SUDAN TAKES ACTION TO IMPROVE THE HEALTH OF ITS YOUTH – AA-HA!

Globally more than 3000 adolescents die every day, totalling 1.2 million deaths a year. More than two-thirds of these deaths occur in low- and middle-income countries in Africa and South-East Asia. Road traffic injuries, lower respiratory infections, and suicide are the biggest causes of death among adolescents. But every country is different.

In Sudan more than 20% of the population are aged between 10 and 19 – these are the country’s adolescents whose wellbeing is vital for healthy and sustainable future societies. However, many adolescents have little access to information about health and life-skills. In addition to deaths from road traffic injuries, violence and other injuries, there are high rates of sexually transmitted diseases, smoking is on the increase, and unhealthy eating habits result in poor nutrition or obesity. Knowledge of reproductive health and contraception is low, and early marriage frequently means early motherhood; childbirth complications are the leading causes of death among Sudanese girls aged 15 to 19 years.

Most adolescent deaths can be prevented with good health services, education and social support. But like many countries, Sudan’s adolescents have been largely overlooked and are absent from national health plans. As important contributors to a country’s development and growth, their neglect became a growing cause for concern.

When WHO launched the Global accelerated action for the health of adolescents (AA-HA!): Guidance to support country implementation in 2017, Sudan took immediate steps to become an “early adopter”; it mobilised its partners nationwide and used the AA-HA! guidance to develop a robust national adolescent health strategy that would meet the needs of its youth.

The global AA-HA! guidance recommends actions by all sectors of society, including comprehensive sexuality education in schools; higher age limits for alcohol consumption; mandating car seat-belts and helmets through laws; reducing access to and misuse of firearms; reducing indoor air pollution through cleaner cooking fuels; and increasing access to safe water, sanitation, and hygiene.

Sudan applied the guidance to its own specific context. Led by the Directorate of Maternal and Child Health of Sudan’s Federal Ministry of Health, it engaged the Ministries of General Education, Sport & Youth, Justice, Interior, and UN agencies – WHO, UNICEF, UNFPA, UNHCR and WFP – along with key civil society organizations – in a multi-sectoral effort to determine exactly who needs to do what to improve the health and wellbeing of Sudan’s more than 8 million adolescents. Although much research is still needed, evidence-based effective interventions are available for countries like Sudan to act now.

Ensuring adolescent voices are heard

A country cannot develop an impactful adolescent health strategy without listening to the voices of its youth. Critical to the design, ownership and implementation of Sudan’s adolescent health strategy was young people’s engagement and participation in the process. The Youth Union of the national parliament was enlisted, and focus group discussions involving young men and women and vulnerable groups, shared their experiences of violence, substance abuse, mental health – among others – allowing decision-makers to tap into their unique perspectives and enhancing Sudan’s understanding of adolescents’ needs.
After months of intense sensitization and nationwide consultation driven by a high-level of political commitment, Sudan has finalised a plan to address the following priority areas: adolescent sexual and reproductive health; violence against adolescents; adolescent nutrition; unintentional injuries and the mental health of adolescents.

**Good quality accessible services and adolescent-responsive policies**

The plan includes the provision of adolescent-friendly services delivered through primary healthcare facilities, community outreach and schools; strengthening safety and rescue and first aid services for unintentional injuries especially as a result of traffic accidents; providing adolescent health awareness and training for health workers, and non-formal education for adolescents in life-skills, reproductive health and sexuality with a focus on the prevention of early “child” pregnancy; and, finally, offering counselling and psycho-social support to address mental health issues.

Sudan’s National Strategy of Adolescent Health and Wellbeing 2018-2022 is now awaiting final government endorsement for anticipated implementation in the coming year. This is good news for Sudan, its adolescents and future generations to come.

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The AA-HA! Guidance helps countries implement the Global strategy for women’s, children’s and adolescents’ health (2016–2030) by providing comprehensive information needed to decide what to do for adolescent health, and how to do it. The Global strategy, which was launched in 2015 to support the Sustainable Development Goals (SDGs), provides an opportunity to improve adolescent health and to respond more effectively to adolescents’ needs. In the words of the United Nations Secretary-General, “[adolescents are] central to everything we want to achieve, and to the overall success of the 2030 Agenda”.

“The AA-HA! process allowed us to engage with more partners and pull in more relevant specialized units within a particular sector. We learned so much about every aspect of adolescent health and the determinants of their wellbeing – that went way beyond health. AA-HA! helped us to organise our thoughts and be more thorough in our deliberations to identify the priority issues we needed to tackle in Sudan.”

stated Dr Manal Taha, Director of Child Health & Adolescents, Federal Ministry of Health.