University of Lausanne, Switzerland*

Objectives

1. Understand and detail the basic elements that make up youth friendly health services (AFHS)
2. Illustrate various strategies for the implementation of AFHS
3. Describe some evaluation which have been for the evaluation of AFHS
4. Discuss some aspects of the training of involved health care providers

Adolescents should be able to access
preventive, preventive and curative health
according to their stage of maturation

For a variety of reasons, adolescents in many places are unable to obtain health services they need

Adolescents have many ideas about how to make services user-friendly: generally, they stress the ethos more than the technical quality of the services

Ingredients & strategies

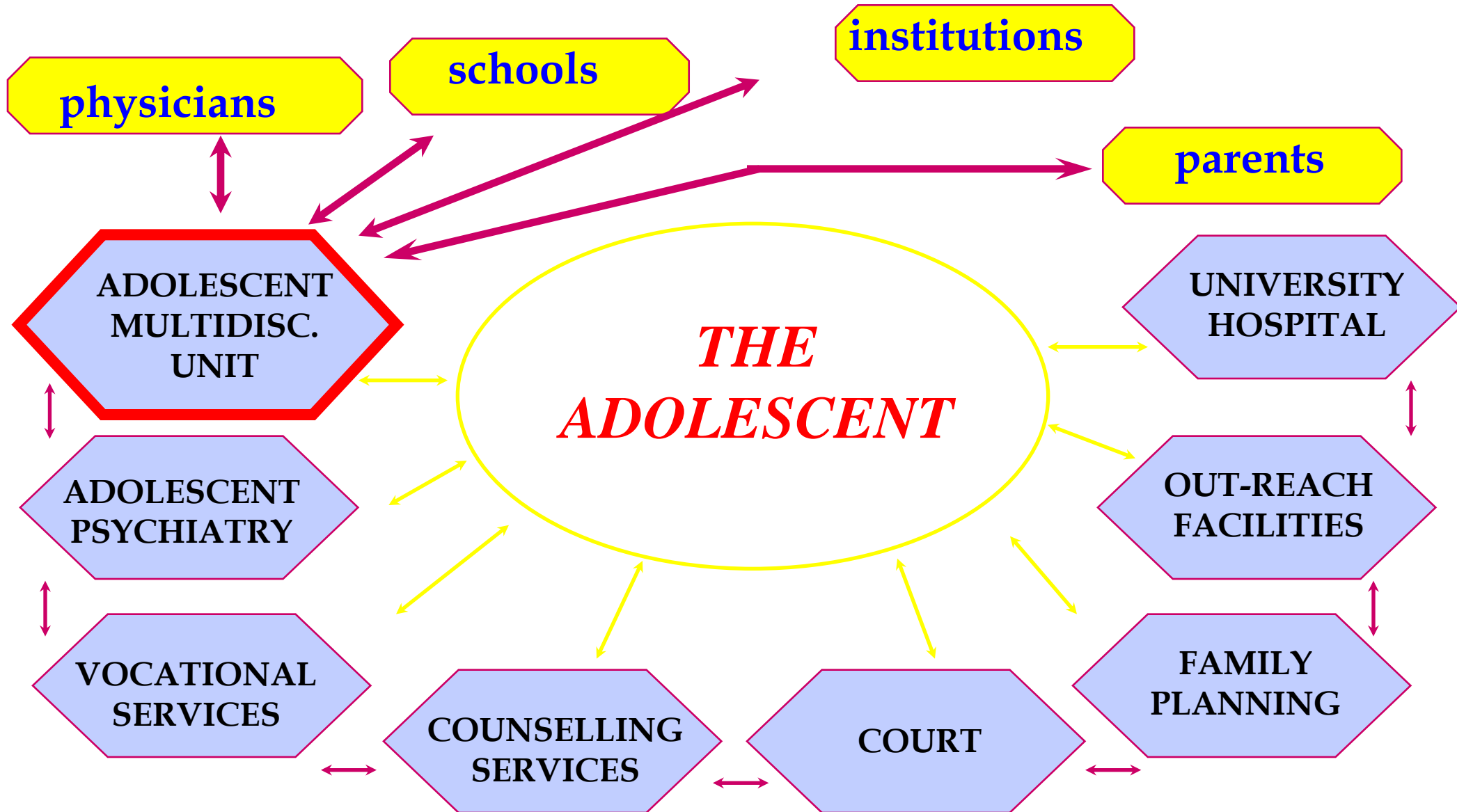
- 1) accessibility of health care;
- 2) an open non judgmental staff attitude;
- 3) effective communication strategies;
- 4) medical, if possible comprehensive competency;
- 5) evidence based care;
- 6) stressing the developmental aspects of health;
- 7) youth involvement in health care;
- 8) positive health outcomes

Several models of YFHS

- Integrated into primary health care
- Integrated in student health facilities
- Integrated into the educational system
- Integrated into and/or linkages with Youth Centres
- Out reach services for especially vulnerable young people
- Integrated into several sectors with municipal coordination

An example: UMSA

Multidisciplinary Unit for Adolescent Health



Making health services adolescent friendly

Developing national quality standards for adolescent-friendly health services



Evaluation: an example

**Health service/
health-related
commodity delivery
points**

**Groups of adolescents
who are likely to come in
or to be reached**

**The health services that could be
provided:**

- Information provision;
- Counselling provision;
- Clinical service provision;
- Referral.

**The health-related
commodities that could
be provided**

A.

B.

C.

D.

E.

Evaluation: an example from Moldova

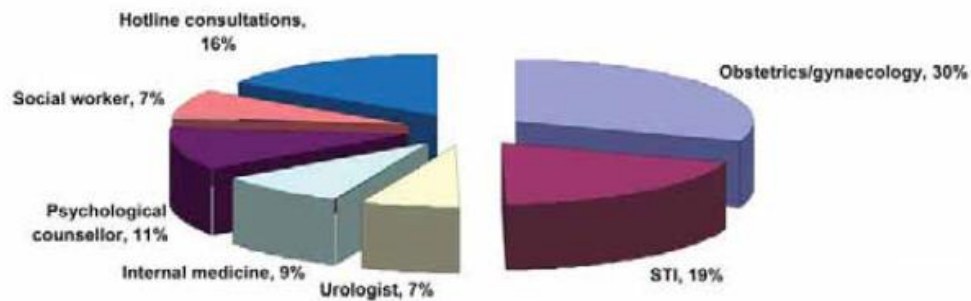


Fig. 4 Distribution of consultation services provided by YFHC netwo
Source: Lesco G, Ciubotaru V, unpublished data, 2009

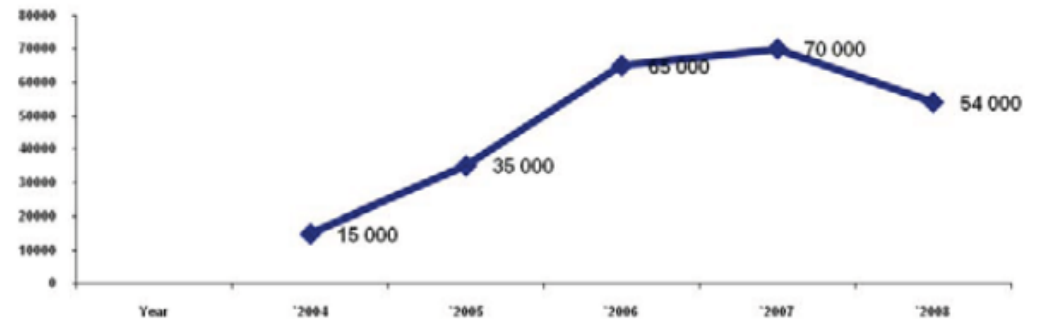
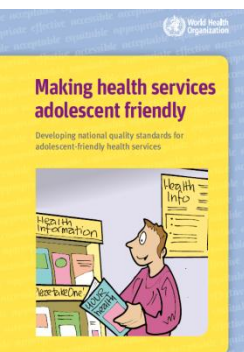


Fig. 5 Number of clients of YFHCs, 2005–2008



Training health care providers a challenge

Training: the ingredient

- A developmental perspective
- A multidisciplinary approach
- Social skills: networking
- Communication skills

The Euteach program

- A website
- A yearly one-week training course
- Several country-based courses
- Mandates from WHO, UNICEF, etc.

www.euteach.com