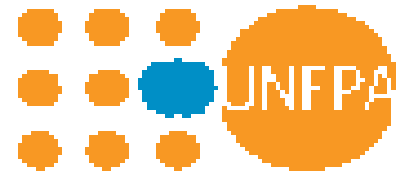


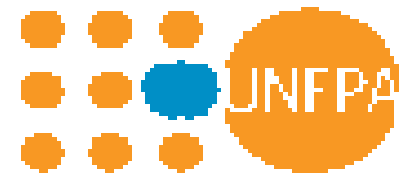
Youth-Friendly Health Services

**Ali Nashat Shaar, MD. MSc.
Third international conference
An- Najah National University
21/10/2010**



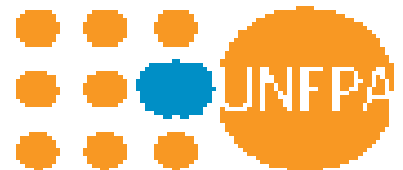
Health

State of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity



Youth

- Defined differently, but 15-24 is the UNFPA program definition
- Population pyramid in Palestine shows a youth bulge
 - 15- 24 forms 28% of population
 - 15-24 forms 40% of adult population



Youth health

- We tend to assume and frame youth health within adult-made frames
- We build on medical models for defining youth health within a biological and hormonal paradigm
- We assume that due to physical potentials and biological fitness that no special health problems are faced by this group

This is wrong, especially in Palestine

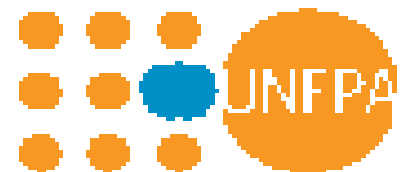
- Youth population is the largest affected by the ongoing political situation
 - Death and injury
 - Detention
 - Psychological distress
- Socio-economic uncertainty
- Exposure and access to information
- Peer pressure
- Lack of well-defined health services to respond to needs

Lack of health services

- System of care is largely built around disease management
- Scheme/s of health insurance is limiting access to those not enrolled
- Women married within this age group are dealt with as adults
- However, great potential is there:
 - Health promotion and life skills programs
 - Political support
 - High level of awareness about youth health issues

Models of youth-friendly health services

- Tunisia:
 - Health centers affiliated to existing facilities (hospitals)
 - Labeled and focused on sexual and reproductive health
 - Linked with institutional and self referral mechanisms
 - Fully covered under the national insurance system



Models- cont.

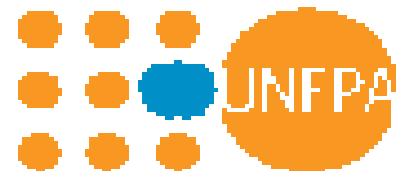
- Egypt:
 - Two examples one linked to university hospital and other within NGO setting (family planning association)
 - Again associated with sexual and reproductive health content
 - Strengthened by life skills education program using y-peer
 - Not linked to health insurance
 - Self or advised referral

Model for Palestine

- **Comprehensive:** go beyond SRH
- **Youth-centered:** respond to youth needs and not adult assumptions
- **Complementary:** benefit from the complexity of healthcare provision and build on comparative advantage of each
- **Inclusive:** reach or be reached by all, who want
- **Sustainable:** continue as a viable component of healthcare system

Practically,

- Youth health facility within: MOH, UNRWA, NGO and University setting
- Supported by a formal and informal referral system
- Incorporating a strong life skills component
- Building on y-peer methods



Where to start???

May be here

THANK YOU

