

# **Health Policies of Adolescents in the Middle East and North Africa: Past Experiences, Current Scene, and Future Strategic Directions**

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# Agenda

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1. Background
2. Aim of the book and the chapter
3. Methodology
4. Findings: Themes
5. Conclusion
6. Future Recommendation

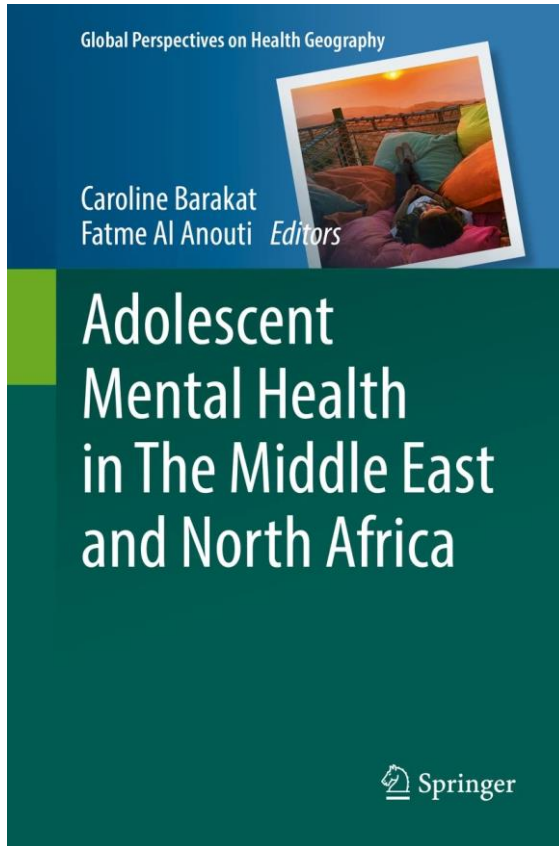
# Background

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- Around 1.2 billion of the entire global population is adolescent (World Health Organization WHO 2018).
- There is a need to maintain adolescent health and improve their well-being throughout the ongoing COVID-19 pandemic and in the future.
- The General Comment No. 20 focuses on the recognition and respect of adolescents, the empowerment and participation of this age group in their community as active citizens, and the promotion of their health, well-being, and development (WHO, UN Committee on the Rights of Child 2016).
- In the MENA region, adolescents are considered a major source of socio-economical power and educational development.
- The region also faces significant challenges in providing adequate healthcare and health education services to adolescents. This is due in part to limited resources and inadequate health infrastructure, but also to cultural and social barriers to seeking healthcare services.

# Aim of the book

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- Covers adolescent health in the Middle East and North Africa (MENA) region
- Aids in the identification of evidence informed adolescent health care practices
- Focuses on mental health in the MENA region

# Aim of Chapter 7

## Health Policies of Adolescents in the Middle East and North Africa: Past Experiences, Current Scene, and Future Strategic Directions



Mohammed AlKhalidi, Siwaar Abouhala, Fadwa Alhalaqa, Aya Ibrahim,  
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### Abbreviations

AA-HA	Global Accelerated Action for the Health of Adolescents
ADHD	Attention-Deficit/Hyperactivity Disorder
COVID-19	Coronavirus Disease 2019
CRC/C/GC	Convention on the Rights of the Child, the General Comment

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This chapter is devoted to filling gaps in the sector of adolescent health policy amid the changing world and increasing global health challenges, especially during the COVID-19 pandemic and its effects on adolescence. The chapter explores the Health Policies of Adolescence in the MENA region as a unique attempt to provide an answer to the following key questions:

1. What does the policy landscape of adolescent health look like?
2. What system-level processes and protocols work well in the MENA region?
3. How can health policy be maintained and advanced both during and after COVID-19 pandemic?

# Methodology

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- Systematic literature review including gray literature (peer and non-peer reviewed resources)
- All relevant data and information were extracted.
- Thematic analysis thematically analyzed from scientific literature, reports, and databases using international search engines, institutional webpages, and scientific journals.
- Countries case studies (reviewing relevant resources on the the adolescent health policies in the MENA region in each country under study: Palestine, Sudan, Lebanon, The Kingdom of Saudi Arabia)
- Synthesis of extracted data and evidence was presented in themes.

# Findings: Themes

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1. Comprehensive Overview of the Sociopolitical and Biosocial Conditions in the MENA
  - 1.2.1 Adolescent Health Policies and SDGs in the MENA Region**
  - 1.2.2 Stakeholders Involved and Their Contributions**
  - 1.2.3 Adolescence Health Policies: Case Studies from the Region (Palestine, Sudan, Lebanon, The Kingdom of Saudi Arabia)**
2. Perspectives on the Past and Current Scenes
  - 2.1 Adolescents Amid the Coronavirus Pandemic**
  - 2.2 The Needs and Priorities of Adolescents at the Policy Level in the MENA Region**





# Part 1: The Landscape of Health Policies and Stakeholders of Adolescents in the MENA Region and Evidence from the Ground

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# 1.2 A Comprehensive Overview of the Sociopolitical and Biosocial Conditions in the MENA

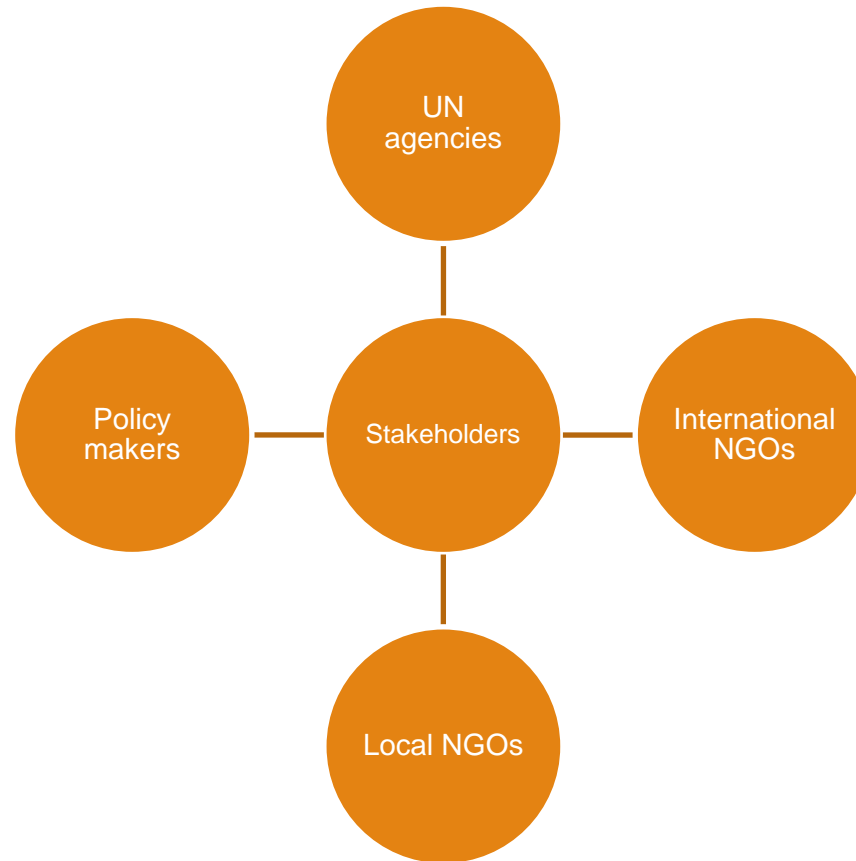
- SDGs and Adolescent health.



Source: World Health Organization (2018)

## 1.2 A Comprehensive Overview of the Sociopolitical and Biosocial Conditions in the MENA (cont'd)

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## 1.2 A Comprehensive Overview of the Sociopolitical and Biosocial Conditions in the MENA (cont'd)

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### Adolescence Health Policies: Case Studies from the Region (Kingdom of Saudi Arabia, Sudan, Palestine, and Lebanon)

## 1.2 A Comprehensive Overview of the Sociopolitical and Biosocial Conditions in the MENA (cont'd)

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### Sudan

- Sudan was one of the earlier countries that took action to improve adolescent health by adopting AA-HA Guidance.
- The implementation of these policies is challenged by a critical shortage of human resources across the health system building blocks and levels of the health system, low coverage, low access to healthcare services, a lack of medicines and supplies, weak health leadership, and low national funding (Belaid et al. 2020).

### Palestine

- Adolescent people in Palestine face many challenges affecting their economic, social, and health well-being. It is a unique case as it has been experiencing fragility, lack of resources, constrained freedom, and violation
- International NGOs and UN with the cooperation of local NGO's implemented many projects like Y-Peer, Mental health and counselling.

## 1.2 A Comprehensive Overview of the Sociopolitical and Biosocial Conditions in the MENA (cont'd)

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### Lebanon

- Living conditions are exacerbated by a national economic collapse that led to the high devalue of the Lebanese Pound.
- the global COVID-19 pandemic posed further stresses on the limited resources of the national health system.
- MoPH developed a 5-year strategy targeting prevention, promotion, and treatment of mental health and substance use disorders. Adolescents are addressed as one of the main vulnerable groups in this strategy. There is M&E plan.

### Kingdom of Saudi Arabia

- About half of the population of the KSA is under the age of 30,
- the KSA evidently has the resources necessary to provide adequate primary and preventative care to its citizens.
- adolescents in the KSA mainly face non-communicable diseases and health conditions due to lifestyle choices (Al Makadma 2017).

Part 2: What Works, What Doesn't  
in the Health Policies of Adolescents  
in the Middle East and North Africa,  
How the COVID-19 Impacted on  
Adolescence, and How Do We  
Strategize from Needs and Priorities  
lens

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# 2.1 General Discussion: A Perspective on the Past and Current Scenes

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In the past, adolescents were not targeted as a significant age group with specific health needs and priorities.

In the past century, the field of adolescent medicine developed, and health professionals became particularly interested in the healthcare of adolescents.

Such a shift toward an adolescent-focused medicine was a result of a series of scientific advancements as well as societal changes (Alderman et al. 2003).



# 2.1 General Discussion: A Perspective on the Past and Current Scenes

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## Adolescents Amid the Coronavirus Pandemic

- Globally, adolescents face unique challenges amid the COVID-19 pandemic, which may lead to concerning circumstances such as chronic stress and unhealthy coping mechanisms, adverse mental health outcomes, long-term physical inactivity, lack of communication, and social contact, and barriers to accessing high-quality education.
- This global pandemic crisis has also affected most of the adolescent national, regional, and global policies, programs, and routine services.

# 2.1 General Discussion: A Perspective on the Past and Current Scenes

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## Psychosocial Impacts of COVID-19 on Adolescents Globally

- Physical and social distancing and quarantine guidelines have led adolescents to experience psychological distress and feel nervous, helpless, and fearful (Saurabh and Ranjan 2020).
- A study involving 1143 parents of Italian and Spanish children aged 3–18 years found that about 86% of parents detected shifts in their children's emotional states and behaviors amid quarantine (Orgiles et al. 2020).

# 2.1 General Discussion: A Perspective on the Past and Current Scenes

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## Psychosocial Impacts of COVID-19 on Adolescents Globally (cont'd)

- A study based in China found that of the 8079 adolescents 43.7%, experienced depressive symptoms, 37.4% experienced anxiety symptoms, and 31.3% experienced a combination of depressive and anxiety symptoms (Zhou et al. 2020).
- Severe changes in the quality of adolescents' education. According to the World Bank, as of March 24, 2020, 160 countries ordered school closures that affected over 1.5 billion children and youth.

# 2.1 General Discussion: A Perspective on the Past and Current Scenes

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## The Needs and Priorities of Adolescents at the Policy Level in the MENA Region

- The WHO has identified youth unemployment, gender gaps, war, sociopolitical conflict, and education and health inaccessibility to be especially pressing issues for adolescents in the MENA region.
- The OECD reports that “In the MENA region, more than 110 million school-aged students have limited access to education (formal and non-formal) due to the closure of school and university facilities, youth centers and other public spaces” (OECD 2020).
- The MENA region holds the highest youth unemployment rate in the world and this situation is bound to worsen amid widespread joblessness due to COVID-19.

## 2.2 Conclusion and Future Roadmap for Policy Development of Adolescent Health in MENA

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Adolescents are currently facing unprecedented changes that have resulted in social, health, political, and economic impacts globally due to the COVID-19 pandemic.



Many countries in the region are on track to achieving the SDGs related to adolescent health; however, this progress gets interrupted due to instability, social unrest, or epidemics such as the COVID-19 outbreak.



Considerable efforts were and are being exerted in the region to address adolescent health in national health policies within the context of comprehensive sustainable development.



New approaches such as adolescent-focused healthcare systems, evidence-based adolescent advocacy and policies, and adolescent health-related indicators were not consistently applied in these global contexts.

# 2.3 Public Health Policy and Intervention Recommendations in the MENA Region

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1. Increased education and awareness of adolescents' rights and services as well as current challenges such as COVID-19 (what it is, how to minimize the spread, how to remain healthy psychologically and socially, and local resources) to combat misinformation that is mostly spread via social media.

2. Increased stimulus economic support and checks, especially for impoverished individuals who have been left jobless or whose jobs pose a grave risk for COVID-19 transmission.

3. Communication between federal governments, public health experts and associated stakeholders, and the international community to guarantee essential routine services sustained and need to be fulfilled, including those related to COVID-19 vaccines and cures, once they become available, in the MENA region (including access to low-income individuals and survivors of forced migration).

## 2.3 Public Health Policy and Intervention Recommendations in the MENA Region

4. More confidential and accessible telemedicine care and digital consultations (especially access to SRH).

5. Virtual therapy and mental health support (including free text services for those who cannot talk due to lack of privacy at home).

6. Better quality remote education (provide students with necessary technological devices and Internet access, and train teachers to teach in more engaging and effective virtual methods).

7. Partnerships between NGOs and local governments to work with refugee and internally displaced people (IDP) camps to implement the aforementioned suggestions in culturally and religiously appropriate ways.

# 2.3 Public Health Policy and Intervention Recommendations in the MENA Region

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8. Adolescence health programs and services should be integrated with the primary healthcare system, and all stakeholders, including adolescent organizations, groups, and initiatives, must be engaged in efforts of needs assessment, strategy, prioritization, and policy design.

9. New and innovative approaches, concepts, and principles such as UHC, Adolescent-Focused Healthcare System (AFHS), Evidence-Based Adolescence Advocacy and Policies (EBAP), System-Wide Approach (SWA), Human Rights-Based Approach (HBRA), and Adolescent Health-Related Indicators (AHRI) should be adopted and applied at the institutional and national levels.

10. The existing legislative frameworks and regulations need to be revisited by all actors in many countries to be abreast of the ever-changing and increasing needs and priorities of adolescence in the region.



## 2.4 Future Outlook and Critical Questions for Consideration

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Not all nations have the same capacity; therefore, some nations simply are not in good social, political, or economic standing to even address adolescent health, while others have completely re-defined the scope and services of adolescent health to be more socially and religiously competent to local values.

The nature of adolescent health, both as a privilege and a malleable field of medicine, prompts critical questions that must be considered by state and non-state sectors in three fundamental avenues, practice, research, and education:

## 2.4 Future Outlook and Critical Questions for Consideration

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1. Will the COVID-19 pandemic serve as a detriment to the advancement of adolescent health in the region and will the pandemic impose all stakeholders in the region to change the mindset that runs adolescent health programs planning and implementation? And how can existing infrastructure and temporary COVID-19 resources and guidelines be pivoted to support adolescents and their families?
2. What is the role of scientific research in adolescent health in the MENA region and does its services and programs driven by the approach of evidence-based practice?
3. What short- and long-term goals are important to highlight across the MENA region in terms of health advancement on the system level? What types of health policy programs and services are of utmost importance to sustain and support in the MENA region?

Thank you for  
your  
attention.

ANY QUESTIONS?