



*executive committee of
the directing council*

PAN AMERICAN
HEALTH
ORGANIZATION

*working party of
the regional committee*

WORLD
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HEALTH AND YOUTH

1. Introduction

In its XXIII and XXIV Meetings the Directing Council approved Resolutions XIV and XXXIII, respectively, aimed at encouraging cooperation between PAHO and its Member Governments for the purpose of fostering proper attention to the health needs of youth.

These resolutions emphasize the following points:

- The need to make studies and devise methods that will help define more clearly the responsibility of the health sector in meeting the health and welfare needs of young people and adolescents.
- The possibility of preparing specific strategies for the comprehensive coverage of the needs of youth.
- The advisability of PAHO's cooperating in learning more about the present situation and contributing to the training of the personnel needed to address youth problems on an interdisciplinary basis.

2. Activities

In compliance with these mandates and starting in 1976, PAHO has carried on a variety of informational and promotional activities in the form of interviews, round tables and lectures designed to arouse the interest of the authorities in health, education, and other sectors concerned with social welfare in defining more clearly the health problems of young people and encouraging the application of possible solutions. In addition to staff members of PASB, short-term consultants were involved in this work, and provided more than 20 months of specialized consulting services in different countries.

At the same time, many meetings, seminars and working groups, both multi- and interdisciplinary, were held for the purpose of developing an intersectoral approach to youth problems that would fit into the economic and social development process in Latin America. Gatherings of this kind, attended by physicians, nurses, psychologists, sociologists, anthropologists, educators, lawyers, and administrators, have been held in Mexico, Guatemala, El Salvador, Costa Rica, Panama, Colombia, Brazil, Chile, Paraguay, Bolivia, Uruguay, Argentina, and in English- and Spanish-speaking countries in the Caribbean.

In addition to the meetings it has directly sponsored in collaboration with health authorities, PAHO has cooperated in others organized by scientific, business and professional associations by providing literature on the subject and experts in aspects of medical practice, such as pediatrics, gynecology and psychology relating to the care of adolescents and young people. In all these areas, PAHO cooperation was directed towards comprehensive care of the young person from the primary care level onwards, and the promotion of active participation by this age group in community development.

The effect of these activities has been to increase the demand of the Member Governments for personnel training in specific aspects of adolescent and youth care. To meet in part this demand, PAHO collaborated with the International Childhood Center and the Government of Venezuela in sponsoring the First Latin American Course on Adolescent Health, held from 5 to 10 November 1979 in Caracas, and participated in its planning, conduct and evaluation by providing permanent staff members and short-term consultants, awarding fellowships, and supplying literature. It also collaborated with the University of Chile in holding the Training Course on Adolescent and Youth Care, aimed primarily at the personnel of programs for extending the coverage of urban health care services.

Some fellowships have been awarded, as funds have permitted, to professionals employed in the health services at the levels of intermediate and highest complexity to enable them to acquaint themselves with activities for the care of young people in which the social, psychological and biological aspects of their problems are being treated in some comprehensive way.

These activities have resulted in the identification of valuable human resources and experiences in Latin America and the Caribbean area, which will be helpful in future intercountry cooperation to strengthen the care of the young in aspects such as that of the young woman from the gynecological standpoint and of young people in changes of behavior and crisis counseling, and their participation in community development programs, which are particularly important in the countryside.

On the national level, the Organization is collaborating in projects in which the health of adolescents and young people is part of comprehensive maternal and child care programs supported by other United Nations agencies. In early 1980 projects of this kind were under way in 19 countries of the Region.

3. Conceptual Framework of the Problems of Youth in Latin America and the Caribbean

These activities have produced a considerable body of information on the health of adolescents and young people in the Region. On this subject there are adequate terms of reference, whose highlights are as follows:

- Youth health planning must allow for the different situations in which economic and social development proceeds and for the particular epidemiological characteristics of each country and of the different urban and rural settings. As recommended by a United Nations ad hoc group, the terms "adolescent" and "youth" are taken for practical purposes as referring to persons between the ages of 10 and 24 years.
- The traditional indicators with which risks are weighted, and which are usually expressed in terms of morbidity, could not be used to assign to the health problems of young people a priority commensurate with their important role in society; accordingly, the available information on injuries to their health must be improved, and criteria established on the interrelationships among their many causes.
- Health services for young people--which are just beginning in most of the countries in the Region--must be programmed with a view to well-defined priorities, taking into account the design of multiprofessional activities that are accessible, ongoing and of practical relevance to the most significant problems.
- Youth health activities must be preferably preventive in approach and be designed to educate extensively about medical and dental care services, prevention of behavioral disturbances, and guidance for family living, with particular emphasis on reproduction and conjugal harmony. In the intersectoral sphere, it is up to the health services to promote and give momentum to legal-social protection activities, the provision of more training for young people and for their entry into the world of work, vocational guidance, and the development of recreational activities and responsible citizenship.

- Health services to adolescents and young people must be tied to primary health care schemes, rest on an extensive community foundation, and afford ready access to the various institutions in the health system, including centers of highly specialized care and the support of centers of advanced education and research usually associated with universities.
- It is necessary to promote and assist the interest of young people, organized in groups, in participating actively in health and welfare programs in their own communities. Experience in different countries indicates that environmental sanitation is a particularly good field in which to channel the desire of young people to cooperate in community development.
- Measures to solve the health and welfare problems of young people in institutions endowed with qualified staff and other resources could be redirected and reinforced by interinstitutional and intersectoral coordination machinery devised to enable those institutions to be more responsive to population groups with needs requiring priority attention.

4. Recommendations for Future Activities

It is envisaged that technical cooperation activities for the promotion and development of the health of adolescents and young people would continue in the framework of the Organization's technical cooperation program and in accordance with country and regional strategies for attaining the goal of "health for all by the year 2000." It is probable that these activities will be oriented, in accordance with the requirements of the Member Governments, toward:

- The dissemination of information and exchanges of experiences in the countries.
- Learning more about the health status of young people and their inter- and intrasectoral conditioning factors, in appropriate studies promoted at the national level.
- Cooperation with national groups to foster the development of human resources, the increased production of literature on the subject, and the use of appropriate technologies in the application of possible solutions.
- The promotion of experiments in comprehensive care for these groups on a primary health care basis and with community participation.