This Technical Summary on inter-sectoral collaboration in adolescent sexual and reproductive health provides a brief insight into a longer discussion paper published by the Human Resources for Health Knowledge Hub.

Introduction

Protecting the health of young people is of enormous importance not only for the individual, but to achieve future development goals. Currently, there are over 1.2 billion adolescents, most of who live in developing countries.

Many of these young people face huge social and economic barriers in accessing sexual and reproductive health (SRH) services and information, but they need the right tools to be able to confront threats such as human immunodeficiency virus (HIV), sexually transmitted infections (STIs), early and unwanted pregnancies, unsafe abortion and sexual violence. These threats are among the leading causes of death and illness among adolescents in low and middle income countries.

What is inter-sectoral collaboration for adolescent sexual and reproductive health?

The World Health Organization (WHO) defines ISC as a “recognised relationship between part or parts of different sectors of society which have formed to take action on an issue to achieve health outcomes (or intermediate health outcomes) in a way which is more effective, efficient or sustainable, than might be achieved by the health sector working alone”.

The complexity of ASRH determinants makes it impossible for one institution to deal with all public health goals, therefore intervening to improve the determinants of health requires that public health stakeholders enter into inter-sectoral partnerships. For example, efforts to empower individuals and communities, particularly adolescents and women, require the involvement of education and media sectors.

How is effectiveness measured?

Experts in the collaboration field contend that population-level health and social improvements are the ultimate indicator of collaboration effectiveness. Unfortunately, these outcomes are difficult to measure because of design issues, incomplete implementation of interventions, and because visible changes take so long to be detectable.

Lessons from previous collaborations – (primarily local level ‘community coalition’ literature) – suggest that solely focusing on improvements in health rather than also measuring intermediate outcomes such as behaviour and environmental changes does not accurately measure the effectiveness of the collaboration.

There is some empirical evidence available to show that collaborative partnerships can contribute to positive intermediate changes in people’s knowledge, attitudes, behaviour, and in the environment (e.g. new policies, practices and services), and this is where the majority of the evidence lies.

Factors affecting health outcomes

The current literature provides little consensus on which particular collaboration factors affect health outcomes but evidence and practice suggests the following factors are critical:

- formalisation of rules and procedures
- action planning
- documentation and ongoing feedback on progress
- leadership style e.g. good facilitation and negotiation skills
- active member participation and diversity
- agency collaboration
- group cohesion
- technical and financial assistance and support
Benefits of inter-sectoral collaboration in developing countries

- Cost sharing
- Collective problem solving and knowledge exchange
- Increase technical capacity of individuals and groups
- Avoid duplication of efforts
- Leverage for scarce resources
- Attract high profile sponsorship
- Increased capacity to sustain programs
- Draw on a broad range of constituents
- Brings diverse skills to avoid narrow perspectives
- Opportunity for adolescents to voice their own needs
- Increase opportunity for adolescents’ involvement
- Provide opportunity for consensus
- Secure endorsement of key stakeholders
- Opportunity to build public concern
- Provide a platform to present convincing data
- Ecological approach to present convincing data

ASRH inter-sectoral collaboration between the media and health sectors

**Media**

Mass communications have been used with increasing success to promote the sexual and reproductive health of young adults in different countries. Mass media based programs have shown evidence of improved knowledge, attitudes and positive behaviour changes.

Media workers play an important role in providing adolescents access to resources that promote their health and development. In developing countries where a substantial proportion of adolescents are not in school or are illiterate, this access to non formal education is particularly important. Adolescents are also thought to engage well with innovative social marketing and entertainment education media initiatives.

**Education**

School services which engage the health sector are common in developing countries. Key partnerships occur between education workers such as teachers, school administrators, peer educators and health workers based in clinics, NGOs, Ministries of Health (MoHs), and research institutions.

Teachers are considered critical in providing SRH information to adolescents, and evidence shows that providing this kind of information is vital in improving adolescent health, for example, lowering teenage pregnancy and HIV infection.

Recommendations for practice and policy

- Collaborations should be measured in terms of both empirical outcome measures and descriptions of inter-sectoral activities, roles and responsibilities.
- Collaboration members should systematically document their progress in facilitating environmental change.
- Evaluations and findings should be shared between partners and be made widely available.

Useful tools


**A model for measuring process and outcomes in communication development interventions** [Figueras et al. 2002]:

**Multi-agency planning using the Logical Framework Approach** (2005). Philip Dearden, Centre for International Development and Training (CIDT), University of Wolverhampton:
http://www2.wlv.ac.uk/webteam/international/cidt/cidt_multi_agency_planning.pdf

**Collaboration Factors Inventory**, Amherst H Wilder Foundation, 2008. An online tool to help you assess how your collaboration is going:
http://wilderresearch.org/tools/c_/index.php

Sources of information for this summary

This information was sourced from the publication: Can inter-sectoral collaboration improve adolescent sexual and reproductive health? Discussion Paper: Health, media and education partnerships in developing countries. The full report cites full information sources and references (this document is a summary only).

ABOUT: The HRH Knowledge Hub

The Human Resources for Health Knowledge Hub was funded by AusAID in 2008 and forms part of the School of Public Health and Community Medicine at the University of New South Wales. Our publications report on a number of significant issues in human resources for health covering leadership and management issues, maternal, newborn and child health, migration and mobility and public health emergencies.

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