Youth in the Global Health Initiative
The Urgent Need for Partnership

The Global Health Initiative (GHI) is an innovative and pragmatic approach to eliminating inefficiency and waste in U.S. global health programs. But in order to maximize its potential to save lives and improve health, and to guarantee the rights of young people in countries receiving funds, it must be more explicit in making youth a priority. Young people have the right to accurate and complete information and access to services, and to a voice in decisions that affect their health and lives, as well as the future of their countries. This document provides some background on youth issues in the Global Health Initiative, and provides recommendations as to how the GHI can best empower young people to protect their health and to become health advocates in their own right.

WHAT IS THE GLOBAL HEALTH INITIATIVE?
The GHI is a new U.S. Government (USG) initiative designed to strategically restructure U.S. global health programs. Announced by President Obama in 2009, the GHI attempts to correct inefficiencies and invest in sustainable approaches in global health funding. Under the GHI, the USG’s many disease- and program-specific funding streams (HIV/AIDS—the largest component of the GHI; tuberculosis; malaria; maternal, newborn and child health; family planning and reproductive health; nutrition; and neglected tropical diseases), will be implemented in a coordinated manner, measuring almost all results as a single set of achievements.

United States global health programs funded by the USG have achieved significant gains in public health, providing many in need with food aid and assistance with child survival and family planning (among others). But these programs have been hampered by inefficiency and “red tape.” Under the GHI, it is hoped that in-country consumers will be better aided with USG foreign assistance funds.

A SHIFT TOWARD PERFORMANCE INCENTIVES
The “paramount objective” of the GHI is the achievement of “major improvements in health outcomes.” As such, the GHI provides “performance-based” incentives, whereby donor countries/institutions identify their desired outcomes, and allow partners (recipient countries/institutions) to determine the best way to use available resources to achieve those particular targets (guided by the rubric in Table 1). In theory, what differentiates the GHI from historical USG global health programs is that while it will still be driven by quantitative targets (what the GHI accomplishes), it will also prioritize processes that maximize resource use both for short-term achievement and long-term sustainability (how the GHI accomplishes its goals).

EXISTING YOUTH POLICY IN GHI PLUS COUNTRIES
GHI operates in all 80 countries where the USG offers health development assistance. As part of the focus on evaluation, research, and innovation, known as the GHI’s “Learning Agenda,” some countries will be selected to receive additional resources for GHI implementation and data collection. Serving as “learning laboratories,” these countries will provide some of the GHI’s first data and “lessons learned.” In 2011, the GHI chose eight Plus countries: Bangladesh, Ethiopia, Guatemala, Kenya, Malawi, Mali, Nepal, and Rwanda, each of which has (or will have) its own GHI Partnership Strategy outlining the ways in which U.S. global health programs can support country priorities and existing national health plans. According to a recent study on GHI resource distribution, the current eight GHI Plus countries account for 25 percent of all GHI spending. Table 2 (page 4) offers brief summaries of existing youth policy in the current GHI strategies of the eight GHI Plus countries. While youth priorities and interventions range widely across the strategies, all the documents share the same core weaknesses: 1) none employ comprehensive sex education for youth, even when targeting reductions in adolescent pregnancy and HIV prevalence; 2) none focus on their large pools of unemployed youth as part of a sustainable solution to their health workforce crises; and 3) none specifically guarantee data collection disaggregated by age to reveal health data unique to their youth populations, a major missed opportunity.

PRIORITIZING YOUTH IN THE GHI: WHAT’S MISSING
The GHI represents an important opportunity to improve health programs, increase youth participation, and spur progress in economic development and good governance due to strategic achievements in public health. However, young people have not been sufficiently prioritized within the GHI.

1. An emphasis on girls and gender equality, one of the core principles of the GHI, is a significant step forward for U.S. global health programs. But
additional efforts must be put in place to sup- 161x442port a partnership with women and girls rather 161x432than simply viewing them as the passive end- 161x422users of programs.

Despite the GHI’s directive to “Do more of what 161x384works,” no GHI document mentions compre- 161x374hensive sex education programs, which have 161x364repeatedly been proven effective at helping 161x354young people lower their risk of HIV, unintend- 161x344ed pregnancy, and sexually transmitted infec- 161x334tions.

The GHI’s “Learning Agenda” makes a stride to- 161x306wards better data collection and improved pro- 161x296grams, but does not guarantee the disaggrega- 161x286tion of data by age to show unique experiences 161x276of adolescents.

Attention to child health is crucial for long-term 161x248sustainability, but little is achieved if children 161x238survive to adolescence without sufficient sup- 161x228port to guide them into adulthood.

While giving countries ownership over USG 161x200funded public health initiatives is a change 161x190for the better, the GHI should identify specific 161x179youth outcomes and include as a core principle 161x168youth participation, and should protect vulner- 161x158able young people from partner governments 161x148who ignore or disenfranchise them.

Achieving Health Outcomes through Partnering with Youth: Recommendations for the GHI

In order to ensure the success of the GHI, it is im- 161x442perative that the USG and GHI country govern- 161x432ments implement the following recommendations. The USG and partner countries should.

Table 1: Targets, Principles, and Implementation Components of the GHI

<table>
<thead>
<tr>
<th>Highlighted Goals and Targets: Youth Sexual and Reproductive Health</th>
<th>Core Principles</th>
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<tr>
<td>1. HIV/AIDS: via PEPFAR,  a. prevent more than 12 million new HIV infections;  b. directly support 4 million people on treatment;  c. care for more than 12 million people including 5 million orphans and vulnerable children.</td>
<td>1. Focus on women, girls and gender equality.</td>
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<td>2. Maternal Health: reduce maternal mortality by 30 percent across assisted countries.</td>
<td>2. Encourage country ownership and invest in country-led plans.</td>
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<td>3. Family Planning and Reproductive Health: Prevent 54 million unintended pregnancies by:  a. reaching modern contraceptive prevalence rate of 35 percent across assisted countries and  b. reducing from 24 to 20 percent the proportion of women aged 18-24 who have their first birth before 18.</td>
<td>3. Build sustainability through health systems strengthening.</td>
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<td>4. The GHI’s “Learning Agenda” makes a stride towards better data collection and improved programs, but does not guarantee the disaggregation of data by age to show unique experiences of adolescents.</td>
<td>4. Strengthen and leverage key multilateral organizations, global health partnerships and private sector engagement.</td>
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<td>5. Attention to child health is crucial for long-term sustainability, but little is achieved if children survive to adolescence without sufficient support to guide them into adulthood.</td>
<td>5. Increase impact through strategic coordination and integration.</td>
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<tr>
<td>6. While giving countries ownership over USG funded public health initiatives is a change for the better, the GHI should identify specific youth outcomes and include as a core principle youth participation, and should protect vulnerable young people from partner governments who ignore or disenfranchise them.</td>
<td>6. Improve metrics, monitoring, and evaluation.</td>
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<td>7. Promote research and innovation.</td>
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Achieving health outcomes through partnering with youth: recommendations for the GHI

In order to ensure the success of the GHI, it is important that the USG and GHI country governments implement the following recommendations. The USG and partner countries should.

1. Revise core principles to include: “Partner with Youth.” Young people are integral to the success of the GHI, and as such, partnership with youth should be reflected in the initiative’s core principles, including training American ambassadors, GHI Teams, Field Mission Staffs, and health care providers in all countries in youth-adult partnerships and fundamentally organizing GHI country plans and targets to include a focus on youth as part of the solution to national health challenges.

2. Do more of what works:
   a. Fully integrate comprehensive sex education into all GHI programs. The GHI emphasis on evidence-based programming, research, and innovation offers an unprecedented opportunity to prioritize comprehensive sex education in country plans – education which has been proven to help young people delay sexual initiation and to use protection when they do have sex. The GHI’s complementary focus on supporting changes in public policy for public health outcomes should encourage partner countries to develop comprehensive sex education curricula for their educational systems.
   b. Improve youth access to affordable, youth friendly sexual health services, including family planning and STD/HIV testing and treatment. Significant barriers, including laws/policies, provider attitudes, convenience, and cost frequently deter youth from obtaining urgently needed sexual health services. But programs exist which can help better serve young people and help protect their health and lives.
3. Transform knowledge of global adolescent health through the GHI Learning Agenda: Explicitly require the collection and disaggregation of data by age that separates 10-14, 15-19 and 20-24 year olds from children and adults in all GHI countries. The GHI learning agenda is an unprecedented opportunity to place adolescents on the “demographic map,” offering invaluable data for the improvement of developmentally appropriate programming and health services.

4. Empower the next generation of government watchdogs: Invest specifically in youth advocacy and guarantee youth participation in GHI planning, implementation, and evaluation. This requires, at a minimum, investment in youth-led civil society organizations, technical assistance to develop advocacy capacity, and pressure on partner governments to not only permit, but support, youth civic engagement. In addition, the GHI must develop specific mechanisms for youth participation within GHI teams in country and guarantee youth access to the American ambassador.

5. Build local capacity and sustainability: Prioritize the education and employment of young people in the expansion of health workforce training. Almost every GHI country, and all GHI Plus countries are focused on developing the viability and sustainability of their health workforces. At the same time, across the same countries, young people lack access to higher educational opportunities and decent employment. Empowerment through investments in health care employment for youth creates a dual dividend of an educated and employed youth population, and a sustainable health workforce.

CONCLUSION
To achieve its quantitative goals and targets, and to execute programs according to its core principles and standard components of implementation, youth must be a priority in the GHI. Worldwide, 1.2 billion people are aged 10-19, 90 percent of whom live in the developing world. Even more, today’s generation of young people is the largest in history—nearly half the world’s population (almost 3 billion people) is under the age of 25. Their access to information and resources will determine their ability to prevent HIV infections, unintended pregnancies, and sexually transmitted infections, and will determine whether or not countries have the health workforce and health care advocates to protect generations to come. Will the GHI commit to evidence-based practices and full partnership with young people – or ignore youth, and miss out on realizing its full potential?

Young people are integral to the success of the GHI, and partnership with youth should be reflected in its core principles.

Youth’s access to information and resources will determine whether or not countries have the health workforce and health care advocates to protect generations to come.

REFERENCES
1. Global health programs include bilateral programs such as The President’s Emergency Plan for AIDS Relief (PEPFAR), the President’s Malaria Initiative, Congressional funding for international family planning, maternal and child health, food security and nutrition, and accounts for polio, blind children, and vulnerable children, among others; multilateral programs such as support for the Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria; UNFPA; UNICEF; and the World Health Organization. They are defined by their links to specific health conditions and to specific programs/institutions, not to health outcomes.


4. While not specifically citing U.S. health programs, this paper describes the problems which arise in the pre-GHI type of health programming that was the standard for large donors, including the U.S. government, citing the need to allow for local organizations and governments to do the public health problem-solving with resource assistance from donors in order to achieve sustainability. Eichler, Rena; Levine, Ruth “Performance Incentives for Global Health: Potential and Pitfalls.” Center for Global Development, Washington, DC, 2009, pp. 11-22. http://www.cgdev.org/content/publications/detail/1422178. Access Accessed on 15 May 2011.

5. Even food aid, which does successfully supply food to many of those facing hunger in low and middle income countries,

Written by Brian Ackerman
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<tr>
<th>COUNTRY</th>
<th>PERCENT OF POPULATION AGED 10-19</th>
<th>ADOLESCENT HIV PREVALENCE</th>
<th>ADOLESCENT BIRTH RATE*</th>
<th>BRIEF SUMMARIES OF YOUTH POLICY IN STRATEGY DOCUMENTS</th>
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</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>21%</td>
<td>&lt;0.1%</td>
<td>133</td>
<td>The strategy notes that the great majority of births occur to young mothers and aims to “reposition family planning as a development priority.” Activities include working with the Ministry of Education to focus more attention on girls’ education, and delaying the age of marriage and early pregnancy; “support[ing] new ‘FP Champions’ to reach a new cohort of youth, including men, to support women’s ability to practice FP” and to “use[ing] new phone technologies to reach the next generation of FP clients with FP/RH messages.”</td>
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<td>Ethiopia</td>
<td>24%</td>
<td>3.5%</td>
<td>109</td>
<td>The strategy aims to reduce maternal mortality from 673 to 471 per 100,000 live births; decrease teenage pregnancy from 17 percent to five percent, and reduce HIV incidence by 50%. However, specific references to youth are limited to basic data on the adolescent birth rate. Even in its references to shared work with partner organizations to reduce teen pregnancy, not one listed is a youth driven organization.</td>
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<tr>
<td>Guatemala</td>
<td>24%</td>
<td>.4%</td>
<td>92</td>
<td>The strategy cites urban and rural adolescent birth rates (114 and 78 per 1,000 women, respectively), leaving an average adolescent birth rate of 9.8%. The strategy targets a reduction of that birth rate to 8.8 percent through partnership with GHI. Youth are only mentioned on one page, in a list of targeted populations. In addition, despite Guatemala’s status as a signatory to the Latin American and Caribbean Ministerial Declaration on CSE, this intervention is notably absent. Further, the document omits the epidemic of violence in Guatemala’s post-conflict society, 80 percent of the victims of which are youth.</td>
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<tr>
<td>Kenya</td>
<td>23%</td>
<td>2.9%</td>
<td>103</td>
<td>The strategy aims to meet 70 percent of unmet need for FP by, among other actions, focusing “programs on youth, poorer and lesser educated girls and women” and emphasizing “messages for youth and married couples.” Improved governance and economic growth and participation “especially for youth,” are listed as key to achieving sustainable health outcomes. The document also notes that “little is known about how MNCH and adolescent health platforms can ... reduce the morbidity and mortality” caused by [NTDs].</td>
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<tr>
<td>Malawi</td>
<td>25%</td>
<td>3.1%</td>
<td>178</td>
<td>The strategy cites widespread knowledge of contraceptives, but that “total fertility remains high at six children per woman and access to family planning is limited for youth...” The strategy also emphasizes “active participation of men and boys in the uptake of contraception, strengthening integration of FP/RH services with other EHP services, increasing access to FP commodities and quality FP counseling for young women through youth friendly health services.”</td>
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<tr>
<td>Mali</td>
<td>24%</td>
<td>.4%</td>
<td>190</td>
<td>The strategy stresses Post Partum Family Planning (PPFP) as a key SRHR intervention, consistent with Islamic beliefs for the 80% of post-partum women who want to delay pregnancy for at least two years. Document also emphasizes “youth development, especially reproductive health and hygiene education as well as life-cycle and job skills training.” While the PPFP program emphasizes youth-friendly messaging, the first point of contact is during or after pregnancy, leaving girls without information until pregnancy.</td>
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<tr>
<td>Nepal</td>
<td>23%</td>
<td>.2%</td>
<td>106</td>
<td>The strategy is completely silent on youth. The document emphasizes partnership with civil society and support for marginalized populations. Yet despite a high adolescent birth rate and a large youth population, the strategy makes no reference to the needs of young people or to the ways in which the GHI plan will prioritize their participation in the national health response.</td>
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<tr>
<td>Rwanda</td>
<td>22%</td>
<td>1.6%</td>
<td>43</td>
<td>Strategy is not yet publicly available. One example from current documents is positive: the USAID Rwanda Youth Project. The program targets out-of-school youth, aged 15-24 in Kigali, focused on workforce development, reenrollment in formal education institutions, and capacity building for local youth organizations.</td>
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*Number of births per 1,000 girls aged 15-19, 2000-2008

6. The actual GHI Strategy Document cites a fictitious narrative about the challenges an individual woman faces in seeking out diverse healthcare services in an environment where physical clinics are separated based on the condition they serve to illustrate these consumer inefficiencies.


MISSION
Established in 1980 as the Center for Population Options, Advocates for Youth champions efforts to help young people make informed and responsible decisions about their reproductive and sexual health. Advocates believes it can best serve the field by boldly advocating for a more positive and realistic approach to adolescent sexual health.

OUR VISION: THE 3RS
Advocates for Youth envisions a society that views sexuality as normal and healthy and treats young people as a valuable resource.

The core values of Rights. Respect. Responsibility® (3Rs) animate this vision:

RIGHTS: Youth have the right to accurate and complete sexual health information, confidential reproductive and sexual health services, and a secure stake in the future.

RESPECT: Youth deserve respect. Valuing young people means involving them in the design, implementation and evaluation of programs and policies that affect their health and well-being.

RESPONSIBILITY: Society has the responsibility to provide young people with the tools they need to safeguard their sexual health, and young people have the responsibility to protect themselves from too-early childbearing and sexually transmitted infections (STIs), including HIV.

SOME RELATED PUBLICATIONS FROM ADVOCATES FOR YOUTH

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The Facts Adolescent Maternal Mortality: An Overlooked Crisis
Issues at a Glance Youth Involvement in Prevention Programming

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