

Options for Adolescent and Youth Engagement

Proposal

The Global Strategy for Women's Children's and Adolescents' Health (the Global Strategy) and the Sustainable Development Goals require that Youth and Adolescent health needs are fully embraced and addressed. Best practice in health clearly points to meaningful stakeholder participation as vital to success. In anticipation of this shift, the Partnership's Board Chair requested the young people who have been working with the Partnership on an adolescent health strategy (See Annex II) to develop options for stronger integration into the Partnership, including the proposal to develop a new (eighth) constituency. Options for integration, and finally a recommendation for the Board, were developed through extensive consultation with more than 40 young leaders (See Annex III) already engaged in the work of the Partnership:

- Option 1: Create an adolescent and youth constituency
- Option 2: Incorporate adolescent and youth representation across existing constituencies
- Option 3: Create an adolescent and youth constituency AND incorporate adolescent and youth representation across existing constituencies

The proposed recommendation to the Board is to mainstream adolescent and youth engagement across the existing Partnership constituencies and to create a new A&Y constituency that adds a defined and formal voice to Partnership deliberations and efforts.

The details and implications of this recommendation are explored in the paper.

Background

Adolescents and young people represent 25% of the world's population; nine out of ten people aged between 10 and 24 years live in less developed countries, while in 48 of the world's least developed countries, half of the population is under age 18. The growth of young people as a demographic group in a rapidly changing world is outpacing the capacity of societies, governments and economies (and their respective institutions) to respond to their needs. It is clear that currently, many young people are not able to fulfil their right to the highest attainable levels of physical and mental health and well-being.^{1, 2}

Health systems mostly distinguish children and adults, while adolescents and young people often fall into a policy gap, where their specific needs and the unique barriers they face are overlooked.³ Although adolescents and young people have been perceived as a healthy group, globally, mortality rates and

¹ *The Power of 1.8 Billion Adolescents, Youth and the Transformation of the Future. UNFPA state of the world population 2014*

² Laura Laski, chief, sexual and reproductive health branch on behalf of the Expert Consultative Group for Every Woman Every Child on Adolescent Health. *Realising the health and wellbeing of adolescents, BMJ 2015;351:h4119.*

³ <http://www.who.int/bulletin/volumes/93/11/14-139741/en/>

healthy lives lost due to ill health, disability or premature death are declining at a much slower rate than for other groups.^{4,5} Massive under-investment in adolescent health is partially responsible for this high burden.⁶ Central to the full implementation of the Global Strategy is investment in young people in ways that help them make that transition to a healthy, capacitated adulthood. This means that adolescents and young people need the information, the means, the opportunity and the autonomy to protect their own health and make sound decisions. Box 1 sets out the most common health challenges faced by young people.

Box 1: Challenges to the health and well-being of adolescents and young people⁷

- 1.3 million adolescents die annually of preventable causes (road traffic injuries being the leading cause of death)
- In adolescent girls, the two leading cause of death are suicide and complications during pregnancy
- 2.5 million girls under 16 give birth; 15 million under 18 are married
- 15 million girls are married before the age of 18
- 2.1 million adolescents live with HIV and around 64% of new HIV infections occur in girls aged 15 -19
- 120 million girls under 20 years have been victims of sexual violence
- 70% of Adult deaths are linked to risk factors that start in adolescence

The Global Strategy identified several reasons why adolescents require particular focus:

- Despite the glaring need for adolescent health and development, their voice in shaping the world in which they live is grossly underrepresented. 16% of the world's population is 20-29 years old, but this age group represents only 1.6% of parliamentarians. Adolescents (10 – 19 years old) and their views are even further underrepresented in decision-making forums.
- Adolescents have specific biological, emotional and social needs, which require the health system to adapt its response to enable them to survive and thrive and play their part in transforming our world.
- Critically, many lifelong habits are formed during adolescence and these shape future health, social and economic outcomes in important ways. Supporting young people to make a healthy transition to adulthood is a sound health investment.

Ensuring that every adolescent has the knowledge, skills, and opportunities to fulfil their right to a healthy, productive life is essential for achieving improved health, social justice, gender equality and other development goals set out in the Global Strategy and the inclusion of adolescents represents both an unprecedented opportunity and critical challenge to all of us to increase the role and participation of adolescents in our common efforts henceforth.

⁴ Viner RM, Coffey C, Mathers C, et al. 50-year mortality trends in children and young people: a study of 50 low-income, middle-income, and high-income countries. *Lancet* 2011;377: 1162–74.

⁵ R Viner, C Coffey, C Mathers, et al. 50-year mortality trends in children and young people: a study of 50 low-income, middle-income, and high-income countries. *Lancet* (2011) [http://dx.doi.org/10.1016/S0140-6736\(11\)60106-2](http://dx.doi.org/10.1016/S0140-6736(11)60106-2) published online March 29.

⁶ http://www.who.int/maternal_child_adolescent/documents/cah_adh_flyer_2010_12_en.pdf

⁷ *The Global Strategy for Women's, Children's and Adolescents' Health (2016 – 2030)*

the Partnership aims to support the rapid transformation of health for adolescents and youth especially in the ways this links to the larger maternal, newborn and child health agenda, and in the context of addressing the full continuum of care and life course approach that is inclusive of adolescence. In all spheres of health, best practice clearly identifies the crucial role of stakeholder participation. To make progress on the health of youth and adolescents, young people must be meaningfully engaged at all levels of policy and programmatic decision-making.

Throughout the 15 years of the Millennium Development Goals (MDGs), the marginalisation of young people from the global conversation inhibited their contribution to practical and programmatic efforts to meet the needs of young people; and adapting services to their unique needs. Today, at the start of the Sustainable Development Goal (SDG) era, the Partnership can set out a different path, one that integrates young people fully into the work of the global SRMNCAH community and gives them a voice to match their stake in the coming years.

Timeline and Approach

The journey leading up to this proposal has spanned nearly two years and included extensive consultation across dozens of young people and youth-serving organisations working in the SRMNCAH sector around the world.

Table 1 - Timeline of Key Activities Leading up to the Proposal

2013 - 2014	Development of an adolescent health strategy by the Partnership Board
2014 - 2015	Phase One of the adolescent health strategy, concentrating on mainstreaming adolescent health issues into the current work plan
April 2015	the Partnership's 16 th Board Meeting – Board Chair tasks young people with forming an adolescent and youth constituency
May 2015	The Global Strategy consultation – Board Chair reiterates request for young people to form an adolescent and youth constituency
July 2015	Adolescent and Youth workshop convenes 40+ youth leaders from 23 countries
July - October 2015	Adolescent and Youth working group explores three options for integration in the Partnership and defines this proposal for the 17 th Board Meeting, Lusaka

In 2013, the Partnership Board developed an adolescent health strategy. The strategy was developed with the guidance of an expert working group made up of twelve institutions concerned with adolescents. The process also drew on consultations with over 22 adolescent experts. The resulting strategy (Annex II) outlined four strategic objectives:

1. **Advocacy:** Increased prioritization of and commitment to adolescent health, particularly their sexual and reproductive health and rights, in global, regional and national policies
2. **Knowledge:** Promote use of evidence-based Adolescent Sexual and Reproductive Health and Rights policies and programs in all advocacy and program guidance initiatives, including among the Partnership's members
3. **Accountability:** Strengthen Adolescents Sexual Reproductive Health and Rights focus and content in the Partnership accountability initiatives.

4. **Operational:** Increase the engagement and leadership of youth organizations in the Partnership strategies.

The strategy proposed a phased approach, with the initial phase from 2014-2015, concentrating on mainstreaming adolescent health issues into the current Partnership work plan, capacity-building among the Partnership members, and meaningful youth engagement (focusing mainly on global and regional level advocacy and accountability). Phase two was aimed at consolidation in the medium term (2016-2018 period), to address critical issues around national level adolescent health prioritization, planning, implementation and monitoring and evaluation. The Partnership Executive Committee welcomed the strategy, and called for the focus of activities in 2014 and 2015 to be around objectives one and four (advocacy and operational engagement).

At the Partnership's 16th Board Meeting in April 2015 and at the Global Strategy consultation shortly after, the Partnership's Board Chair called on young people to form an adolescent and youth constituency to play a meaningful role through the Partnership as leaders as well as ensuring that their needs, rights and priorities are addressed. In order to advance these deliberations, the Partnership has since systematically and meaningfully engaged youth in all its activities and has prioritised advocacy on adolescent and youth health, integrating adolescents within its work.

A Partnership workshop was convened in July 2015 and attended by more than 40 youth leaders from organizations across 23 different countries who together covered a wide range of adolescent and youth-facing sectors (See Annex III).

In line with the vision set out in the updated Global Strategy and oriented by the technical working paper on adolescent health now published in *BMJ*, the workshop focused on how to align youth efforts across the transformative agenda of the SDGs.

Three options were considered to enable representation of young people in the governance of the Partnership to foster meaningful engagement that will achieve results:

Table 2 - Details of the Three Options Explored

Option 1	Option 2	Option 3
Create an adolescent and youth constituency	Incorporate adolescent and youth representation across existing constituencies	Create an adolescent and youth constituency AND incorporate across existing constituencies
<ul style="list-style-type: none"> + Maintains consistency of existing constituency approach, (no horizontal layer) + Gives adolescents and youth a collective voice to engage the Partnership and the sector - Introduces complexity to structure with possibility of 'double counting' partners with a population- and institution-based partnership 	<ul style="list-style-type: none"> + Allows for the needs of young people to be elevated across all other constituencies, putting them in the centre of collaboration + Minimises shift in Board structure, consistent 'institution only' approach to partnership + Most effective way to mainstream the representation of adolescents and youth - A new process would need to be 	<ul style="list-style-type: none"> + Allows for the needs of young people to be elevated across all other constituencies, putting them in the centre of collaboration + Enables mutual capacity building between youth and others - Distinct financial and time limitations of young people pose a barrier to participation that the Partnership will need to resolve - Significant shift in existing

- Distinct financial and time limitations of young people pose a barrier to participation that the Partnership will need to resolve	identified to accommodate, either by allocating a 'youth' role or forcing rotation of some kind if considering a seat on the board.	structure, may be complicated to administer (horizontal layer), burden on Secretariat - Creates imbalance in constituency framework if one group has multiple pathways of influence
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The Core Activities of Adolescents and Youth in the Partnership

The aim of establishing an adolescent and youth constituency is to formalise the influence of young people in the decision-making and direction-setting for addressing the SRMNCAH issues that affect them most. A theory of change has been developed to explore how young people would make a meaningful difference if ideally engaged through the constituency function (Annex IV). There will be a detailed work plan developed to ensure the constituency is optimally engaged and driving action.

Specific activities

There have already been calls for adolescent- and youth-serving organisations to provide leadership in addressing SRMNCAH issues, including multilateral agencies and donors. Box 2 below lists some of the issues that a Partnership Adolescent and Youth constituency would immediately begin to address:

Box 2: Suggested constituency activities

- (i) Global Accountability Framework:
 - Accelerate the development of a WHO Adolescent Health and Well-being Scorecard to participate in the new harmonised Global Accountability Framework.
 - Identify opportunities to advocate for increased collection of disaggregated data by age, gender and geography.
- (ii) Advocacy role to prioritise adolescent health and wellbeing at regional, national, and subnational level through the implementation of the Global Strategy and its operational framework.
- (iii) Advocacy role to increase resources for organisations working on adolescent and youth health and well-being to enable them to meaningfully participate.⁸
- (iv) Ensuring that the Partnership's processes and initiatives acknowledges the rights of adolescents and youth to have meaningful participation.

Implementing the Proposed Model of Adolescent and Youth Engagement

With Board endorsement of the creation of an Adolescent & Youth constituency, the following next steps will be undertaken with immediate effect:

⁸ Although the proposed constituency may prefer to develop its own definition, CHOICE defines meaningful youth participation as: "the participation of young people in all stages and at all levels of those decision-making processes that influence their lives. This includes their participation in the design, implementation, monitoring and evaluation of policies, programs and campaigns concerning the SRHR of young people at the international, regional, national, provincial, local and program-level. Participation is meaningful when young people participate on equal terms, through the access to accurate information and training. A balanced representation of diverse young people should be held in mind, as well as the limited resources young people have access to."

- Nomination of a representative to sit on the Executive Committee by the adolescent and youth working group.
- Nomination of a representative to join the Ad Hoc Strategy Group by the adolescent and youth working group, alongside Yemurai Nyoni who has taken on this role in an informal capacity.
- Request that the Ad Hoc Strategy Group charter include guidance of the implementation of the endorsed structure of adolescent and youth representation as part of that group's on-going governance review—given the implications for Board size—culminating with the identification of a Youth and Adolescent Board representative(s) that is mutually agreed upon by constituency members.⁹
- Continuation of the Adolescent and Youth Working Group to provide leadership on implementation of Option Three according to the defined Operational Work Plan (See Annex I)

Relationship to the rest of the Partnership

An Adolescents & Youth constituency would be the Partnership's first population-based constituency. It would therefore include organisations drawn from across the range of currently existing constituencies. Adolescent & Youth constituency members would have the option to retain membership of their previous constituencies (multi-constituency membership is already held by some existing member organisations). In this way, and with Secretariat assistance, the Adolescent & Youth voice would remain thoroughly integrated across the Partnership and would also foster cross-constituency working.

At the London Youth and Adolescent Platform workshop, it was suggested that the proposed constituency may engage in formalised or ad-hoc activities to promote meaningful youth participation within the Partnership itself such as a mentoring process to build connections and learning with other constituencies or the production of guidelines on meaningful participation for partner organisations. Detailed work plans and activities will be developed once a constituency is agreed.

Constituency membership

The members of the proposed constituency will be organisations rather than individuals, following standard practice for all members of the Partnership to date. However, youth advocates may be invited to join calls even if not aligned with any pre-existing partner organisation, at the constituency's discretion. Constituency membership would be offered to all youth-led and youth-serving organisations and networks already within the Partnership. It is expected that the proposed constituency may also attract new organisations to the Partnership, subject to standard screening processes.

Recognising that youth-serving organisations are generally operating with minimal resources and budget, the Partnership recognises that special consideration will need to be given in the Partnership's budgeting process to account for providing the needed funds to enable meaningful participation of these constituency members

Draft Principles

During its workshop from the 20-21 July 2015, the Adolescent & Youth Platform agreed on a set of Draft Principles to guide the operations of the proposed constituency:

- *Supporting evidence-based decision-making.*

⁹ The precise age criteria will be defined by agreement within the constituency, as different classifications are in common usage. For reference, the UN defines adolescence between 10 and 18 years of age, and youth between 15 and 24.


- *Recognising* Adolescents and Youth as rights-holders (including the right to greatest achievable health and wellbeing, and the right to participate).
- *Engaging* with other constituencies through effective, transparent [and mutually accountable] coordination mechanisms.
- *Underlining* the importance of prevention and early intervention.
- *Committing* to building capacity [through generational replacement/ mentorship] within and across constituency membership.
- *Committing* to broad-based, diverse, inclusive and equitable representation within the Adolescent & Youth constituency and more broadly within the Partnership.
- *Recognising* the need for [professionalisation of] particular investment in the Adolescent & Youth constituency.
- *Working* towards a holistic understanding of health – (i.e. using WHO definition: “a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity”).

Board Decision

The Board is asked to create an adolescent and youth constituency AND incorporate the representation of adolescents and youth across existing constituencies. In doing so, it will enable the needs of young people to be elevated across all other constituencies and facilitate mutual capacity building between young people and other constituencies, thereby ensuring that the needs of this essential population group is at the heart of the work of the Partnership and its partners.

ANNEXES

Annex I - Operational Work Plan for Establishing the Adolescent and Youth Constituency (Option 3)

Phase	Our Current Focus	 Board Decision	Q4 2015	Q1 2016	2016 →
	Assess Feasibility		Design and Plan Constituency Launch	Mobilize Constituency	Sustain
Activities	<ul style="list-style-type: none"> Conduct working sessions to assess feasibility (London, July 2015) Assemble A&Y working group and conduct consultations to finalize feasibility paper Establish the principles on which the constituency is to be operate. Identify two-way value proposition Prepare messages and decision options for Oct board meeting 		<ul style="list-style-type: none"> Identify representatives for the Executive Committee and Ad Hoc Strategy Group Create draft constituency charter (mandate, membership, responsibilities, etc.) Establish decision making and consultation methodology Identify required process and budget to overcome access barriers and catalyze participation (eg. focal point) Build 2016 work plan defining objective that will inform key messages, activities, events, key meetings, reports, channels and calendar Update Partnership terms of reference (e.g. Board Manual) 	<ul style="list-style-type: none"> Implement "quick wins" for immediate impact and establish community momentum Identify key roles (.e.g. Constituency Co-Chairs) and integrate with existing Partnership governance processes Membership Recruitment, migration of adolescent and youth serving organisations from NGO constituency to Adolescents & Youth Conduct "Kick-off" event Establish communication and meeting cadence, including social media communities Implement measures and progress reporting to inform and refine engagement tactics. 	<ul style="list-style-type: none"> Determine Board representation for adolescents and youth, under ASG guidance Complete objectives of the 2016 work plan Ongoing review and refinement
Deliverables	<ul style="list-style-type: none"> Feasibility Paper that includes the Value Proposition Guiding Principles Board Meeting Materials 		<ul style="list-style-type: none"> Draft Constituency Charter Decision & Consultation Framework 2016 Constituency Work Plan Communications & Engagement Strategy (e.g. Social Media) Update Board Manual Design Secretariat Focal Point 	<ul style="list-style-type: none"> Work Plan Progress Reports Advocacy plan that will inform Communications and Engagement Plan and Artifacts Implement Secretariat Focal Point Kick-off event 	

Annex II - The Partnership Adolescent Health Strategy

2014 Work Plan

Introduction

In 2013, upon request of the Partnership Board, the secretariat set up an expert working group on adolescents and under its supervision developed a the Partnership adolescent health strategy. The strategy called for the Partnership engagement around 4 objectives, and outlined proposed activities in a phased approach, the initial and long term phases. The proposed objectives are:

1. Advocacy: Increased prioritization of and commitment to adolescent health, particularly their sexual and reproductive health and rights, in global, regional and national policies
2. Knowledge: Promote use of evidence-based ASRHR policies and programs in all advocacy and program guidance initiatives, including among the Partnership members
3. Accountability: Strengthen ASRHR focus and content in the Partnership accountability initiatives.
4. Increase the engagement and leadership of youth organizations in the Partnership strategies.

The Strategy was presented to the Partnership Executive Committee in December 2013. The EC endorsed the strategy and recommended that in 2014 the Partnership secretariat focus on a subset of the activities outlined in the strategy, including:

1. Making adolescents a priority in the Post 2015 sustainable development discussions in global and regional high level fora
2. Promoting accountability for adolescent health through the Countdown and 2014 reports
3. Increasing the representation of youth in the Partnership working groups and the Partners Forum

The following 2014 action plan outlines proposed the Partnership adolescent health related activities in 2014 as they relate to the activities proposed in the initial phase of the Partnership Adolescent Health Strategy. This action plan is subject to change.

2014 Strategic Objectives: Outputs and Activities

<i>Objective: Increased prioritization of and commitment to adolescent health, particularly their sexual and reproductive health and rights, in global, regional and national policies</i>		
Outputs	<ol style="list-style-type: none"> 1. the Partnership public advocacy messages, communications products, and policy dialogue will demonstrate increased inclusion of ASRHR objectives in all RMNCH topics, including increased focus on the linkages between newborn health and ASRHR. 2. the Partnership advocacy efforts will demonstrate closer collaboration with youth-led and youth-serving organizations. 	
Activities	<ol style="list-style-type: none"> 1. Working within current planned activities, the Partnership will promote the inclusion of adolescent SRHR priorities and goals in the Post 2015 	<ol style="list-style-type: none"> 1. Side event on adolescent health on the sidelines of OWG 8 and multi-partner framework on adolescent girls health and

	development agenda (in line with the agendas led by UNFPA, Youth Coalition, and the working group on youth, among others) and the ICPD+20 process. One hoped-for result of this inclusion will be a greater commitment to collecting longitudinal data that permit more definitive analyses of programmatic impact.	Post 2015 2. the Partnership position paper includes a recommendation on youth 3. the Partnership supports youth organization in development of a paper on youth and the Post 2015 development agenda and subsequent youth related Post 2015 advocacy
	2. the Partnership will integrate ASRHR into the high level advocacy in other global or regional advocacy venues included in its 2014 and 2015 work plans. The focus of advocacy will be to promote increased commitment to and accountability for adolescent SRHR. a. UN General Assembly, African Union, World Health Assembly, and Partners Forum are possible venues. One expert suggested the Africa Conference on Sexual Health and Rights in Cameroon in February 2014 (http://www.africalsexuality.org/#nav-header); another referenced the Family Planning 2020 initiative (http://www.familyplanning2020.org/).	4. Support to Asia Pacific conference on Sexual and Reproductive Health and rights 5. Support to intergenerational dialogue at the Jan AU Summit 6. Integrate adolescents into WHO/AU conference of MOH 7. Support to youth representative at human rights council 8. Partners' Forum to have at least 2 plenary youth speakers, and a parallel session on youth
	3. Strengthen collaboration with youth-led organization, possibly through the development of a constituency for youth-led and youth serving organizations. Possible engagement of youth in the events and initiatives referenced above.	9. Youth serving organizations serve on expert working group, on planning group for side event to OWG 8, on partners forum steering committee, at partners' forum 10. the Partnership supports meetings and assemblies of youth serving organizations including IFMSA General Assembly and Pre-WHA
Objective: Promote use of evidence-based ASRHR policies and programs in all advocacy and program guidance initiatives, including among the Partnership members		
Outputs	1. the Partnership members will demonstrate knowledge of ASRHR issues increased support for and involvement in ASRHR a) Discussion: In most cases, the role of the Partnership will be to help members find appropriate existing knowledge products. In limited cases where a gap is clearly identified, the Partnership could support partners to produce new knowledge products.	
Activities	1. Creation of a 5-year action plan to align the Partnership's large and growing membership around shared values, objectives, knowledge, and initiatives with regard to ASRHR, with initial activities in 2014 to focus on dialogue and awareness-raising in the Partner Forum. a. A suggested initial activity for the action plan is to map what the Partnership members are already engaged in with regard to adolescents, and identify those who would be interested in being part of the ASRHR learning community.	NO PLANNED ACTION IN 2014

	2. Identify tested knowledge resources on ASRHR as needed for advocacy, program guidance, and aligned decision-making on different aspects of ASRHR, especially the priority issues identified in this strategy.	NO PLANNED ACTION IN 2014
	3. Creation of the virtual ASRHR learning community among the Partnership members, with a focus on support for and dialogue about their advocacy, program implementation, and accountability initiatives.	NO PLANNED ACTION IN 2014
Objective: Strengthen ASRHR focus and content in the Partnership accountability initiatives		
Outputs	1. The two major the Partnership accountability initiatives – the Report on progress on the Global Strategy for Women's and Children's Health and Countdown to 2105 – will increase their focus on ASRHR, including the development of and reporting on adolescent-specific indicators.	
Activities	1. Mapping and analysis of current accountability tools and reports to determine where and how ASRHR should be strengthened.	NO PLANNED ACTION IN 2014
	2. Advocate for and support inclusion of thematic content as well as indicators on adolescents in the 2014 report on the commitments of the Global Strategy and/or the report of the independent experts review group.	10. Activity to be defined
	3. Advocate for inclusion, and develop, adolescent-specific indicators in the Countdown to 2015 report	11. Activity to be defined
Objective: Increase the engagement and leadership of youth organizations in the Partnership's governance and strategies.		
Outputs	1. Increased presence of youth organizations on the the Partnership Board and among the membership 2. Increased support from the Partnership for engagement and proactive initiatives of youth organization members	
Activities	1. Develop a medium-term (3-5 year) plan for sustainable youth engagement in the Partnership and its sustainability, starting with internal reflection and building capacity for a supportive environment for youth engagement within the Partnership <ul style="list-style-type: none"> a. The plan will set short & long-term goals, and include issues related to recruitment, orientation, legal issues, training, clarification of roles, mentorships, evaluation, and 	NO PLANNED ACTION IN 2014

	accountability systems to track progress on this objective	
	2. Add two youth-led orgs to the board under the appropriate constituencies	12. Invite youth representative as observer to the Partnership Board
	3. The formation of the learning community [thematic advisory group] under the knowledge strategic objective contributes to this output, since the leadership of the group would mainly come from the youth-serving and youth-led organizations in the current Board and Expert Working Group.	NO PLANNED ACTION IN 2014
	4. Strategic addition of youth-led and -serving organizations that increase the diversity of youth representation in the Partnership (perhaps focusing on those that represent target populations geographically, ethnically, age range, etc.), soliciting suggestions for additional youth organization members from the Board and Expert Working Group.	NO PLANNED ACTION IN 2014

Annex III - Adolescents & Young People, and their Supporters, Engaged in Developing this Proposal

Name	Organisation	Country
Lindsay Menard- Freeman	Women Deliver	Australia
William Yeung	Young and Well CRC	Australia
Joannie Bewa	Young Beninese Leaders Association (YBLA)	Benin Republic
Gogontlejang Phaladi	Gogontlejang Phaladi Pillar of Hope Project	Botswana
Ivens Reis Reyner	Youth Coalition for Sexual and Reproductive Rights	Brazil
Cedric Nininahazwe	RNJ+/Y+	Burundi
Chanthorn Phorng	KHANA	Cambodia
Numfor Alenwi Munteh	Cameroon Agenda for Sustainable Development (CASD)	Cameroon
Mallah Tabot	United Vision	Cameroon
Daniel Tobon Garcia	Youth Coalition for Sexual and Reproductive Rights	Colombia
Emmanuel Ashong	CuriousMinds	Ghana
Abby Buwalda	CHOICE for Youth and Sexuality	Holland
Kalyani Mohan	Modern School	India
Prateek Awasthi	UNFPA	India/USA
Monique Long	Jamaica Youth Advocacy Network/PACT	Jamaica
George Ndungu	Organization of African Youth	Kenya
Cecilia Garcia	Espolea, A.C	Mexico
Tikhala Itaye	AfriYan Namibia	Namibia
Kunle Adeniyi	UNBOUND Nigeria	Nigeria
Olu Ogundeji	Global Health Next Generation Network	Nigeria
Onyinye Alheri	Let Girls Lead/Champions for Change	Nigeria
Lois Murray	YouAct	North Ireland

Name	Organisation	Country
Anna Szczegielniak	IFMSA Poland	Poland
Chernor Bah	Population Council	Serra Leone
Jan Peloza	Alcohol Policy Youth Network and Youth Network No Excuse	Slovenia
Levi Singh	ACT!2015 South Africa Hope2Educate	South Africa
Zanele Mabaso	Girls' Globe/UNFPA (YAP)	South Africa
Dakshitha Wickremarathne	Lancet Commission on Adolescent Health and Wellbeing	Sri Lanka
Meheret Melles	UNAIDS	Switzerland
Valentina Baltag	WHO	Switzerland
Patrick Mwesigye	Uganda Youth and Adolescents Health Forum	Uganda
Musah Lumumba	Global Fund Community	Uganda
Rebecca Weir	PLAN	UK
Victoria Forsgate	Restless Development	UK
Laura Hurley	IPPF	UK
Kate Howard	IPPF	UK
Miriam Freudenberg	Restless Development	UK
Georgia Arnold	MTV Staying Alive	UK
Naomi Williams	Girls Effect	UK
Sara Piot	MTV Staying Alive	UK
Daniela Ligiero	UNF	USA
Kelly Thompson	IFMSA	USA
Laura Laski	UNFPA	USA
Chelsea Ricker	FP2020	USA
Vivian Lopez	All In/ UNICEF	USA
Daniela Ligiero	UNF	USA
Yemurai Nyoni	Women Deliver	Zimbabwe

Annex IV

Theory of Change

The proposed constituency would operate in line with a mutually agreed Theory of Change. If approved, the new constituency would review and adopt a Theory of Change based on the following draft

