

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

Towards universal health coverage for the world's adolescents

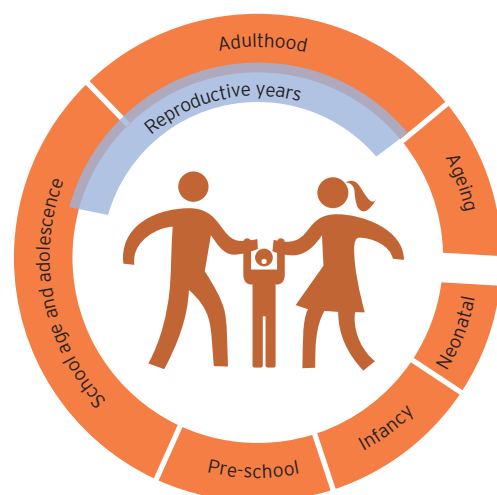
The World Health Organization (WHO) report *Health for the world's adolescents: a second chance in the second decade* suggests that to make progress toward universal health coverage, ministries of health and the health sector more generally will need to transform how health systems respond to the health 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/UNAIDS, 2015) and their implementation.

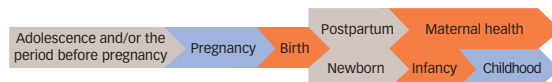
Adolescents experience many barriers to health care

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/UNAIDS, 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 unclean, 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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While some barriers lie outside the health system, such as financial barriers due to income inequalities, others are more directly the responsibility of health services. Setting standards for quality health-care services is a way to minimize variability and ensure a minimal required level of quality to protect adolescents' rights in health care. A standards-driven approach has been used to allow health services to realize aspirational but achievable goals through assisting in the implementation of appropriate practices and guiding continuous quality improvement.

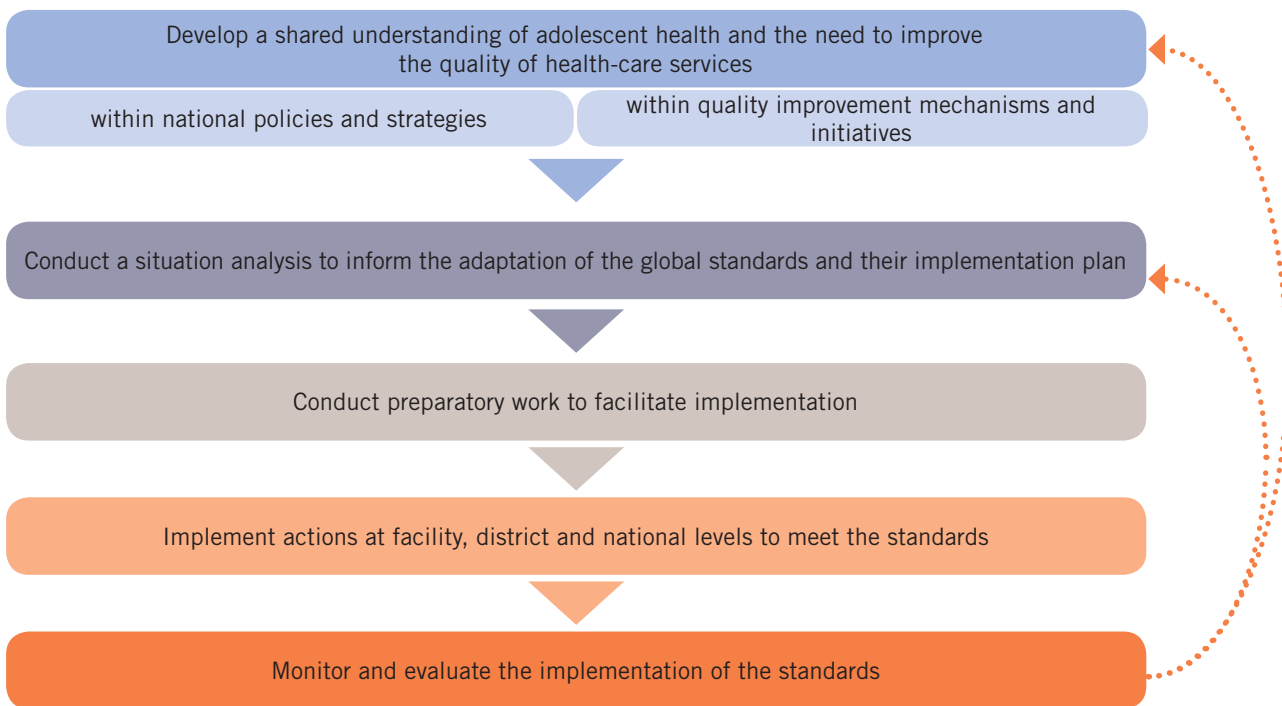
WHO undertook an extensive process that involved many departments within the organization, in collaboration with partner organizations and national stakeholders, to develop the *Global standards to improve quality of health-care services for adolescents* (Table 1).

Setting standards for quality health-care services is a way to minimize variability and ensure a minimal required level of quality to protect adolescents' rights in health care (Nair et al., 2015).

Table 1. Global standards to improve quality of health-care services for adolescents

Standard 1	Adolescents' health literacy	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.
Standard 2	Community support	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 and support such provision and the utilization of services by adolescents.
Standard 3	Appropriate package of services	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.
Standard 4	Providers' competencies	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 5	Facility characteristics	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.
Standard 6	Equity and non-discrimination	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.
Standard 7	Data and quality improvement	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.
Standard 8	Adolescents' participation	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.

Fig. 1. Steps in the process of implementation of the global standards



Implementing quality standards

Developing and implementing national quality standards and monitoring systems are just one part of the transformation that health systems need to undergo in order to better respond to the health and development needs and opportunities of adolescents (WHO, 2014). Improving the quality of care at mainstream primary and referral level facilities cannot succeed without strengthening all pillars of the health system. This includes:

- *governance*, so that policies are in place that respect, protect and fulfil adolescents' rights in health care and national health management information systems are in place that provide the evidence base for decision-making;
- *financing*, so that allocation of resources and purchasing services is done in a way that meets the needs of adolescents;
- *strengthening workforce capacity*, so that health-care providers have the necessary competencies to implement the standards;
- *ensuring that the necessary drugs, supplies and technology are available* so that the functioning of the facility is seamless.

The WHO/UNAIDS implementation guide for the global standards for quality health-care services for adolescents provides detailed guidance on facility-, district- and national-level actions necessary to support their implementation (WHO/UNAIDS, 2015).

Therefore, in addition to actions in the facility and community, national- and district-level actions will be necessary in each of the health system pillars in order to enable facility staff and managers to implement the standards and their criteria. The WHO/UNAIDS implementation guide for the global standards provides detailed guidance on facility-, district- and national-level actions necessary to support their implementation (WHO/UNAIDS, 2015). Fig. 1 shows the main steps in the implementation process.

WHO support to countries

Recognizing that health services should be more responsive to adolescents' needs, many countries have moved towards a standards-driven approach to improve the quality of care for adolescents. With ministry of health leadership, more than 25 low- and middle-income countries have adopted national quality standards. WHO/UNAIDS global standards have been adapted in Benin and in the Latin American and Caribbean countries to develop regional sexual and reproductive health standards (WHO/UNAIDS, 2015).

Standards are designed to be measured. WHO/UNAIDS guidance contains a full set of quality and coverage measurement tools to support countries in assessing progress towards implementation of the standards (WHO/UNAIDS, 2015).

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More information on WHO tools to support quality improvement in adolescent health care



Health for the world's adolescents: a second chance in a second decade (WHO, 2014).

This report makes a compelling case for allocating more resources to adolescent health and clarifying evidence-informed priorities for action in health and other sectors. Section 6 outlines key considerations for strengthening the focus on adolescents to achieve universal health coverage, including the rationale for and actions to improve the quality of health-care services. It also provides examples from countries of how this can be done. <http://apps.who.int/adolescent/second-decade>



Making health services adolescent friendly: developing national quality standards for adolescent friendly health services (WHO, 2012).

This guidebook provides step-by-step guidance on developing quality standards for health service provision to adolescents. It explains the five key steps and describes how they can be undertaken, and it provides materials that can be used to prepare for and conduct a workshop to develop national quality standards for adolescent-friendly health services. http://apps.who.int/iris/bitstream/10665/75217/1/9789241503594_eng.pdf



Core competencies in adolescent health and development for primary care providers (WHO, 2015).

Workforce competency is key to the implementation of the global standards for quality health-care services for adolescents. To support countries in building an adolescent-competent workforce, WHO developed *Core competencies in adolescent health and development for primary care providers*, which includes a tool to assess the adolescent health and development component in pre-service education. It provides guidance on how to assess and improve the structure, content and quality of the adolescent health component of pre-service curricula. The ultimate goal of this competency framework is to increase the quality of health-care services provided to adolescents by improving the education of primary health-care providers. http://apps.who.int/iris/bitstream/10665/148354/1/9789241508315_eng.pdf?ua=1

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