



Policy Options for Addressing Youth Sexual and Reproductive Health

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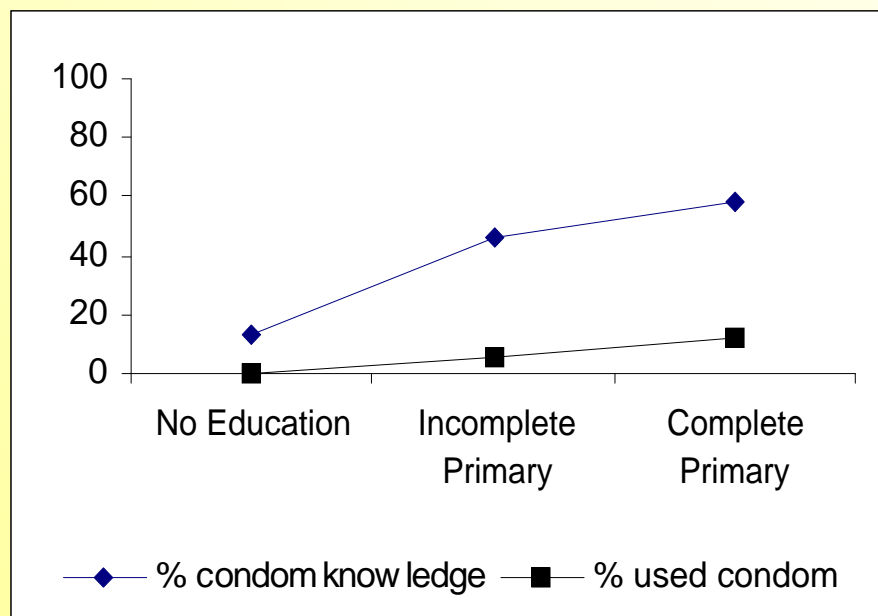
What does the WDR 2007 say about youth health?

- Young people are healthy
 - 3% mortality between 12 and 24
- Young people take risks with their health
 - smoking, drinking, unprotected sex
- Risk-taking in youth has long-term adverse consequences
 - habit formation, disease, irreversibility

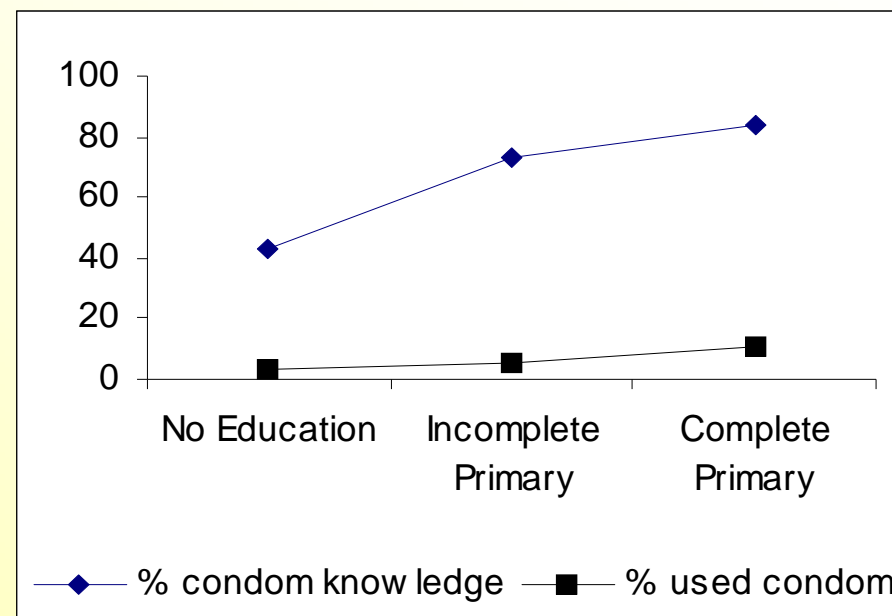
What does the WDR 2007 say about youth health?

- Why do young people take risks with their health?
 - short-term benefits
 - long-term, stochastic costs
 - insufficient knowledge
 - coercion / power relationships, early marriage
 - insufficient access to appropriate technology and services

Knowledge changes with education but behavior does not



Kenya



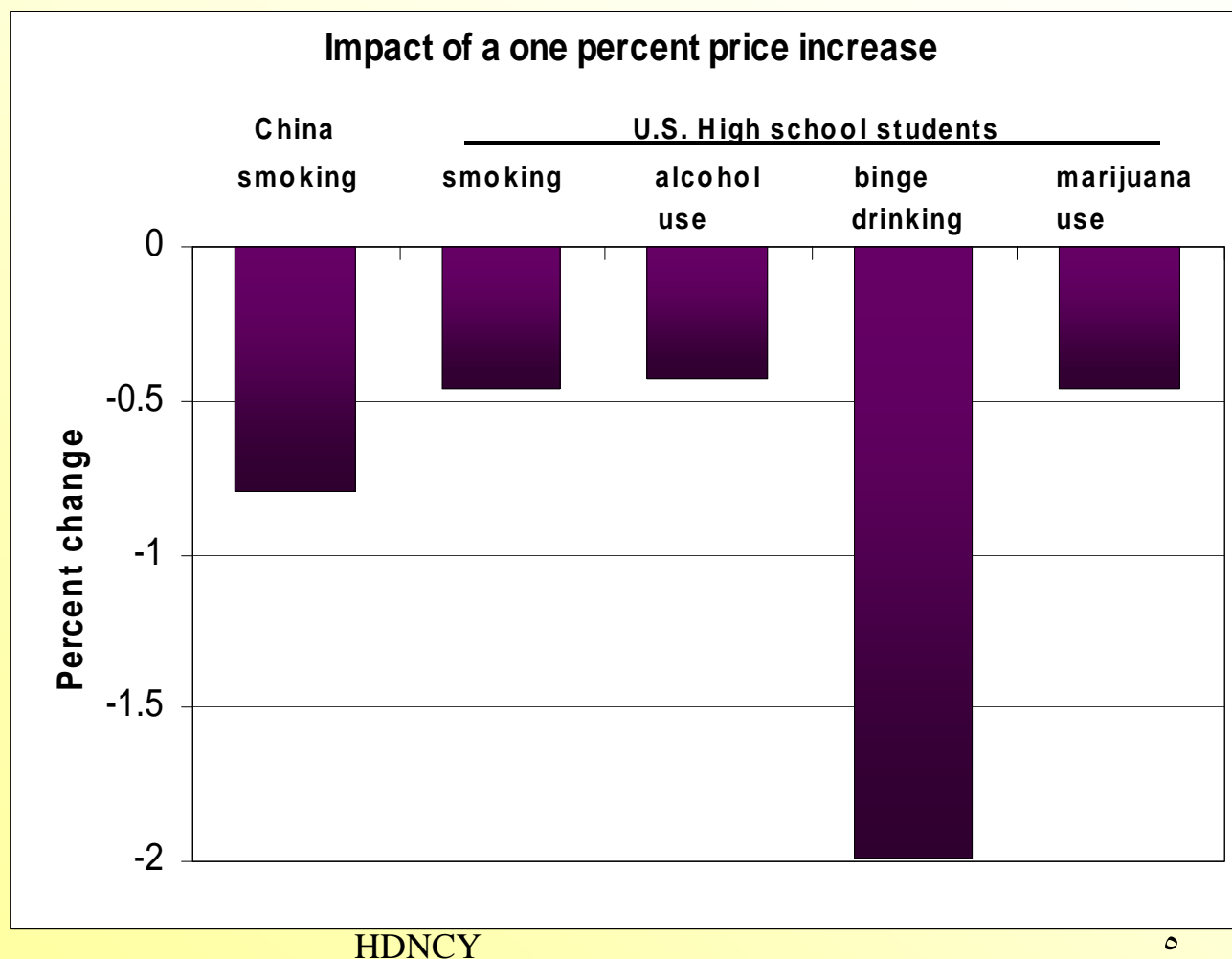
Dominican Republic

Knowledge and behavior among sexually active girls 15-24

Source: Demographic and Health Surveys

Incentives also matter

- Conditional cash transfers;
- Involve youth in program design, esp those to change attitudes
- Taxes



Numbers



Every year:

- More than 210 million pregnant women
 - 14 million young women (15-19 years) give birth each year
 - ***In MENA: 10 million women give birth***
- 87 million unwanted pregnancies and 46 million abortions.
 - 70 000 women die from unsafe abortions (13% of all maternal deaths globally)
 - ***In MENA: estimated over 1 million unsafe abortions***
- 30 million women have life-threatening conditions, unknown, but large number with long-term disabilities

The Numbers (cont.)



Every year:

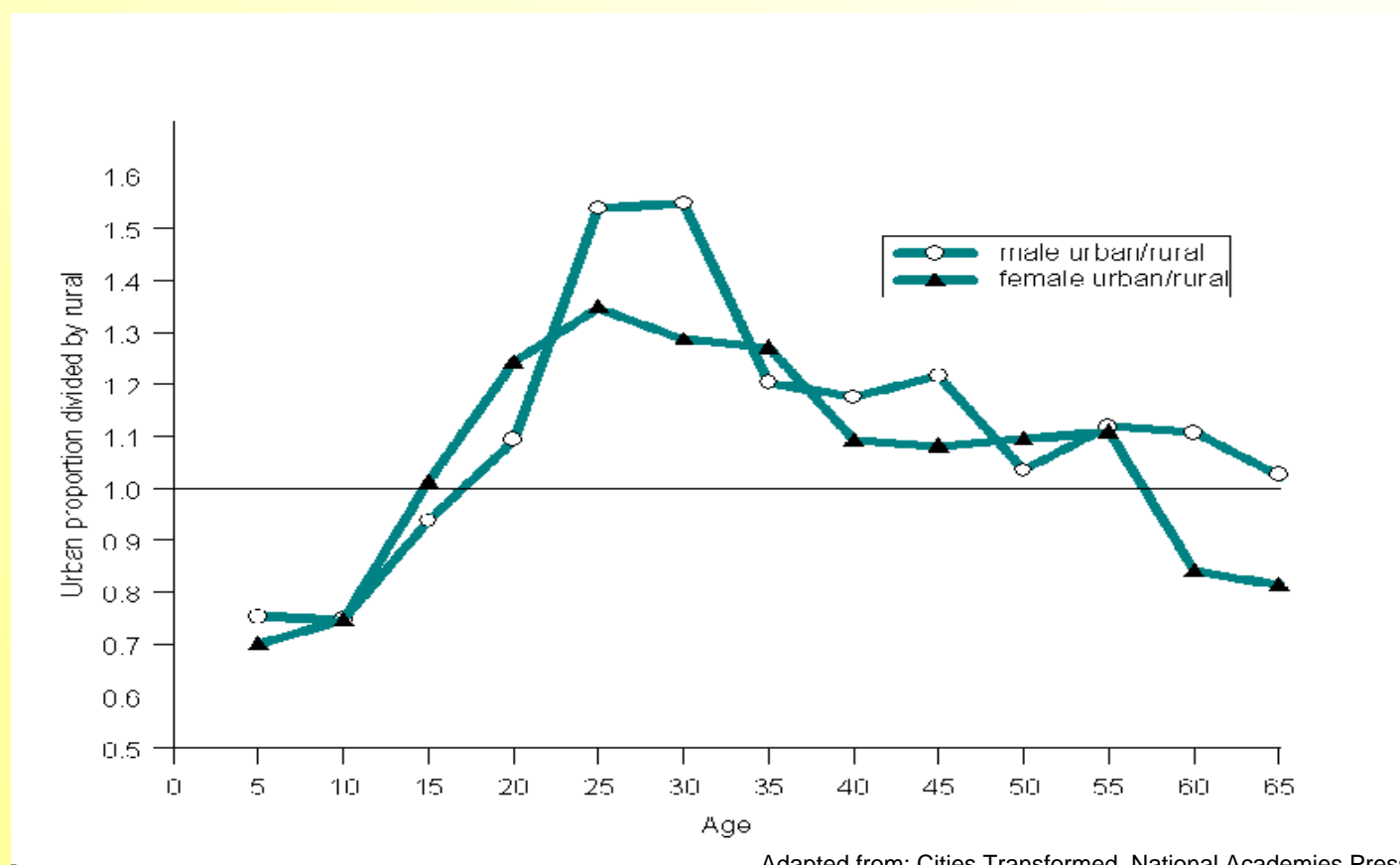
- 529 000 maternal deaths
 - 25% in adolescents
 - Pregnancy is a leading cause of death for young women (15-19 years), who are twice as likely to die in childbirth as older women.
 - **In MENA: 13 000 women die of complications related to pregnancy and childbirth (3/5 in Egypt, Iraq, Morocco, Yemen). Iraq and Yemen have some of the highest levels of maternal death in the world**
- 3.2 million babies stillborn and 3 million early neonatal deaths
 - **In MENA: Perinatal conditions (low birth-weight, prematurity, and birth trauma) are the second leading cause of disease in the Region.**
 - The unmet need
- Skilled birth attendant use
 - Less developed 59%, least developed 34%
 - **Less than 70 percent of pregnant women in MENA have at least one antenatal checkup**

Sexually Transmitted Infec



- >100 million STIs per year (other than HIV) among young people
 - In MENA: More than 12 million people suffer from STIs. Relatively low number, but increasing rapidly.
- 5/6000 young people infected by HIV every day (half of all the new infections worldwide)
- Almost 1/4 of those living with HIV are under 25, 12 million HIV infected are 15-24 years old.
- Young women are 1.6 times as likely to be HIV positive as young men
- One third of women living with HIV are 15-24
 - In MENA: estimated 440 000 adults and children living with HIV in 2005
 - Of the estimated 440 000 adults (over 15) living with HIV, 190 000 are women.
 - The estimated percentage of young women living with HIV is 0.2% and young men 0.1%. Very small percentages, but becoming more prevalent
 - Just 5% of the estimated 75,000 people needing antiretroviral treatment in MENA are receiving it.

Urban Populations More Concentrated Than Rural in the Productive and Reproductive Ages

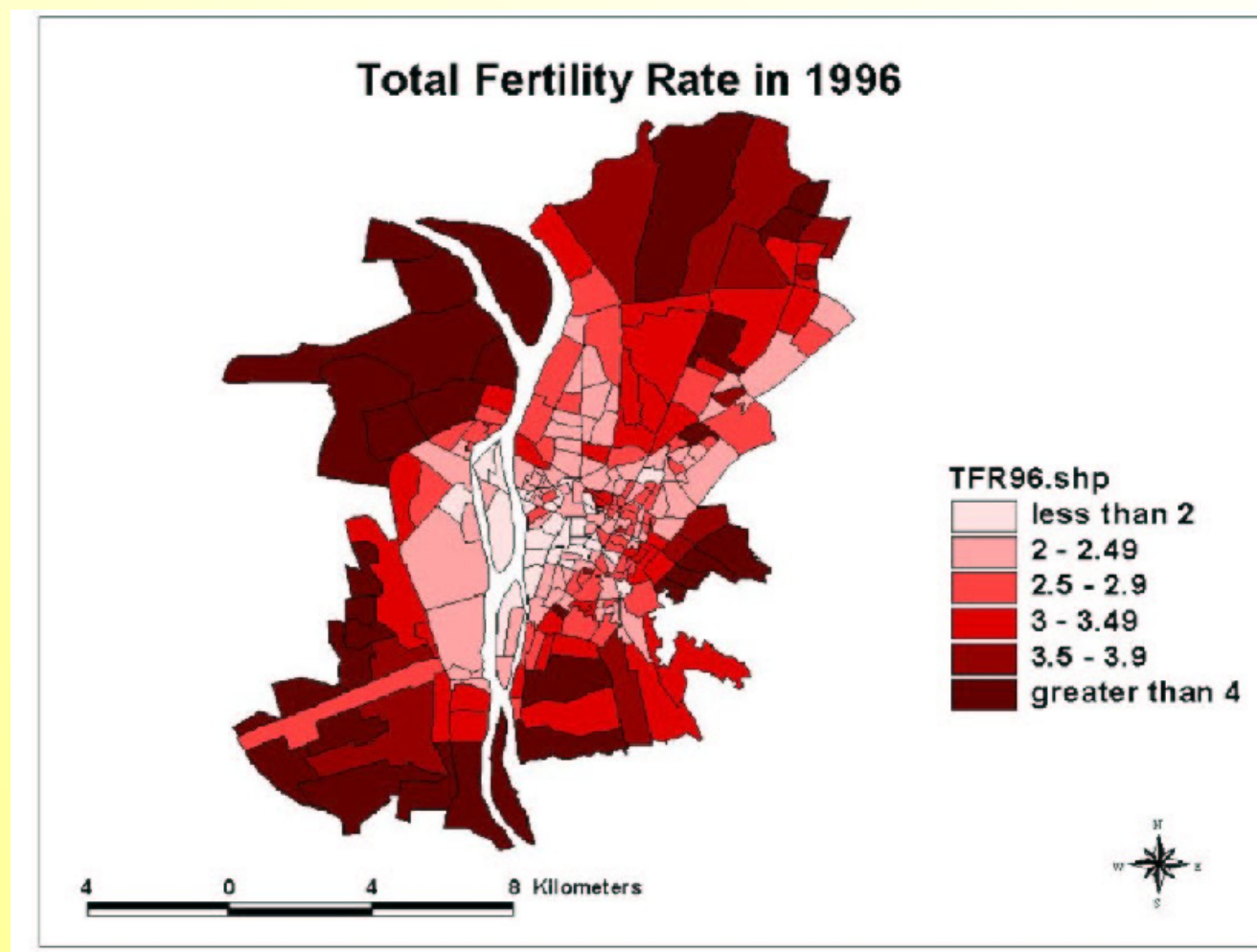


Adapted from: Cities Transformed, National Academies Press, 2003

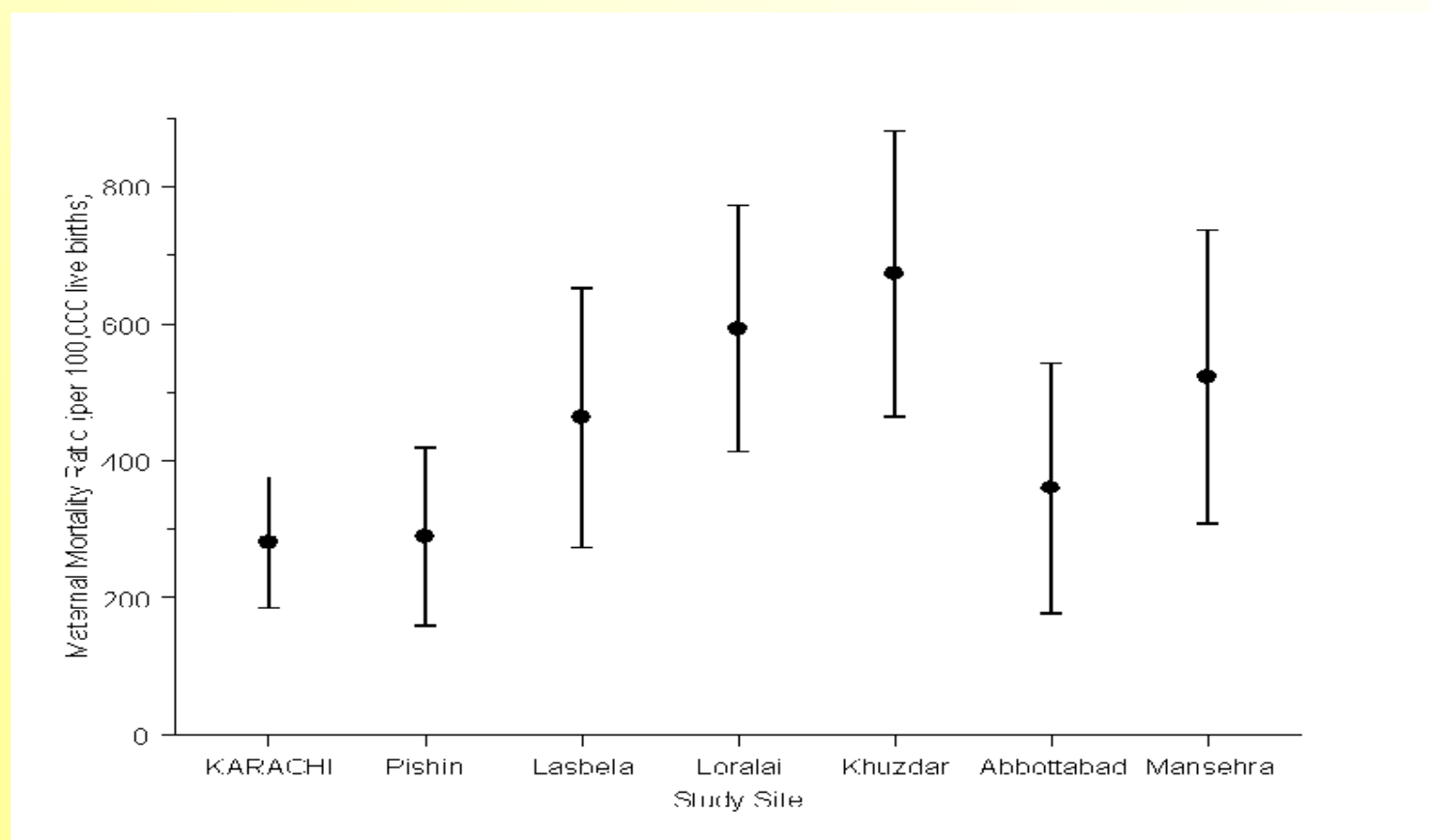
Spatially Concentrated Poverty Conditions in Urban “Slums” Can Be Worse Than in Rural Villages



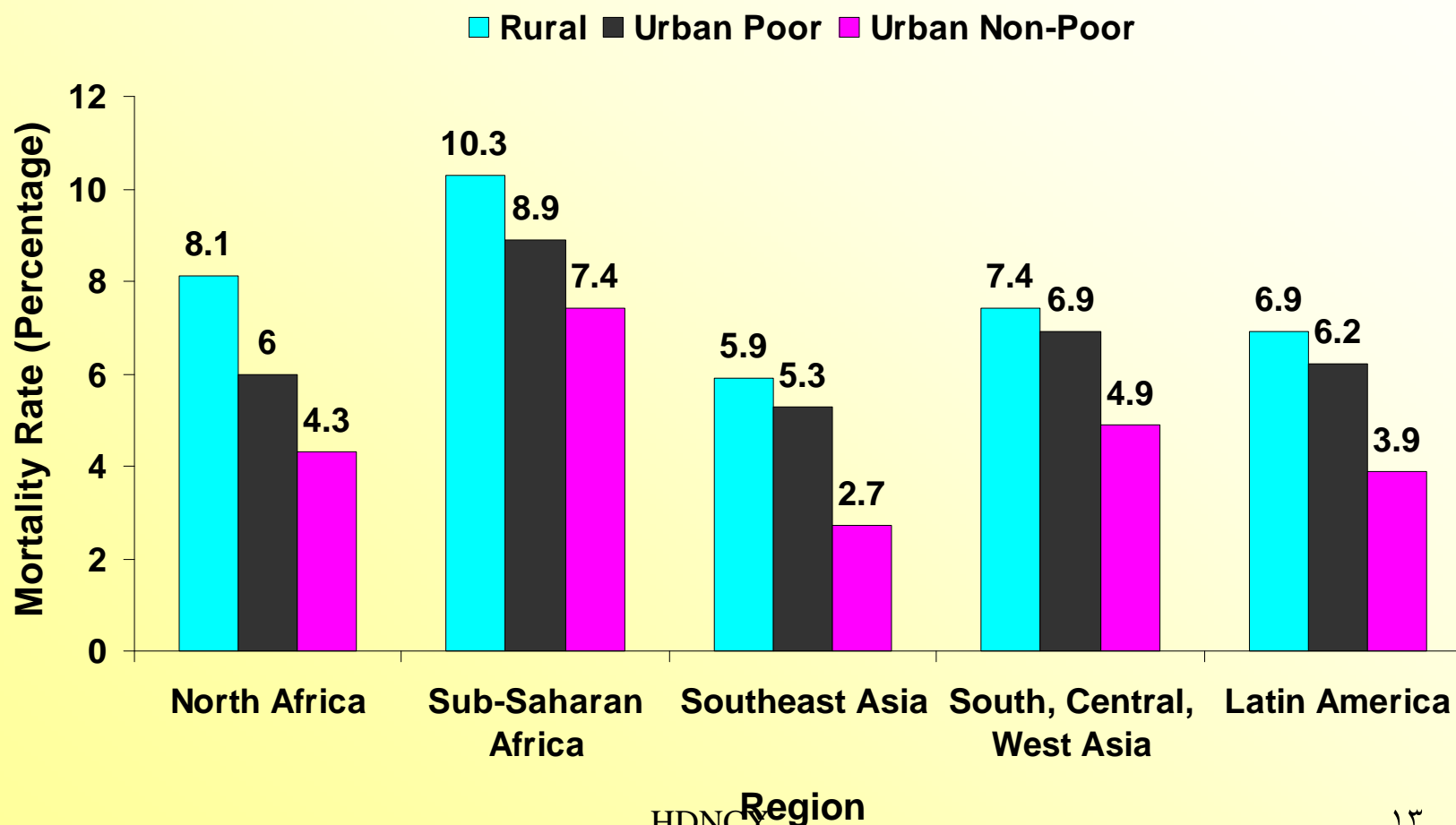
Within-City Variation in Fertility: Cairo



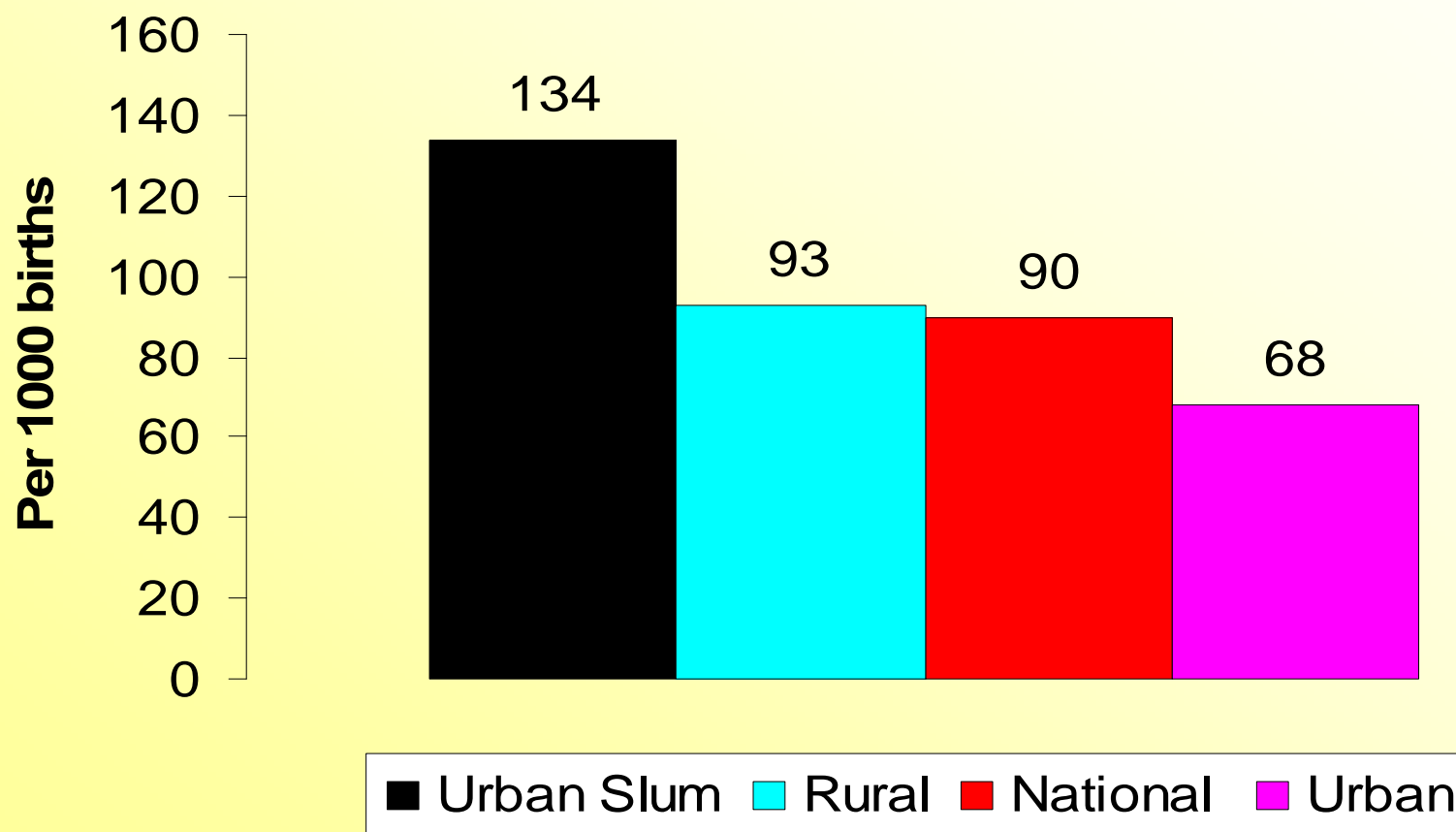
Maternal Mortality Rates in Urban Slums Can Resemble Rural Rates: Karachi, Pakistan



Infant Mortality Rates, Among Rural, Urban Poor, and Urban Non-Poor



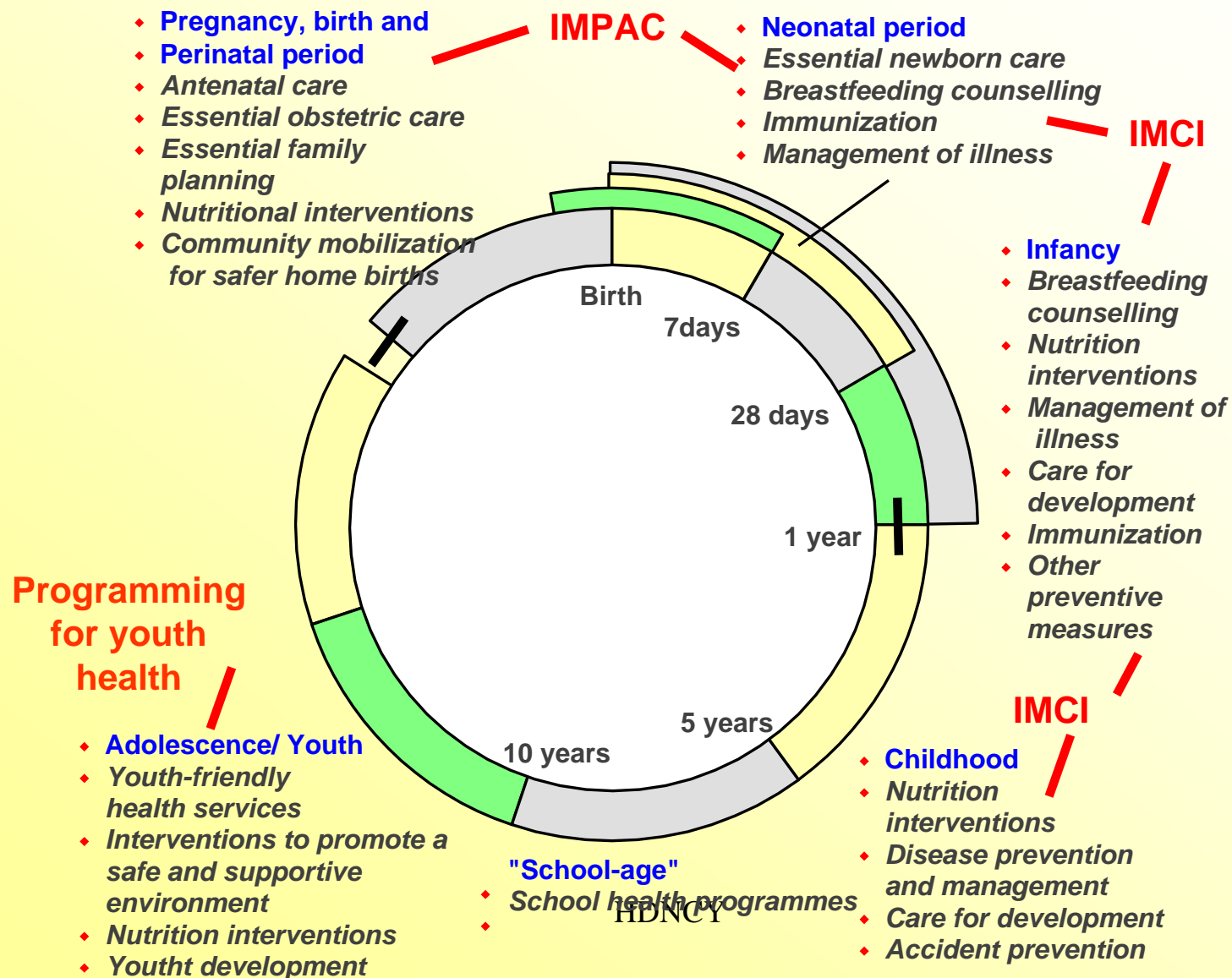
Infant Mortality Higher in Dhaka Slum than in Rural Bangladesh, 1991



Policy options for addressing youth sexual about reproductive health

- Opportunities
 - alternatives to early marriage and childbearing (e.g. schooling)
 - proper nutrition
 - access to reproductive health technology and services
 - access to antenatal and obstetric care
 - access to child health services
 - involving men

Effective approaches in pregnancy, early life, childhood and adolescence



Policy options for addressing youth sexual about reproductive health (2)

- Capabilities
 - education
 - life skills
 - decision-making ability
 - bargaining power
 - knowledge of reproductive and child health, parenting skills

Youth Sexual and Reproductive Health in Urban Settings

- Both Ends of the City Size Distribution Need Attention
- As Developing Countries Urbanize, Diversity and Inequality Within Cities Will Need Closer Attention
- Smaller Cities should Be Considered Much More Carefully in Infrastructure, Reproductive Health and Development Policies
- The Urban Advantage in Services Over-Stated
- What is Distinctive About Urban Reproductive Health for young people? (No analytic review available - Yet, there must be a wealth of program and policy experience on which to draw)

Policy options for addressing youth sexual about reproductive health (3)

- Second chances
 - access to reproductive services -- EC, abortion
 - access to child health services
 - child care
 - flexible school systems

THE SHARED RESPONSIBILITY: to promote an enabling environment

- Building a national political commitment
- Integrating Youth RH into relevant national technical programs (RH/FP, CH, HIV/AIDS, NUT, EPI, ECD), in existing instruments (PRSPs, NHPs) and health sector development initiatives
- Addressing social and cultural barriers and promoting community and young people empowerment
- Strengthening partnership with global and national stakeholders (increasing funding, improving expenditure and coordinating efforts)

CRITERIA FOR PRIORITY SETTING AT LOCAL LEVEL

- Priority to prevention
- Multisectoral approach
- Targeting the poor and the most vulnerable
- Gender sensitivity
- Appropriate scale

DO WE NEED ADDITIONAL RESOURCES?

- YES!But also...
- Policies to improve service delivery
(public, private, NGOs, youth organizations)
- Human capacity and infrastructure development
and management
- Family and community support
- Participation of adolescents/youth at all level
- Good governance and regulations



CHILDREN & YOUTH
THE WORLD BANK

Moving forward: What can partners and clients do?

- **Coordination**. Youth outcomes are improved by multi-sectoral efforts – but most policy is sectorally focused.
- **Voice**. The constituency of youth is weak (which motivated extensive consultations), but potentially powerful.
- **Evaluation**. Many youth-specific initiatives are still new; impact must be evaluated carefully; donors can play a key role.

A STRATEGIC APPROACH

- Evidence-based policies based on: country/regions epidemiological profiles, high impact interventions (IMPAC as “best buy” packages, feasibility and effectiveness with continuum of care across levels of service delivery)
- Improving health systems to increase availability and accessibility of RH services for young people. Outcome-oriented scaling up plans and national coordination mechanisms
- Better policies toward households, communities , young people as producers and demanders of RH health services (CCTs, social funds)
- Building evidence on what it works (tracking progress and evaluating impact) to scaling up successful interventions.

What does the WDR 2007 say about youth health?

How do we encourage young people to make better decisions for their health?

- Opportunities
 - services, information, incentives
- Capabilities
 - decision-making power, preferences
- Second chances
 - remediation, recovery
- Impact evaluation