About the Youth Health and Rights Coalition

The Youth Health and Rights Coalition (YHRC) is comprised of advocates and implementers who, in collaboration with young people and adult allies, are working to advance the sexual and reproductive rights and health (SRRH) of adolescents and youth around the world.

The YHRC advocates with key decision makers to prioritize funding and support for comprehensive adolescent and youth SRRH policies and practices. Our goal is to ensure young people in the developing world have the SRRH information, tools, commodities, and quality services necessary to make healthy and informed choices about their own lives.

Promoting the Sexual and Reproductive Rights and Health of Adolescents and Youth:


Why Young People?

Today’s generation of young people is the largest in history—nearly half of the world’s population is under the age of 25. This large demographic of young people presents the world with an unprecedented opportunity to accelerate economic development and reduce poverty. However, young people, especially adolescent girls and young women, suffer disproportionately from negative sexual and reproductive health outcomes, which challenge their ability to contribute to their communities’ and countries’ development. Young people face substantial social and economic barriers in accessing sexual and reproductive health information and services, which is evidenced by persistently high levels of unmet need for contraception, maternal mortality, and HIV incidence. Young women aged 15 to 19 are twice as likely to die in childbirth as adult women, and half of all new HIV infections occur in young people between the ages of 15 and 24. Such negative sexual and reproductive health outcomes have economic, social, and health consequences that affect young people throughout their lives, as well as their families, countries, and the global community at large.1,2
Today’s approximately three billion young people represent three billion assets for sustained economic growth and development. Thus, the future success of the GHI is dependent in large part on the prioritization and involvement of young people. This fact is recognized by the recently released GHI Supplemental Guidance on the Women, Girls, and Gender Equality Principle. The Supplemental Guidance—which provides clarification on the goals and programming options related to women, girls, and gender equality through the GHI—accords explicit and high priority to the needs of adolescent girls and young women and encourages the inclusion of adolescent boys and young men. Specifically, the Supplemental Guidance highlights the importance of addressing the needs and vulnerabilities of adolescent girls, engaging men and boys, undertaking multisectoral approaches, engaging a wide range of stakeholders to shift norms around gender, ensuring national policies and guidelines address the needs of young people, and collecting age-disaggregated data. These are key elements to successful programming for and with young people.

The GHI+ country strategies outline each U.S. government country team’s vision—often in collaboration with host country governments—for integrating the GHI principles into existing and future country programs. Unfortunately, the GHI+ country strategies are inconsistent in terms of their support for young people’s health and development. For example, the comparatively strong adolescent and youth focus in the country strategies for Bangladesh and Kenya is offset by the complete absence of mention of young people in the strategies for Nepal and Guatemala. Several GHI+ country strategies indicate important progress.

Kenya and Bangladesh provide potential models for how a youth focus can be successfully incorporated into country strategies. Both countries include clear youth programming strategies with strong evidence-based approaches, such as involving community and religious leaders in promoting youth health and promoting multisectoral linkages to education and livelihood programs as part of a comprehensive strategy to improve health and development. Mali, Malawi, and Ethiopia’s strategies include explicit mention of young people. Mali recognizes the importance of young people—both young men and women—within the family planning and maternal health components of its country strategy, and includes a critical indicator about delaying first birth. Mali also focuses on the unique needs of young mothers and intends to build on existing platforms to better reach young people, particularly out-of-school youth, with family planning and reproductive health information and services. Malawi’s country strategy also focuses on preventing HIV infection among vulnerable girls, increasing access to family planning through youth-friendly services, delaying first birth, and increasing

Despite young people’s disproportionate burden of poor sexual and reproductive health outcomes and the powerful economic and development rationales for investing in adolescents and youth, there are currently limited programmatic efforts intended for young people. Many existing large-scale sexual, reproductive, and maternal health programs tend to ignore the unique needs of young people and often fail to employ the tailored approaches required to reach them with information and services. Through the Global Health Initiative (GHI), we now have a unique and valuable opportunity to reverse this trend. The GHI represents a chance to partner with and provide for young people the knowledge, tools, and enabling policy environment necessary to adopt healthy sexual and reproductive behaviors and to participate in and lead their communities. Prioritizing the needs and rights of today’s young people in the GHI will yield large dividends for generations to come, whereas failure to do so will have reverberations well beyond individual countries’ borders.
GHI Country Strategies and Youth: Where Are We?

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“With half of the world’s population under the age of 25, we must harness the positive force of the world’s youth to meet the needs of seven billion people. When young people claim their right to education and health—including sexual and reproductive health—they increase their opportunities to become a powerful force for economic development and positive change.”

– Secretary Hillary Clinton, Statement on World Population Day, July 11, 2011
While several strategies highlight the importance of community ownership and civil society involvement in program design and implementation, none of the strategies discuss the participation of young people in the development process. Investments in programs to keep girls in school. Ethiopia’s country strategy explicitly addresses adolescent girls in the context of delaying marriage and pregnancy, preventing and responding to gender-based violence, and addressing female genital cutting.

Generally, the GHI+ country strategies missed the opportunity to:

Promote multisectoral linkages to comprehensively address the needs of young people, particularly young girls. While several country strategies touch upon critical issues for adolescent girls and boys, as a whole, the country strategies do not recognize the myriad needs of young people or emphasize holistic approaches intended to improve and protect young people’s overall health, wellbeing, and development.

Stress provision of integrated youth-friendly services. Several country strategies, such as Nepal and Guatemala, stress the importance of integration overall, but do not highlight the importance of tailoring integrated services to meet the unique health needs of young people.

Emphasize the importance of girls and young women, as well as boys and young men, in forming and transforming gender norms to achieve gender equality. Nearly all the strategies, with the exception of Ethiopia, noticeably exclude young people from the discussion of gender equality, despite the opportunity that young people present to shape positive gender norms from an early age.

Call for the collection of age- and sex-disaggregated data. Despite the often detailed monitoring and evaluation plans included in the country strategies, only Bangladesh specifically calls for the collection of age- and sex-disaggregated data, which is critical to monitoring the progress of programs and strategies toward meeting the needs of young people.

Explicitly include capacity building of youth-led or youth-serving organizations. Nepal, Malawi, and Guatemala’s strategies emphasize the critical importance of building the capacity of community and civil society organizations. Unfortunately, they do not include mention of youth-led or youth-serving organizations, which include both today and tomorrow’s leaders.

Promote inclusion and prioritization of young people in national policies. Many of the strategies focus on increasing government ownership, and promoting good governance and health systems strengthening. However, improving adolescent policies, guidelines, or programs is noticeably absent from the discussion.

Highlight the importance of involving young people in the planning and implementation of programs that will directly impact them and their communities. While several strategies highlight the importance of community ownership and civil society involvement in program design and implementation, none of the strategies discuss the participation of young people in the development process.
GHI Country Strategies and Youth: Where Do We Go?

Targeted efforts to reach young people are imperative to accelerating the achievement of the GHI’s overall goals and U.S. health and development objectives. Though several country strategies exhibit a strong woman-centered approach, girl-centered approaches are minimal or even absent, and there is little to no mention of boys or young men in terms of their own health needs or in their capacities to improve the lives, opportunities, and prospects for adolescent girls and young women. Overall, the country strategies fail to fully capitalize on the GHI’s opportunity to make a large and sustained commitment to young people, despite these countries’ disproportionately large adolescent and youth populations. Unless we take steps now to meaningfully and comprehensively involve young people in the GHI, its short- and long-term impact, effectiveness, and sustainability will be hampered.

Fortunately, there is still a significant opportunity to demonstrate bold U.S. leadership in adolescent and youth sexual and reproductive rights and health programming. The GHI+ country strategies are intended as multi-year strategies that can be updated annually. Furthermore, the expansion of the GHI into a broader set of “plus countries” presents a new chance to include an adolescent and youth focus in country strategies. Moving forward, we recommend all country strategies strengthen content related to the principles, strategies, and approaches for effective adolescent and youth programming, which were emphasized in the Supplemental Guidance on the Women, Girls, and Gender Equality Principle.

Programming for Success: Recommendations from the Youth Health and Rights Coalition

The Coalition has identified the following guiding principles for sound adolescent and youth sexual and reproductive rights and health programming:

- **Young people are assets.** Young people are valued and viewed positively for both their present and future contributions to the social, economic, political, and cultural life of their families, communities, and countries.

- **Young people have rights.** Access to comprehensive and accurate sexual and reproductive health information, services, and care is respected and promoted as a right of all young people.

- **Young people are partners.** Young people are directly and meaningfully involved in the development and implementation of sexual and reproductive rights and health policies, programs, and monitoring and evaluation.

- **Young people are diverse.** Program approaches are multifaceted and tailored for young people’s individual characteristics and contextual factors, e.g., age, sex, sexual activity, sexual orientation, gender identity, marital status, place of residence, school enrollment, employment status, and family bonds.
Young people face unique challenges. Young people’s particular challenges and distinct needs, compared to those of adults, are recognized and program approaches prioritize and accommodate age-related needs, challenges, and access barriers.

Young people inform gender equality. Program approaches promote gender equality, accountability, and equity among young people by fostering behavior change for both sexes as well as the community that surrounds them.

Strategies for Expanding Investment in Young People’s Sexual and Reproductive Rights and Health

1. Rapidly scale up programs for young people.

The provision of information and services for young people, both married and unmarried, has generally been limited to small-scale efforts that reach a fraction of the population. Given the urgent need to reach increasing numbers of young people with sexual and reproductive health information and services, the GHI should emphasize the rapid, large-scale provision of evidence-based information, services, and approaches for young people (e.g., comprehensive sexuality education, youth-friendly sexual and reproductive health services, mass media campaigns, peer education). At the same time, the GHI should support operations research and program evaluation to identify effective new approaches and improve program planning, implementation, and data collection.

The GHI should also help to foster partnerships among other donors, multiple government ministries (i.e., finance, education, health, and youth and sports) and civil society—including nongovernmental, faith-based, and youth organizations—at multiple levels to implement a coordinated, national response to the needs of young people.

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2. Build capacity and strengthen systems for effective adolescent and youth sexual and reproductive rights and health programming.

In concert with the rapid scale-up of programs for young people, the GHI should build capacity and strengthen systems to ensure sustainable and effective local and national programs. This includes supporting the development of standardized comprehensive sexuality education curricula and youth-friendly training curricula, as well as appropriate pre-service and in-service training of teachers, administrators, and health workers. The GHI should also promote the institutional, management, and technical capacity building of youth-serving organizations, specifically, and strengthen the institutional capacity of organizations, generally, to ensure they take into account the quality of outreach and services rendered to young people.

3. Advance policy initiatives that support adolescent sexual and reproductive rights and health.

In order to increase political recognition and support for the needs and rights of young people in developing countries, the GHI should engage and support country and local governments and private and civil society sector partners in the establishment and implementation of policies and legislation that promote gender equality and reduce social exclusion, including policy barriers to young people’s access to information, services, and care. This includes promoting the integration and prioritization of young people into national policy planning and budgeting processes, such as poverty reduction strategies, social equality policies and frameworks, sector plans, and budgets. It also involves supporting the development and coordination of strategies for young people across sectors and ministries, including development of integrated and comprehensive approaches to the special needs of young people.

4. Support multisectoral linkages and approaches.

Research increasingly suggests that programs that focus on protective factors and incorporating opportunities that promote resilience (e.g., access to education, livelihoods, and youth development programs) achieve greater improvements in sexual and reproductive health outcomes than those that center only on risk reduction. The GHI should promote collaboration across sectors—specifically health, education, democracy and governance, environment, social justice and welfare, and economic development—to provide more holistic programs to young people. Furthermore, the GHI should emphasize building local capacity to design, implement, and evaluate strategies that go beyond sectoral expertise and implement multicomponent programs. The GHI must also ensure the integration of high-quality, affordable, and accessible sexual and reproductive health services for young people as an essential component of any multisectoral program.

5. Support community and youth partnership models.

In order to promote country ownership and long-term sustainability of programs, the GHI should offer financial and technical assistance that empowers communities, including young people, to diagnose the causes of problems and be actively engaged in the designing, implementing, and evaluating of community and national development strategies. The GHI
should also promote community mobilization to address the norms, attitudes, and behaviors that undermine the sexual and reproductive rights and health of young people and to create enabling policy environments that support positive, healthy behaviors, including the use of family planning, maternal health, and HIV services.

6. Collect strategic information to monitor and evaluate adolescent and youth sexual and reproductive rights and health.

A lack of age-disaggregated data and reporting poses challenges in measuring progress and building support towards achieving the improved health of young people. In order to monitor service usage and trends and adjust program approaches accordingly, the GHI should require monitoring and evaluation mechanisms to track the resources allocated to adolescent and youth sexual and reproductive rights and health. The GHI should also emphasize revisions to national health management information systems to track the quality and number of young people reached with family planning/reproductive health, maternal health, and HIV and AIDS services, as well as support the monitoring and evaluation of additional indicators disaggregated by the following ages: 10-14, 15-19, and 20-24.

In addition, the Youth Health and Rights Coalition suggests several evidence-based approaches for programming that could be incorporated as countries move from strategy development to implementation and/or operational plans. These include:

- Ensure high-quality, accessible package of integrated services, including family planning, maternal care, and the prevention, care, and treatment of sexually transmitted infections (including HIV);
- Change norms to delay age of marriage and first birth and promote healthy spacing and timing of pregnancy;
- Reach younger adolescents with comprehensive sexuality education;
- Use of media to promote healthy behaviors;
- Ensure gender equality and address sexual and gender-based violence and harmful traditional practices;
- Employ multicomponent programs that include community and youth involvement; and
- Promote community and youth involvement in the planning, design, implementation, and monitoring and evaluation of programs.

References

4. Ibid.

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