

Where are we today twenty years since the ICPD

(International Conference on Population & Development) ?

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"...a remarkable consensus among 179 governments that individual human rights & dignity, including the equal rights of women & girls & *universal access to sexual & reproductive health & rights*, are a necessary precondition for sustainable development..."

Source: Report of the operational review of the implementation of the Programme of Action of the ICPD & its follow up beyond 2014.

1. How has the world that adolescents live in changed ?

(since the ICPD)

Dramatic changes – 1/5



In 1990, 53% of the people in Southern Asia lived on less than \$ 1.25/day. In 2010, the rate was 30%. **1 in 5 persons in developing regions lives on less than \$ 1.25 per day.**

Source: United Nations. Millennium Development Goals Report. 2014.

- ❑ Remarkable progress in reducing extreme poverty
- ❑ Substantial increase in access to improved drinking water sources
- ❑ Tremendous increase in primary school enrolment
- ❑ Rapid increase in mobile phone use
- ❑ Steady urbanization

Dramatic changes – 2/5



In 1910, 72% of people in Southern Asia obtained water from an improved drinking water source. In 2012, 91% did so.

Rural residents, the poor & minorities have less access.

Source: United Nations. Millennium Development Goals Report. 2014.

- ❑ Remarkable progress in reducing extreme poverty
- ❑ **Substantial increase in access to improved drinking water sources**
- ❑ Tremendous increase in primary school enrolment
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- ❑ Steady urbanization

Dramatic changes – 3/5



In 1990, net primary school enrolment in Southern Asia was 75%. In 2012, it rose to 94%.

Children in conflict affected areas, girls from poor rural households & children with disabilities are more likely to be out of school.

Source: United Nations. Millennium Development Goals Report. 2014.

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- ❑ Substantial increase in access to improved drinking water sources
- ❑ **Tremendous increase in primary school enrolment**
- ❑ Rapid increase in mobile phone use
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Dramatic changes – 4/5

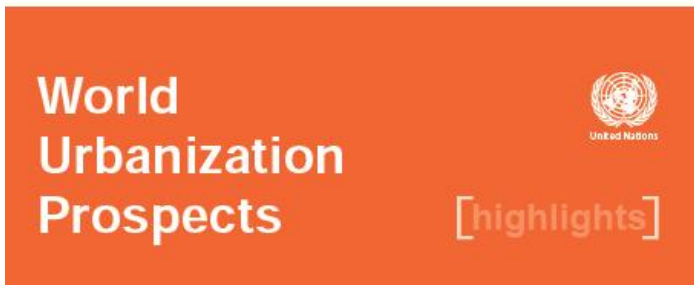
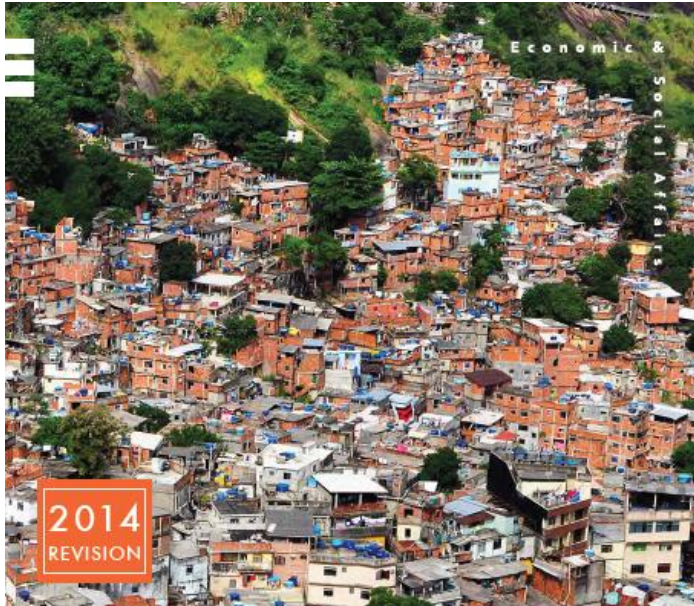


"The Village Phones have proven their enormous potential in boosting income of poor households in rural areas promoting health care, development of agri-business and in the social empowerment of rural women."

Source: CT Impact on socio-economic conditions of rural Bangladesh.
A Rahman et al. Journal of World Economic Research. 2013. 2(1): 1-8.

- ❑ Remarkable progress in reducing extreme poverty
- ❑ Substantial increase in access to improved drinking water sources
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- ❑ **Rapid increase in mobile phone use**
- ❑ Steady urbanization

Dramatic changes – 5/5



- ❑ Remarkable progress in reducing extreme poverty
- ❑ Substantial increase in access to improved drinking water sources
- ❑ Tremendous increase in primary school enrolment
- ❑ Rapid increase in mobile phone use
- ❑ **Steady urbanization**

"The proportion of the urban population increased in Asia from about 28% in 1990 to about 48% in 2014"

In some ways the world has not changed since the ICPD



- ❑ 2013 was marked by a continuation of multiple refugee crises, resulting in numbers unseen since 1994.
- ❑ Conflicts during the year ... have forced an average 32,000 people per day to abandon their homes and seek protection elsewhere.

Source: United Nations. Millennium Development Goals Report. 2014.

2. How has the sexual & reproductive health of adolescents changed ?

(since the ICPD)

Health for the
World's Adolescents
A second **chance**
in the **second** decade



<http://apps.who.int/adolescent/second-decade/>

Limited & patchy progress - 1/5



ADOLESCENT PREGNANCY

The number of births to girls aged 15-19 years declined globally from 64 in 1990 to 54 in 2011 (per 1000 girls aged 15-19).

However the birth rate dropped only slightly in sub-Saharan Africa, & remained at 117, a much higher rate than other regions.

Source: United Nations . Millennium Development Goals Report 2014.

Source: UNFPA. Motherhood in childhood. Facing the challenge of adolescent pregnancy. . 2013.

Limited & patchy progress - 2/5

NEW HIV INFECTIONS

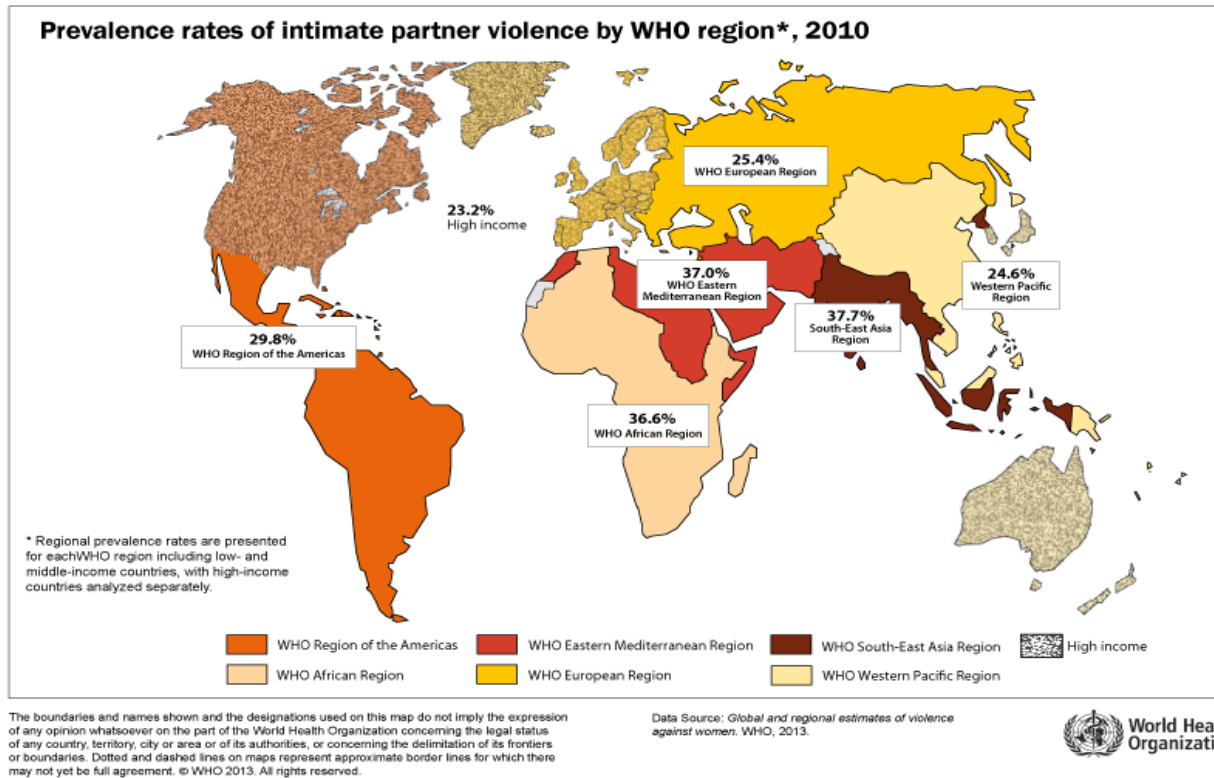
- Globally, the number of new HIV infections per 100 adults aged 15 to 49 years declined by 44 % between 2001 & 2012. However, there has been no substantive decline in the past decade in new HIV infections among young people between 15-24 years. ⁽¹⁾
- In 2012, approximately 2/3rd of all new infections were in girls, & mainly in sub-Saharan Africa. ⁽²⁾

Sources:

1. United Nations . Millennium Development Goals Report. 2014.
2. UNICEF. Towards an AIDS-free generation – Children and AIDS. Sixth stocktaking report. 2013.



Limited & patchy progress – 3/5



- Globally, 1 in 3 women will experience physical and/or sexual violence by an intimate partner or sexual violence by someone other than their partner.
- Such violence starts early in the lives of women with estimates showing that nearly 30% of adolescent girls (15–19 years) have experienced intimate partner violence.

Source: World Health Organization, London School of Hygiene and Tropical Medicine, South African Medical Research Council: *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. Geneva. WHO; 2013.

Limited & patchy progress – 4/5

Despite gains in selected countries, little progress has been made in preventing child marriage in developing countries

TABLE 1
COUNTRIES SHOWING A DECLINE IN THE RATE OF CHILD MARRIAGE BY REGION

REGION	COUNTRIES WITH SIGNIFICANT* DECLINES IN RATES OF CHILD MARRIAGE
Sub-Saharan Africa	Benin (U), Cameroon (U), Congo (R), Ethiopia, Lesotho, Liberia, Rwanda, Sierra Leone, Togo, Uganda, United Republic of Tanzania, Zimbabwe (R)
Arab States	Jordan (R)
East Asia and the Pacific	Indonesia (R), Philippines (R)
South Asia	Bangladesh (U), Nepal
Eastern Europe and Central Asia	Armenia
Latin America and the Caribbean	Bolivia, Guyana (R)

Source: Results from two consecutive household surveys (MICS and DHS) in 48 countries.
 * Measured as changes of 10% or more in the prevalence of child marriage between the two surveys.
 (U) Changes observed in the urban areas only.
 (R) Changes observed in the rural areas only.



Source: UNFPA *Marrying too Young: End Child Marriage*. 2012.

Limited & patchy progress -5/5



Female Genital Mutilation/Cutting:

A statistical overview and exploration of the dynamics of change



FEMALE GENITAL MUTILATION/CUTTING

- ❑ Across sub-Saharan Africa, there has been only a minor reduction of the overall prevalence of FGM/C.
- ❑ But in more than half of the 29 countries where FGM/C is concentrated, significantly lower prevalence levels can be found in the youngest age group (15-19) compared to the oldest age group (45-49).

Source: UNICEF. Female Genital Mutilation/Cutting: A statistical overview and exploration of dynamics of change. 2013.

Sharp drop in under-five childhood mortality



BLD043886 [RF] © www.visualphotos.com

- In 1990, the global rate of under-5 mortality was 90. In 2012 it was nearly half – 48.
- In 1990, the rate in sub-Saharan Africa was 177. By 2012 it fell to 98.

Source: United Nations. Millennium Development Goals Report. 2014.

3. What is the place of ASRH in the global health & development agenda ?

Steadily rising on the global agenda

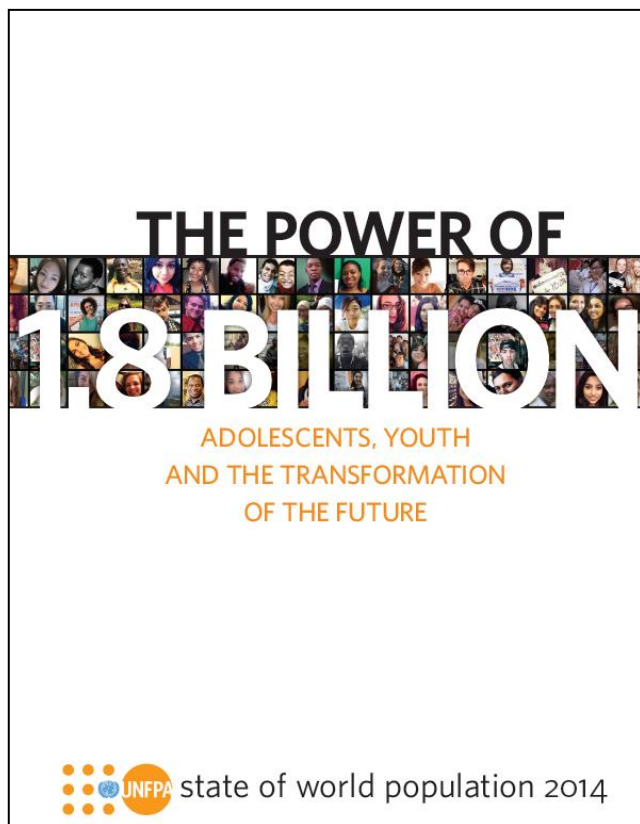
" Reaching adolescents is critical to improving maternal health & achieving other Millennium Development Goals."



- ❑ Health
- ❑ Economic development
- ❑ Human rights

Steadily rising on the global agenda

" With the right policies and investments, countries can realise a 'demographic dividend' made possible by falling mortality and fertility rates. With a larger working population and fewer dependents, a country has a one-time opportunity for rapid economic growth and stability."



- Health
- Economic development
- Human rights

Steadily rising on the global agenda

THE GIRL SUMMIT CHARTER ON ENDING FGM AND CHILD, EARLY AND FORCED MARRIAGE



No one should be forced into marriage, or made to marry while still a child.

No girl or woman should have to endure the physical and psychological effects of female genital mutilation.

These practices violate the fundamental rights of all girls and women to live free from violence and discrimination.

Such violations not only harm individual girls; by undermining girls' ability to make their own choices and reach their full potential, they also diminish the strength of families, communities and society.

So today, we commit to work together to end child, early and forced marriage and female genital mutilation, for girls and women, everywhere, forever.

- ❑ Health
- ❑ Economic development
- ❑ Human rights



4. Has this global attention to ASRH benefitted adolescents in low & middle income countries ?



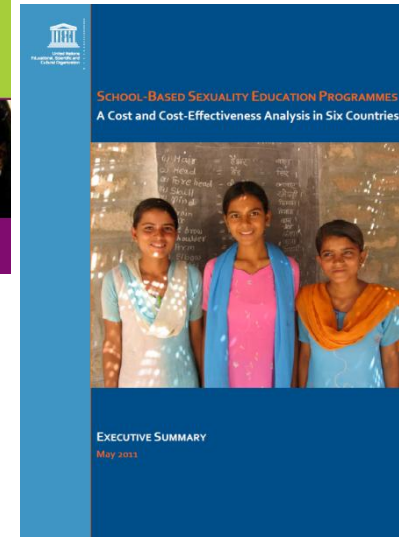
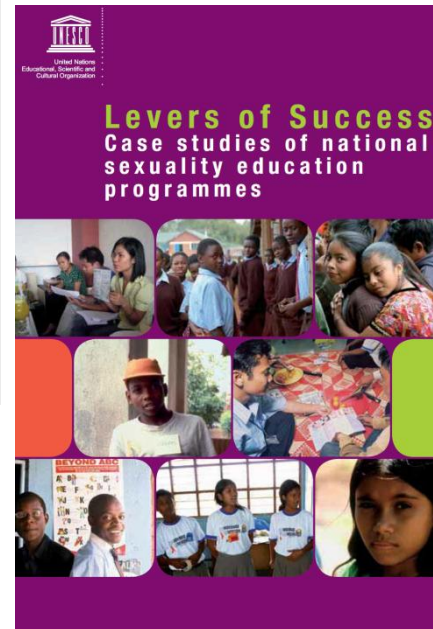
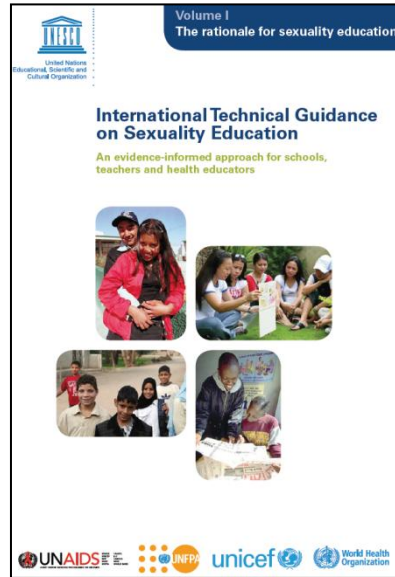
A review of research evidence & implementation experience in five inter-related areas:

1. creating an enabling environment
2. providing comprehensive sexuality education
3. providing sexual & reproductive health services & creating demand for their use
4. preventing intimate partner violence & sexual violence
5. promoting youth participation & participation

Sexuality education – 1/4

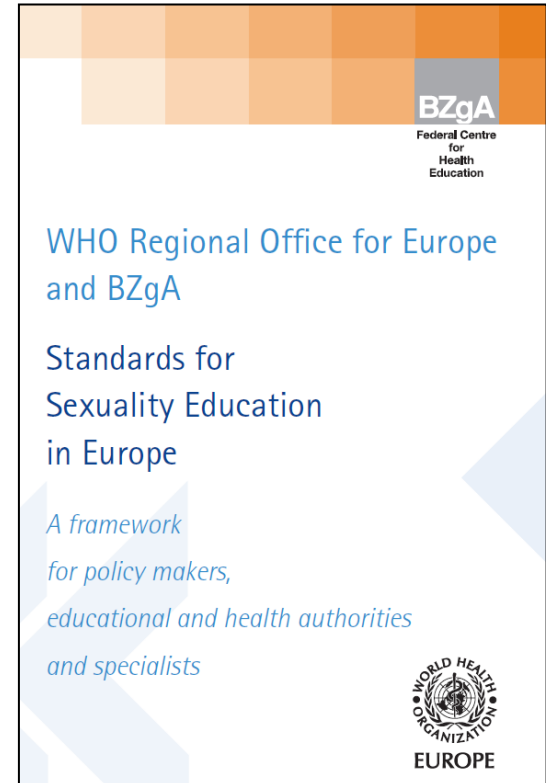
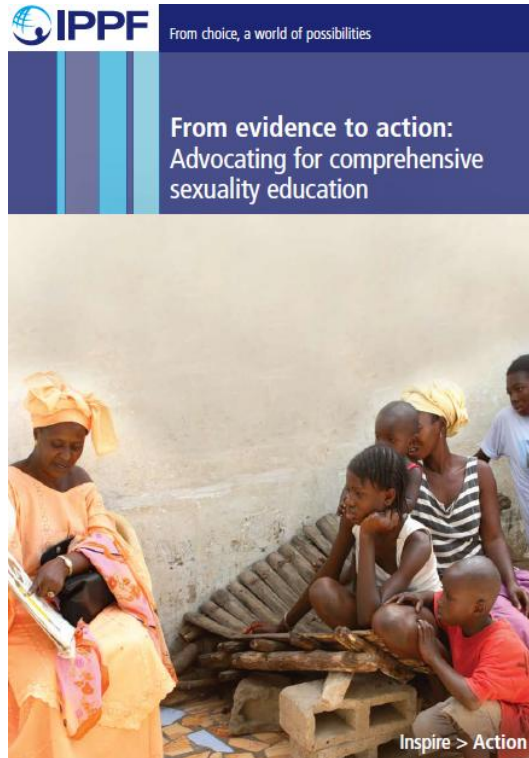
Evidence generated

- (i) Effectiveness of interventions
- (ii) Effective means of delivering interventions at scale in a sustained manner
- (iii) Cost of delivering them



Sexuality education – 2/4

Advocacy & programme support tools developed



Sexuality education – 3/4

Most adolescents & youth do not yet have access to comprehensive sexuality education (CSE), despite repeated intergovernmental agreements to provide it, support from the UN system, & considerable project-level experience in a wide range of countries and research showing its effectiveness.

Source: Report of the Secretary General, United Nations on 'Assessment of the status of implementation of Programme of Action of the ICPD', Commission on Population and Development, April 2014.

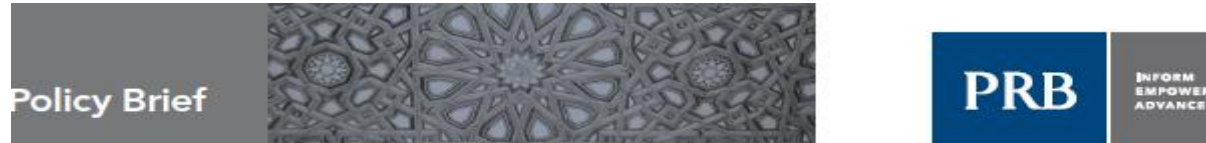
- ❑ **Many countries have made minor but insufficient advances in developing high-quality, large-scale (school-based) programmes.**

Source: Programme reviews by UNESCO 2010, 2012 & by UNFPA 2011.

- ❑ **Comprehensive Sexuality Education programmes reach pupils late.**
- ❑ **They are delivered with 'watered down' content.**
- ❑ **They do not reach marginalized young people.**

Source: N Haberland, D Rogow. Sexuality education: Emerging trends in evidence and practice. Journal of Adolescent Health. 2014.

Sexuality education – 4/4



OCTOBER 2012

BY MAMDOUH WAHBA
AND FARZANEH
ROUDI-FAHIMI

THE NEED FOR REPRODUCTIVE HEALTH EDUCATION IN SCHOOLS IN EGYPT

Two Steps Forward, One Step Back

SRH education in schools in Egypt has experienced both progress and setbacks. In 2010, the press reported that the Minister of Education ordered the "removal of the contents related to male and female genital systems and sexually transmitted diseases from the school curriculum in the science books for grade 9."²³ The order was not adopted, either because it was never actually given or because the minister retracted it. The only real change has been the inclusion of reproductive systems in the science books of grade 8 instead of grade 9, which child health advocates saw as a move in the right direction. However, in 2011, following the revolution and the subsequent political instability, the newly appointed minister ordered the removal of the same topics, along with family planning methods, from the 12th grade curriculum for the sake of shortening its contents.

5. What is the state of country –level work on ASRH ?

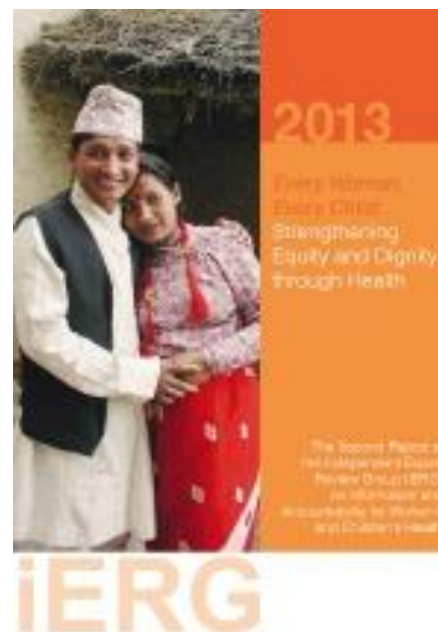
The state of country-level work on ASRH

“...while many countries have developed sound national policies & strategies & have implemented pilot projects, much more needed to be done to fulfill the promises made to young people in the Programme of Action of the ICPD.”

Source: S J Jejeebhoy et al. Meeting the commitments of the ICPD Programme of Action to young people. *Reproductive Health Matters*. 2013; 21 (41): 18-30.

“Why despite the best efforts of some agencies, is adolescent health neglected ?”

Source: Every Woman Every Child: Strengthening equity and dignity through health. The second report of the Independent Expert Review Group (iERG) on Information and Accountability for Women's and Children's Health.



Knowledge Brief

Health, Nutrition and Population Global Practice

CHALLENGES FOR ADOLESCENT'S SEXUAL AND REPRODUCTIVE HEALTH WITHIN THE CONTEXT OF UNIVERSAL HEALTH COVERAGE

*Rafael Cortez, Meaghan Quinlan-Davidson,
and Seemeen Saadat
October 2014*



KEY MESSAGES:

- Adolescent sexual and reproductive health (ASRH) is inseparable from all aspects of adolescent health, providing an opportunity for health gain or loss, and is key to poverty alleviation and economic development.
- Recent World Bank studies in Bangladesh, Burkina Faso, El Salvador, Ethiopia, Lao PDR, Nepal, Niger, and Nicaragua present findings on the multi-sectoral burden of ASRH:
 - 50 percent of adolescents (15-19 years of age) in most of the analyzed countries have given birth.
 - Less than 41 percent of adolescents use modern contraception in most countries.
- There is a lack of access to, demand for, and knowledge about ASRH health services among sexually active married and unmarried adolescent girls.

Why have so few countries moved from sound policies and strategies to large scale & sustained programmes on ASRH ?

“In spite of the commitments made by States Parties contained in plans, policies, programmes and declarations...negative social, cultural, economic and legal factors continue to threaten the lives and health of a large number of women and girls... The effective realization of these commitments is, however, dependent on...:

- ❑ *The **political will** required to promote agendas and facilitate processes that may have difficult and contentious elements;*
- ❑ ***Enhanced capacity** of educators and health practitioners to implement youth-friendly health and education services;*
- ❑ *The availability of **sustainable resourcing** to ensure effective national roll out of key education and health programmes for young people;*
- ❑ ***Effective monitoring and evaluation** of education and health programmes in order to assess impact in an ongoing manner and to ensure optimal value for money in responses in resource-constrained environments....”*

- **Inadequate commitment**
- **Discomfort**
- **Weak capacity**
- **Cash shortages**
- **No real accountability**

Source: Special Rapporteur on the Rights of Women in Africa. Intersession Report of the Mechanism of the Special Rapporteur on The Rights of Women in Africa - 52nd Ordinary Session of the African Commission on Human and Peoples' Rights. Yamoussoukro, October 2012.

Positive deviant countries

Latin America: **Argentina, Brazil, Colombia, Ecuador**

Africa: **Nigeria, Mozambique, Rwanda, Senegal**

Central and Eastern Europe: **Estonia, Moldova**

South-East Asia: **India (selected states)**

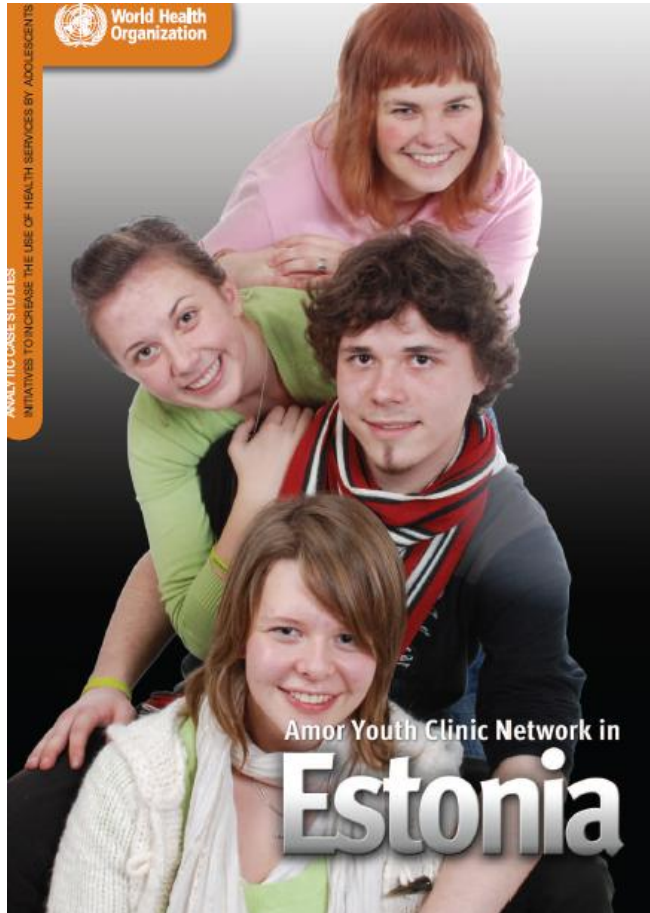
Eastern Mediterranean: **Pakistan (selected provinces)**

Western Pacific: **Mongolia**

Countries that have successfully moved from small-scale and time-limited projects to large scale and sustained programmes to:

- ❑ Provide adolescents with comprehensive sexuality education
- ❑ Provide sexual & reproductive health services
- ❑ Create an enabling environment to grow & develop in good sexual & reproductive health.

Positive deviant countries - Estonia



- ❑ The first youth clinic was set up in Estonia in 1991.
- ❑ Over the next nine years, a national network of 18 youth clinics was set up under the auspices of the Estonia Sexual Health Association.
- ❑ Alongside this, a national sexuality education programme was implemented.
- ❑ This twin-initiative coincided with a steady decline in annual rates of abortion and sexually transmitted infections including HIV.

Positive deviant countries - Nigeria

Access Report

Bulletin on Promoting Access to Information and Services for Young People in Nigeria

2004
VOLUME II

Scaling up the Implementation of Sexuality Education



Access to sexuality education remains one of the vital approaches to mitigating

negative health outcomes for young people. Several research studies have shown that young people typically go through the challenging process of growing up with little or no sexual and reproductive health information. Much of what they know is mainly received from peers who are often ignorant about these issues and provide either erroneous or inadequate information. The International Conference on Population and Development (ICPD) held in 1994 set the goal of ensuring universal voluntary access to a full range of reproductive health information and services by 2015. One objective

of the Programme of Action adopted by 179 governments is "to promote adequate development of responsible sexuality."

It recommends that full attention be given to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality.

"Support should be given to integral sexual education and services for young people, with the support and guidance of their parents and in line with the Convention on the Rights of the Child..." "Educational efforts should begin within the family unit, in the community and in the schools at an appropriate age, but must also

"Support should be given to integral sexual education and services for young people, with the support and guidance of their parents and in line with the Convention on the Rights of the Child..."

reach adults, in particular men, through non-formal education and a variety of community-based efforts. "

-ICPD Programme of Action, para. 7.37.



- ❑ 2002 - After an extensive consultative process, a national policy was made to scale up school-based education using the Family Life & HIV Education (FLHE) curriculum.
- ❑ **Trained 'carrier-teachers' deliver FLHE to junior & senior secondary schools**
- ❑ 2012 – FLHE has now been introduced in more than 30 (out of 36) states
- ❑ **Well-done studies in some states have shown improvements in knowledge, understanding & reported behaviours.**

Inside

3. A Core of Master Trainers Across Nigeria

3. Teaching Methodologies that Work

4. UNFPA's Renewed Agenda for Action

Action Health Inc.

Tel: 234-1-7743745
Email: info@actionhealthinc.org

Positive deviant countries - Colombia



Diva Janneth Moreno López · Roberto Púa Mora

Servicios de Salud amigables para Adolescentes

Una revisión de su implementación y principales características.

- In 2007, Colombia's Ministry of Health and Social Protection entered into an agreement with UNFPA to support the design & implement a 'differentiated' model of health services for young people.
- The initiative was launched in ten departments in 2008 & scaled up in phases. Each year the number of departments and health facilities within departments increased. By 2012, all 32 departments of the country were covered; 52% of the country's 551 municipalities were covered.
- This initiative was carried out alongside a strong national sexuality education programme.
- The twin initiative resulted in increases in knowledge and understanding on sexual and reproductive health, and in the demand and use of sexual and reproductive health services.

Positive deviant countries - Pakistan



- ❑ Between its inception in 2004 and up until 2013, Life Skills Based Education – led by RudgerWPF Pakistan, reached out to a total of 1,188 schools and 312,807 students.
- ❑ Well-done studies in some states have shown improvements in knowledge, understanding & reported behaviours.
- ❑ A multi-partner Pakistan Sexual and Reproductive Health and Rights Alliance was formed in 2012 to provide a platform through which eight organisations that are involved in implementation of LSBE could advocate for integration of LSBE into provincial curricula.

6. What are the opportunities in moving the ASRH agenda forward ?

**CAMPAIGN TO END
CHILD MARRIAGE
IN AFRICA**



©UNICEF/SLRA2013-0251/Olivier Asselin

STOP!
CHILD MARRIAGE

**STAND UP FOR
healthy and educated
Children.**

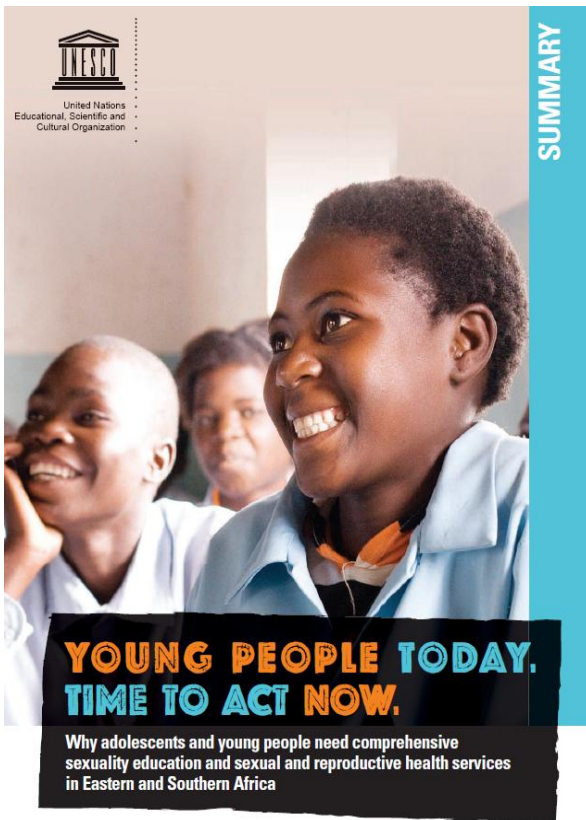
#EndChildMarriageNow!!!




Important opportunities to step up efforts to meet the needs & fulfil the rights of adolescents in sub-Saharan Africa – 1/3

- ❑ African Union Campaign to end child marriage in Africa
- ❑ Eastern & Southern African Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people
- ❑ More resources to strengthen country-level action

- Africa is home to 15 out of 20 countries with the highest rates of child marriage
 - The two-year campaign will aim to accelerate efforts to end child marriage across the continent



In partnership with:



Important opportunities to step up efforts to meet the needs & fulfil the rights of adolescents in sub-Saharan Africa – 2/3

- ❑ African Union Campaign to end child marriage in Africa
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"We, the Ministers of Education and Health from 20 countries in Eastern and Southern Africa , gathered in Cape Town, South Africa on 7 December 2013, working towards a vision of young Africans who are global citizens of the future who are educated, healthy, resilient, socially responsible, informed decision-makers and with the capacity to contribute to their community, country and region...

...we will lead by bold actions to ensure quality comprehensive sexuality education and youth-friendly sexual and reproductive health services in the 3 ESA region".



Joint H4+ Statement

24 September, 2012

Accelerating efforts to improve the health of women and children

We, UNAIDS, UNFPA, UNICEF, UN Women, WHO, and the World Bank, as the H4+, building on the collective strengths and comparative advantages of our six Agencies, jointly support countries with the highest rates of maternal, newborn and child mortality to accelerate progress towards achieving the health-related Millennium Development Goals.

Important opportunities to step up efforts to meet the needs & fulfil the rights of adolescents in sub-Saharan Africa – 3/3

- ❑ African Union Campaign to end child marriage in Africa
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- ❑ More resources to strengthen country-level action



HPV (human papillomavirus)

A record low price for HPV vaccines has opened the door for poor countries to vaccinate millions of girls against a devastating women's cancer.

LOWERING THE PRICE



The new low price of US \$4.50 per dose marks a two-thirds reduction on the current lowest public sector price.

DRAMATIC ACCELERATION



The first GAVI-supported HPV vaccines will be delivered in May 2013.

THE GIRL Declaration

I was **not** PUT ON THIS EARTH to be invisible

I WAS NOT BORN TO BE DENIED

I was not given **LIFE** only to belong to someone else.

I belong to **ME**

I HAVE A VOICE & I WILL USE IT.

I have **dreams** unforgettable

I have a name and it is not **ANONYMOUS**
OR INSIGNIFICANT OR UNWORTHY
OR WAITING ANY MORE TO BE CALLED.

Some day, they will say: this was the Moment
when the World **WOKE UP** to my potential.

THIS IS THE MOMENT I WAS ALLOWED
TO BE ASTONISHING

THIS IS THE MOMENT WHEN MY RISING
NO LONGER SCARES YOU

this is the **MOMENT** when being a **girl**

became my **STRENGTH** my **sanctuary** **NOT MY PAIN**

THIS IS THE MOMENT WHEN THE WORLD
SEES THAT I AM HELD BACK BY EVERY
PROBLEM AND I AM KEY TO ALL SOLUTIONS

this is the **MOMENT** when a girl and a **GIRL** and a girl and
250 million other girls say with voices loud that **THIS IS OUR MOMENT**

this is my MOMENT.

THIS, YES THIS
IS THE MOMENT

♥ ♥ ♥ ♥ ♥ ♥ ♥
Artwork by girls, for girls

The Girl Declaration

- A call to action that represents the voices of girls
- An advocacy tool to put girls at the heart of the post-2015 agenda
- Sets out five goals – education, health, safety, economic security & citizenship
- Has been read & endorsed by many people
- <http://www.girleffect.org/2015-beyond/the-declaration/the-videos/girl-declaration-film/>