



Adolescent Sexual and Reproductive Health Initiative

International Federation of Gynecology and Obstetrics
(FIGO)

Review of Tools and Guidelines

Professor Hamid Rushwan, Chief Executive FIGO

Supported by:





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Introduction

- Adolescent sexual and reproductive health (ASRH) forms a major component of the global burden of sexual ill-health.
- ASRH has been historically overlooked.
- International agencies now focusing on improving ASRH and providing programmatic funding.
- FIGO has funding from UNFPA to strengthen the capacity of FIGO country offices to support ASRH interventions at national level.



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Methods

Three activities were used to determine how FIGO can effectively contribute to improving ASRH:

- Literature review of adolescents' (10 – 19 years) attitudes; perceptions of health professionals; and programmes already assessed for effectiveness.
- Survey of obstetricians' and gynaecologists' attitudes, knowledge and perceptions of ASRH.
- Information on existing tools and guidelines for ASRH services (*this presentation*).



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Tools and Guidelines

- Review focused on those developed by internationally respected organisations and which can be adapted for different country contexts.
 - Can FIGO add greatest value through **development of tools** for obgyns?
- OR
- By **adapting and endorsing** existing tools?
 - Whatever the decision, tools need to incorporate both clinical and social aspects of care



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Categories of tools/guidelines

A framework summarising different categories of tools was developed:

- ❖ Orientation guidelines
- ❖ Provider training curricula
- ❖ Support & counselling (including post-emergency and disaster situations)
- ❖ Programme planning
- ❖ Peer education
- ❖ Specific tools (married youth, community involvement, youth participation)



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Priority resources

Three resources identified which tie in most closely with information requested by participants.

Holistic in their coverage of clinical and social aspects of ASRH

Tested and validated by well-respected organisations

Available free of charge in a variety of formats i.e. on-line, CD-Rom, hard copy.



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Resource 1. Orientation Programme on Adolescent Health for Health-Care Providers. (WHO, CMAT, UNICEF, 2006)

Category	Purpose	Comments
Orientation guidelines	<ul style="list-style-type: none">▪ Detailed guidance on organising and teaching the 6 core and 18 optional modules.▪ Focus: promoting healthy development in adolescents & preventing and responding to health problems.▪ Modules cover a wide range of clinical and service related topics (all focused on adolescents) including ASRH.	<ul style="list-style-type: none">▪ Aimed at nurses, clinical officers, doctors.▪ Materials: full programme; facilitator/course director guide; lecture aids; power point slides; talking points; study materials & participant handouts.▪ Available on CD ROM and hard copy▪ Used to help develop national/ regional strategies for YFS/ AFC▪ English, French and Russian versions.▪ Separate publication gives Europe and Central Asia adaptation advice.



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Resource 2. Reproductive Health Services for Adolescents: Comprehensive Reproductive Health & Family Planning Training Curriculum 16. (Pathfinder, 2002)

Category	Purpose	Comments
Provider training curricula	<ul style="list-style-type: none">▪ Specialist information.▪ Emphasis on dual protection, safer sex, counselling, care of pregnant adolescents, dealing with gender, sexual abuse and sexual orientation.	<ul style="list-style-type: none">▪ Aimed at health professionals providing services to adolescents.▪ Materials available on the internet, plus participant handouts.



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Resource 3: Youth-Friendly Services: A Manual for Service Providers. (Engender Health, 2002)

Category	Purpose	Comments
Provider training curricula	<ul style="list-style-type: none">▪ Sensitisation on provision of YFS.▪ Covers: service provider values, adolescent development, STIs/HIV, contraception, communication & counselling; client oriented provider efficient (COPE).	<ul style="list-style-type: none">▪ Aimed at all staff at health care facilities.▪ All activities can be adapted for different professional roles.▪ Available on-line.



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The way forward

- Training needs to be accredited by a specialist association e.g. FIGO, RCOG:
 - Increases credibility
 - Contributes to continuing professional development (CPD)
- A small 'training & standards' working group could review the 3 resources & put the highest ranked resource forward for approval and certification.
- FIGO could fund small regional working groups to adapt the tool for specific regions, followed by funding widespread training workshops at national level.

Possible next stages for FIGO:

1.
Review 3
resources

2.
Certify
one
resource

3.
Regional
adaptation
by working
groups

4.
Widespread
national
training -
linked to
CPD



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Conclusion

- As a global professional organisation with extensive country level presence and a high degree of technical competence, FIGO can play an important role in improving ASRH. This is what FIGO's members would like it to do.
- Important to consider how FIGO as an organisation can add greatest value to current activities in ASRH.
- Best done through building on its existing institutional strengths and expertise.



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Conclusion (cont...)

- Training tools already exist and evidence shows that many are effective. No need to duplicate effort by developing new tools.
- FIGO and its country members are well-positioned to adapt these existing tools to ensure they are appropriate for specific regions.
- FIGO and its country members are also well-positioned to implement, evaluate and monitor training and capacity-building among obstetricians and gynaecologists.
- There is an urgent requirement for other health practitioners (often the first point of contact for adolescents) to benefit from FIGO's activities in ASRH.
- FIGO would most likely be able to optimise the effectiveness of its involvement by development/membership of coalitions, partnering with organisations experienced in programme implementation and management; and participating in multi-disciplinary/multi-sectoral working groups.
- There are also areas in which FIGO has less experience but potentially could help fill significant gaps at national level.



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Conclusion (cont ...)

Gaps which could be filled include:

- Contributing to **situation analysis**: constructing evidence for strategy development.
- **Advocacy** for legislation/improved implementation. Strategic examples: early marriage, abortion, female genital mutilation, migration.
- **Policy development** – FIGO’s formal support to national associations; analysis of existing policies; work with partners to develop new policy.
- **Technical guidance to ASRH initiatives** – join networks of agencies already active in ASRH and help design or strengthen interventions.
- **Quality assurance** – contribute to quality control of interventions.
- **Monitoring of effectiveness** – extend FIGO’s professional competence to M&E to ensure ASRH programmes achieve results.
- **Scaling up** – provide support through extensive connections and reputation e.g. mobilising resources, generating awareness, involving the private sector.