

NATIONAL STRATEGY FOR ADOLESCENT HEALTH 2017-2030: Summary of Key Messages and Strategies

Introduction

More than one-fifth of the total population of Bangladesh are adolescents aged between 10-19 years (BBS 2011)¹. According to population projections, this proportion of adolescents is expected to grow in the coming years (UNFPA 2015)², which makes it imperative to invest in their overall health and wellbeing for the development of the country as a whole. In 2006, an Adolescent Reproductive Health Strategy (ARHS) was developed with goals to be achieved by 2016. However, it mainly focused on adolescent reproductive health and did not address varied health need of adolescents. This called for a more holistic strategy that considers the broad and comprehensive concept of adolescent health to be implemented beyond 2016.

Addressing this, the National Adolescent Health Strategy (NAHS) 2017-2030 is developed under the leadership of the Maternal and Child Health (MCH) Services Unit of the Directorate General of Family Planning (DGFP), Ministry of Health and Family Welfare (MoHFW), with support from UNFPA, UNICEF and WHO, and in collaboration with other key partners in the development sector, including adolescent groups.

The NAHS 2017-2030, which include four priority thematic areas, focuses not only on adolescents but also on their social environment, including families, peers and communities. Moving away from a “one-size-fits-all” approach, the current strategy aims at instituting effective, appropriate and accessible service packages to address the range of adolescent health and development needs in different context.

Furthermore, NAHS 2017-2030 proposes a convergent model of health promotion and service delivery, which will actively engage adolescents through primary health care providers and platforms within community spaces, such as schools and adolescent clubs, to secure and strengthen mechanisms for access.

Relevance to Sustainable Development Goals (SDG)

As a signatory to the Child Rights Convention and a proponent of the International Conference on Population and Development (ICPD), the Beijing Platform for Action, and more recently, the SDGs, Bangladesh has made important commitments to address the issue of adolescents in the country. Accordingly, investment in adolescent health will have an immediate and direct impact on Bangladesh's

Framework of NAHS 2017-2030

Vision: By 2030, all adolescent boys and girls of Bangladesh, especially those who are most vulnerable, will be able to enjoy a healthy life.

Goal: By 2030 all adolescents will lead a healthy and productive life in a socially secure and supportive environment where they have easy access to quality and comprehensive information, education and services.

Time Frame: This strategy will span over a period of 14 years (2017 to 2030) in line with the Sustainable Development Goals. The strategy will be revisited periodically to review and assess its relevance in a rapidly changing context.

Guiding Principles: The strategy is based on human rights principles, and highlights the right of all adolescents, those between the ages of 10 and 19 years (irrespective of their gender, class, caste, ethnicity, religion, disability, civil status, sexual orientation, and geographic divide or HIV status), to attain the highest standard of health.

health goals and on the achievement of the SDGs, especially goals 3 (ensure healthy lives and promote well-being for all at all ages); 4 (ensure inclusive and equitable quality education and promote lifelong learning opportunities for all); 5 (achieve gender equality and empower all women and girls); and 8 (promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all).

Strategic Directions-SD (the Key Strategies)

SD1 Adolescent Sexual and Reproductive Health (SRH)

- i. Enable evidence based advocacy for comprehensive policy and programme development, investments and implementation;
- ii. Promote age appropriate comprehensive sexuality education, which are on par with international standards, through all academic and training institutions;
- iii. Build capacity for the delivery of age and gender sensitive SRH services which includes HIV/STI prevention, treatment and care;
- iv. Create a robust system for data collection/analysis on the SRH of adolescents, including unmarried adolescents, to inform policy and programming;

1. Bangladesh Bureau of Statistics, Bangladesh Population and Housing Census 2011. <http://catalog.ihpn.org/index.php/catalog/4376>

2. UNFPA, State of World Population (2015). -Retrieved from <https://www.unfpa.org/swop-2015>

Thematic areas of NAHS 2017-2030 intervention and cross-cutting issues

The National Adolescent Health Strategy 2017-2030 has identified four priority thematic areas of intervention:

- 1) Adolescent Sexual and Reproductive Health
- 2) Violence Against Adolescents
- 3) Adolescent Nutrition
- 4) Mental Health of Adolescents

In addition, *Social and Behavioural Change Communication* and *Health Systems Strengthening* are included as cross cutting issues, which need to be addressed for the effective implementation of the strategy.

SD2 Violence Against Adolescents

- i. Enable evidence based advocacy and communication at national and local level to raise awareness on the issue of age and gender based discrimination, child marriage and its consequences;
- ii. Build the capacity of the health and social protection sector to respond to age and gender based violence and child marriage prevention by providing effective and efficient services;
- iii. Develop and implement evidence based programmes to prevent and mitigate the consequences of age and gender based violence, including child marriage;
- iv. Create a robust system for data collection/ analysis on the prevalence of age and gender based violence to be used to inform policy and programming.

SD3 Adolescent Nutrition

- i. Mainstream nutrition education and promotion and hygiene education including hand washing into the health care system, education system as well as other systems which reach out-of-school adolescents;
- ii. Establish programmes that promote dietary diversification, dietary adequacy, fortified foods and nutrition security through community and school based interventions;
- iii. Strengthen the capacity of service providers to deliver effective nutrition counselling and services to all adolescents, with a special focus on raising awareness on the consequences of child marriage and meeting the nutritional needs of pregnant adolescent girls;
- iv. Provide and promote micronutrient supplementation (i.e. Iron Folic Acid and Multiple Micronutrient Supplementation), consumption of fortified foods and de-worming at health facilities, schools, and workplace;
- v. Conduct community based awareness campaigns on the importance of good nutrition, healthy foods and the consequences of malnutrition, anaemia and obesity on the overall development and growth of adolescents;

- vi. Promote and improve access to sports and physical activity in the community, schools and at the workplace.

SD4 Mental Health of Adolescents

- i. Enable evidence based advocacy for comprehensive programme development to promote mental health among adolescents and reduce stigma against mental ill health;
- ii. Develop skills among adolescents to deal with stress, manage conflict and develop healthy relationships;
- iii. Develop the capacity of the health sector to address mental health issues as per the provisions of primary mental healthcare and to screen for anxiety, stress, depression and suicidal tendencies;
- iv. Promote school and facility level interventions which include counselling and management of mental health disorders through linkage with the national mental health programme;
- v. Create a robust system for data collection/analysis on mental health issues including substance use, to inform policy and programming.

Cross cutting Issues-CCI (the Key Strategies)

CC1 Social and Behavioural Change Communication (SBCC)

- i. Develop messages and materials for communication and advocacy through sound research;
- ii. Utilize information and communication technologies (ICT) (including call centres) and media to reach adolescents, key community members, parents and guardians;
- iii. Develop the capacity of respective institutions and systems to design, plan, implement and monitor SBCC interventions.

CC2 Health Systems Strengthening

Leadership and Governance

- i. Capacity building of health personnel in strategic leadership positions to develop and manage services for adolescents;
- ii. Strengthen partnerships with all relevant actors at the highest level – both government and non-government – to deliver effective services which meet adolescent health needs;
- iii. Provide leadership in mainstreaming adolescent SRH services at all levels of service provision according to the Essential Services Package.

Healthcare Financing

- i. Evidence based advocacy to increase budgetary allocation to provide SRH information and services at national, district and sub-district level to adolescents;
- ii. Establish mechanisms to mobilize financial resources through effective partnerships with development partners and the private sector;
- iii. Improve efficiency and accountability in resource allocation and utilization.

Health Workforce

- i. Capacity building of health providers to be sensitive to the needs of all adolescents, including those who are unmarried, through pre service, in service and on the job training;
- ii. Provide health service personnel with training on counselling for adolescents and capacitate them to adopt non-judgemental attitudes when working with adolescents;
- iii. Strengthen quality assurance and monitoring mechanisms to ensure consistent quality in the delivery of services.

Health Information System

- i. Strengthen the Health Management Information System (HMIS) to collect age and gender disaggregated data on issues which pertain to adolescents;
- ii. Engage in evidence based advocacy using the data from the HMIS to provide improved and more effective services to meet the health needs of adolescents;
- iii. Ensure the effective use of the HMIS data to continuously improve the quality of care and service delivery.

Access to Essential Medicine

- i. Ensure the availability of essential medicines, supplements, vaccines and technology at all health facilities at national, district and sub-district levels;
- ii. Facilitate equitable access to all essential medicines and medical technology by putting in place systems to meet the needs of the most vulnerable adolescents;
- iii. Establish linkages with institutions offering quality assurance of all medicines and commodities needed for adolescents.

Service Delivery

- i. Strengthen the service delivery mechanism to ensure the quality of care and comprehensiveness along with other essential dimensions;
- ii. Establish minimum standards for delivery of services to be adhered to by the Government, NGOs and the private sector.

Vulnerable Adolescents and Adolescents in Challenging Circumstances

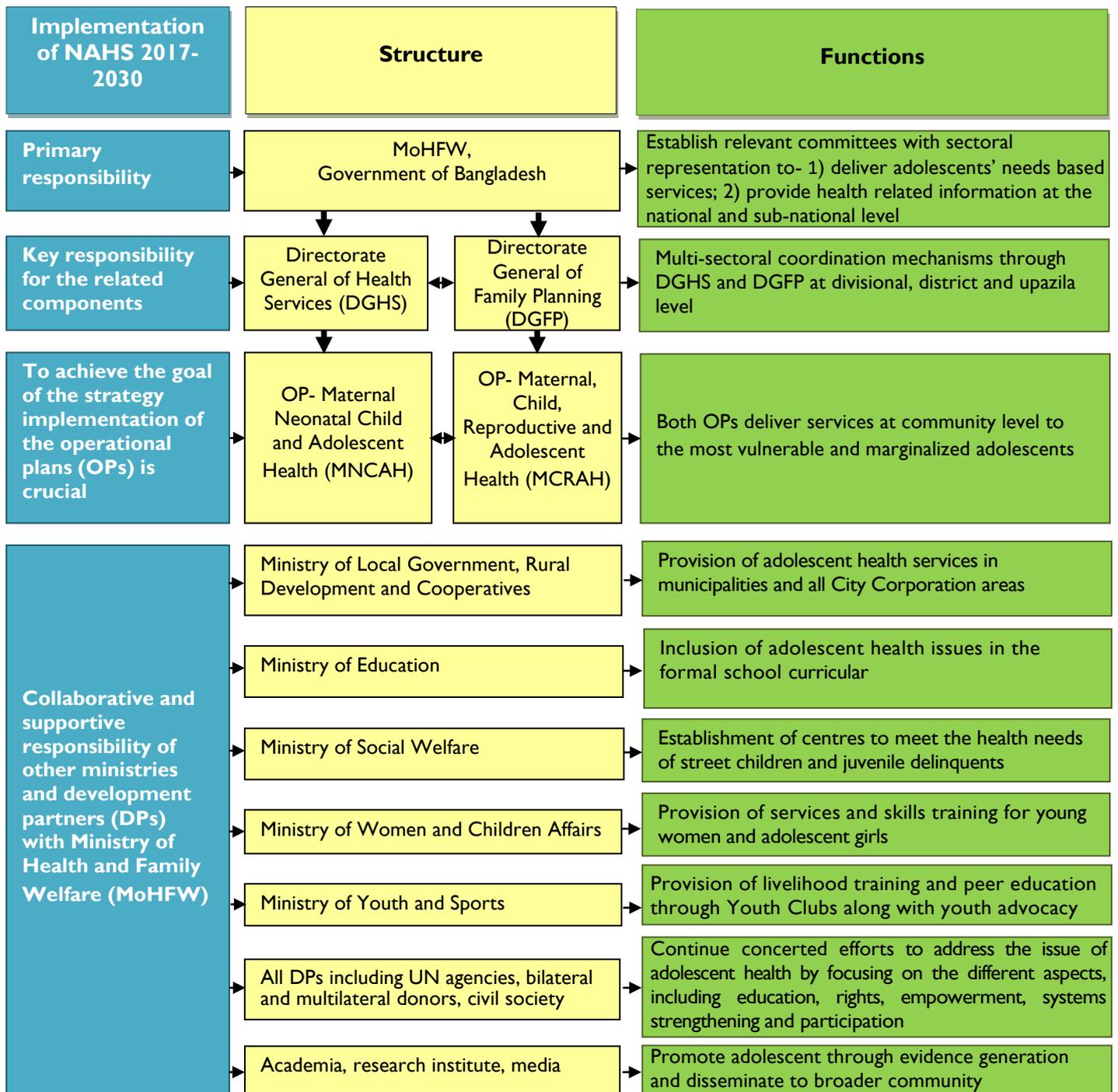
1. Develop a system for data collection/analysis on vulnerable adolescents with a special focus on their health issues and needs, to inform policy and programming;
2. Strengthen the health service delivery mechanism to ensure the provision of specialised services, which meet quality standards and comprehensiveness, to meet the needs of all vulnerable adolescents;
3. Identify specific interventions, under each of Strategic Directions and Cross Cutting Issues mentioned above, which should be implemented for vulnerable adolescents;
4. Establish linkages and develop a network among all development actors, who work with vulnerable adolescents to meet their varied and specialised needs;
5. Support interventions which assist vulnerable adolescents and bring them into the mainstream and provide them with their basic rights such as right to education, health, social welfare and decent employment when they are of age.

Effective Management and Coordination Structure to Implement NAHS 2017-2030

To achieve the goal and vision of the NAHS 2017-2030, multi-sectoral, multi-disciplinary and multi-dimensional approach is required at divisional, district and also at upazila levels. In this regard, emphasis should be given on the effective collaboration among all relevant actors in the development sector – both Government and Non-Government.

Therefore, a 'Management and Coordination' structure could be established under the direct purview of the DGFP as the principal custodian for the implementation of the NAHS. Effective management and coordination of the NAHS will ensure that all Bangladeshi adolescents are benefitted from this strategy and, in line with the SDG principle 'no one is left behind'. The functions of the 'Management and Coordination' structure are given in diagram 1.

Diagram 1: Effective Management and Coordination Structure and Functions



This document was prepared by USAID's Research for Decision Makers (RDM) Activity with the generous support of the American people through the United States Agency for International Development (USAID) under the cooperative agreement no. AID-388-A-17-00006. The RDM Activity is implemented by icddr,b. The views expressed herein do not necessarily reflect the views of the U.S.

Government or USAID or icddr,b”