

Where are we in ASRH&R today?

(Adolescent Sexual & Reproductive Health & Rights)

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Geneva Workshop 2016



World Health
Organization



**1. Over the last 25 years, three global
agreements put ASRH&R
on the global agenda**

Convention On the Rights of the Child



- The Convention offers a vision of the child as an individual and as a member of a family and community, with **rights & responsibilities appropriate to his or her age & stage of development.**

- **Children are neither the property of their parents nor are they helpless objects of charity. They are human beings & are the subject of their own rights.**

International Conference on Population & Development



Programme of Action
ADOPTED AT THE
International Conference
on Population and Development
Cairo, 5-13 September 1994
20th Anniversary Edition



The ICPD articulated a bold new vision about the relationships between population, development & individual well-being.

It recognized that reproductive health & rights, women's empowerment and gender equality are cornerstones of population & development.

Millennium Declaration



At the dawn of the 21st century, world leaders agreed upon a global blueprint to eradicate poverty, promote gender equality, improve health, combat disease & other pressing issues.

**2. The world in which today's
adolescents live in has changed
dramatically over the last 25 years**

Dramatic changes – 1/3



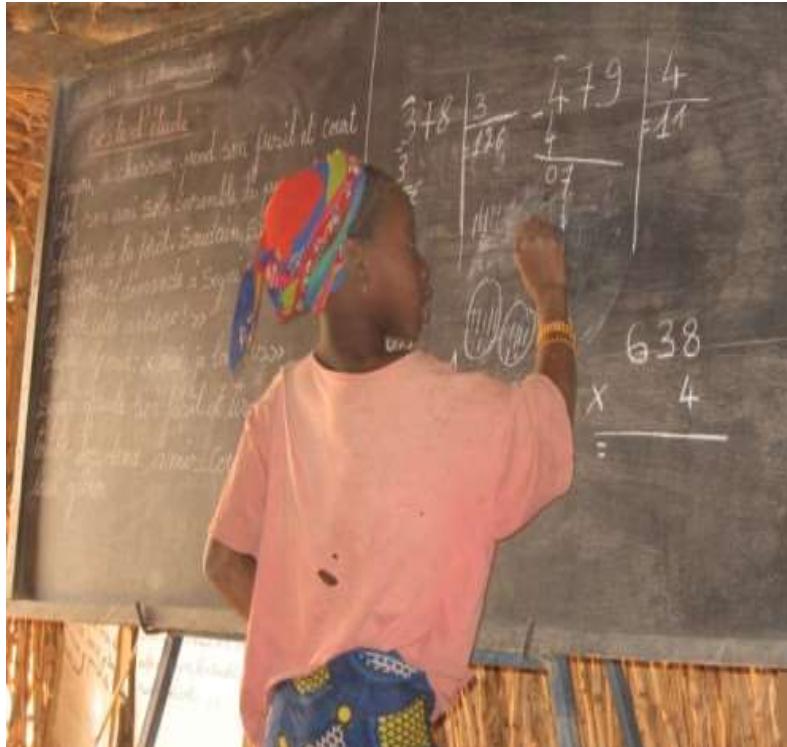
- Substantial increase in access to improved drinking water sources**
- Tremendous increase in primary school enrolment**
- Rapid increase in mobile phone use**

In 2015, 68% of Africans obtained water from an improved drinking water source, compared to 48% in 1990.

Rural residents & poor/marginalized groups are less likely to have access to improved water sources.

Source: United Nations. Millennium Development Goals Report. 2015.

Dramatic changes – 2/3



- Substantial increase in access to improved drinking water sources**
- Tremendous increase in primary school enrolment**
- Rapid increase in mobile phone use**

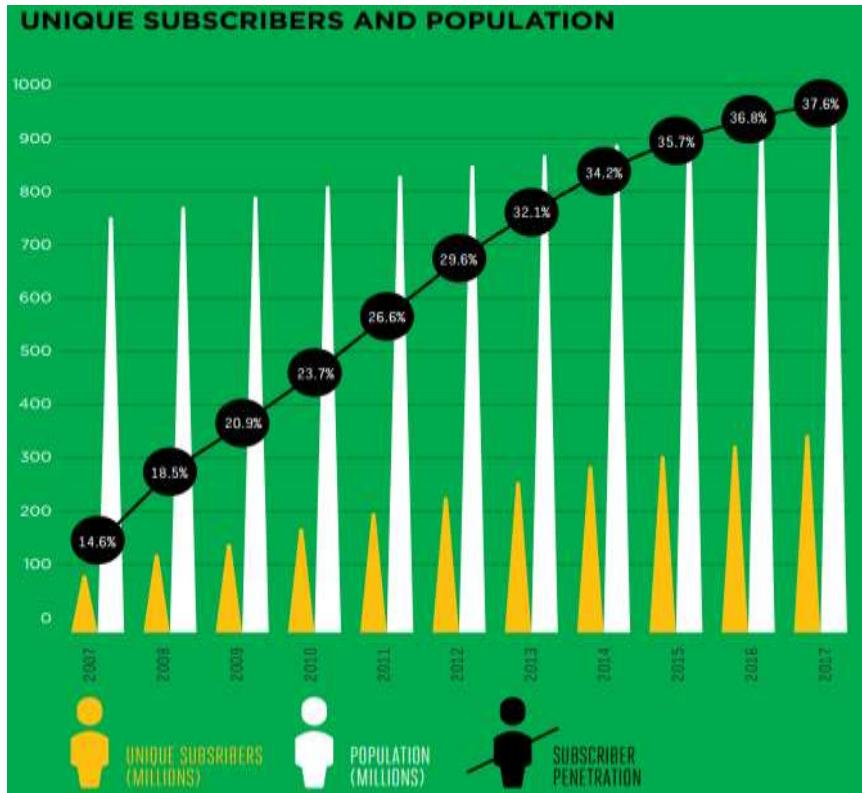
Net primary school enrolment in sub-Saharan Africa rose from 52% in 1990 to 80 % in 2015.

Children in the poorest households are 4 times less likely to be in school than those in the richest ones.

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. 2015.

Dramatic changes – 3/3



- Substantial increase in access to improved drinking water sources
- Tremendous increase in primary school enrolment
- Rapid increase in mobile phone use

By mid-2013, there were already 502 million active SIM connections in the region – an Increase of 23% per year for the last five years.

Source: GSMA Sub-Saharan Africa Mobile Economy 2013

Sharp drop in under-five childhood mortality

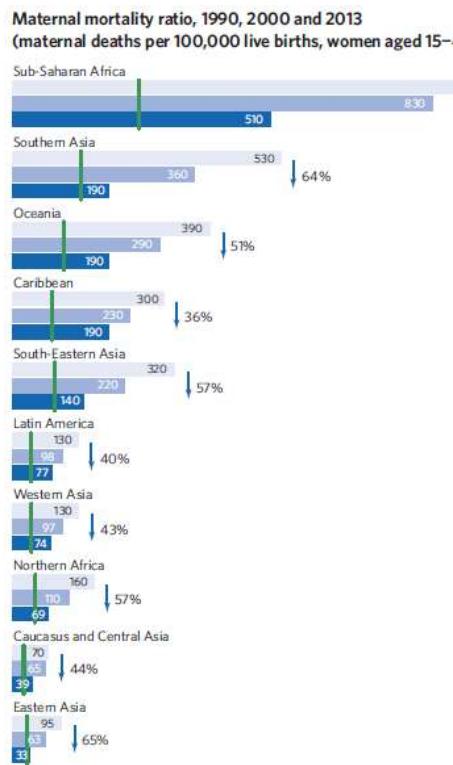


BLD043886 [RF] © www.visualphotos.com

- In 1990, the global rate of under-5 mortality was 90 per 1000 live births. In 2012 it was nearly half – 43.
- In 1990, the rate in sub-Saharan Africa was 177. By 2012 it fell to 98.

Source: United Nations. Millennium Development Goals Report. 2015.

Impressive reduction in maternal deaths

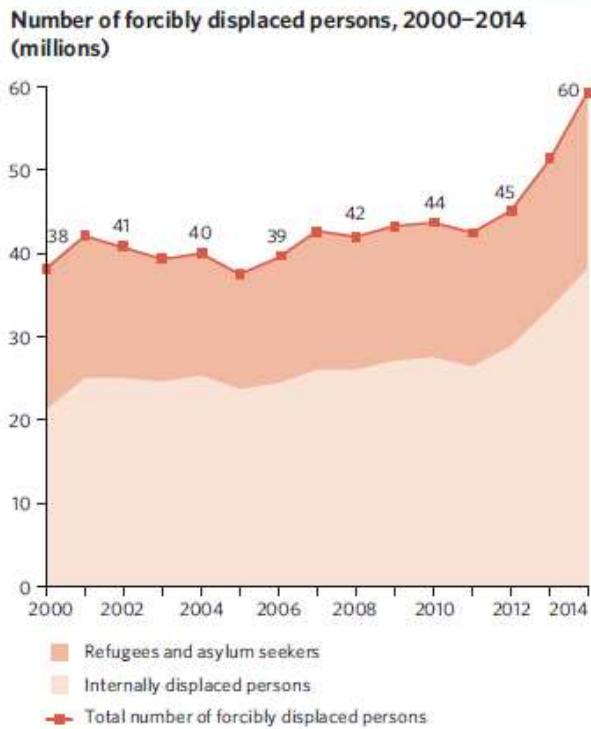


- In 1990, the maternal mortality ratio in sub-Saharan Africa was 990. By 2013, it had declined by 49% to 510.

Source: United Nations. Millennium Development Goals Report. 2015.

Change for the worse

Conflicts have forced almost 60 million people from their homes



I'm Here: Adolescent Girls in Emergencies

Approach and tools for improved response

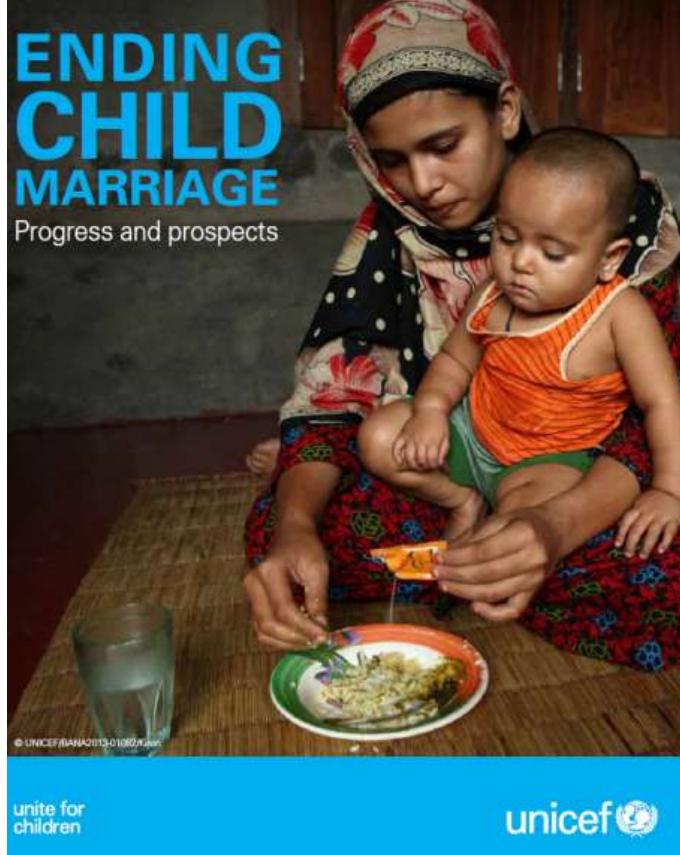


October 2014

Every day, 42,000 people on average are forcibly displaced and compelled to seek protection due to conflicts, almost four times the 2010 number of 11,000.

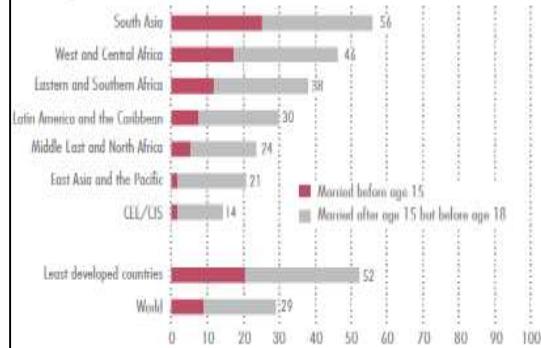
3. There has been limited & patchy progress in the health of adolescents (including sexual & reproductive health)

Limited & patchy progress – 1/5 Child marriage



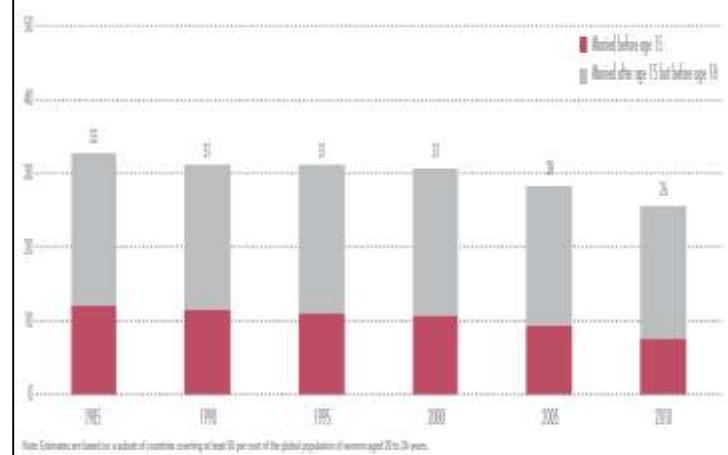
The highest rates of child marriage are found in South Asia and Sub-Saharan Africa

Percentage of women aged 20 to 49 years who were married or in union before ages 15 and 18, by region



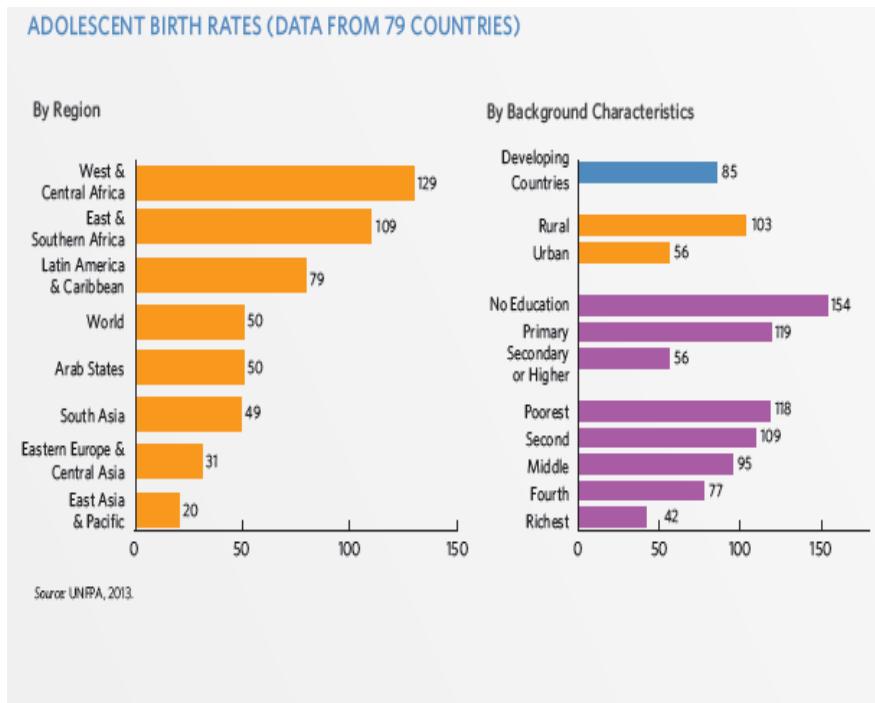
Globally, the practice of child marriage is declining, especially when it comes to the marriage of girls under age 15

Percentage of women aged 20 to 24 years who were married or in union before ages 15 and 18



Limited & patchy progress – 2/5

Adolescent pregnancy



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

The number of births to girls aged 15-19 years in the developing regions of the world fell from globally from 64 in 1990 to 56 in 2015 (per 1000 girls).

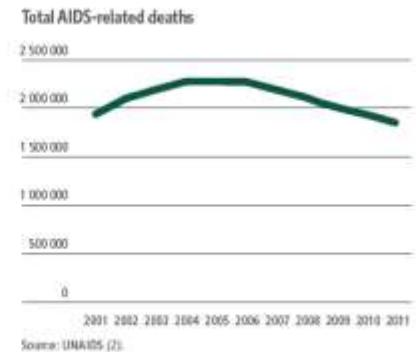
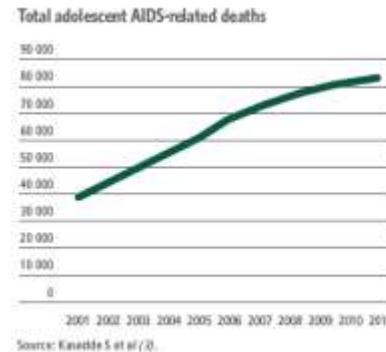
In sub Saharan Africa the rate in 1990 was 123; in 2015 it had dropped slightly to 116.

Source: United Nations. Millennium Development Goals Report 2015.

Limited & patchy progress - 3/5

HIV/AIDS

- Between 2005 and 2012, HIV-related deaths among adolescents increased by 50%, while the global number of HIV-related deaths fell by 30% . (1)
- In 2012, an estimated 2.1 million adolescents were living with HIV. In 2012, approximately 2/3rd of all new infections were in girls, & mainly in sub-Saharan Africa. (2)

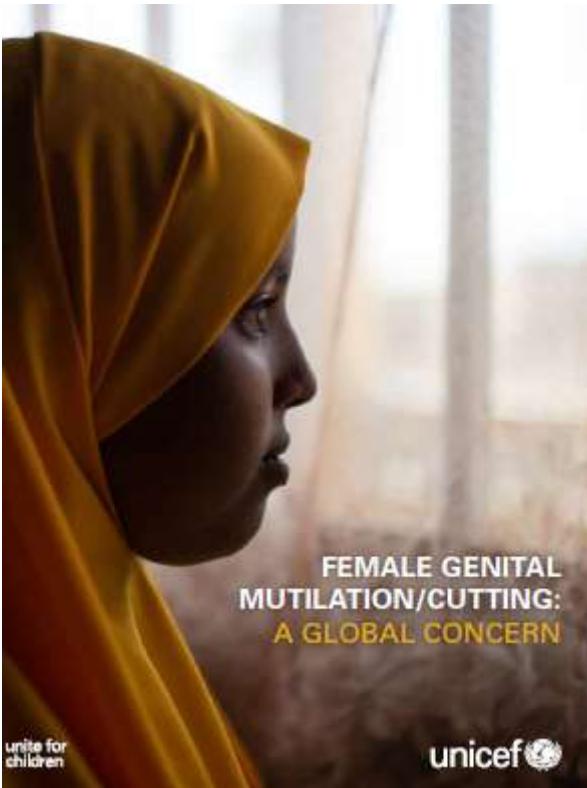


Sources:

- 1.UNAIDS Global report on the global AIDS epidemic 2013
2. UNICEF. Towards an AIDS-free generation – Children and AIDS. Sixth stocktaking report. 2013.

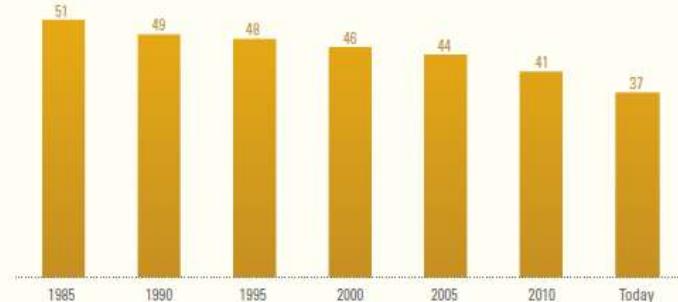
Limited & patchy progress - 4/5

Female Genital Mutilation



- • • • • • • • • •
- THERE HAS BEEN AN OVERALL **DECLINE** IN THE **PREVALENCE** OF FGM/C OVER THE LAST THREE DECADES. YET, NOT ALL COUNTRIES HAVE MADE PROGRESS AND THE PACE OF DECLINE HAS BEEN UNEVEN

Percentage of girls aged 15 to 19 years who have undergone FGM/C



Note: This is a weighted average based on comparable data.

Fast decline among girls aged 15 to 19 has occurred across countries with varying levels of FGM/C prevalence

BURKINA FASO
1980: 89%
↓
2010: 58%

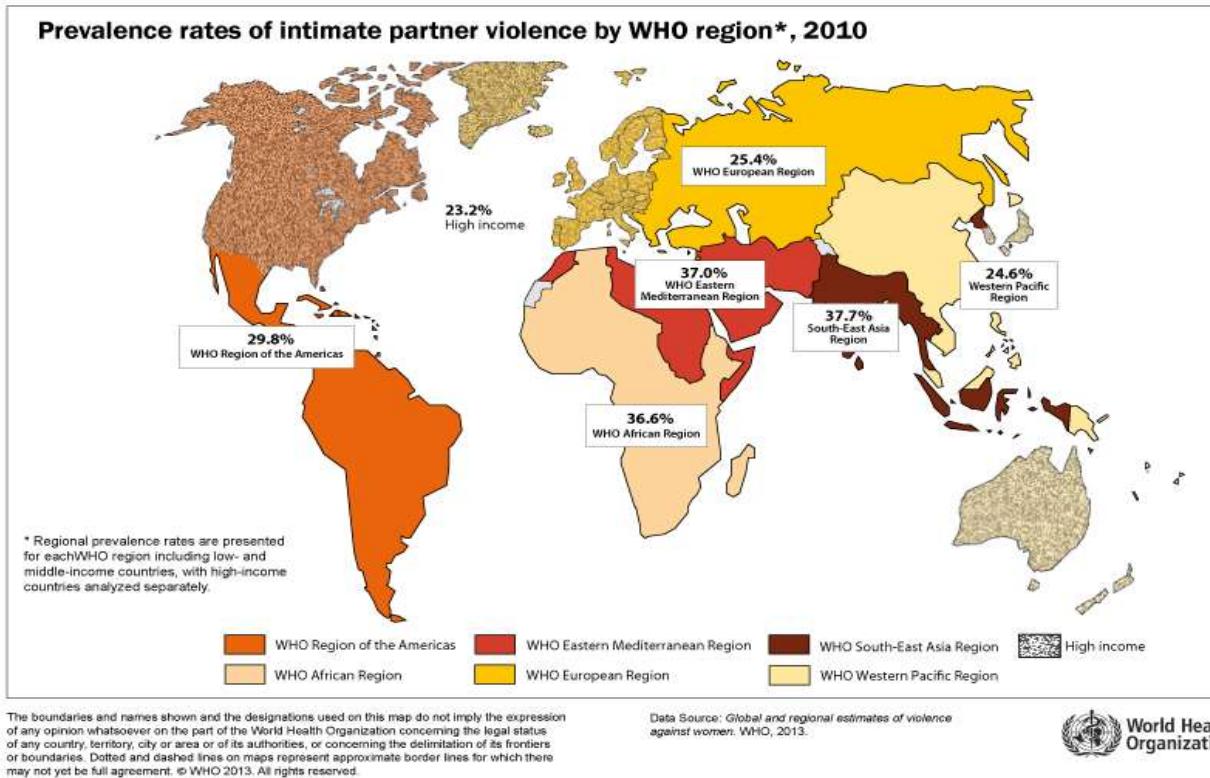
EGYPT
1985: 97%
↓
2015: 70%

KENYA
1984: 41%
↓
2014: 11%

LIBERIA
1983: 72%
↓
2013: 31%

TOGO
1984: 10%
↓
2013-2014: 2%

Limited & patchy progress – 5/5



- 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.

4. The place of adolescent health in the global health & development agenda is rising

Steadily rising on the global agenda

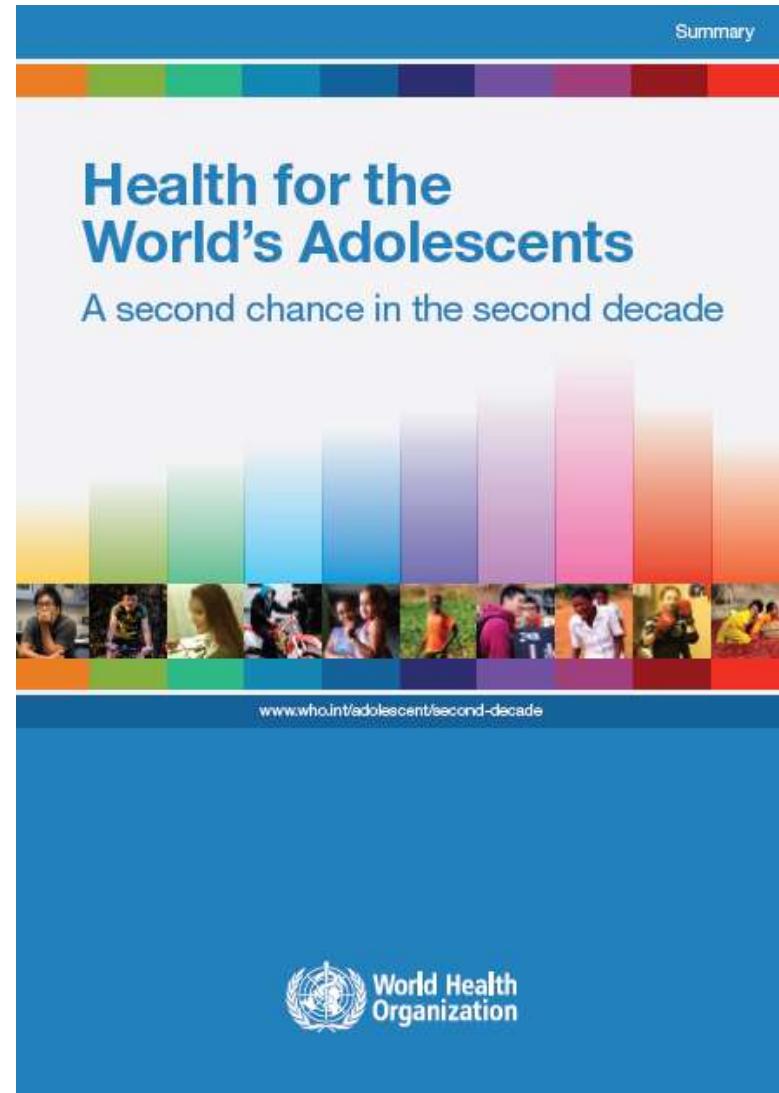
" Reaching adolescents is critical to improving maternal health & achieving other Millennium Development Goals."



- Health
- Economic development
- Social harmony
- Human rights

" Achieving Millennium Development Goals 4, 5 & 6 requires a greater focus on the adolescent phase of the life-course."

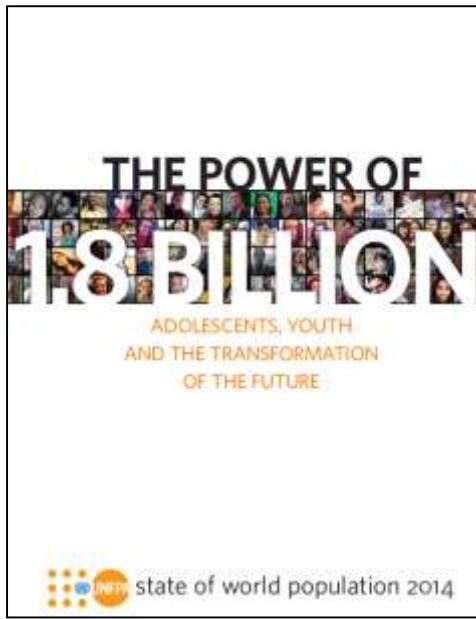
"Focus on the adolescent phase of the life-course is crucial not only for the unfinished Millennium Development Goals agenda, but also for the new public health agenda (i.e. noncommunicable diseases)".



Steadily rising on the global agenda

With the right policies & investments, countries can realize a 'demographic dividend' made possible by falling mortality & fertility rates.

With a larger working population & fewer dependents, a country has a one-time opportunity for rapid economic growth & stability."



- Health
- Economic development
- Social harmony
- Human rights

Steadily rising on the global agenda



Inter-Parliamentary Union

For democracy, for freedom.

Governing Council
Item 10

133rd IPU ASSEMBLY AND RELATED MEETINGS

Geneva, 17 – 21.10.2015

CL/197/10(a)-R.1
25 September 2015

Reports on recent IPU specialized meetings

(a) IPU Global Conference of Young Parliamentarians in Tokyo
Tokyo (Japan), 27 and 28 May 2015

The deliberations focused on the theme "Democracy, peace and prosperity". The aim of the Conference was to devise new and creative solutions for peace and prosperity in a world where young people are bearing the brunt of the socio-economic crisis and are the primary victims of the violence and conflicts that threaten the present and the future of their societies.

The young MPs called for robust policies to end the alienation and radicalization of young people, including new education policies and employment quotas. They underlined the need for a comprehensive rights-based framework of action against radicalization.

- Health
- Economic development
- Social harmony
- 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
- Social harmony
- Human rights

5. Country-level work on Adolescent Health in general (& on ASRH&R) is weak

The state of country-level work on ASRH&R

“...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.

The state of country-level work on ASRH&R

Most adolescents & youth do not yet have access to comprehensive sexuality education, 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.

The state of country-level work on ASRH&R

"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.

The state of country-level work on ASRH&R

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.

Ethiopia: Strong country action – 1/2

Child Marriage and Female Circumcision (FGM/C): Evidence from Ethiopia

YOUNG LIVES POLICY BRIEF 21



July 2014 (revised December 2014)

"Remarkable progress has been achieved in reducing both child marriage & Female Genital Mutilation/Cutting in Ethiopia, due to favourable legal frameworks, political will & campaigns with support from donor agencies, international organizations, local civil society & the media, alongside broader forces of modernization".

In Ethiopia, young women are marrying later than their counterparts three decades ago

Median age at first marriage or union among women aged 20 to 24 years, in selected countries

20 years

19 years

18 years

17 years

16 years

15 years

14 years

1985 1990 1995 2000 2005 2010

Ethiopia Burkina Faso Niger

18.0 17.9 18.7
18.0 17.9
15.6 15.8 15.1

Source: UNICEF, 2014

Ethiopia: Strong country action – 2/2

PLOS ONE

RESEARCH ARTICLE

Trends of Modern Contraceptive Use among Young Married Women Based on the 2000, 2005, and 2011 Ethiopian Demographic and Health Surveys: A Multivariate Decomposition Analysis



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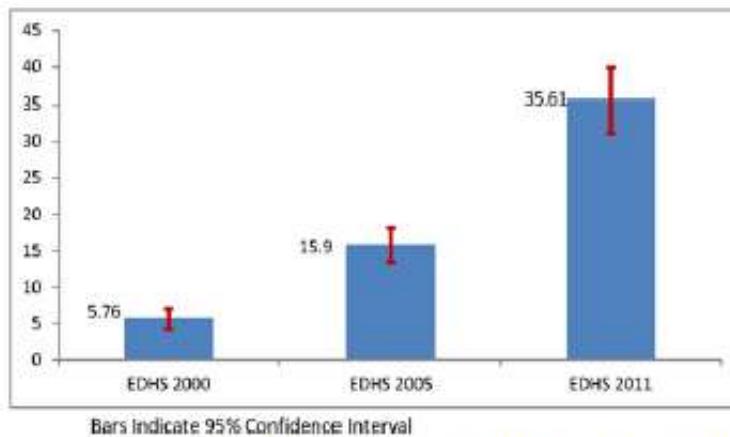


Figure 3. Trends in contraceptive use among Ethiopian young married women in the past 10 years, Ethiopia Demographic and Health Surveys 2000–2011.

doi:10.1371/journal.pone.0116525.g003

6. There are important opportunities to move the agenda forward

Sustainable Development Goals



*" Every year, millions of women & children die from preventable causes. They are not mere statistics. **They are people with names & faces.** Their suffering is unacceptable in the 21st century".*

- Ban Ki-Moon, Secretary General, United Nations

GLOBAL STRATEGY FOR WOMEN'S AND CHILDREN'S HEALTH

United Nations Secretary-General Ban Ki-moon

2010





THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016-2030)



**SURVIVE
THRIVE
TRANSFORM**

SUSTAINABLE DEVELOPMENT GOALS

2015

"The updated Global Strategy includes adolescents because they are central to everything we want to achieve, and to the overall success of the 2030 Agenda. By helping adolescents to realize their rights to health, well-being, education and full and equal participation in society, we are equipping them to attain their full potential as adults."

- Ban Ki-Moon, Secretary General, United Nations

CAMPAIGN TO END
CHILD MARRIAGE
IN AFRICA

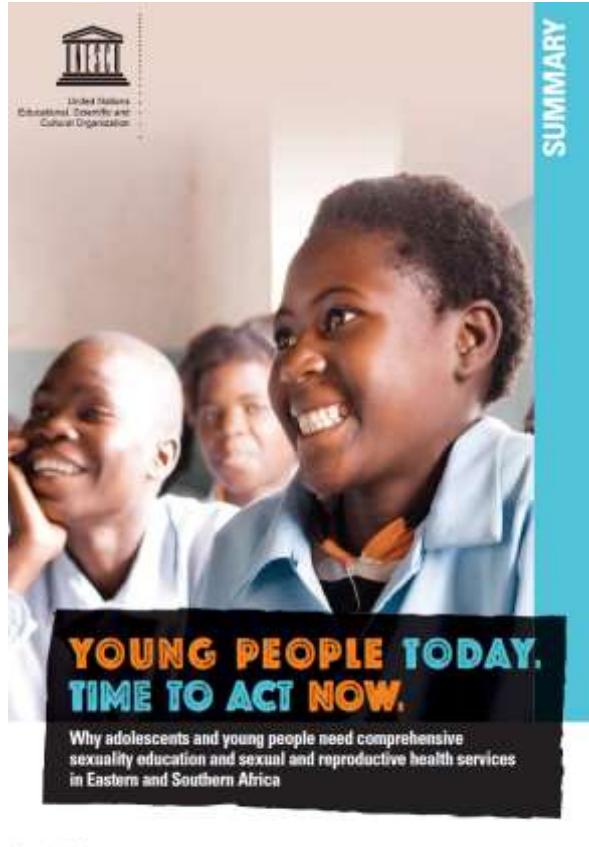


STOP!
CHILD MARRIAGE
STAND UP FOR
healthy and educated
Children.

#EndChildMarriageNow!!!



AFRICAN UNION



In partnership with:

UNAIDS UNFPA UNICEF World Health Organization

"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".



HOSTED BY



New Country Commitments to FP2020

Benin, Democratic Republic of the Congo
(DRC), Guinea, Mauritania, and Myanmar



HPV (human papillomavirus)

A recent 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

Current lowest public price, circa:
US\$ 13

In wealthy countries the same vaccines can cost more than:
US\$ 100

Price achieved by GAVI:
US\$ 4.50

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

DRAMATIC ACCELERATION

By 2020, over 30 million girls in more than 40 countries will be vaccinated against HPV

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



WASH in Schools Empowers Girls' Education

Proceedings of the Menstrual Hygiene Management in Schools Virtual Conference 2012

