Geneva Workshop 2017

Taking stock & looking ahead:

The state of the evidence to inform ASRH policies & programmes, & of its application

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Generating evidence:

1. What is the state of the evidence to inform ASRH policies & programmes ?

2. What are the challenges & opportunities in further strengthening this evidence base ?

Where are we with ASRH & rights 20 years since the International Conference on Population & Development ?

"Although we now have a better understanding of the needs & problems of adolescents, what works & also what does not work, there are also many gaps in our knowledge & understanding."

GLOBAL HEALTH: SCIENCE AND PRACTICE

Dedicated to what works in global health programs

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COMMENTARY

What Does Not Work in Adolescent Sexual and Reproductive Health: A Review of Evidence on Interventions Commonly Accepted as Best Practices

Venkatraman Chandra-Mouli,[a*] Catherine Lane,[b*] Sylvia Wong[c]

World Health Organization

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However, major evidence gaps persist

“We need better-quality evaluations and systematic reviews that provide evidence on what works, for whom & at what cost for a wider range of interventions & outcomes & taking into account the wide array of contexts, populations & needs ASRH covers.”

Further, quality of studies is often poor

Review article

Interventions to Prevent Unintended and Repeat Pregnancy Among Young People in Low- and Middle-Income Countries: A Systematic Review of the Published and Gray Literature

Michelle J. Hindin, M.H.S., Ph.D. [a,b,*], Amanda M. Kalamar, Ph.D. [a], Terri-Ann Thompson, Ph.D. [c], and Ushma D. Upadhyay, M.P.H., Ph.D. [d]

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"We find very few high-quality articles (both intervention and evaluation) for intervening to prevent pregnancy & repeat pregnancy."

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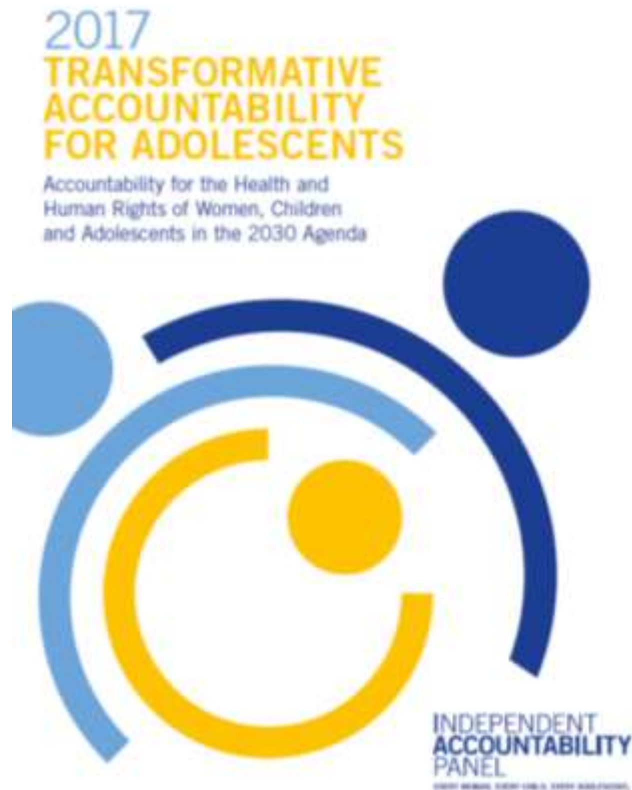
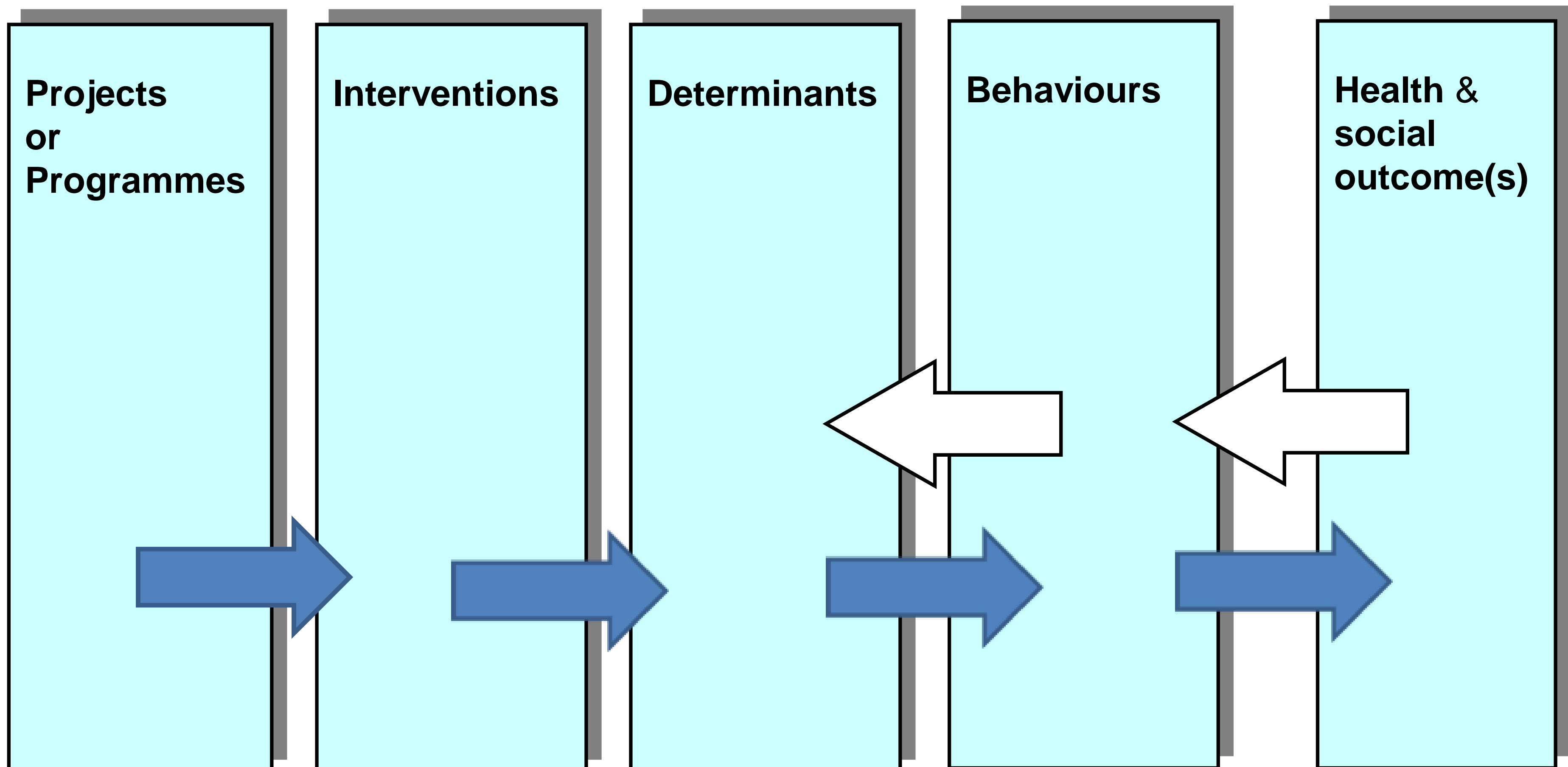
Additionally, major data gaps persist



"The lack of disaggregated data by sex, age, disability, income and other variables keeps excluded groups and inequities hidden from policy radars…[and hinders efforts to] inform and monitor policies for prevention and tailored interventions."

Mapping Adolescent Programming & Measurement



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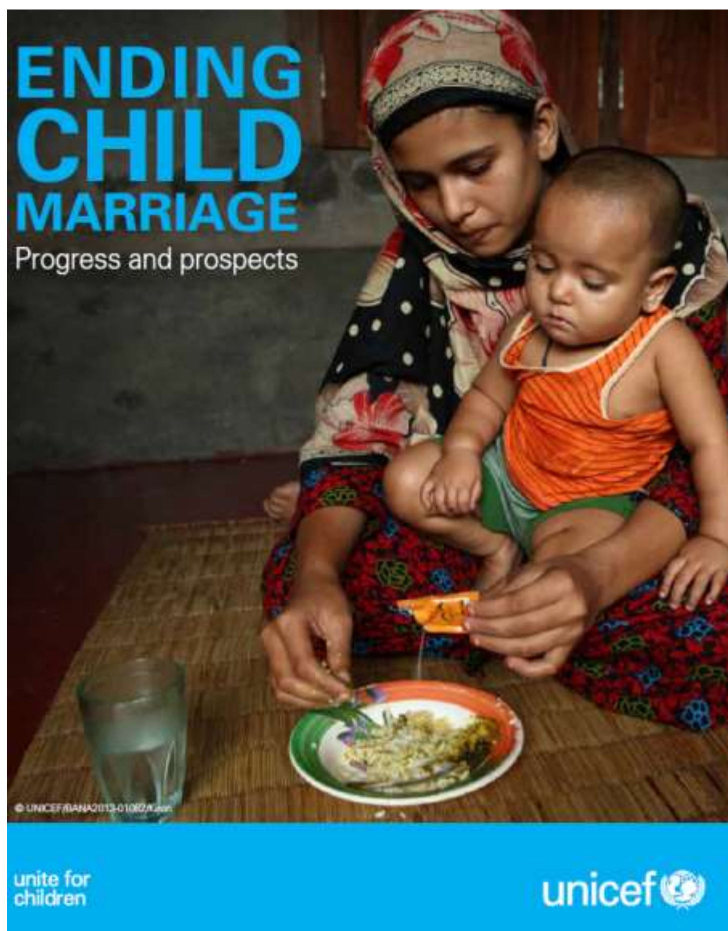
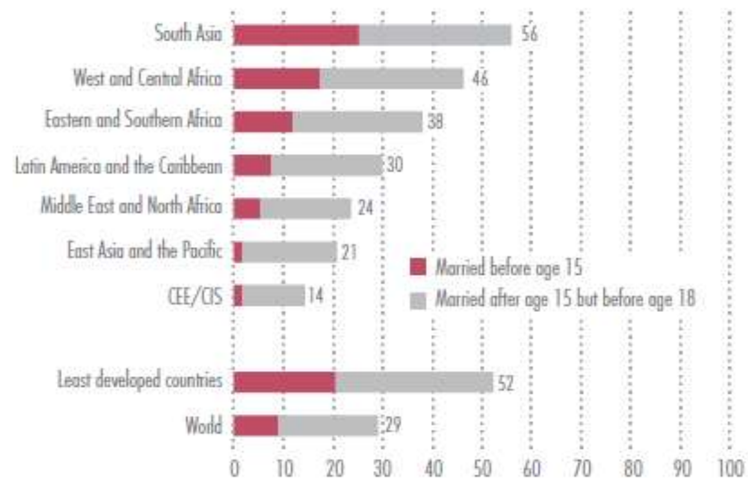
Health & social outcomes
Child marriage: Global prevalence



In developing countries, 1 in 3 girls is married by 18, & 1 in 9 by 15.

Source: UNICEF, 2014



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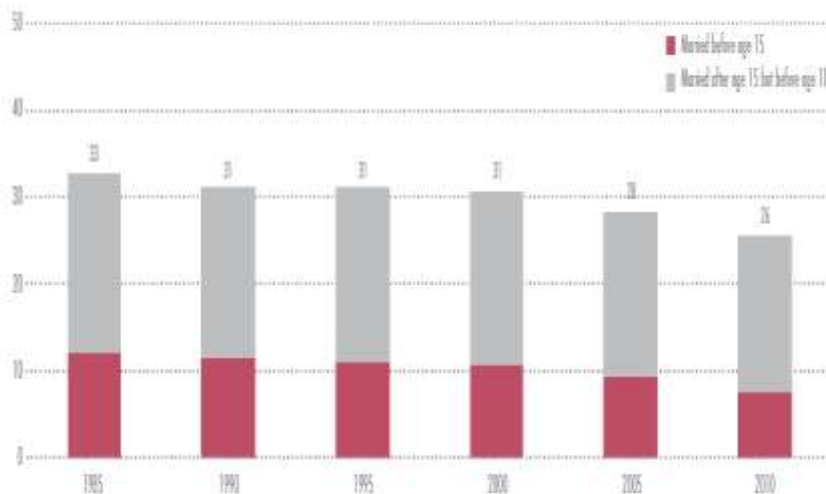
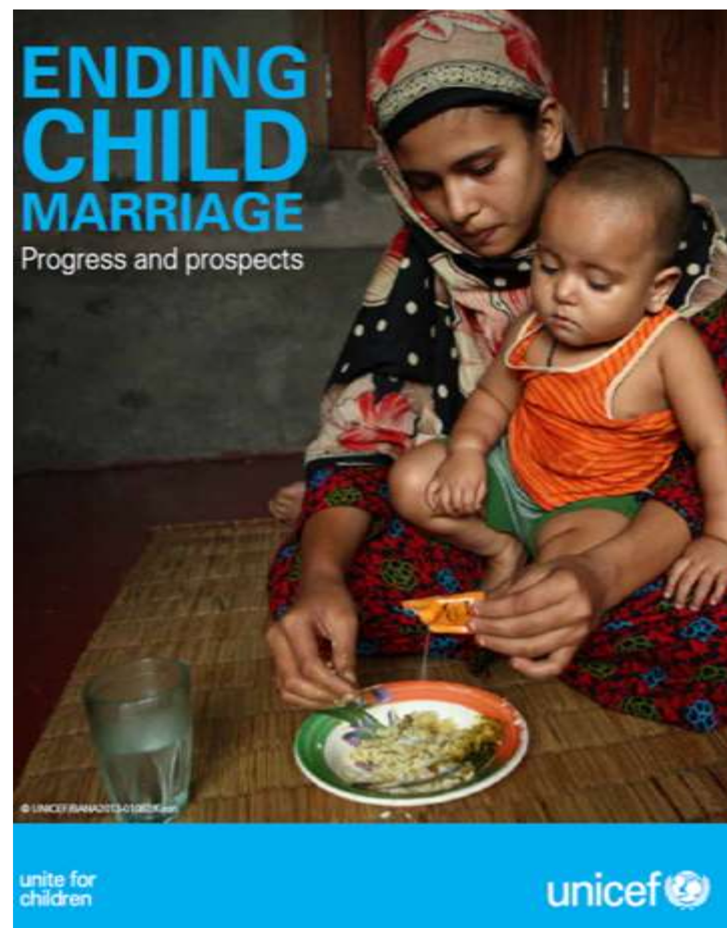
Health & social outcomes
Child marriage: Global trends

Globally the practice of child marriage is declining, especially in girls under 15.

But progress is uneven & slow.

Source: UNICEF, 2014





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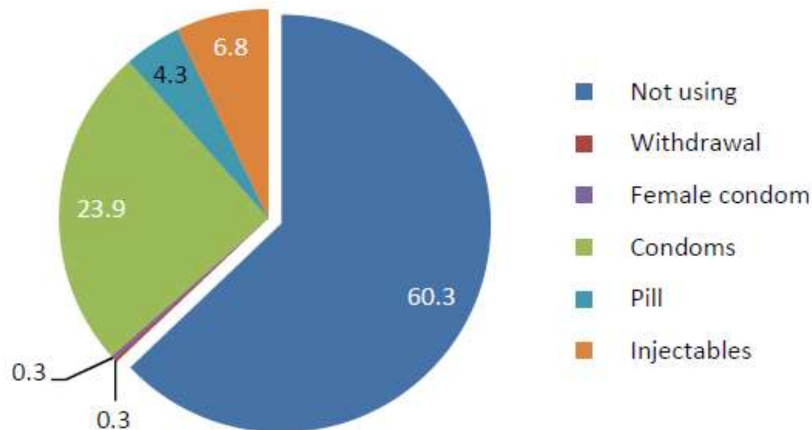
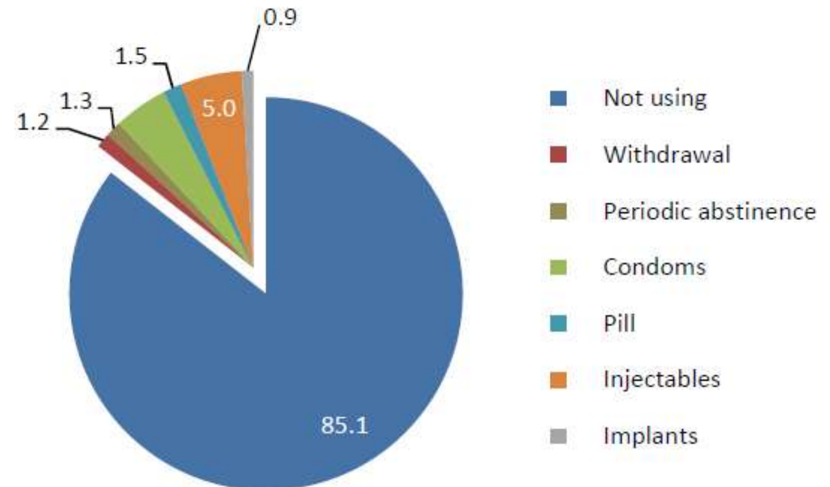
Behaviours

Contraception

United Republic of Tanzania: Adolescent contraception (WHO fact sheet based on DHS 2010)





Main reasons for non use:
Infrequent sex, not married, fear of side effects
Main sources:
Shops, friends

Main reasons for non use:
Currently breastfeeding, not having sex, fear of side effects
Main sources:
Government facilities, shops

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Determinants – 1/2

Pathways

UAP: time spent on work and care (older cohort only)

hours per day

6
5
4
3
2
1
0

Boys Girls Boys Girls Boys Girls

12 years 15 years 19 years

Caring for others Domestic work Unpaid work Paid work

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Determinants – 2/2

Pathways

7. Poverty, risk and responsibility in early adolescence shape later trajectories

Predictors of secondary school completion:

- No paid work at 12 years
- Fewer hours of domestic chores (girls)
- Better reading scores at age 8
- Higher self-efficacy at age 12

Predictors of early marriage & teenage pregnancy

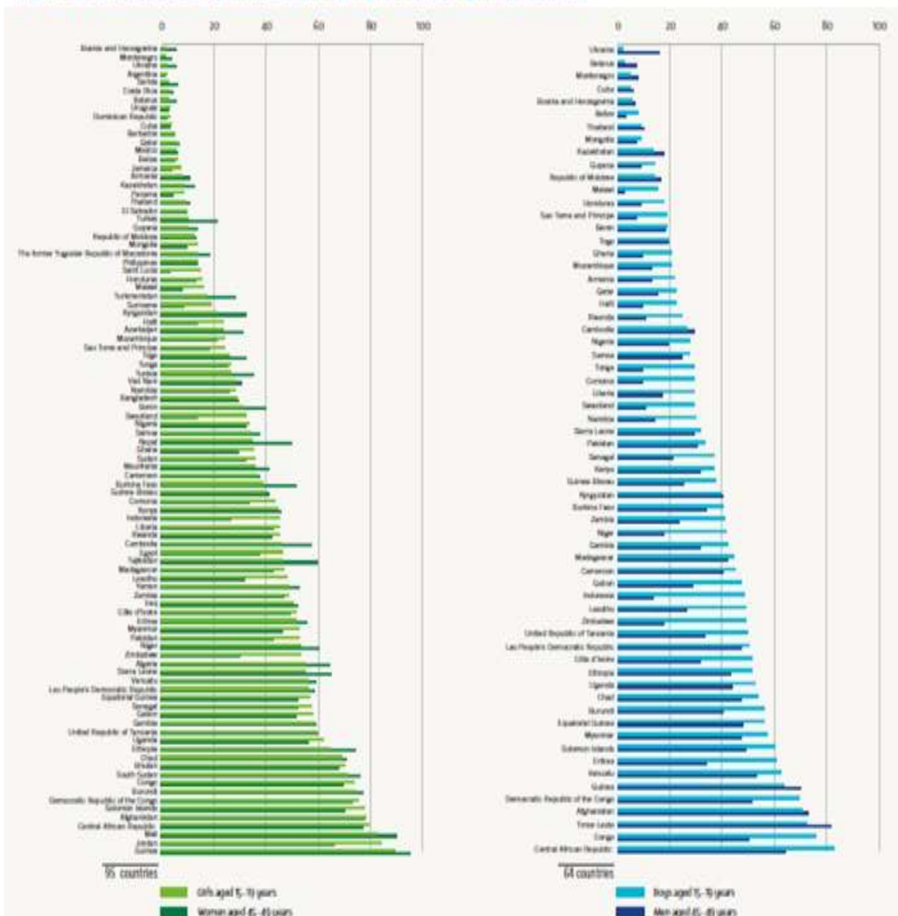
- Not enrolled at 15 years
- Lower parental & child aspirations for education
- Parental expectation that daughter would marry before 19 years
- Lower wealth & caregiver aspiration
- Earlier age at menarche
- Having an older brother

Shocks intensify pressures but unevenly.

Adult illness, death of caregiver and dowry debt have long term consequences for adolescents in the household.

Interventions – 1/2

The Gender Roles, Equality & Transformation Project



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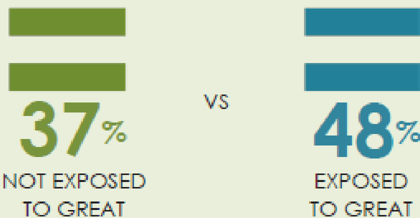
Interventions – 2/2

The Gender Roles, Equality & Transformation Project

- ✓ Aired on 5 stations twice a week for 52 weeks
- ✓ 9 Community Action Groups members per parish

- ✓ 3 community groups/ school clubs per village
- ✓ 1/3 of Village Health Teams per district



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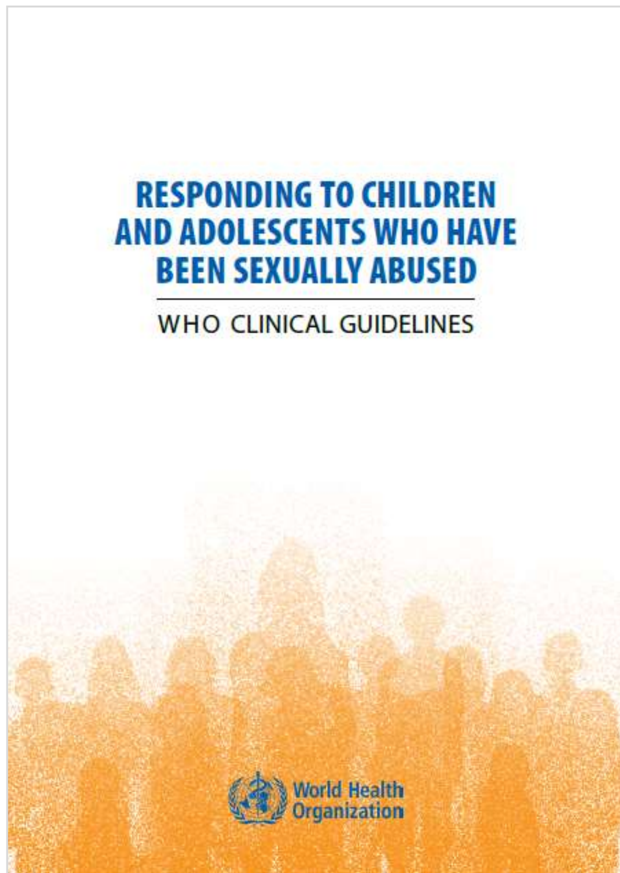
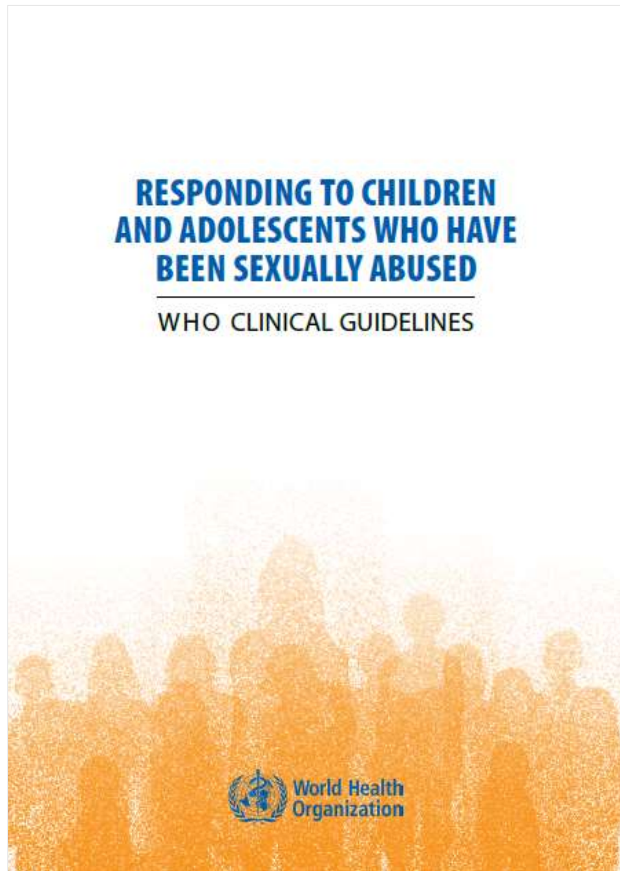
We have evidence gaps that we need to fill. At the same time, we have enough evidence to do more than we are currently.

We need to act with what we know, understanding that there are gaps

i.e. Sexual abuse of children & adolescents



- Child & adolescent sexual abuse is a major global problem
  - 20% girls, 8% boys (2011)
- Contributes to short- and long-term health consequences
- Those who experience it often do not get the care & support they need



Implementation considerations

- Facilitating timely uptake of services
- Creating a supportive & enabling service-delivery environment
- Providing child & adolescent centred care

Research implications for each area

- Prevalence of child & adolescent sexual abuse, including risk & protective factors & help-seeking behaviours
- Information about long-term impacts, including health service needs
- Different needs for services/care, barriers faced & impacts of interventions on girls/boys, across different age groups and among those facing discrimination

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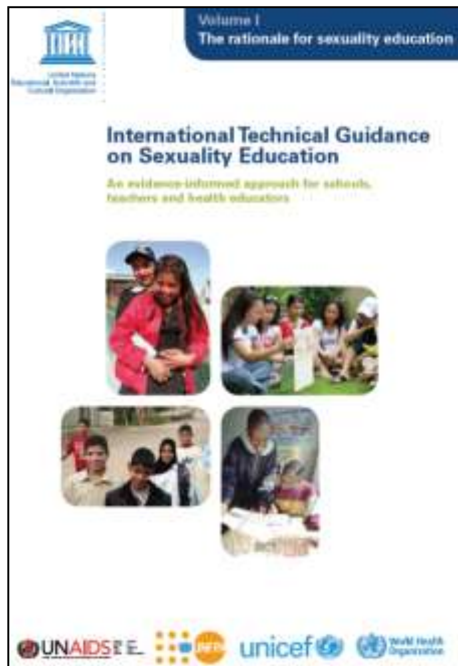
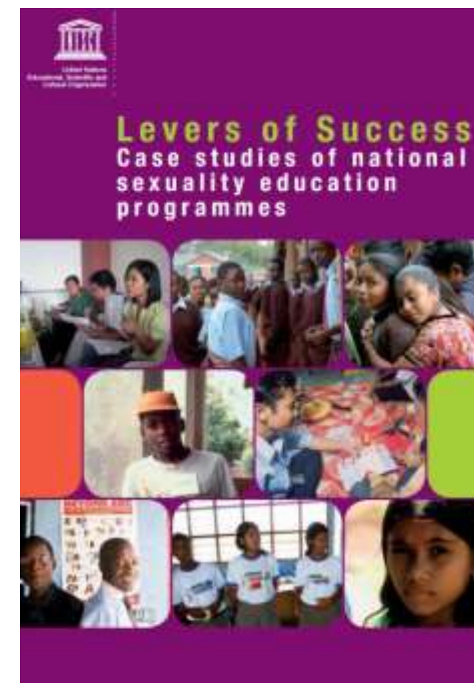
Evidence to action:

1. How well is available evidence being applied in ASRH policies & programmes ?

2. What are challenges & opportunities in translating evidence to action ?

Comprehensive Sexuality Education Evidence





Evidence on

(i) Effectiveness
(ii) Cost effectiveness
(iii) Scaling up & sustaining

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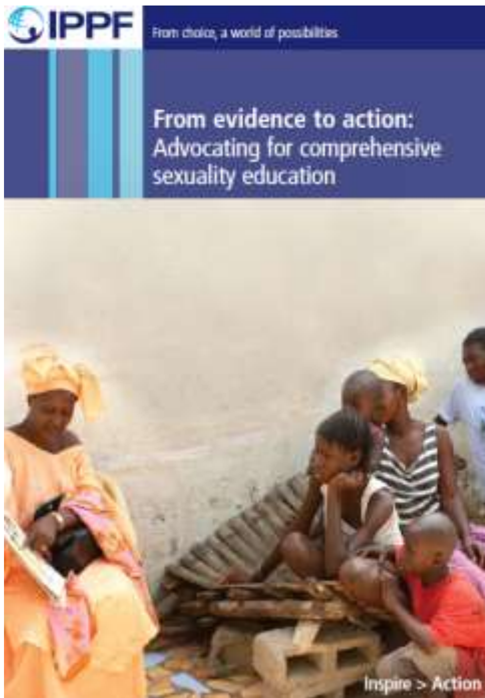
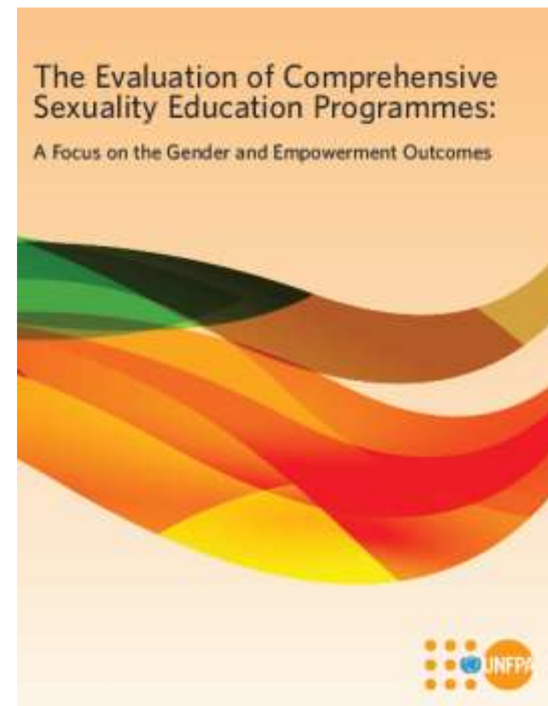
Comprehensive Sexuality Education – Policy/programme support tools





Tools for

(i) Advocacy

(ii) Programme design & management

(iii) Measurement

Comprehensive Sexuality Education
Weak implementation

Sources:
1. UNESCO, UNFPA. Sexuality education: A ten-country review of school curricula in East and Southern Africa. UNESCO, Paris. 2012.
2. Pokharel S, Kulczycki A, Shakyac S. School-Based Sex Education in Western Nepal: Uncomfortable for Both Teachers and Students. Reproductive Health Matters. 2006; 14(28):156–161.
3. Shrestha R M, Otsuka K, Poudel K C, Yasuoka J, Lamichhane M, Jimba M. Better learning in schools to improve attitudes towards abstinence and intentions for safer sex among adolescents in urban Nepal. BMC Public Health. 2013, **13**:244 doi:10. 1186/1471-2458-13-244.

- ## Weak content:

Inadequate information about contraception

Key aspects of sex, reproduction & sexual health were missing

- ## Weak delivery:

Some teachers lacked the needed skills

Most did not want to deal with sensitive matters

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Comprehensive Sexuality Education
Paralyzed by backlash

Policy Brief

PRB INFORM EMPOWER ADVANCE

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.

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Why have *so few* countries moved from sound policies and strategies to large scale and 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…:

- **Political will**
- **Enhanced capacity**
- **Sustainable resourcing**
- **Effective monitoring and evaluation**

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.

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

V Chandra-Mouli, P Bloem, J Ferguson. The World Health Organization's work on Adolescent Sexual and Reproductive Health. German Federal Journal on Health (Bundesgesundheitsbl), 2013. 5, 256–261.

Programme reviews

This situation analysis presents findings from a comprehensive review and analysis of ASRH programming in Bangladesh for last ten years (2005-2015).

MAY 2016

SITUATION ANALYSIS BRIEF

Adolescents in Bangladesh

Programmatic Approaches to Sexual and Reproductive Health Education and Services

There is a gap in knowledge and understanding of effective adolescent sexual and reproductive health (ASRH) programming in Bangladesh, especially programming at scale. Initiatives to address ASRH have been implemented at different times by both the Government of Bangladesh (GOB) and NGOs, but these activities have often been fragmented and are not well documented or evaluated, making it difficult to know what worked well and what did not. With a large and growing adolescent population, it is critical to identify, invest in, and accelerate the expansion of proven approaches to ASRH programming.

USAID

Evidence

Evaluations

Journal of Adolescent Health 57 (2015) 617–623

JOURNAL OF ADOLESCENT HEALTH
www.jahonline.org

Original article

An Analysis of Adolescent Content in South Africa's Contraception Policy Using a Human Rights Framework

Andrea J. Hoopes, M.D., M.P.H. [a], Venkatraman Chandra-Mouli, M.B.B.S., M.Sc. [b,*], Petrus Steyn, M.D., M.Phil., D.F.F.P. [b], Tlangelani Shilubane, M.Sw. [c], and Melanie Pleaner, M.Ed. [d]
[a] Department of Pediatrics, University of Colorado School of Medicine, Aurora, Colorado
[b] Department of Reproductive Health and Research, World Health Organization, Geneva, Switzerland
[c] United Nations Populations Fund, Pretoria, South Africa
[d] Wits RHI, University of Witwatersrand, Johannesburg, South Africa

Carai et al. Reproductive Health (2015) 12:98
DOI 10.1186/s12978-015-0088-6

RESEARCH Open Access

Assessing youth-friendly-health-services and supporting planning in the Republic of Moldova

Susanne Carai[1*], Stela Bivol[2] and Venkatraman Chandra-Mouli[3]

Evaluation and Program Planning 58 (2016) 98–105

Contents lists available at ScienceDirect
Evaluation and Program Planning
journal homepage: www.elsevier.com/locate/evalprogplan

Lessons learnt from the CERCA Project, a multicomponent intervention to promote adolescent sexual and reproductive health in three Latin America countries: a qualitative post-hoc evaluation

Olena Ivanova[a,*], Kathya Cordova Pozo[b], Zoyla Esmeralda Segura[c], Bernardo Vega[d], Venkatraman Chandra-Mouli[e], Michelle J. Hindin[e], Marleen Temmerman[e], Peter Decat[a], Sara De Meyer[a], Kristien Michielsen[a]

Implementation research 1/2
i.e. building the capacity & motivation of teachers

"..research on adaptation, going to scale, & sustainability of efficacious prevention programmes needs to be done. Adaptation research will help ensure that evidence based-prevention interventions can be tailored to other contexts. "

R F Catalono et al. Worldwide application of prevention science in adolescent health. Lancet, 2012

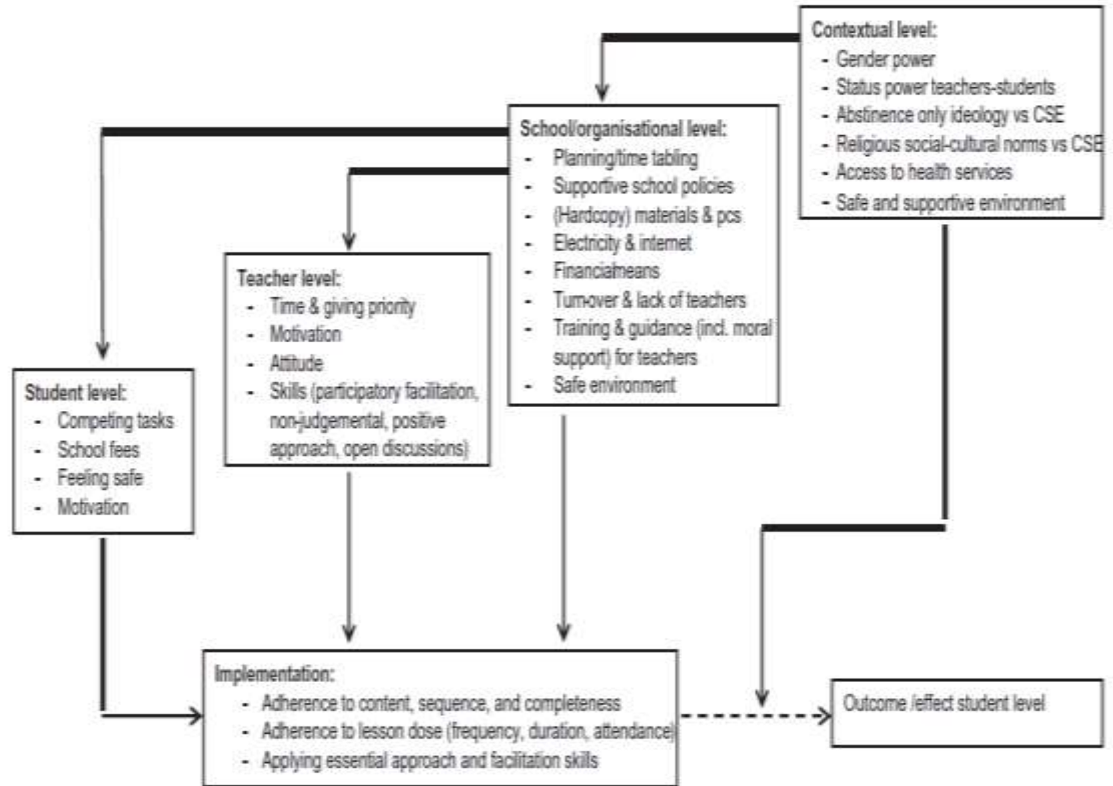

Figure 1. Barriers to CSE implementation and effectiveness.[2]

I Vanwesenbeeck et al. Lessons learned from a decade implementing CSE in resource poor settings: The world starts with me. Sex Education, 2015.

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Implementation research 2/2

i.e. reintegrating pregnant girls/young mothers in school

- “I have had 15 pregnant girls in my school in one term.”
- “We have been asked if our schools are maternity wards or pregnancy centres.”

C Undie, Harriert Birungi. Are school principals ‘the bad guys’ ? Nuancing the narrative of school re-entry policy implementation in Kenya. 2017.

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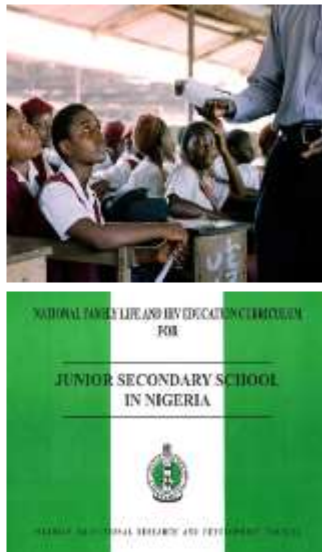
Documentation

Pakistan



Nigeria

Estonia

1. Placed CSE scale-up on the national agenda
2. Planned for scale-up from the start
3. Managed scale-up effectively and efficiently
4. Built support while anticipating and addressing opposition
5. Safeguarded sustainability

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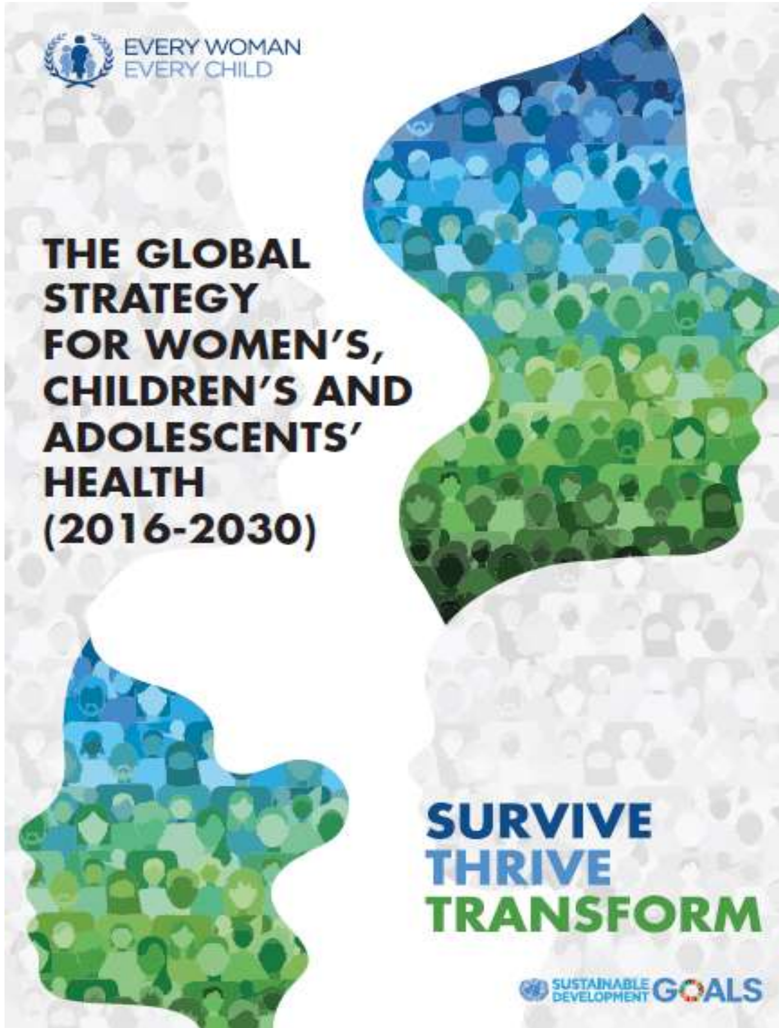
Strengthening data for decision making

- Rates and outcomes of adolescent pregnancies
- Adolescent sexuality & its context
- Contraceptive use & its determinants
- Policies and programme performance

MIND THE GAP:

A COMMENTARY ON DATA GAPS AND OPPORTUNITIES FOR ACTION IN MEETING THE CONTRACEPTIVE NEEDS OF ADOLESCENTS



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