

**Youth friendly health services:
Responding to the needs of young people in
Europe**

Dr Hilary Homans

United Nations Inter Agency Group (UNFPA/UNICEF/WHO) consultant on
Youth Friendly Services
C/o UNICEF Regional Office for CEE/CIS/Baltics
Palais des Nations,
Genève 10
Switzerland 1211

Tel and fax: 00 33 450 42 40 85

Email: homanshyfs@hotmail.com

The issue of young people's health, development and protection is of paramount importance to the United Nations (UN). Within south eastern Europe (SEE), young people are profoundly affected by recent trends in the region. These include political and social instability, armed conflicts, discrimination towards ethnic groups and young women, increasing levels of violence and crime, the newly emerging phenomenon of trafficking in human beings (particularly young girls for sex), decreasing investments in the social sector coupled with poor economic situations and widespread youth unemployment.

Whilst adolescence has traditionally been regarded as a period of good health, recent surveys on the status of young people in the region report their increasing use of drugs, alcohol and tobacco, and rapidly increasing rates of stress and mental ill health. Reproductive health indicators show low contraceptive prevalence, high abortion rates high, and an upward trend in sexually transmitted infections (STIs) and HIV/AIDS. Young people are at the centre of the HIV/AIDS epidemic with up to 80% of infections in young people in some countries.

The picture may seem bleak, but there is another side to the picture. Many challenges faced by young people are not of their making. Not all young people take drugs, engage in unsafe sex, or have mental health problems. However, they do need access to information and services and the skills to help them through these transitions.

The UN Inter Agency Group (IAG) on Youth Friendly Services (YFS) combines the efforts of WHO, UNICEF and UNFPA into strategic actions to strengthen, or establish YFS in Europe. This is based on the recognition that there is an urgent need to provide services that are appropriate, affordable and accessible and integrated into a sustainable and comprehensive response to young people's needs.

This paper provides an overview of existing YFS in the health sector in SEE and what needs to be put in place to go to scale. This includes changing the attitudes of service providers and significant adults who are responsible for young people accessing services. It calls for youth-friendly approaches, improving staff capacity and quality of care, developing indicators to measure quality, coverage and cost of services, providing support for the full participation of young people, and creating safe and supportive environments.

Youth friendly services

This paper will make the distinction between services which young people can use, and those that are "youth friendly". During the course of conducting mapping exercises of what YFS exist in sixteen countries in Europe and Central Asia it became apparent that there was a lack of clarity about what is meant by youth friendly services and why young people require such services¹.

Why youth friendly health services?

Many people ask: Why should young people have "youth friendly" health services? What about old people? What about everyone having "client friendly" health services? What is the difference between client friendly and youth friendly?

It is true that the whole population should have access to services that are responsive to their needs and vary depending on age, gender, socio-economic status, ability, and ethnicity. The ultimate goal is that all services should be "client friendly". There are however, three pressing reasons why youth friendly services are necessary.

Firstly, adolescence is a period of transition and experimentation. In many countries in Europe and Central Asia, young people between the age of 15 and 19 have sex for the first time and begin to use

¹ WHO has developed an advocacy document on *Adolescent Friendly Health services: An agenda for change* to be used as a global advocacy document (WHO, 2003a).

substances such as, tobacco, alcohol, and illicit drugs. The habits and lifestyles that are established during this period have a profound effect on future health and development. WHO has estimated that 70% of premature deaths amongst adults are largely due to behaviours initiated during adolescence (WHO, 2002a). In addition, many of the lifestyles engaged in during adolescence, such as, unsafe sex and substance abuse can facilitate the transmission of HIV, result in unplanned pregnancy and STIs, and result in long term addictions, or dependency on unhealthy substances. Young people (aged 10 to 24) thus need information, life skills and access to services (such as, counselling) to assist them in a healthy transition to adulthood. Young people should be assured of physical and sexual health, mental and emotional well-being, freedom from exploitation and abuse, skills and opportunities for sustainable livelihoods.

Secondly, young people are an important resource for the future and we need to invest in their health and development so they are able to fully participate and contribute to society. As expressed at the recent UN General Assembly Special Session on Children: "Young people are not the sources of problems - they are the resources that are needed to solve them. They are not expenses, but rather investments: not just young people, but citizens of the world, present as well as the future."²

Thirdly, young people have rights. They have the right to participate in decisions and actions that affect their lives, and to develop roles and attitudes compatible with responsible citizenship (WHO, 2000). This right builds on Article 24 of the Convention of the Rights of the Child (UN, 1989) which defines practical steps countries must take when they sign and ratify the Convention. To ensure that all children and young people enjoy "the highest attainable standard of health" countries must take measures to reduce infant mortality, develop primary health care, combat disease and malnutrition, provide health information and to develop preventive care services.

What are the principles of a rights-based approach to services?

Box 1: Young people have the right to health and a safe environment

They have the right to services:

- full range of accessible and affordable services
- privacy
- confidentiality
- be treated with dignity and respect
- be treated by people who are trained and knowledgeable
- continuity of care
- non discrimination

They have the right to participation, information and self-expression:

- to seek, receive impart information
- to express views on services received and to complain about unsatisfactory services
- to make free and informed choices in matters relating to sexual experience, pleasure and sexual orientation
- to freedom of association
- to participate and be involved in decisions that affect them

They have the right to special protection:

- from deprivation of parental care
- from abuse and violence, or neglect
- from exploitation
- when in conflict with the law

² Paraphrase of the Message from the Children's Forum, delivered to the UNGASS on Children by child delegates - Gabriela Azurduy Arieta and Audrey Chetnut on 8 May 2002.

Youth friendly services (YFS) are thus those which are based on the rights of children and young people and the responsibilities of duty bearers to promote young people's health and development and provide quality services. They are also services that are based on young people's needs. The key features of youth friendly services (YFS) are summarised in **Box 2**:

Box 2: Key features of Youth Friendly Services

- full participation of young people
- peer education and life skills
- integrated with other services and sectors
- health providers trained in youth friendly approaches, counselling & communication
- privacy
- confidentiality
- quality of care

What are youth friendly health services?

A Global consultation on adolescent³ friendly health services was convened by WHO in Geneva from 5 to 7 March 2001. This consultation agreed that some of the **services adolescents require are different from those provided for adults** and should have a greater emphasis on information, psychosocial support, and promotive and preventive health services (WHO, 2002a).

Within YFHS, much emphasis has been placed on the extent to which services respond positively to young people's needs. The traditional model of service delivery has expected young people to come to services, but it is now recognised that services may need to reach out to young people, especially to prevent HIV infection in vulnerable populations. This requires a re-orientation on the part of health workers to adolescent health and development and the involvement of a broad range of professionals (health and social workers, psychologists, teachers, the police and peer educators) in community based approaches. The services should thus be multisectoral and interdisciplinary and all of these services should contain youth friendly approaches.

The following question is often asked in relation to HIV prevention services, especially in low HIV prevalence countries. Should we focus only on especially vulnerable young people (EVYP) and ensure they have access to YFHS? The answer to this question has to be that YFHS should combine innovative modes of service delivery through two complementary approaches:

- ❖ Access of ALL young people to information and essential services **AND**
- ❖ Targeted interventions to marginalised and vulnerable young people (such as, IDUs, those living on the street and in institutions, youth with disabilities, sex workers, youth who have been sexually abused, raped or trafficked, Roma, men who have sex with men).

Whilst there cannot be global consensus on the ideal mode of service delivery for young people (as they are a diverse group with varying needs), there are various factors which are generally agreed to facilitate the responsiveness of services to young people's needs. These factors were identified at the WHO Global Consultation on Adolescent Friendly Health Services (WHO, 2002a) see **Box 3**.

³ Young people are defined as aged between 10 and 24 and adolescents as aged between 10 and 19. WHO tends to refer to adolescent friendly health services (AFHS) whilst the UN IAG is using the term youth friendly to refer to services for young people (10 to 24).

Box 3: Factors which affect young people's use of health services

- the policy environment
- legal status and constraints
- availability of epidemiological data on young people by age and gender
- life skills, health and sex education as a compulsory part of the school curriculum
- presence of youth health prevention and promotion programmes
- adolescent health and development as part of nursing and medical curricula
- health and social workers trained in the provision of YFHS
- specially designated health services for young people which are appropriate, accessible and affordable
- information available on services available to young people
- affordable and accessible commodities, such as, condoms and contraceptives
- participation of young people in service provision and management
- evaluation of services for young people based on their needs

WHO, 2002a

It is thus clear that all young people need access to a range of health services. These should be: based on young people's needs; staffed by motivated, friendly and trained health professionals; delivered through confidential and quality health services; located in safe environments; and planned, implemented, monitored and evaluated with young people playing a key role.

WHO has also identified the protective and risk factors which impact upon young people's health and development. Protective factors include a positive relationship with parents and adults within the community, a positive school environment, and having "spiritual beliefs". Risk factors include conflict within the family, friends who are negative role models, and engaging in other risky behaviours (WHO, 2002b).

Services can be provided on: a static facility basis (out patient, in patient), or out reach or mobile basis by a range of different service providers. Out-reach programmes targeted at special 'risk' groups

(such as, services for IDUs and sex workers) can be as appropriate to the specific groups they were designed for, as comprehensive integrated services all under one roof (the one stop shop/supermarket approach) are for a general population of young people.

Considerable work has been undertaken globally to define essential YFHS and measures are underway to try and include essential YFHS as part of the primary health care (PHC) package. Seven components of YFHS have been identified and ideally all components should be in place in order to say that comprehensive YFHS are provided – **Box 4** (UNICEF, 2002). The reality is often that one or two components exist, not all seven. Also, some components may be provided by government health services and others by non governmental organisations (NGOs), or the private sector. This is not a problem provided there is coordination between the different service providers and a good referral network.

Box 4: Essential Youth Friendly Health Services

- General health (endemic diseases, injuries, tuberculosis, malaria)
- Sexual and reproductive health (STI, contraceptives, management of pregnancy)
- Voluntary confidential counselling and testing (VCCT) for HIV
- Management of sexual and domestic violence
- Mental health
- Substance use (alcohol, tobacco, illicit drugs and injecting drug use)
- Information and counselling on a range of issues (sexual and reproductive health, nutrition, hygiene, substance use)

Adapted from UNICEF, 2002

The UN IAG on YFS places particular emphasis on HIV/AIDS/STI prevention and access to treatment for young people and has three key strategies to address this: peer education, life skills based education and YFS.

In February 2002, the IAG developed a draft regional framework for youth-friendly approaches to the sustainable delivery of health services at an inter-country consultation (WHO et al, 2002). This framework should involve youth participation throughout and include three elements: advocacy; be part of health sector and local government reform; and have standards for quality service delivery (**Box 5**).

Although there is no ideal model of YFS: “The challenge is to find a mode of service delivery which is responsive to the adolescent group to be served and makes best use of whatever resources are available.” (WHO, 2002a) Within Europe, several countries have risen to this challenge and developed models of YFS appropriate to their country context.

Box 5: UN IAG Regional framework for Youth Friendly Health Services

- Advocacy
 - Sensitisation of policy makers, the media, and health, education, and social sectors, youth workers and parents, into the health and development and health care needs of young people
 - Linkages and coordination of efforts through a wide variety of actors in government, civil society, UN agencies and development partners in the donor community

- Integration of activities into ongoing reform processes in health and other sectors
 - Legislation and policy reform to facilitate meeting health service needs of young people and to promote youth friendly approaches to service delivery.
 - Health care reforms to maximise youth friendly approaches through
 - Public health approaches with an emphasis on prevention
 - Integrated primary health care services, polyclinics, hospitals and specialized services
 - Intersectoral collaboration between health and other sectors (such as, education, police and social sectors)
 - Human resources – training and retraining of health workers
 - Financing and incentives so that services provided are affordable for young people, especially disadvantaged groups, extension of health insurance to ensure coverage of young people
 - Stewardship and protection of public interest through professional associations and consumer groups
 - Administrative reforms necessary to facilitate acceptance into the European Union (where applicable) and local government reforms (for example, decentralisation)

- Standards
 - Quality of health care and use of evidence based interventions by well trained staff
 - Monitoring and evaluation of services, use of services and young people's satisfaction with services

WHO et al, 2002

Status of youth friendly services in south eastern Europe

The UN IAG on YFS has been undertaking a mapping exercise of what youth friendly services are available throughout Central and Eastern Europe (CEE), the Commonwealth on Independent States (CIS) and Central Asia. Mapping reports are now available for the Baltic States (Estonia, Latvia, Lithuania and the two Russian oblasts of Kaliningrad and Saint Petersburg), Albania, Bosnia and Herzegovina, Bulgaria, Moldova, Romania, Serbia and Montenegro and the UN Administered Province of Kosovo in south eastern Europe, and Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan in Central Asia. Evaluations of YFS have also been undertaken in Azerbaijan, Bosnia and Herzegovina, and the Russian Federation (Homans, 2002; Homans, 2003).

The mapping reports and evaluations undertaken by the IAG have identified several different models of providing youth friendly services in SEE. They can be briefly summarised as:

- ◆ **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**

In some countries more than one model exists and YFS are being simultaneously integrated into health, education and social sectors and provide both static and out reach services for young people. The rest of this paper will briefly describe some examples of good practice from within the region. These and other examples are described in more detail in the country Mapping Reports.

YFS integrated into primary health care (PHC)

There are two main types of YFS that have been integrated into primary health care (PHC): services for sexual and reproductive health; and those for HIV prevention through testing for HIV.

During 1999 and 2000, the government Republic Centre for Family Planning in Belgrade (**Serbia and Montenegro**) developed (with UNICEF support) an innovative model of reproductive health counselling services for young people at PHC level. It is believed that the protection and improvement of reproductive health in adolescents can be achieved through introducing new educational activities and counselling services into existing preventive and curative health services (Rajin, 2003). The range of services includes the following:

- Health education group work with adolescents
- Individual counselling sessions with a preventive medicine specialist, psychologist, paediatrician or gynaecologist
- Diagnosis and treatment of reproductive health problems in male and female adolescents

There are now 30 YFS counselling services integrated into PHC throughout Serbia and Montenegro. Some are linked with Youth NGOs, such as Teenline in Podgorica (Montenegro) which provides psychological support services through telephone counselling services run by volunteers (Homans, 2003).

A similar model has been developed in **Moldova** where four YFS provide sexual and reproductive health (SRH) services for young people (Homans, 2003). The services in Chisinau are unique in that they were the only services observed with wheelchair access for young people with disabilities.

In **Bulgaria**, the Centre for Sexual Health (a NGO established by Médecins sans Frontières, MSF, as part of the government maternity hospital) in Sofia provides sexual and reproductive health services (including testing for HIV, diagnosis and treatment of STIs, and contraception) for EVYP (Homans, 2003). The following criteria were in place:

- Clients' confidentiality respected (quality and accessibility)
- Clients' right to information observed (access to information)
- WHO protocols for syndromic treatment of STIs and VCCT used (quality)
- Marginalised groups and EVYP targeted (accessibility, appropriateness and equity)
- Free services (accessibility)

Box 6: Centre for Sexual Health, MSF, Bulgaria

Region: Sofia

City: Sofia

Type of organisation: NGO located in the main government maternity hospital

Target group: About 600 each month - Young people and EVYP, including Roma and sex workers

Major services:

- Psychological counselling
- Physical examinations
- HIV testing with pre and post test counselling
- Diagnosis and treatment of STIs
- Contraception and gynaecological services
- Telephone hotline service

Additional features

Free services

Hours to suit young people

Young people can use the services without referral from their GP

Multidisciplinary team of dermatologists (2), gynaecologists (2), and psychotherapists (1)

Plan to establish a mobile clinic in June 2003 for homeless, IDU, Roma and sex workers

Financing: Swiss development Cooperation until 2005

In **Bosnia and Herzegovina** (BiH) a partnership has been created between the government, PHC Centres providing YFS and Youth NGOs in four cities/regions (Banja Luka, Bihac, Brcko and the Centre of Mother and Child in Mostar). The centres are staffed by medical professionals (trained in youth-friendly communication and youth issues) who provide: counselling on a wide range of SRH issues (sexuality, male and female condom use; services for the prevention, diagnosis and treatment of STIs, prevention of HIV/AIDS, and VCCT; access to free or low cost contraception (including dual protection methods and emergency contraception); and access to other medical services.

Wherever possible, these service delivery points are integrated into existing state or private health care facilities and make use of NGOs and local resources. This partnership includes the Cantonal Ministries of Health and Education (Bihac and Mostar), the Ministries of Health and Education in the Republic Srpska, the Department of Health and Education in Brcko District and the Federal Ministries of Health, Education, Human Rights, and Civil Affairs. During the first year of implementation (2003) 13,770 male and 3,532 female condoms were distributed, 348 gynaecological check-ups made, 150 counselling sessions held (26 with young men and 124 with young women), and 110 packs of contraceptive pills were prescribed (Mudrovic, 2003).

Voluntary confidential counselling and testing for HIV (VCCT) centres were developed in **Romania** in 1999 by a local NGO (the Romanian Association against AIDS, ARAS) in collaboration with Bucharest, Constanta and Iasi Public Health Authorities. These health authorities were selected as they have the highest prevalence of HIV/AIDS among adolescents and adults in Romania. The goal is to contribute to the prevention of HIV and other STIs amongst the general public, young people and EVYP at community level, through VCCT, effective referral for treatment and social services. Each of the three District Public Health Authorities co-funds VCCT services by:

- ensuring appropriate space for the VCCT service
- paying staff (nurses) salaries and part of the administrative costs
- providing consumables
- processing blood samples
- issuing medical bulletins and updates

The VCCT centres:

- are the only centres outside of infectious diseases testing facilities that provide counselling
- provide an unique opportunity for EVYP to receive testing and counselling for HIV, and to initiate treatment if necessary for HIV infection, hepatitis B and hepatitis C
- function as a part of a holistic intervention, which includes outreach, peer education, networking at community level and advocacy (Government of Romania and ARAS, 2003).

In **Bulgaria** the government has revised its HIV testing policy to:

- Include HIV testing, when indicated, as part of the routine medical care services offered by all health-care providers on the same voluntary basis as other diagnostic and screening tests.
- Introduce free of charge voluntary counselling and testing for HIV as a low threshold service for young people and highly risk groups.

The main findings to emerge through the establishment of VCCT services in Bulgaria are that young people:

- want to know their HIV status
- want confidential services and full disclosure of their results
- appreciate counselling services.

Most young people who were tested for HIV intended to practice safer sex in the future. The need for YFS VCCT services is illustrated by the fact that of the young people who came for VCCT testing in Bulgaria: 49% of them had had a previous STI, 32% of them had engaged in promiscuous sexual behaviour, 8% of them were IDUs, 8% had had sex with a sex worker, and 3% of them had had same sex relationships (Taskov, 2003).

In **Turkey** a two pronged approach has been used: development of a model national adolescent counselling service; and improvements in current health service provision for adolescents. Two pilot adolescent counselling services have been introduced into PHC and youth reproductive health units have been established in eight university Medical Centres (UNFPA, 2002).

YFS integrated in student health facilities

The Institute for Students' Health in Belgrade (**Serbia** and **Montenegro**) is a separate institution, yet part of the official health care system. An analysis of annual medical examinations of students found that between 20-30% of the student population had some health problem. The highest health related risks among students were casual sexual behaviour, smoking, alcoholism, drug addiction and violent behaviour (Ilic, 2003). The aims of the Student YFS are to:

- Educate, empower and mobilise students to promote and protect their good health
- Provide quality individual health care services in accordance with the defined requirements for reproductive health, HIV/AIDS, STIs, mental health and nutrition
- Establish standards for the organisation, efficiency and quality of the service provided (privacy, confidentiality, friendly attitude towards young persons)
- Provide adequate, trained and competent staff
- Ensure participation of students in the process as partners
- Monitor the health status of students (systematic medical checkups of the 1st and 3rd year students)
- Research and diagnose health problems and risks in the environments in which students live and study
- Cooperate with education, social protection sectors
- Cooperate with the NGO sector
- Ensure access to all the services by students with special needs.

YFS integrated into the educational system

In **Romania** a psychosocial support counselling project is being implemented by the Youth for Youth (YfY) Foundation, based on a written agreement with the Post-Graduate Teachers' Training Institute and with UNFPA support. 140 school counsellors/psychologists have been trained in Bucharest, Dambovita and Maramures. Following the training, a counselling cabinet was established in schools with trained teacher/counsellors to facilitate access of young people to the counsellors within their own social environment. The target group is all young people in schools, mainly high-schools (12-18 years old).

The services provided include career orientation, conflict resolution (with peers, teachers and parents), and counselling on adolescent reproductive health issues. For four hours during the school day any pupil can make an appointment to meet the school counsellor/ psychologist to discuss any issue of concern, such as: puberty and adolescent development; virginity and first sexual experience; conception, contraception and abortion; STIs; HIV/AIDS; and substance use and abuse. The counsellors also refer the students to reproductive health or other services. The session can be individual or group counselling, based on the decision of pupils or counsellor, or the nature of the problem.

School counsellors and psychologists also act as YfY volunteers, and one of their tasks is to refer interested adolescents to YfY offices for additional information and training. Condoms are provided free of charge, as well as educational materials (leaflets, brochures). During the academic year 2001-2002, about 6,020 young people in Romania benefited from counselling services and psychological support provided by YfY trained school counsellors and psychologists (Youth for Youth and Ministry of Education, 2003).

YFS Integrated into and/or linkages with Youth Centres

Albania has developed a thriving network of youth NGOs concerned with health and development issues. The Albanian Youth Council is the umbrella organisation for 82 organisations working with young people throughout the country. In Vlora, in the south of the country, an existing Youth Centre has been designated as the most appropriate place for young people to receive health information and services. A nurse has been appointed to "hang out" in the Youth Centre and answer any questions young people might have on health issues. The Youth Centre also provides the possibility to test for HIV for those young people who think they may have put themselves at risk. Referrals to other health and social services are also made.

Also in **Albania** linkages have been made with Family Planning Association (FPA) Youth Centre and reproductive health services in the government and private sector. The FPA *PO* Youth Centre in Tirana is open from 09.00 to 19.00 and is staffed by a Youth Coordinator, Counsellor and three Youth Workers. They provide educational seminars at the centre and in local schools, counselling on sexual and reproductive health (SRH) issues, a library and computing services (including access to the Internet). They refer young people to known youth-friendly doctors (about five) and the Women's Counselling Centre (in the building next door).

In **Bosnia and Herzegovina** the UNFPA/International Rescue Committee (IRC)/Government project on *Improving Youth Sexual and Reproductive Health in BiH* has established youth-friendly Information and Support Centres for SRH in four cantons. The Information Centres are staffed by resident peer educators who provide information on SRH, low cost condoms, and offer referral to the youth-friendly SRH services (mentioned earlier) and other medical facilities as needed (IRC, 2002).

YFS out reach services for especially vulnerable young people

The area where most work has been done is in targeted interventions for HIV prevention amongst EVYP, in particular injecting drug users (IDUs). All countries had some form of YFS for this population group. These initiatives can be seen as donor driven and the extent to which these programmes are sustainable will depend on the ability and commitment of governments to continue the financing of the programmes.

In **Bosnia and Herzegovina (BiH)** an innovative project has been established to increase young people's access to VCCT for HIV. The project is an exemplary model of using out reach workers (to identify EVYP and inform them of the risk of HIV), peer counsellors (for pre-test and post-test counselling), and health workers (to provide the blood testing and diagnostic facilities). Beneficiaries of the project expressed satisfaction with the services received. There are promising signs of broader local involvement in the project through the Mayor's office and the about to be established Youth Councils.

In the city of Tuzla, health workers are supporting the project through working on a voluntary basis to take blood samples in their free time; that is, outside working hours and without payment. This level of commitment and collaboration is a model of good practice.

Box 7: Summary of the way the IFS/UNICEF project works:

1. Out reach workers go into the community to identify EVYP.
2. EVYP are given information about VCCT (out reach workers also put posters in places where EVYP congregate, and disseminate information at rave or condom parties, or on the radio).
3. Interested EVYP come to the IFS centre for group counselling and decide whether they have put themselves at risk of HIV and want to have an HIV test. If so, they are asked to complete an anonymous questionnaire. They can also have an individual counselling session if they prefer.
4. An HIV test is taken (at IFS centre in Tuzla, or the hospital in Zenica) for those who request it.
5. EVYP return to the IFS centre for test results and individual post-test counselling.

For beneficiaries of the project and IFS volunteers and staff, the main achievement of the project is that **HIV tests are offered free of charge to EVYP**. Through out reach activities, over 11,000 young people have been provided with information on HIV/AIDS, about 1,200 have received counselling and over 400 were offered and accepted free of charge, anonymous and confidential testing for HIV. Before the project they had to pay and it was not anonymous (Homans, 2003, International Forum of Solidarity/UNICEF, 2003).

Coordination

Whatever model of YFS is developed, there needs to be a coordination mechanism to ensure that linkages and referrals are made between services and within and between sectors. Two models of coordination of YFS provision have emerged – one at national level and the other at local, or municipal level:

- ◆ National Task Force on Young People's Health, Development and Protection
- ◆ Municipal based approaches

National level coordination

As a result of consultations for the Mapping Report in **Serbia and Montenegro**, the Ministry of Health in Serbia established a Task Force on Young People's Health, Development and Protection and is planning to develop a national strategy in this important area. In addition to the national Task Force, six Working Groups with 100 members are now working on the following topics: HIV/AIDS, health

promotion, mental health, reproductive health, substance abuse and violence. The groups include representatives of government and NGOs, as well as young people themselves. The Task Force is also expected to develop strategies for strengthening YFS provision through advocacy and capacity building (training of health and related care providers), conducting a review of existing legislation, and establishing national norms and standards for YFHS.

Municipal coordination

Most of the YFS mentioned in this paper have some local coordination mechanism for project implementation. However, in order to go to scale and move from project to programme implementation, there needs to be more sustainable and multisectoral mechanisms to ensure the widespread introduction of YFS. The most comprehensive local coordination mechanisms for YFS are currently being established in **Lithuania** where Mayors are regarded as the key person's responsible for the health and development of young people within their communities. The Mayors are being sensitised to the concept of YFS (about 60) and provided with examples of good practice from throughout Europe. In six pilot municipalities the issue of YFS has been integrated into local coordination structures and teams will be conducting a mapping exercise to determine what, if any, YFS already exist and what entry points there are for the introduction of YFS into existing services.

There are also examples of good practice in municipal level coordination through Mayor's involvement in child-friendly initiatives. For example in **Croatia**, work on the Baby Friendly Hospital Initiative realised that that in order to be effective they needed to move beyond the hospital and into the community. So they have involved all 54 cities and towns in a 'Friends of Children' programme which aims to "stimulate adults in towns and districts of the Republic of Croatia to fully satisfy the rights and needs of children, as recognised in the UN Convention on Children's Rights." Each town has developed an Action Plan on the achievement of the rights and needs of children's health, and established a budget line for the development, protection and education of children. The third stage is the mobilisation of the local community and different sectors in child friendly initiatives. A Programme of Action has been developed which specifies the requirements and indicators to be achieved for children's rights and needs. Each city which realises at least 80% of the programme of action is awarded the honorary title *Town – Friend of Children*, or *District – Friend of Children*. The honorary title is specially designed as a tablet erected at all entrance points to the town/district and the main square. In addition, a diploma is hung in a visible place in government premises indicating the actions the government is committed to take for children's rights and needs (Paravina and Grguric, 2001).

Capacity building

Other mechanisms are also in place in other European countries for coordinating technical support and capacity building:

- ◆ **Training and capacity building** in WHO or gold standard materials – WHO has developed global materials on adolescent friendly health services which are being adapted to the regional (EURO and EMRO) and country context. Some examples of the materials are the *Orientation programme on adolescent health and development for health care providers*, *Counselling skills training in adolescent sexuality and reproductive health: A facilitator's guide*, *Adolescent Friendly Health Services: Making it happen*.
- ◆ **Twinning of cities** – Netherlands and the Russian Federation. The Netherlands School of Public Health has been providing support to sustainable sexual and reproductive health improvement in five Russian districts through twinning with five cities in the Netherlands⁴. This has resulted in improved knowledge about the needs of adolescents for services and their sexual and reproductive health status through a survey of 1600 young males and females in

⁴ This builds on extensive experience generated through a previous project *Improving reproductive health in six Russian cities* which focused on changing the organisation of reproductive health care from a curative-based approach to a public health approach with emphasis on prevention and the active participation of NGO partners.

the five project cities (Ketting et al, 2001). Twinning between European Union (EU) and non EU countries could be used to strengthen YFS provision, especially for the introduction of YFS norms and standards into EU accession countries.

- ◆ **Study tours** to Finland, Netherlands, Sweden and the United Kingdom on YFS provision and to Estonia on the development of norms and standards and the inclusion of YFS as reimbursable services from the Health Insurance Fund.

Future

Whilst there has been a good start to the implementation of YFS within SEE there is still much room for improvement and the need to go to scale. Areas where particular further attention needs to be paid are mental health services, diagnosis and appropriate treatment of STIs, the needs of neglected minorities such as the Roma and young people living on the streets or in institutional care, young people who have been sexually abused, those who sell sex, and young women and girls who have been sexually trafficked⁵.

Ninety percent of foreign migrant sex workers in the Balkan countries are victims of trafficking. However, not more than 35% are recognised as such and only a fraction (7%) of this number receives long term assistance and support. There are no clear human right standards for the treatment of trafficked women and children, and no referral mechanisms in place to ensure that all trafficked persons are identified and assisted. The lack of special procedures and special protections for children has resulted in the authorities and assisting organisations treating girls under 18 as adults. Many trafficked women and children are falling back into the trafficking cycle due to gaps in service and support provision both in the destination country and the country of origin (UNICEF et al, 2002).

Even where YFS are in place, coverage is low with less than 10% of young people able to access such services. In some countries within SEE, YFS have not yet been established, or attempts have been made to introduce them but they have not been sustainable. Where YFS exist, the next major challenge is to develop national norms and standards for them. WHO is currently developing materials to assist with this⁶. Estonia is the only country (outside of the European Union) which has developed norms and standards for its Youth Counselling Centres. This has enabled young people to receive counselling services as a reimbursable service from the National Health Insurance Fund. This is a major step forward and one which many other countries are envious to follow.

The development of norms and standards for YFS assists governments to identify any gaps in service provision and take measures to address them. Some of these measures include ensuring that: a critical mass of health, education and social sector providers are trained in youth-friendly approaches; health care providers have access to the latest protocols for prevention and treatment; and indicators are developed to monitor YFS coverage, implementation and young people's satisfaction with services.

In all initiatives, efforts need to be made to go to scale and to ensure that services truly respond to the divergent needs of young people within the region and actively involve them in the process of service provision. YFS are increasingly needed to help young people protect themselves against the ever growing threat of HIV and to ensure that their transition to adulthood is a healthy one.

⁵ Human trafficking has become the third biggest criminal business worldwide, after drug trafficking and trafficking of weapons. In south eastern Europe, the problem of human trafficking is compounded by the instability of civil societies and the weakened rule of law, which gives more scope to criminal activities and organised crime. As a result, human trafficking has been expanding dramatically in recent years and has become big business. The wars and conflicts have changed and caused dramatic shifts in the social structure of life. In post war and post conflict areas the bad economic situation makes especially the female population very vulnerable. Young women try to find jobs abroad, and may easily become victims of traffickers (UNICEF, 2002).

⁶ *Adolescent Friendly Health Services: Making it happen*, WHO 2003c

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