Where are we today twenty years since the ICPD (International Conference on Population & Development)?

Dr V. Chandra-Mouli (chandramouliv@who.int)
"...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

- 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

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.

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.


- 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
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.


- 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 – 4/5

- Remarkable progress in reducing extreme poverty
- Substantial increase in access to improved drinking water sources
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"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."

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.

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

(since the ICPD)
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.


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:
2. UNICEF. Towards an AIDS-free generation – Children and AIDS. Sixth stocktaking report. 2013.
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.

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

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

*Measured as changes of 10% or more in the prevalence of child marriage between the two surveys.

Source: Results from two consecutive household surveys (MICS and DHS) in 48 countries.

Limited & patchy progress -5/5

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

- 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.

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

WHO Regional Office for Europe and BZgA
Standards for Sexuality Education in Europe
A framework for policy makers, educational and health authorities and specialists
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.

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


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

Sexuality education – 4/4

Policy Brief

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. 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.”

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


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**

Positive deviant countries

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.

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
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

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

- 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

- 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
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
- 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

"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 ESA region".
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
- 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
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

• [website link](http://www.girleffect.org/2015-beyond/the-declaration/the-videos/girl-declaration-film/)