

ADOLESCENT AND YOUTH-FRIENDLY HEALTH SERVICES

National Operational Guidelines Samoa – 2023



Adolescent and Youth-Friendly Health Services Guidelines

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GLOSSARY

Adolescents, youth, and young people

The World Health Organization (WHO) and the United Nations (UN) define 'young people' as girls and boys between the age of 10-24 years, which ranges from the period defined as adolescence (10-19 years) to youth (15-24 years). However, the definition varies from country to country.

For the purposes of these Guidelines, the following definitions are used.

Definition	WHO/UNFPA	Samoa ¹
Adolescents	10-19 years	10-19 years
Youth	15-24 years	18-35 years
Young people	10-24 years	10-35 years

Appropriate package of services

Minimum services package (essential packages) is the minimum expected sexual and reproductive health (SRH) services to be provided at adolescent and youth-friendly health facilities at the primary health care setting, using the available resources in the country. Advanced services package refers to services provided at the secondary or tertiary health facilities as part of routine care or AYFHS.

Disability

Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.²

Gender-based violence (GBV)

An umbrella term for any harmful act that is perpetrated against a person's will. GBV is based on socially ascribed (gender) differences between male and female. GBV includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or private.³

Mental health

Mental health is the foundation for the wellbeing and effective functioning of individuals. It is more than the absence of a mental disorder; it is the ability to think, learn, and understand one's emotions and the reactions of others. Mental health is a state of balance, both within and with the environment. Physical, psychological, social, cultural, spiritual, and other interrelated factors participate in producing this balance. There are inseparable links between mental and physical health⁴.

Reproductive health

WHO defines reproductive health as a state of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity in all matters relating to the reproductive system and its functions and processes.⁵

Sexual health

WHO defines sexual health as a state of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity in all matters relating to sexuality. Sexual health also means having a responsible, satisfying, and safe sex life. Sexual health includes aspects of sexuality not necessarily related to reproduction.

Sexual and reproductive health (SRH)

There is an overlap in the definitions of SRH. For these Guidelines, the term SRH addresses every issue included in 'sexual health' and 'reproductive health' above.

Adolescent and youth-friendly health services

AYFHS are accessible, acceptable, comprehensive, and appropriate for young people. They are in the right place and delivered in the right style to be acceptable to young people. They are effective, safe, and affordable (free when necessary), are equitable, and do not discriminate on the grounds of gender, ethnicity, religion, disability, social status, marital status, sexual orientation, or any other reason.⁶

AYFHS reaches out to those who are most vulnerable and those who lack services. Services are youth-friendly if they have policies and attributes that attract young people to the facility, meet the needs of young people, and retain the clientele for follow-up visits. AYFHS are a wide range of health and related services provided to young people to meet their individual needs, in a manner and environment to attract interest and sustain their motivation to utilise such services.

Accessible

Young people, including young people with disability, experience significant barriers when choosing to access SRH services which impact their health outcomes. Services that acknowledge and address barriers such as infrastructure, complicated systems, and referral processes, poor previous experiences, cost, and confidentiality will improve the engagement of young people.

Acceptable

Young people have distinct needs and aspirations, including being treated with respect, receiving culturally and religiously sensitive care, and accessing services with stringent privacy and confidentiality systems. Health services that provide adequate time for appointments and availability of youth advocates demonstrate to young people the service is responsive to their needs.

Appropriate

Youth will continue to access health care if they feel comfortable and experience care that is responsive to their needs. Services that provide minimum services packages in one setting are an example of ensuring SRH health services are appropriate.

Comprehensive

Young people can experience complex and chronic issues, which require a comprehensive approach in service delivery. To ensure young people's wellbeing and health needs are met, integrated systems and partnerships with internal and external services are critical to improving outcomes.

1 INTRODUCTION

Purpose of the AYFHS Guidelines

Samoa's Adolescent and Youth-Friendly Health Services National Operational Guidelines (also referred to as AYFHS Guidelines or the Guidelines) provide technical and operational guidance to government authorities, Non-government organisations (NGOs), and stakeholders in delivering SRH services to young people aged 18-35 years. This includes healthcare and non-health professionals in a diverse range of positions, including facility managers, clinicians, allied health care providers, health promotion, outreach workers, and other support roles to ensure a standardised and comprehensive approach to providing AYFHS. The Guidelines are intended to be used by government and non-government service providers and other stakeholders to plan and implement SRH services, including the scale-up of existing services.

Importantly, the Guidelines ensure that the provision of AYFHS in Samoa are in line with international standards, including the WHO Standards for *Youth-friendly Services*⁶, other best-practice guidelines, and current evidence. The Guidelines also delineate the service delivery responsibilities of health workers, support staff, and facilities within the MOH and other non-government service providers and stakeholders. As a result, implementing the Guidelines will promote comprehensive, integrated, accessible and sustainable SRH services.

Background

Guidelines development process

The development of the 2023 Guidelines has been a collective effort from the AYFHS Core Review Committee.

WHO Global Standards for Quality Health-care Services for Adolescents

Family Planning Australia's *Adolescent and Youth-friendly Health Services in the Pacific: A template for developing youth-friendly guidelines*⁷ was used in the development of these Guidelines.

The template is based on the eight *WHO Global Standards for Quality Health-care Services for Adolescents* and incorporates up-to-date research and other existing international guidelines and resources.

The eight WHO Global Standards are as follows (see appendix 1 for further information).

Standard 1: Health literacy

Standard 2: Community support

Standard 3: Appropriate package of services

Standard 4: Providers' competencies

Standard 5: Facility characteristics

Standard 6: Equity and non-discrimination

Standard 7: Data and quality improvement

Standard 8: Young people's participation

Policy context

The Sustainable Development Goals (SDG) were adopted by the UN in 2015 as a universal call to action to end poverty, protect the planet, and ensure that all people enjoy peace and prosperity by 2030. Among the 17 SDGs, three directly relate to how we approach and prioritise programs to improve the SRH of young people.

These include:



- **Goal 3: Good health and wellbeing** – addressing lack of access to quality reproductive healthcare, including contraception and safe abortion.
- **Goal 4: Quality education** – addressing gender inequality where girls are disproportionately affected by lack of access to education. The more years a girl spends in education, the smaller her family size, which in turn empowers them to pursue further educational opportunities.
- **Goal 5: Gender equality** – gender inequality is one of the main drivers of fertility rates. Therefore, empowering women and girls to take control of their bodies and lives is crucial.

1. Samoa National Sexual and Reproductive Health Policy 2017-2022

Key components directly related to the SDGs 3,5 and 7:

- safe motherhood
- fertility regulation
- prevention and control of sexually transmitted infections (STIs)
- gender-based violence

2. Samoa National Policy for Gender Equality Policy 2016-2020

Goal: 'All women and girls have equal access to opportunities that guarantee their full participation in, and benefit from, the sustainable development of Samoa'.

Key outcomes:

- Safe families and communities including ending violence against women and children
- Healthy women and girls
- Equal economic opportunities for women
- Increased participation of women in public leadership and decision-making
- Increased access to education and gender-sensitive education curriculum
- Enhanced gender equality approaches to community resilience and disaster preparedness
- Enhanced institutional mechanisms for the promotion of gender equality

3. The Ministry of Women, Community and Social Development (MWCSD) *National Youth Policy 2011-2015*

Key outcomes:

- Building knowledge on youth development to ensure responsive and relevant interventions in the medium and long term
- Improved accessibility of youth to vocational training and second chance education with respect to employment creation in both the formal and informal sector
- Improved accessibility of youth to vocational training and second chance education with respect to employment creation in both the formal and informal sector
- Improved health and wellbeing of young people towards a healthy and vibrant youth population
- Strengthened family relationships, partnerships with various sectors and responsive community networks to ensure a high degree of social protection for young people

Outcome 4 outlines five objectives specific to the health of young people of Samoa:

- To strengthen current partnership initiatives with the health sector to address prevalence of non-communicable diseases through promotion of community primary health care
- To strengthen the coordinated response to reduce the prevalence of STIs and HIV/AIDs
- To engage collective cross-sector support, including NGOs, private sector, and civil society organisations (CSOs), to advocate key regulative and implement preventative and rehabilitation measures to address the growing, alcohol, tobacco, and drug abuse by youth
- To contribute to the prevention of youth suicide in Samoa
- To enhance support and facilitate opportunities for the participation of young people inclusive of people with disabilities in sports at all levels

In 2017, a Health Facility Readiness and Service Availability Assessment (HFRSAA), was completed by John Snow, Inc. (JSI) with support from UNFPA. The Assessment provided baseline information on the availability and potential to provide essential reproductive and maternal health services, including family planning, safe motherhood, youth-friendly, HIV and STIs, as well as the availability of contraceptives and essential medicines.⁸ The HFRSAA team attended 14 facilities and resulted in the key findings listed below.

Key findings

- Zero percent of facilities provide adolescents and youth-friendly services according to global standards (however 85.7% of facilities reported offering AYF services).
- Zero of facilities can provide minimum services for SGBV that meet global standards (however 57% of facilities reported SGBV services are provided).
- Sixty-four percent of facilities received FP supervision visits in the previous six months.
- Forty-three percent of facilities offered a dedicated room for adolescent friendly services.
- Fifty percent of facilities provided flexible hours, including weekends.

As a result of the HFRSAA, key recommendations identified several core elements of service delivery that required addressing to improve the SRH outcomes of young people.

Recommendations

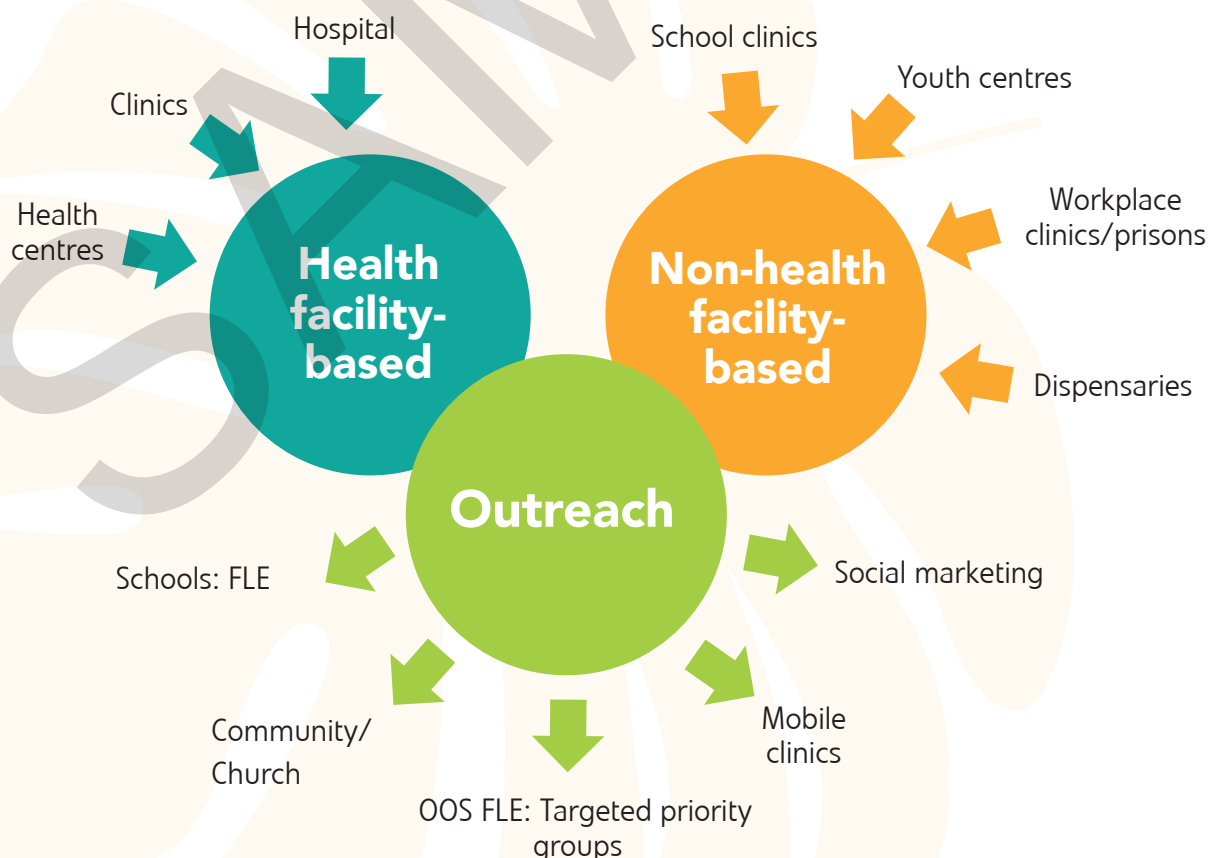
- Ensure facilities are equipped to provide comprehensive and AYF reproductive health services.
- Ensure facilities are equipped and staff training to provide response and referral services for survivors of SGBV, in line with minimum global standards.
- Strengthen the capacity of health providers in coordination management.
- Review and update logistics management tools and practices, including stock cards, ordering and resupply forms, and data reporting, and ensure their availability at each level of the supply chain.
- Review and update health management tools, including registries and reports, and practices for reporting to higher levels.

The recommendations correlate with the AYFHS Core Review Committee feedback and Integrated Community Health Advocacy Program conducted in June 2022.

Models for AYFHS delivery

A range of methods are required to build demand amongst young people for health services and reduce barriers from the wider community and within the health facility setting. An integrated approach using various means to achieve this is encouraged and outlined in the figure below. This means addressing the needs of young people's SRHR in a variety of settings.

- **Health facility-based efforts:** Refers to facilities where AYFHS are provided as part of the routine health care within the mainstream health facilities with a special arrangement made to make services accessible and acceptable to youth. Mainstream primary health care facilities provide basic curative and preventive care. In addition, hospital settings provide a wide range of specialised services. Therefore, the needs of young people can be addressed by integrating youth-specific services into the existing mainstream system.
- **Non-health-facility based:** Refers to facilities that provide AYFHS outside the fixed health facilities. The services can be provided in schools, churches, prisons, youth centres and workplace settings regularly.
- **Outreach efforts:** Refers to services provided outside of the fixed facilities. This includes activities run from health or non-health-based model, such as mobile clinics, regular visits, social marketing etc. The purpose of which is to reach out to young people in the community, faith based organisations, schools, prisons, workplaces. These young people can also be reached during special events, such as sport and music events. Outreach services have the potential to reach out to young people who are unlikely to attend mainstream or other fixed services.



The SRH of young people of Samoa

Samoa has a growing younger population, with 50% of the total population (195,979), being under the age of 21 years.⁹ 22.4% are women within the reproductive age group (15-49).

High fertility rate, teenage pregnancy, and unmet need for contraception

In 2019, the adolescent birth rate was 55/1,000 and the use of contraceptives decreased from 26.9% in 2014 to 16.6% in 2019.¹⁰

HIV and STIs

The first case of HIV recorded in Samoa was in 1990. Since that time, the recorded prevalence of the virus has remained low (0.005%) with no new cases being confirmed between 2012-2015. However, this could be contributed to low testing rates, with approximately 5% of the population being tested annually.

Chlamydia is a major problem in Samoa with a high prevalence in pregnant women. MOH policy dictates mandatory screening at antenatal visits. According to MOH reports, 26% of 2,025 individuals who were tested at hospitals and health clinics in 2015 tested positive to chlamydia.¹¹

GBV

An umbrella term for any harmful act that is perpetrated against a person's will. GBV is based on socially ascribed (gender) differences between male and female. GBV includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.¹²

Alcohol and substance abuse

The use of alcohol and tobacco are leading causes of chronic disease in the Pacific region. In Samoa, 32.6% of males and 4.6% of females had drunk alcohol within the last 30 days. Seventeen-point seven percent (17.7%) of males and 2.0% of females engaged in heavy episodic drinking, which is defined as five or more drinks on one day.¹³ The use of alcohol before the age of 15 years, to mean consumption of at least one alcoholic drink, stood at 1% for women and 4.6% for men. Between 2019-2020, 26.6% of women aged between 15-49 and 34.7% of men aged between 15-49 have smoked cigarettes.

Mental health

Mental health issues are an increasingly prominent disease in international health and an emerging challenge for Samoa. An estimated 16.4% of the Samoan population has been diagnosed with a moderate to severe mental disorder. In 2017-18, there were 210 patients admitted with a mental illness or disorder in the Tupua Tamasese Hospital, totalling 2,014 patients since 2014-15. According to MOH reports, 154 patients access mental health outreach programs and the total number of the MOH mental health workforce consists of one psychiatrist and three nurses with post graduate qualifications.¹⁴

Cervical cancer

Cervical cancer is a major cause of mortality among women in the Pacific region. Cervical cancer is the fourth most frequent cancer in women an estimated 604,000 new cases per year. 90% of these occur in less developed regions.¹⁵ In Samoa, cervical, uterus and breast cancer have been the top three cancers affecting Samoan women. Samoa age adjusted death rate is 7.89 per 100,000. It has also been recorded that cervical cancer is underestimated in Samoa, and women often present in late stages of invasive cancer, with 50% of cases dying in the first year.¹⁶

Human papillomavirus (HPV) is a virus that causes the majority, or more than 90%, of cervical cancers. HPV easily spreads by skin-to-skin contact during sexual activity with another infected person. The lifetime probability of ever encountering HPV is as high as 80-90%. Risk factors for HPV infection and cervical cancer are engaging in sexual intercourse at an early age, having multiple sexual partners, tobacco use, and presence of other STIs. All these risk factors are often embedded with adolescent and youth SRH issues. Progression from infection to pre-cancerous lesions and cancer is slow but can be rapid in women with immune suppression.¹⁷ Cervical cancer therefore is more complicated as its symptoms tend to appear only after the cancer has reached an advanced stage. Samoa launched the HPV vaccine roll-out in July 2022 in schools targeting girls from 13-17 years.

General health problems

Youth are affected by common and communicable diseases that also impact the general population of the country such as tuberculosis, acute respiratory illnesses, and dengue fever. Young people are also at risk of developing, preventative non communicable diseases such as diabetes, chronic obstructive pulmonary and cardiovascular disease, which are becoming a high burden of disease among the Pacific Island Countries (PICs).

Priority groups of young people

Young people have unique clinical, psychosocial, and SRH needs. They are often described as being one step away from engaging in high and multiple risk behaviour owing to displacement, ethnicity and social exclusion, family breakdown and abuse, harmful cultural practices, and poverty. Certain young people are more at risk of contracting STIs and HIV and experiencing an unplanned pregnancy. The experience of these factors results in groups of young people being vulnerable to poor SRH outcomes. They are therefore considered priority groups for SRH information and clinical services and public health programs. These priority groups require specific attention and strategies to ensure access to services and programs equal to their peers.

It is important to recognise the different issues and life experiences these young people bring to healthcare settings. Providing AYFHS enables health workers and support staff to stay connected, build a good rapport and respond appropriately to young peoples' needs.

In Samoa, the *National Youth Policy 2011-2015* and the *National SRH Policy 2018-2023* have identified the importance of youth development through investment in health, education, training, employment, youth justice and the environment for all of Samoa's young people.

See appendix 2 for more information on priority groups in Samoa and Pacific Island Countries.

Young people's rights

The *UN Convention on the Rights of the Child*¹⁸ bears in mind the need to extend particular care to children to ensure they are fully prepared to live an individual life in society in the spirit of peace, dignity, tolerance, freedom, equality, and solidarity.

Two articles (listed below) relate specifically to children aged 0-18 years of age, in relation to SRH.

- **Article 24** – Children have the right to good quality health care, clean water, nutritious food, and a clean environment to stay healthy. Richer countries should help poorer countries achieve this.
- **Article 34** – Governments should protect children from sexual abuse.

These internationally accepted rights form the foundation of these Guidelines and apply to all young people irrespective of age, gender, ethnicity, race, religion, nationality, sexual orientation, socioeconomic status, disability, HIV status, or other health status.¹⁹

- **The right to equality** – no young person should be discriminated against based on sexuality, sex, gender, gender identity, sexual orientation, age, religion, race, ethnicity, nationality, HIV status, marital status, socioeconomic status, or any other status.
- **The right to participation** – meaningful involvement in the planning, implementation, and evaluation of services, programs, and policies.

- **The right to life and to be free from harm** – protection from sexual violence, sexual exploitation, sexual harassment, honour crimes, sexual abuse, and human trafficking.
- **The right to privacy and confidentiality** – ensuring information shared by young people with health care providers is kept confidential, and the physical layout of the facility encourages privacy.
- **The right to personal autonomy and to be recognised as an individual before the law** – to freely decide on all matters related to their sexuality and to fully experience their sexuality and gender in a pleasurable way.
- **The right to think and express oneself freely** – access to accurate information about SRH and the ability to form, join, lead, or participate in groups to express thoughts, ideas, opinions, and desires (e.g., public policy making and decision-making).
- **The right to health** – access to a comprehensive package of youth-friendly SRH services and programs.
- **The right to know and learn** – access to family life education which is evidenced based.
- **The right to choose whether or not to marry or have children** – access to all methods of contraception and elimination of forced marriage.
- **The right to have your rights upheld** – governments and services must respect, protect, and fulfil all sexual rights.

Young people with disabilities have the same rights as any young person and have the right to access SRH services equally to others. Samoa is a signatory to the *2008 United Nations Convention on the Rights of Persons with Disabilities*.²⁰ The Convention focuses on people with disabilities as capable of claiming their rights and making decisions for their lives based on their free and informed consent and being active members of society.