B13/12 - 13th PMNCH Board Meeting
18th & 19th October, 2012
Abuja, Nigeria

A PROPOSAL TO INCREASE PMNCH'S FOCUS ON ADOLESCENTS & YOUNG PEOPLE

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Overview

- Responding to Board request to increase focus on young people and youth engagement, May 2012
- Health rationale
- The proposal:
  - What this is not
  - Important considerations
  - 4 strategies
- What we need from you

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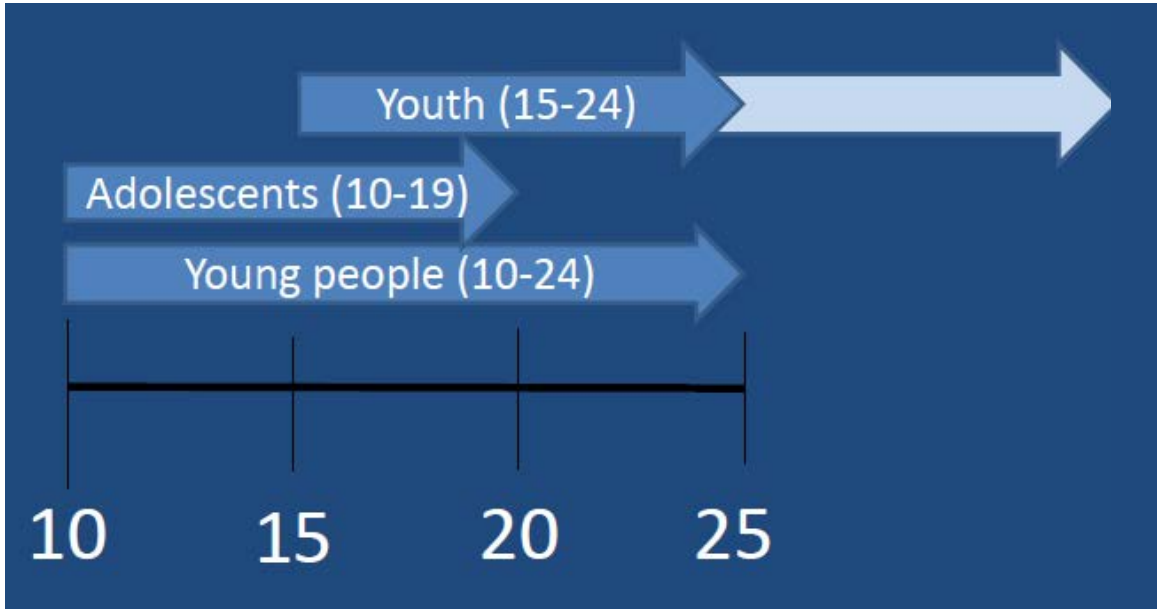
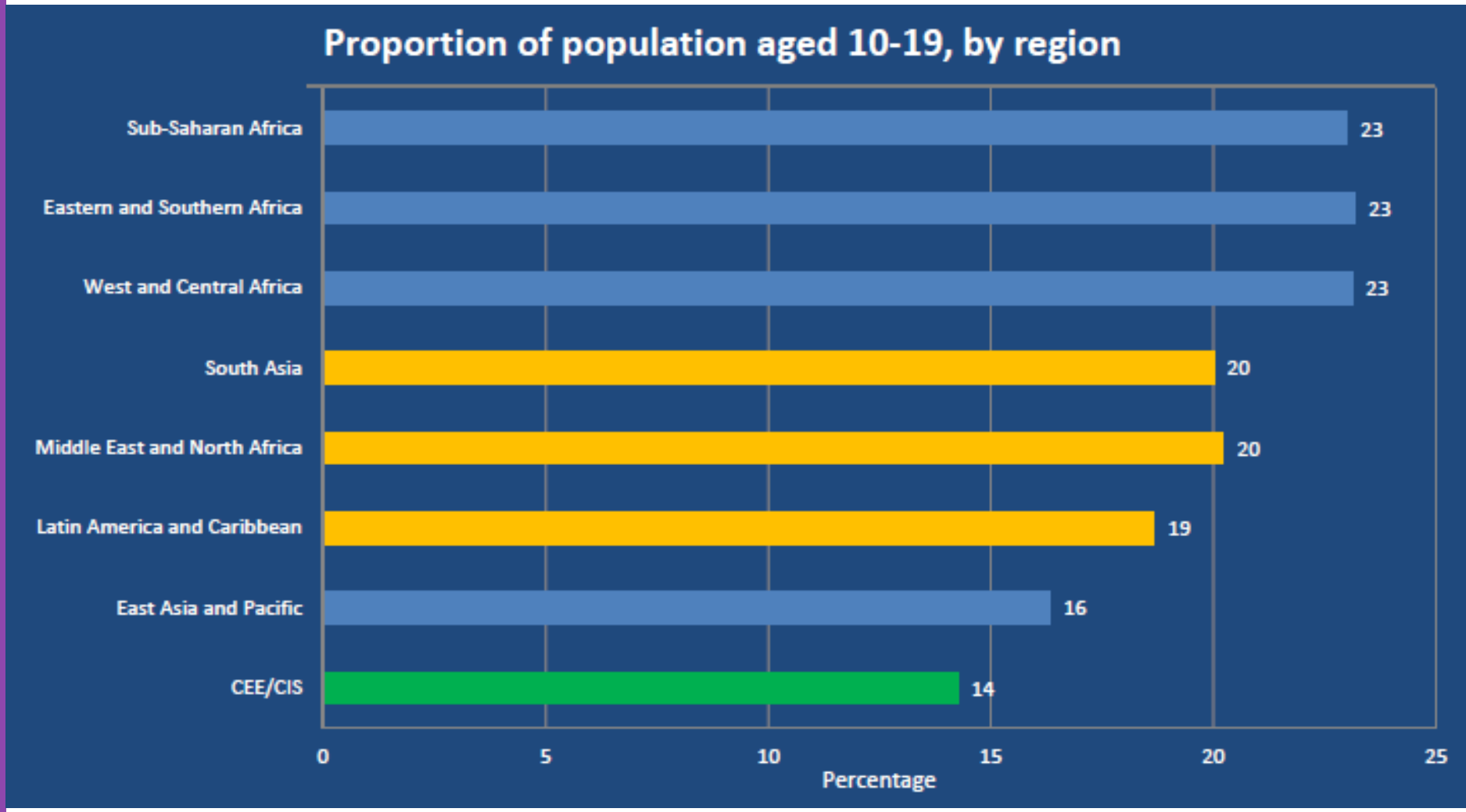
Explanation of terminology

Definition of UN terms



Source: UNICEF 2012.

It's an adolescent world: 1.2 billion 10-19 year olds



Source: United Nations, Department of Economic and Social Affairs, Population Division (2011). World Population Prospects: The 2012 Revision.

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High returns on adolescent investment

- Adolescence is a period of opportunity
- Importance of intervening early
- Girls as “agents of change” for future women, children, communities

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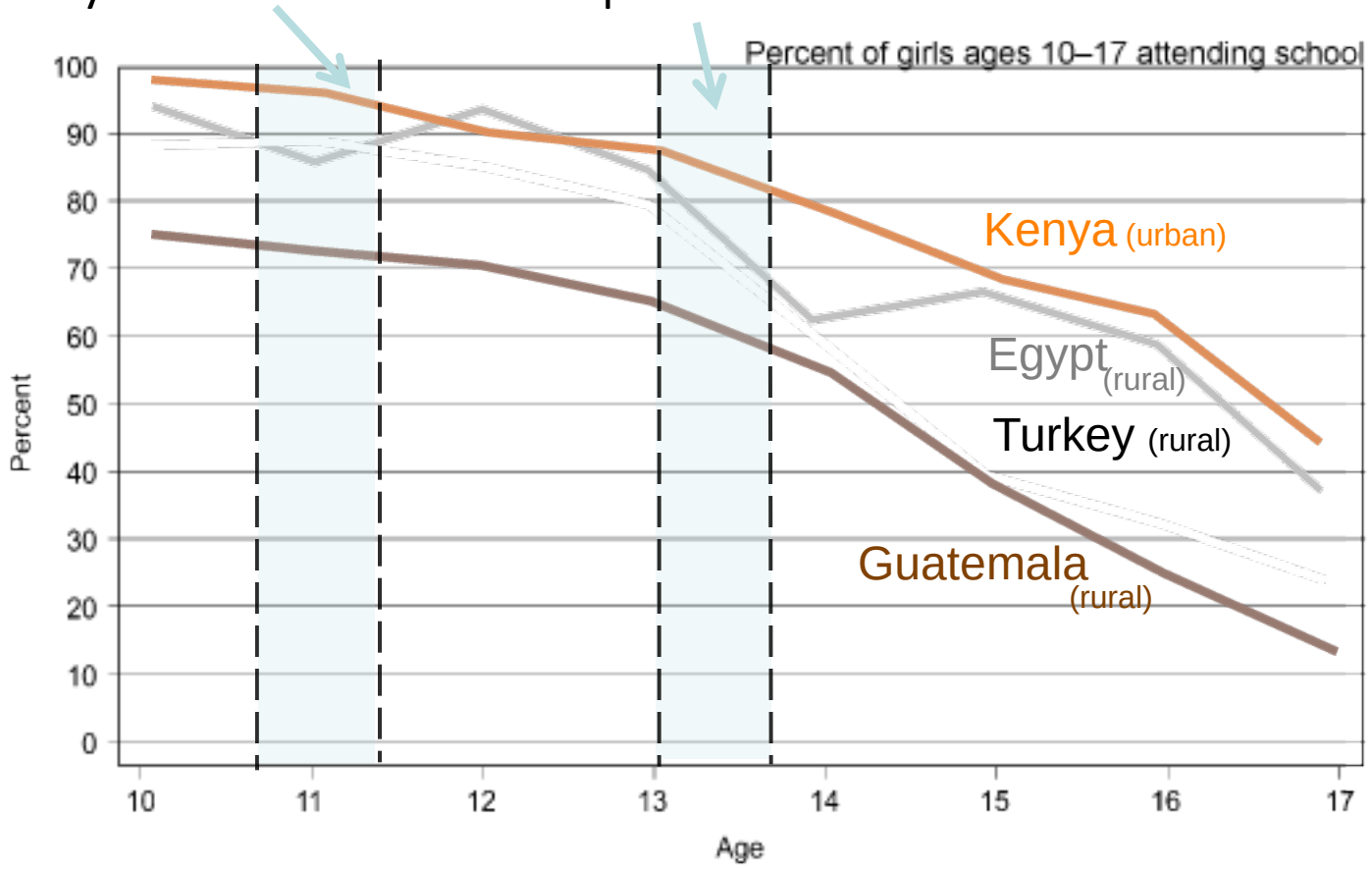
General pattern of girls starting school drop out at the onset of puberty

Intensify investment here

Drop out accelerates here



Sources: Guatemala (Hallman et al. 2005); Turkey and Kenya (Population Council Adolescent Data Guides 2009, relying on DHS 2003); Egypt (ELMPS 2006).

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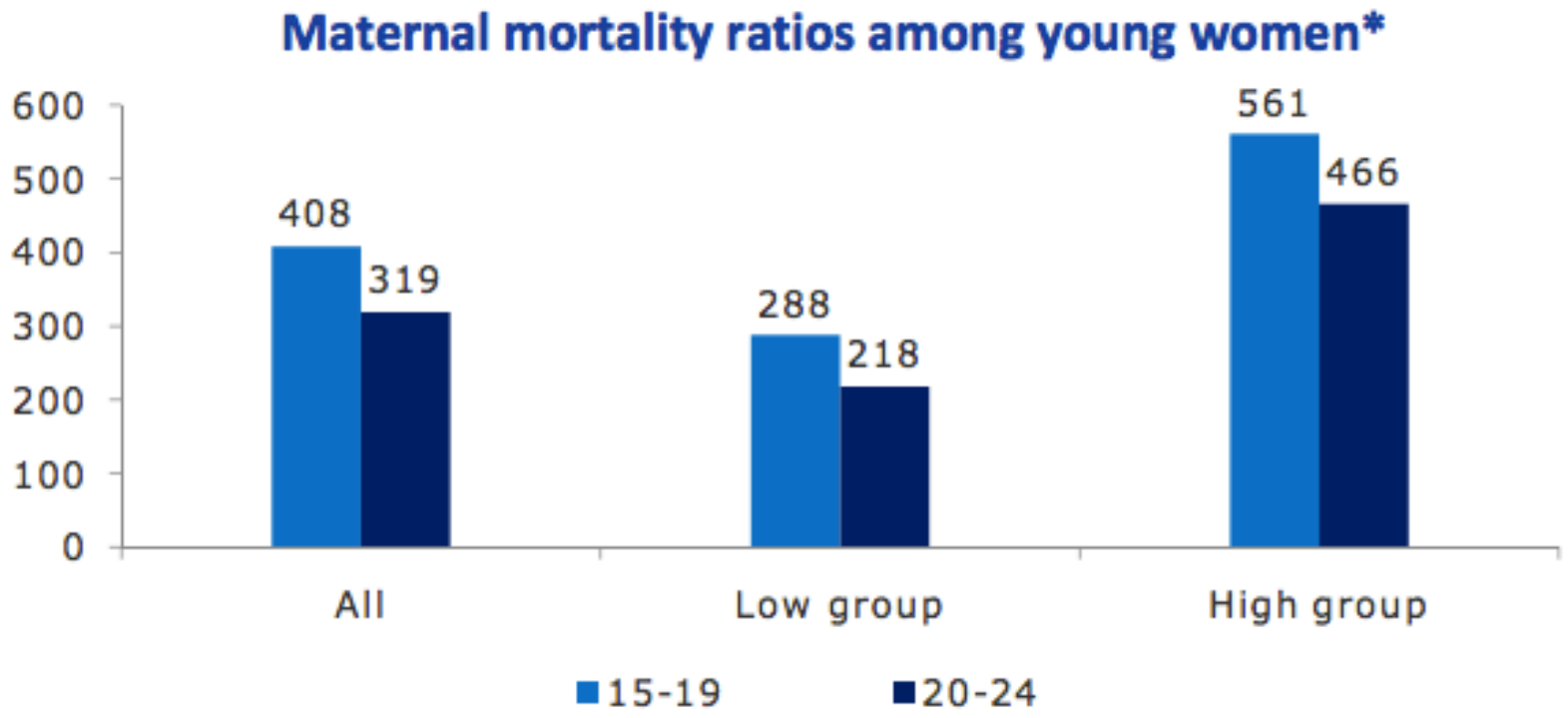
Despite potential, adolescent girls are overlooked, with RMNCH consequences

- High rates of early pregnancy, childbearing
- Disproportionate risk of maternal health problems among adolescents: 11% of births but 23% of overall burden of disease from pregnancy and childbirth*
- Infant mortality much more likely for babies of adolescent mothers

** WHO, 2008d. "Why is giving special attention to adolescents important for achieving MDG 5?" MPS Unit, Family and Reproductive Health.*

Maternal mortality 28% higher among adolescents than those aged 20-24



Source: Blanc, A. et al. 2012. New Findings for Maternal Mortality Age Patterns: Aggregated Results for 38 Countries. Maternal Health Task Force

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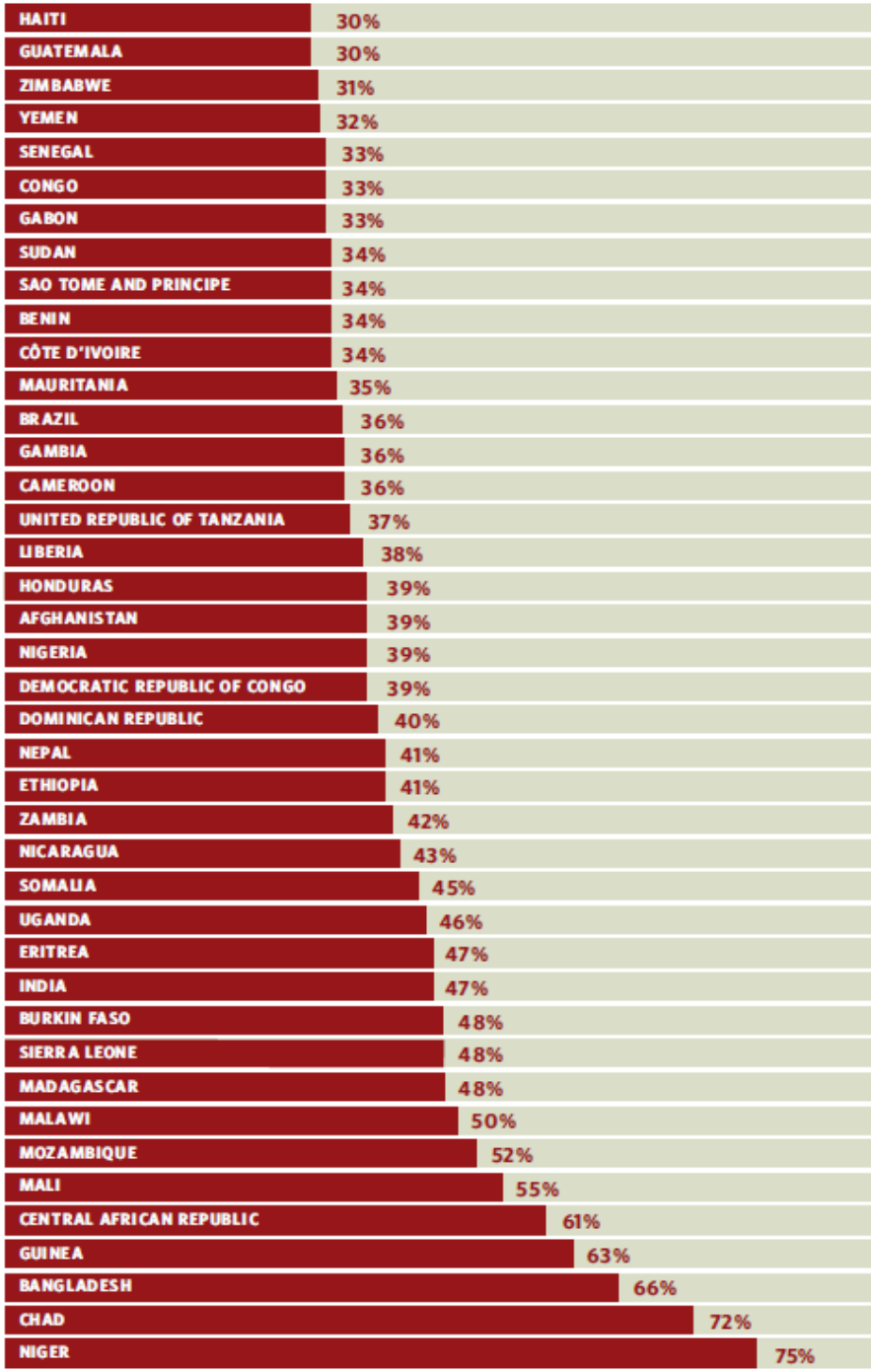
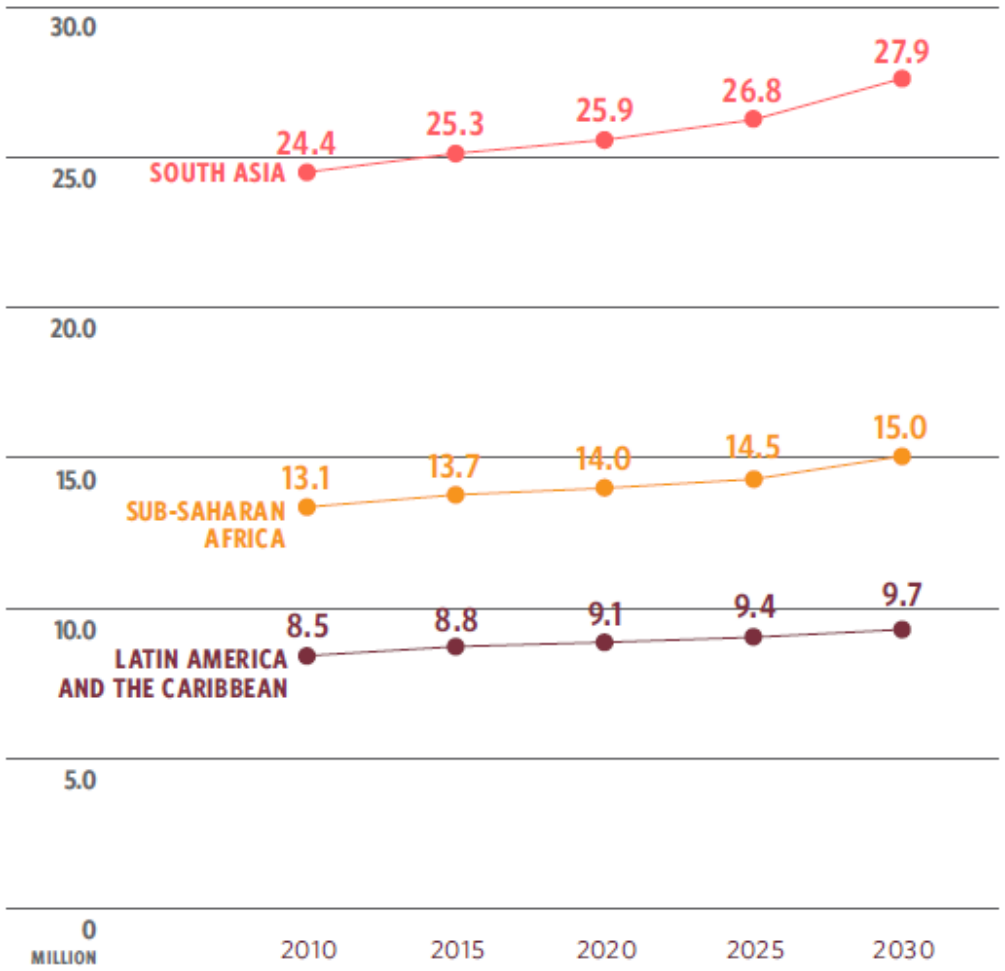
41 countries with 30% or more of women 20-24 years old who married or entered into union by age 18, 2000-2011



Source: UNFPA database using household surveys (DHS and MICS) completed during the period 2000-2011.

Number of women 20-24 years old who will marry or enter into union before age 18 over the period 2010-2030 by region (million)



Source: UNFPA database using DHS or MICS data from 78 developing countries over the period 200-2011.

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Proposed PMNCH approach: Key considerations

- Adolescents and young people integral to delivering on PMNCH's commitments
- Draft to stimulate discussion; next step to consult, consolidate, prioritise
- PMNCH's value-added within crowded landscape; mostly adolescent sexual and reproductive health and rights
- Big wins for adolescent reproductive, newborn and child health happen outside of health sector: services plus community-level action
  - Social determinants of health; gender inequality trumps others

Goal and objectives

Ensure that PMNCH works through partners to accelerate progress towards MDGs 4 and 5 by expanding efforts with and for young people through:

1. Advocacy with young people to address RMNCH challenges
2. Increasing knowledge on adolescent reproductive, newborn and child health
3. Holding organisations accountable for commitments to adolescents and young people
4. Engaging young people in PMNCH partnerships and governance

Strategy 1: Advocacy

- **Challenges**
  - Broad case made but no consensus on priorities, most important evidence gaps; missed opportunities for synergy between youth-serving groups on RMNCH/continuum of care

- **PMNCH value-added**
  - Advocate for first time youngest mothers throughout continuum of care; targeted approaches for those at highest risk

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Strategy 2: Knowledge

- **Challenges**
  - Important disagreements despite proliferation of evidence and guidelines; there's a lot we don't know.

- **PMNCH value-added**
  - Consolidate and validate existing evidence; prioritise evidence gaps; expert debates; knowledge products to support advocacy e.g. Special Report on First Time Youngest Mothers

Strategy 3: Accountability

- **Challenges**
  - Myriad commitments to adolescents but international system not set up to monitor progress.

- **PMNCH value-added**
  - Age disaggregate Countdown data, promote age sensitive reporting at all levels.

Strategy 4: Engaging young people

- **Challenges**
  - Most affected populations left out of national/regional/global health dialogue; risk of tokenism; don't re-invent the wheel

- **PMNCH value-added**
  - Use Communities of Practice / social media platforms to connect groups of young people

What we want from you

- Can we proceed with draft as a basis for developing the strategy? Systematic consultation with PMNCH partners and young people as next step

- Volunteers needed to guide further articulation and shape strategy for next Board

- Views on most feasible strategies in context of PMNCH's 2013 work plan

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