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Adolescent Sexual & Reproductive Health & Rights

Progress in the 25 years since the International Conference on Population & Development & prospects for the next 25 years

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Review article

Forward, Together: A Collaborative Path to Comprehensive Adolescent Sexual and Reproductive Health and Rights in Our Time

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https://www.sciencedirect.com/science/article/pii/S1054139X19304677

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- What emerging **opportunities** must we leverage?
- What persistent & new **challenges** must we navigate?
- What strategic & specific **actions** must we undertake in the next 10 years to accelerate progress for ASRHR?

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WHAT EMERGING OPPORTUNITIES MUST WE LEVERAGE?

1. Inclusion of adolescents on global, regional, & national agendas

- Adolescents are recognized as central to 'leaving no one behind' in the Sustainable Development Goals & in the Global Strategy for Women's, Children's, & Adolescents' Health

- ASRHR is prioritized in numerous global & regional partnerships, initiatives, & commitments

GIRLS NOT BRIDES

AFRICAN COALITION FOR MENSTRUAL HEALTH MANAGEMENT

PLANIFICATION FAMILIALE
Le Partenariat de Ouagadougou

- It is included in national commitments, laws/policies, & strategies

FP FAMILY PLANNING 2020™

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2. Increased investment in ASRHR

- There is more external funding for ASRHR than ever before, especially for:
  - Ending child marriage
  - Preventing & treating HIV
  - Improving access to & use of contraception
- However, some areas (e.g. VAWG, menstrual health) remain underfunded.
- A small number of countries are complementing external funding with their own domestic resources.
- In some of these countries, control of financing is becoming decentralized.

3. Renewed commitments to universal health coverage (UHC)

- Cost & quality are major barriers that prevent adolescents from using health services
- Strides toward UHC are generating results for the general population
- Youth-led organizations & young leaders are leading the push for the inclusion of provisions, adaptations, & resources to accommodate adolescents' needs & preferences

YOUTH
Join the movement
4 UHC

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4. Increased school enrolment

- A greater proportion of adolescents – especially girls – are in school than ever before
- Efforts are underway to improve the quality, equity, & relevance of education

- Education itself is protective for many aspects of adolescent health
- Schools can be a platform to reach large numbers of adolescents with comprehensive sexuality education & school-based/linked health services

5. Advances in technology

- More than 70% of the world's youth are online
- Technology is profoundly shifting the ways that adolescents learn, communicate, make decisions, form relationships, explore their sexuality, & manage their health
- A flood of new technologies have been developed to provide information & counselling, to expand opportunities for self-care, & to promote social activism

LOVE MATTERS

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WHAT PERSISTENT & EMERGING CHALLENGES MUST WE NAVIGATE?

1. Denial of adolescent sexuality

PROBLEM

- Adolescents are not considered to be sexual beings
- If adolescent sexuality is discussed, it is framed as a risk or problem to be avoided
- The sexuality of LGBTQIA+ adolescents is stigmatized (or worse yet, criminalized) & the sexuality of adolescents with disabilities remains largely invisible

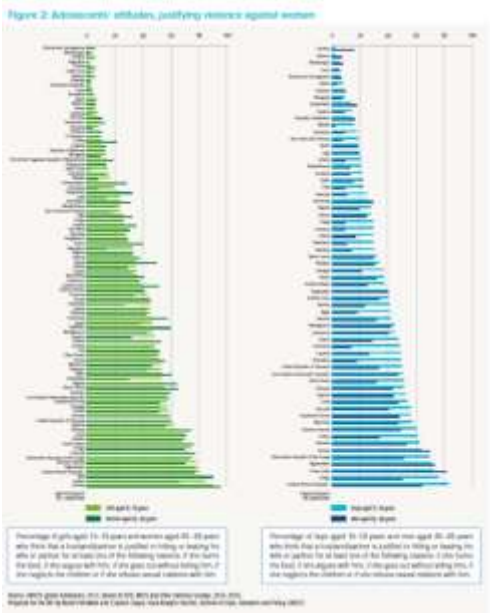
CONSEQUENCES OF THE PROBLEM

- ASRHR policies, programs & services often face powerful – sometimes paralyzing – opposition
- Adolescents who seek ASRH services are often disrespected & judged
- Adolescents are more likely to learn about sex from peers & pornography than from the trusted adults in their lives

2. Entrenched gender inequality

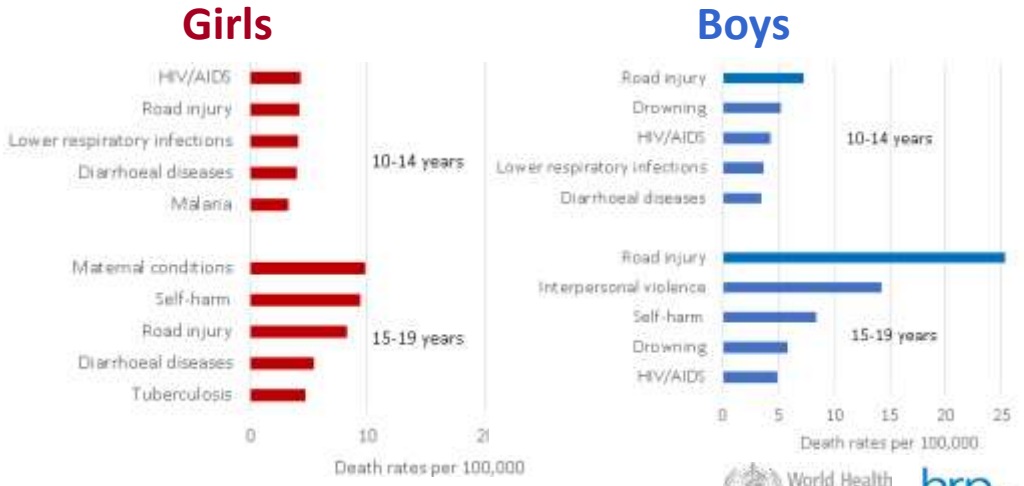
PROBLEM

- Inequitable gender norms are widespread across populations. They begin early & are deeply ingrained.
  - Girls are considered vulnerable & are taught to be modest & polite
  - Boys are considered brave & independent & are taught to be assertive & self-sufficient
- Those who do not conform to gender norms face social pressures & sanctions, including violence



CONSEQUENCES OF THE PROBLEM

- These norms continue to contribute to gendered differences in the levels & causes of adolescent mortality & morbidity



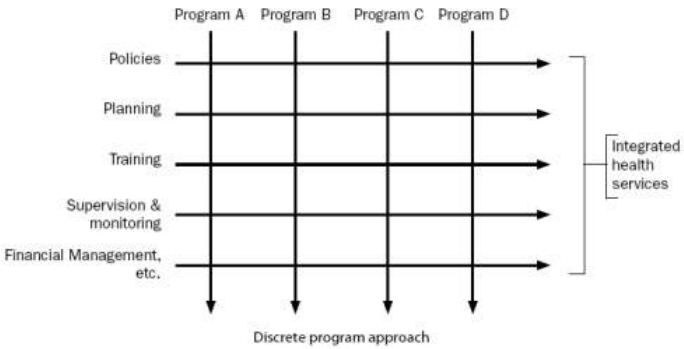
4. Weak systems & limited integration & coordination across sectors

PROBLEM

- The building blocks of health systems are often still not in place, are not functional, or remain weak
- ASRH services are often not fully integrated into the broader health system
- Multisectoral coordination remains a major challenge

CONSEQUENCES OF THE PROBLEM

- Health systems are often not equipped to provide health services that meet the needs & preferences of adolescents
- The efforts of different sectors are often neither coordinated nor complimentary



3. Resistance to meaningfully engaging young people in political & programmatic processes

PROBLEM

- Meaningful youth participation remains the exception rather than the norm:
  - Young people who *are* engaged are most often older, urban, educated, & well-connected
  - Their engagement remains largely tokenistic & their responsibilities menial
  - Their contributions are rarely measured effectively
  - They are often neither acknowledged nor compensated for their work

CONSEQUENCES OF THE PROBLEM

- ASRHR policies & programmes are not shaped by the people they aim to serve

5. Changes in population dynamics; increases in humanitarian & climate crises

PROBLEM

- There are more adolescents now then ever before
- Many countries have not invested sufficiently in their health, education, & development

- More than half of the 1.4 billion people living in countries affected by crises & fragility are under 20
- Humanitarian & climate crises exacerbate the vulnerabilities of adolescents & the readiness of systems to respond to their needs

CONSEQUENCES OF THE PROBLEM

- Many adolescents lack access to quality education, health, & development services/opportunities
  - E.g., rates of unemployment & underemployment among young people are higher than those in adults, & rates of working poverty have increased

- This situation is even more acute in crises
  - E.g., Climate crises are already affecting resource distribution, exacerbating inequality, increasing political tensions, & spurring migration, & the scale & impact of these crises are predicted to dramatically worsen

WHAT STRATEGIC & SPECIFIC ACTIONS MUST WE UNDERTAKE IN THE NEXT 10 YEARS TO ACCELERATE PROGRESS TOWARDS OUR VISION FOR ASRHR?

1. Mobilize & make full use of political & social support for ASRHR policies & programmes

We must continue to advocate for the place of SRHR, and ASRHR specifically, on **global** agendas.

At the **national** level:

- **Where there is political & social support for ASRHR**, we must demonstrate that success is possible through evidence-based action, strong leadership & management & perseverance, & use this support to improve adolescent health more generally.
- **Where commitment & support remain weak**, we must make the case for action using acceptable entry points &/or leveraging specific events/moments in time.
- **In all countries**, we must prevent backlash & quickly overcome resistance when it occurs.

2. Increase external & domestic funding for ASRHR while making effective use of the available resources to demonstrate impact

With regard to external funding, we must demonstrate tangible results by:

- Building human & system capacity to scale up integrated packages of evidence-based interventions
- Improving monitoring & evaluation with a 'last mile' lens to ensure quality & equity
- Using the resources to address intersecting areas of ASRHR & areas of importance to ASRHR that are not well-funded
- Showing the results of our work & how this links to the wider public health agenda

With regard to domestic financing, we must ensure that ASRHR has dedicated resources & that countries have support to demonstrate that such investment is worthwhile by:

- Translating strategies into costed plans
- Assigning dedicated line items in health & other sectors' budgets for ASRHR-related activities
- Ensure that health financing (including in the context of UHC) incorporates specific provisions for adolescents

3. Develop, communicate, apply, & monitor enabling & protective laws/policies for ASRHR

Where enabling legal/policy environments exist, we must:

- Ensure that those who are responsible for law/policy implementation are aware of them & of their obligation to apply them
- Create wider awareness of these legal provisions so that adolescents & their communities know their rights/entitlements & can push for accountability
- Step up efforts to ensure strategies to implement laws/policies are adequately resourced, carried out, & enforced, while ensuring that the most marginalized & vulnerable persons/communities are not scapegoated along the way

Where there are still:

- **restrictive laws/policies** (e.g., parental/spousal consent requirements for health services),
- **contradictions between laws/policies** (e.g., policies that ensure provision of services regardless of age but criminalize sexual activity before age 18), &/or
- **loopholes** (e.g., authorization of child marriage with parental or judicial consent where it is otherwise banned),

we must identify the legal/policy barriers that pose the greatest barriers to ASRHR & work to change them.

4. Use & improve ASRHR data & evidence to strengthen advocacy, policies, & programmes

To improve the availability & use of existing data, we must:

- Synthesize age- and sex-disaggregated data from administrative systems & surveys in formats that are useful for decision-makers
- Ensure that decision-makers have capacity & support to use data to learn-by-doing & shape/reshape their programmes on an ongoing basis

To fill data gaps, we must:

- Harmonize & apply a core set of indicators for adolescent health, including those that go beyond health outcomes (e.g., on determinants of health & on quality, coverage, & cost of health services)
- Improve population-based surveys so that they collect relevant & appropriate data, while tapping into a wider range of data sources

To improve the uptake & use of evidence on ASRHR interventions, we must:

- Improve the availability & dissemination of evidence
- Support decision-makers to develop evidence-based strategies & investment cases
- Address evidence gaps, especially through implementation research on the cost of interventions, adaptation of interventions to different settings, & optimization of interventions in real-life settings

5. Manage the implementation of ASRHR strategies at scale with quality & equity

To improve multi-sectoral coordination (with both familiar & novel partners), we must:

- Build a shared understanding of **which groups** are to be reached with **which interventions**, delivered by **whom**, **where**, & **how**
- Lay out clear roles & responsibilities
- Establish referral, coordination, and accountability structures with real power to incentivize participation
- Create mechanisms to allow for joint – or at least coordinated – budgeting & monitoring

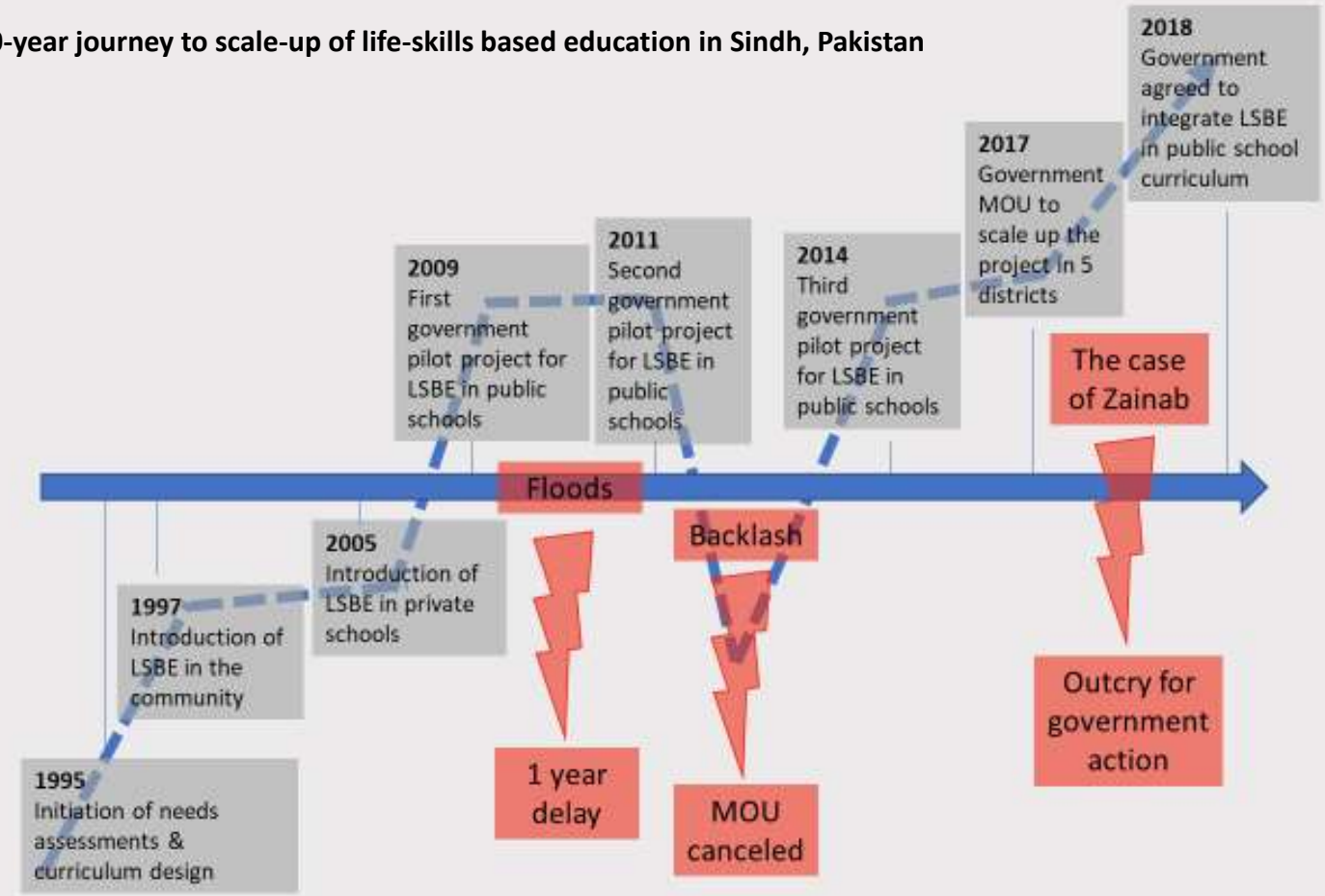
To ensure delivery platforms have the system & human capacity to deliver ASRHR interventions with quality & fidelity, we must:

- Ensure that adolescents are considered within broader health, education, & protection system strengthening efforts
- Move beyond one-off, off-site trainings to improve frontline worker capacity, comfort, & motivation to provide ASRHR services & interventions

To **learn from & strengthen our efforts on an ongoing basis & promote good governance**, we must use improved data (from ongoing monitoring, participatory assessments, & periodic reviews) proactively & differently. This includes seizing the potential of continuous quality improvement & problem-driven iterative adaptation to make adjustments as & when necessary.

Throughout these efforts, we must **not let perfect be the enemy of the good** & recognize that the path to scale will be **messy & non-linear**.

Aahung's 20-year journey to scale-up of life-skills based education in Sindh, Pakistan



Moving forward, we need to progressively **build on & scale up what has worked** to improve ASRHR & **diligently monitor quality & coverage**.

At the same time, we need to work differently
– **moving beyond more-of-the-same and business-as-usual** –
to achieve those things that we have said are important but have often failed to turn into action.