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# WHO/UNAIDS global standards for quality health care services for adolescents

Valentina Baltag

*Department of Maternal, Newborn, Child and Adolescent Health*

*World Health Organization*

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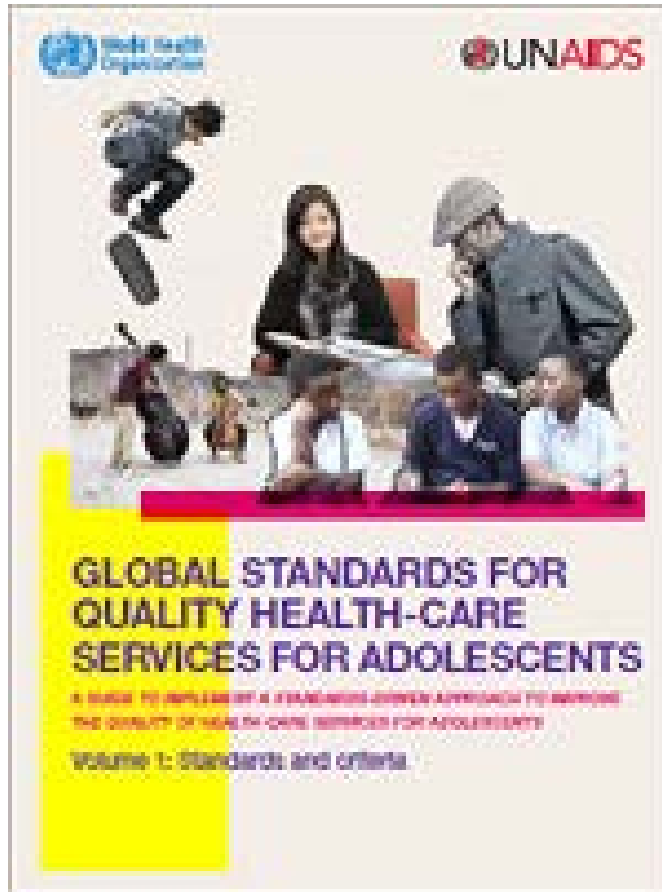




# Definitions

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- **Standard** - A statement of a defined level of quality in the delivery of services that is required to meet the needs of intended beneficiaries.
- A standard defines the performance expectations, structures, or processes needed for an organization to provide safe, equitable, acceptable, accessible, effective and appropriate services.



- [Volume 1: Standards and criteria](#)
- [Volume 2: Implementation guide](#)
- [Volume 3: Tools to conduct quality and coverage measurement surveys to collect data about compliance with the global standards](#)
- [Volume 4: Scoring sheets for data analysis](#)

# Standard statements

Adolescents' health literacy	<b>Standard 1.</b> The health facility implements systems to ensure that adolescents are knowledgeable about their own health, and they know where and when to obtain health services.
Community support	<b>Standard 2.</b> The health facility implements systems to ensure that parents, guardians and other community members and community organizations recognize the value of providing health services to adolescents. They support such provision and the utilization of services by adolescents.
A package of services	<b>Standard 3.</b> The health facility provides a package of information, counselling, diagnostic, treatment and care services that fulfils the needs of all adolescents. Services are provided in the facility and through referral linkages and outreach.
Providers' competencies	<b>Standard 4.</b> Health-care providers demonstrate the technical competence required to provide effective health services to adolescents. Both health-care providers and support staff respect, protect and fulfil adolescents' rights to information, privacy, confidentiality, non-discrimination, non-judgemental attitude and respect.

# Standard statements

Facility characteristics	<b>Standard 5.</b> The health facility has convenient operating hours, a welcoming and clean environment and maintains privacy and confidentiality. It has the equipment, medicines, supplies and technology needed to ensure effective service provision to adolescents.
Equity and non-discrimination	<b>Standard 6.</b> The health facility provides quality services to all adolescents irrespective of their ability to pay, age, sex, marital status, education level, ethnic origin, sexual orientation or other characteristics.
Data and quality improvement	<b>Standard 7.</b> The health facility collects, analyses and uses data on service utilization and quality of care, disaggregated by age and sex, to support quality improvement. Health facility staff is supported to participate in continuous quality improvement.
Adolescents' participation	<b>Standard 8.</b> Adolescents are involved in the planning, monitoring and evaluation of health services and in decisions regarding their own care, as well as in certain appropriate aspects of service provision.

# Implementation

## POLICY BRIEF

### A standards-driven approach to improve the quality of health-care services for adolescents

#### Towards universal health coverage for the world's adolescents

The World Health Organization (WHO) report *Health for the world's adolescents: a second chance in the second decade* suggests that to make progress toward universal health coverage, ministries of health and the health sector more generally will need to transform how health systems respond to the health needs of adolescents. It recommends developing and implementing national quality standards and monitoring systems as one of the actions necessary to make this transformation (WHO, 2014).

This policy brief informs national public health programme managers, facility managers, health-care providers, and national bodies in charge of quality improvement as well as individuals and organizations supporting their work, such as development agencies, NGOs and the commercial sector, about the rationale for improving the quality of health services for adolescents, the *Global standards for quality health-care services for adolescents* (WHO, 2015) and their implementation.

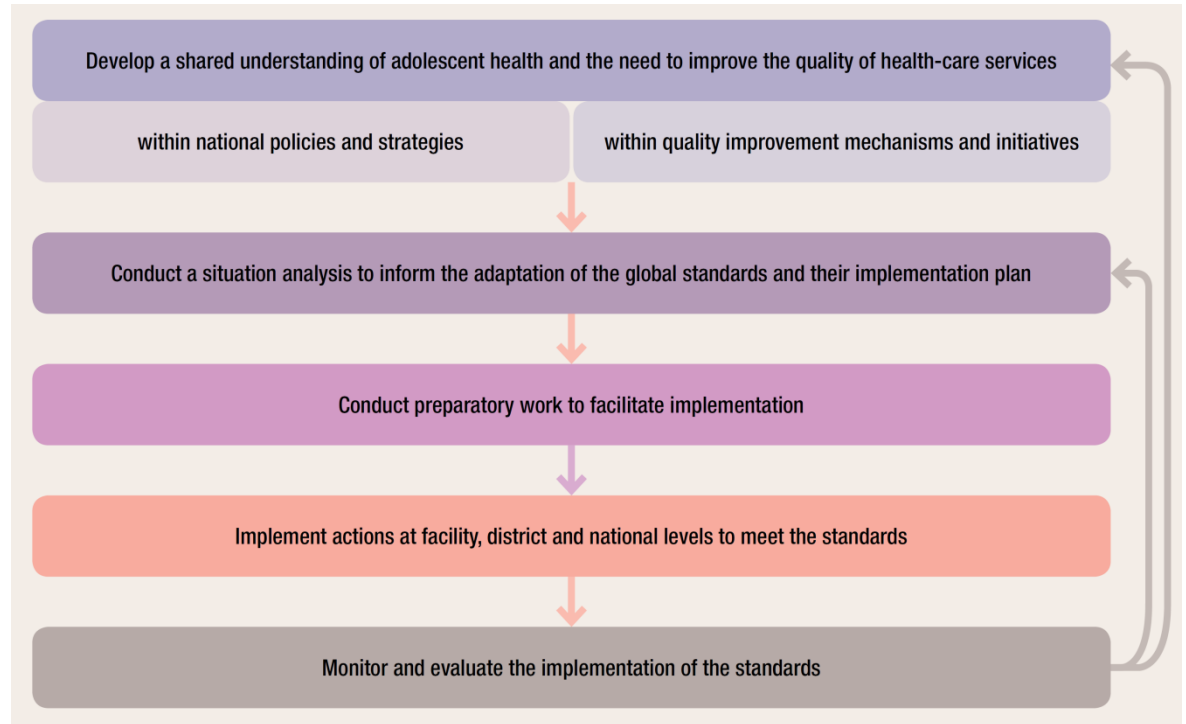



#### Adolescents experience many barriers to health care

Global initiatives are urging countries to prioritize quality as a way of reinforcing human rights-based approaches to health (IERG, 2013). Yet, evidence from both high- and middle-low income countries shows that services for adolescents are highly fragmented, poorly coordinated and uneven in quality (WHO, 2014). Evidence suggests that adolescents experience many barriers to health care (WHO, 2015).

- Adolescents do not have adequate health literacy to enable them to gain access to, understand and effectively use information in ways that promote and maintain their good health.
- Adolescents' use of health services can be highly influenced by the social values and attitudes (perceived or real) of their peers, parents and other adult gatekeepers including clinicians.
- Important causes of adolescent mortality and morbidity, and their risk factors, do not get sufficient attention in primary care nor in many initiatives labelled "adolescent-friendly", which often focus on a limited range of issues, such as sexual and reproductive health.
- Mental health disorders, nutrition, substance use, intentional and unintentional injuries and chronic illness are often neglected. In addition, health services are often clinically oriented and opportunities for preventive interventions are frequently overlooked.
- Adolescents often find mainstream primary care services unacceptable because of perceived lack of respect, privacy and confidentiality, fear of stigma and discrimination, and imposition of the moral values of health-care providers.
- Convenient operating hours (e.g. outside of school hours) and flexible appointment procedures (e.g. the possibility of a consultation without an appointment) are important for adolescents' access to services yet are not always provided. In addition, adolescents may not use the facility if they perceive it to be unclear, equipped inadequately, or lacking the necessary drugs and supplies.
- Some groups of adolescents within the community may fall outside the planning and service delivery system because they are less visible, are socially marginalized or are stigmatized. In addition, out-of-pocket payments that have a deterrent effect on access to services for any population group may have a disproportionate effect on adolescents because of their limited access to cash and dependence on family resources.


Pockets of excellent practice exist, but, overall, services need significant improvement.



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## WHAT HEALTH WORKERS CAN DO

**Make adolescents feel welcome and safe at your health centre**



- Be “adolescent competent” trained in adolescent health
- Communicate and encourage adolescents to talk openly
- Respect their privacy and confidentiality
- Empower young people to make their own decisions about their care

**WHO/UNAIDS set global standards to improve the quality of health services for all adolescents.**

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## WHAT GOVERNMENTS CAN DO

**Make health services free or affordable for adolescents**



- Count adolescents (aged 10-19 years) as a distinct group in health statistics
- Involve adolescents in the design of health policies and programmes that affect them
- Support training of health professionals in adolescent health
- Ensure laws and policies protect adolescents’ rights and dignity

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## WHAT ADOLESCENTS CAN DO

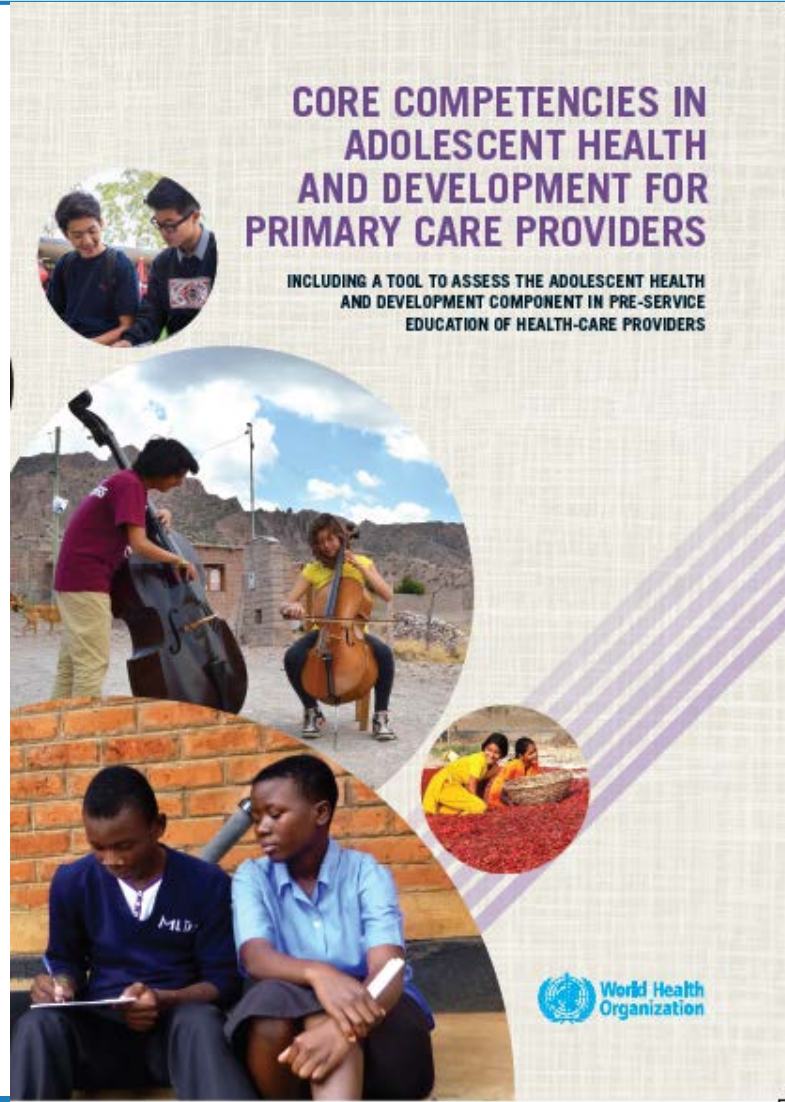
**Don't hesitate to talk about sensitive topics. Your health worker is there to listen without judgement**



- Find out how to access your local health services
- Ask your health worker for more information to help make decisions about your health
- Be aware of your rights to privacy and confidentiality
- Speak to a trusted adult if you experience discrimination or disrespect
- Provide feedback to your health centre on how it can improve services for you and your friends

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# Standard 4: providers' competencies



- Core competencies in adolescent health and development for primary care providers

