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Notes on YRH Policy

Threat to Legislation Outlawing Child Marriage in Yemen

Although Yemen's parliament has agreed to set the minimum age for marriage at 17, there are concerns the decision may be rescinded as some members of parliament (MPs) say the amendments violate Sharia (Islamic) law.

Source: *IRIN Middle East* (2009) February 23

Available online at: <http://www.irinnews.org/Report.aspx?ReportId=83081>

African Union Declares Decade on Youth Development in Africa

The Assembly of Heads of State and government of the African Union has declared the years 2009-2019 as the decade of youth development in Africa. The decade was declared during the last Executive Council held in January 2009 in Addis Ababa, Ethiopia within the context of the outcomes and prospects related to the Year of African Youth 2008 and to facilitate the implementation of the African Youth Charter after its ratification. [Read more...](#)

Condom Access in South African Schools: Law, Policy, and Practice

Summary Points

1. South Africa's recently adopted Children's Act provides children the right to access reproductive health services as a way of addressing the HIV pandemic, but there remains confusion about how socially divisive rights provided for by the Act, such as condom access for youth, will be achieved.
2. The Children's Act, together with South African government policies, allows individual schools to decide whether to distribute condoms, but most school staff are unaware of South African policy and regulations governing condom provision in schools.
3. Because of confusing and contradictory government policies and public pronouncements regarding provision of condoms in public schools, few schools have undertaken to provide condoms, leaving students, especially in rural areas, with few options for obtaining them.
4. PEPFAR regulations potentially conflict with South African law by prohibiting PEPFAR-funded organizations from distributing condoms in schools or providing condom information to youth aged 14 and under.
5. The current South African government's policy of leaving the decision of whether to distribute condoms in schools to the School Governing Body of individual schools, rather than enacting a clear national policy, is unlikely to be an effective public health strategy

ABOUT

[Notes on YRH Policy](#) reports on news, events, and ideas relevant to the making and implementing of policies that affect the reproductive health of young people in developing countries.

"Notes on YRH Policy" is entirely informal and represents the views and opinions of the [authors](#), not those of the U.S. Agency for International Development (USAID) or the U.S. government. For more information, please see our [content and privacy policy](#).

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[Condom Access in South African Schools: Law, Policy, and Practice](#)

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[Experts Unsafe Abortions Rife](#)

for improving access to condoms for the population of youths at high risk for HIV.

Source: Han J, Bennish ML (2009) Condom Access in South African Schools: Law, Policy, and Practice. *PLoS Med* (2009) 6(1): e1000006
<http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371/journal.pmed.1000006>

Law of silence trumps anti-trafficking rule in Togo

Parents, police and even judges are hesitant to press charges against human-traffickers because of fear of punishment, concern for the community and confusion about Togo's 2005 anti-trafficking law, according to an NGO analysis of the law. Traffickers face up to 10 years in prison and US\$20,000 in fines under Togo's 2005 anti-trafficking law. Forty-five cases have been brought against suspected traffickers and family accomplices, according to a review of the law conducted in March 2008 by CARE International. Of more than 400 families in which a child had been trafficked, 55 percent said they knew the person who recruited their child for what turned out to be gruelling and often unpaid work, according to a 2002 survey by the NGO Plan International. CARE International's Togo director, Phillip Kodjo Yodo, told IRIN family and community relations discourage public denunciations in Togo. "The anti-trafficking law has not been adequately applied because people do not see their family as criminals even if these people carry out illegal acts." Yodo added that the law should not punish parents, as is the case now, in order to encourage more of them to press charges against traffickers. CARE's study raised this possibility. "Traffickers tell parents who threaten to denounce them 'If you press charges, you will also be held responsible. The law will not spare you.' A parent in this situation will be happy just to have recuperated their child safely."

Source: *IRIN Africa* (2009) January 8

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Adolescent boys: who cares?

Countries in sub-Saharan Africa are developing strategies to make male circumcision part of a comprehensive strategy for HIV prevention. The critical question is how to increase young men's access to and use of safe male circumcision services. The editorial's authors find it surprising that despite significant morbidity among adolescents and young men, so little attention has been paid to the complications of traditional male circumcision by most organizations. They go on to say that in addition to improving adolescent boys' access to safe male circumcision services when these are provided within a traditional context, we must also carefully regulate the providers in the formal health-care system to ensure that they are adequately trained and have the equipment and supplies to perform male circumcision safely and effectively.

Source: *Bulletin of the WHO* (2008) 86(9): 659-60

Available online at: <http://www.who.int/bulletin/volumes/86/9/08-057752.pdf>

Addressing the vulnerability of young women and girls to stop the HIV epidemic in southern Africa

AIDS (Dec. 2008) Volume 22, Suppl 4; extract from introduction on a separate [Notes page](#).

There is no time to lose if HIV prevention is to make significant strides against the relentless HIV epidemic of southern Africa, which is mortgaging the future of hundreds of thousands of young women and girls. The articles included in this supplement are being transformed into hard-hitting issues briefs that will be used to influence policy makers and leaders across the region and at all levels through appropriate advocacy and communication. Nothing less than social transformation is needed now to turn this epidemic around. Every individual must see himself or herself as implicated in his or her personal and professional lives in either condoning the status quo or confronting it.

Unsafe Abortions Rife Among Teenagers

[Among Teenagers](#)

[CARE Nepal: Project to fight the harmful practice of child marriage](#)

[Viet Nam Ministerial Plan on HIV/AIDS \(2008-2012\)](#)

[St. Lucia Developing HIV/AIDS Policy For Education System](#)

[Experts Call for Global Sex, HIV Education Programs To Expand Beyond Discussions of Safer Sex Practices](#)

[Mexican Officials Promote Sex Education Among Young People](#)

[Online IUD Toolkit a Useful Resource](#)

[PICT Guidance Mainstreams Adolescent Concerns](#)

[Ethiopia Launches Comprehensive YRH Policy](#)

[Interagency Youth Working Group Holds First Meeting, Launches Web Site](#)

[African Youth Alliance Releases Impact Evaluation](#)

[Kenya Research Highlights FGC Policy Concerns](#)

[When Will We Ever Learn \(Anything about the Impact of YRH Policy Interventions\)](#)

Research conducted by Pathfinder International (PI), an international non-governmental organisation, has revealed that the proportion of women aged 15-19 who had had an unsafe abortion in Africa, was higher than for any other region in the world. The Youth Friendly Post-Abortion Care project was implemented in eight countries, including Ghana, Angola, Ethiopia, Kenya, Nigeria, Tanzania and Uganda. It was to address unsafe abortion among adolescent women and increase access to PAC services in the implementing countries.

Reported at: <http://www.modernghana.com/newsp/189674/1/pageNum1/unsafe-abortions-rife-among-teenagers.html>

Visit [Pathfinder International](#) to access publications on the Youth Friendly Post-Abortion Care project issued in October 2008.

CARE Nepal: Project to fight the harmful practice of child marriage

U.S. Agency for International Development (USAID) Awards CARE more than \$2.8 million to help fight the harmful practice of child marriage. CARE Nepal will receive nearly \$1.5 million for a three-year project that aims to transform community traditions of child marriage through educational and behavioral change campaigns. The initiative will also advocate for the establishment and enforcement of laws and policies that address child marriage and other forms of gender-based violence.

Reported at: http://media-newswire.com/release_1076062.html

Viet Nam Ministerial Plan on HIV/AIDS (2008-2012)

Having every citizen involved in HIV/AIDS control and prevention activities at community level to 2012

<http://vietnamnews.vnnet.vn/showarticle.php?num=02POP081008>

<http://www.vnagency.com.vn/Home/EN/tabid/119/itemid/270789/Default.aspx>

The Ministry of Health, the Ministry of Culture, Sport and Tourism and the Viet Nam Fatherland Front (VFF) Central Committee (Oct. 6, 2008) signed a ministerial plan which aims to mobilise the whole nation to be involved in the fight against the HIV/AIDS epidemic. The plan, titled *Having every citizen involved in HIV/AIDS control and prevention activities at community level to 2012*, aims to raise people's awareness and inspire every citizen to be consciously involved in HIV/AIDS control and prevention activities in their resident areas. It also aims to encourage and create opportunities for families of people living with HIV/AIDS, intravenous drug users, commercial sex workers and migrants to get involved in HIV/AIDS control and prevention activities. The plan also aims to push forward and enhance the involvement and role of heads of communities, village heads, heads of local branches of the VFF, the elderly, various sectors and mass organisations in HIV/AIDS control and prevention activities.

St. Lucia Developing HIV/AIDS Policy For Education System

Stakeholders involved in St. Lucia's education system met last week to commence work on an HIV/AIDS policy for the sector, the Caribbean Media Corporation/Antigua Sun reports. The policy will include mechanisms to ensure that the education system can deal with the disease, and Nahum Jn Baptiste, head of St. Lucia's HIV Secretariat, said that orphans and vulnerable children will be targeted under the policy. He added that the policy will address issues such as identifying students in need of care and referring them to providers (Caribbean Media Corporation/Antigua Sun, 9/1). "There will also be the issue of health and family life education, so it's not just about the transmission of HIV and AIDS but trying to have students develop positive lifestyles, which would help secure them not only from the spread of HIV and other sexually transmitted [infections] but to live a full life," Jn Baptiste said. According to Jn Baptiste, the policy will be implemented when the draft is approved by St. Lucia's Cabinet (Caribbean Media Corporation, 9/1).

Reported in [Kaiser Daily HIV/AIDS Report](#).

Experts Call for Global Sex, HIV Education Programs To Expand Beyond Discussions of Safer Sex Practices

Added August 19, 2008

Many sex and HIV/AIDS education programs around the world focus on the risks of unsafe sex, which can leave young people unprepared to deal with their sexuality or lead sexually fulfilling lives, experts said at a satellite session on comprehensive sex education at the [XVII International AIDS Conference](#) in Mexico City on Wednesday, [IRIN News](#) reports.

Maria Alcaldes, deputy director of the [International Planned Parenthood Federation](#), said teachers often are not sufficiently trained to teach sex education in a way that allows children to make informed and responsible decisions. She said, "There is a need for sexuality education that goes beyond teaching the basic biology." Alcaldes noted that although Latin American countries have committed to comprehensive sex education programs, the number of teenage pregnancies in the region has increased. She said governments must work with communities to address these concerns.

Prabha Nagarja of the Indian organization [Talking about Reproductive and Sexual Health Issues](#), which runs an anonymous help line, said the group's efforts have shown many shortcomings in India's approach to sex education. She said, "A new national curriculum on sex education tells young people what not to do sexually, without telling them why or explaining to them the most basic things, such as how intercourse happens." She added that callers to the group's help line "have no idea how to protect themselves" from HIV/AIDS. Swedish AIDS Ambassador Lennarth Hjelmaker said, "Teaching about the risk of HIV and other sexually transmitted diseases is necessary, but it must go hand in hand with teaching about healthy sexuality and communicating with young people about their experiences" ([IRIN News](#), 8/6).

Coverage in [Kaiser Daily HIV/AIDS Reports](#)



Last Updated: Mar 2, 2009

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EX.CL-DEC(XIV)468

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The decade is an opportunity to advance the agenda of youth development in all member states across the African Union, to ensure effective and more ambitious investment in youth development programmes and **increased support to the development and implementation of national youth policies** and programmes. The African Union set the pace for the implementation of the decade through initiatives during the Year of African Youth in 2008, through its implementation of non-formal technical, vocational and educational training programmes in post conflict countries; strengthening of youth organisations through the revitalisation process of the Pan African Youth Union, and the development of a plan of action to promote youth development through the effective implementation of the African Youth Charter.

During the decade, the AU Commission and member states will collectively implement the AU's 10 year plan of action on youth development in Africa, which will focus on priority areas for youth development in member states, as outlined in the African Youth Charter. Priority issues that need to be addressed for the empowerment of African youth include: education, employment, safe spaces for recreation and leisure, **participation in policy-making processes at national, regional and continental levels**, and health issues. These will be clearly addressed within the plan of action for the decade 2009-2019.

During the first year of the decade, the **African Union Commission will focus work with countries in the strengthening of their national youth policies** and the process of ratifying and operationalising the African Youth Charter. This will include activities to popularise the charter, provide advice and information on the legal and legislative processes and facilitation for national sensitisation workshops. The Commission will also, upon request, expand its support to the Pan African Youth Union, which has been endorsed by the Summit as the focal point to the AU on youth matters.

Further reading

[African Youth Call For "Decade of African Youth": One Year Is NOT Enough](#)

Source: afro-nets@healthnet.org

Original post: [Dabesaki Mac-Ikemenjima](#)

Subscribe: afro-nets-join@healthnet.org

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Addressing the vulnerability of young women and girls to stop the HIV epidemic in southern Africa

Southern Africa is the global epicentre of the AIDS epidemic, with recent data highlighting the continuing urgency of ensuring sustained and effective prevention and protection efforts particularly addressing the vulnerability of young women and girls. Southern Africa comprises nine countries with the highest HIV prevalence in the world. Over 12% of all adults aged 15–49 years are infected with HIV in each of these countries. The broader sub-Saharan Africa region is experiencing a generalized epidemic, with HIV transmitted largely through heterosexual intercourse and with high levels of new infections being found among young people, notably young women. Globally, 45% of all new infections in 2007 occurred among young people aged 15–24 years. Almost two-thirds of all young people with HIV live in sub-Saharan Africa, where approximately 75% of all infections among young people aged 15–24 years are among young women. HIV prevention efforts to reach young people, and in particular young women and girls, in southern Africa have focused on some general programmatic areas: awareness raising; HIV education and information dissemination; reduction of socioeconomic vulnerability; service provision; and life skills development. Persistent high levels of HIV infection reflect the fact that HIV prevention responses are not adequately tailored to address the principal drivers or causes of new infections with the scale, targeting and intensity required for success. National responses are also hampered by variable and sometimes inconsistent leadership, lack of state accountability for prevention, weak institutional capacities for implementation, stigma, denial, and sensitivity to addressing the social and cultural determinants of new infections.

Responding to the evident need to understand these challenges and rise to them, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Reproductive Health and HIV Research Unit of the University of Witwatersrand in South Africa convened a technical meeting in June 2008 that brought together regional researchers, representatives of national AIDS councils, government departments and the Southern African Development Community, and members of the eastern and southern Africa United Nations Regional AIDS Team to reassess why young women and girls living in the HIV hyperendemic countries of southern Africa are so vulnerable to HIV infection. The background technical papers commissioned for the meeting were reviewed by global and regional peers in their respective subject areas. They have been collected here to form a cohesive summary of the evidence, the research gaps, and the actions required to turn the epidemic around for girls and young women in southern Africa. The papers address the current status of the epidemic in southern Africa: age-disparate and intergenerational sex; biological vulnerability; economic empowerment; education; gender-based violence; and knowledge, risk perceptions and behaviour.

There is no time to lose if HIV prevention is to make significant strides against the relentless HIV epidemic of southern Africa, which is mortgaging the future of hundreds of thousands of young women and girls. The articles included in this supplement are being transformed into hard-hitting issues briefs that will be used to influence policy makers and leaders across the region and at all levels through appropriate advocacy and communication. Nothing less than social transformation is needed now to turn this epidemic around. Every individual must see himself or herself as implicated in his or her personal and professional lives in either condoning the status quo or confronting it.

[AIDS \(Dec. 2008\) Volume 22, Suppl 4](#)

Subscription required.

- Introduction: Addressing the vulnerability of young women and girls to stop the HIV epidemic in southern Africa

- The epidemiology of HIV infection among young people aged 15_24 years in southern Africa
- Age-disparate and intergenerational sex in southern Africa: the dynamics of hypervulnerability
- Vulnerability of women in southern Africa to infection with HIV: biological determinants and priority health sector interventions
- Education and vulnerability: the role of schools in protecting young women and girls from HIV in southern Africa
- Exploring the role of economic empowerment in HIV prevention
- Gender-based violence and HIV: relevance for HIV prevention in hyperendemic countries of southern Africa

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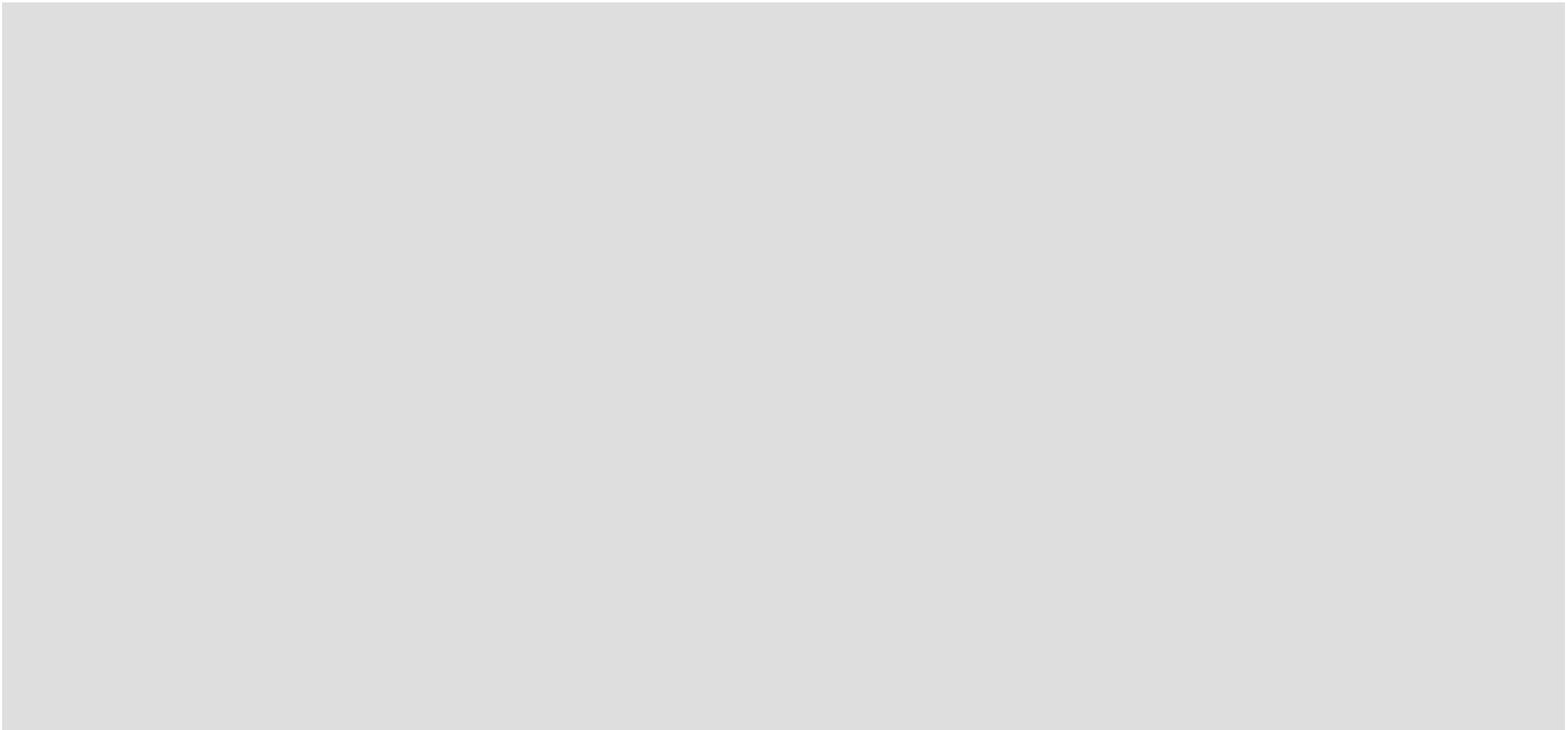
Notes on YRH Policy: The Note Taker

The author of [Notes on YRH Policy](#) is **James E. Rosen (Jim Rosen)**, an independent consultant who has worked with Constella Futures on youth reproductive health policy issues for the past seven years. He has written about, analyzed, and contributed to YRH policymaking in several countries including Bolivia, the Dominican Republic, Ethiopia, Haiti, Jamaica, Nigeria, Uganda, and Zambia. Holding a master's degree in economics, he has worked for over two decades in the field of international health. Jim's most recent work has focused on making sure HIV programs include a proper focus on young people, figuring out ways to mainstream youth issues in poverty-reduction strategies, trying to measure whether health sector reform has had an impact in Honduras, and searching for sensible and cost-effective linkages between HIV and other reproductive health programs. He is part of the team that runs the youth-policy.com website.

Occasional "guest" note takers may also contribute. What the author or any guest note taker writes is their own opinion, which does not necessarily reflect the views and opinions of Constella Futures, the U.S. Agency for International Development, or the U.S. government. For more information, please see our [content policy](#).

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Further reading

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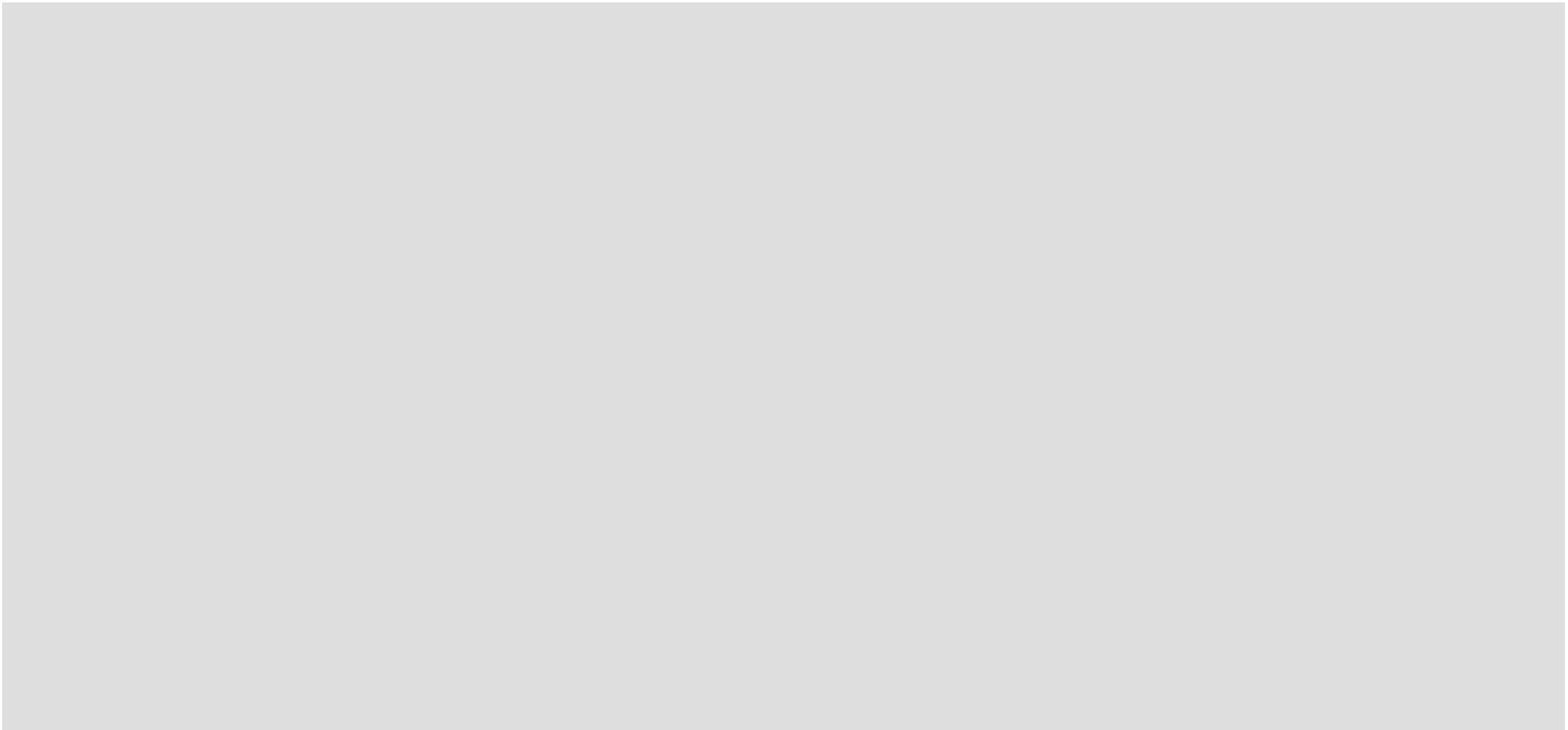
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Condom Access in South African Schools: Law, Policy, and Practice

In 2007, South Africa's new Children's Act came into effect [1,2], expanding the scope of several existing children's rights and explicitly granting new ones. The Act gives to children 12 years and older a host of rights relating to reproductive health, including access to contraceptives and to information on sexuality and reproduction, and the right of consent to HIV/AIDS testing and treatment [1].

These rights reflect growing concern over the need to prevent HIV in the country's youth. South Africa has the highest number of persons living with HIV in the world [3]. Persons aged 15–24 account for 34% of all new HIV infections and have an HIV prevalence of 10.3% [4,5].

A critical challenge for HIV prevention efforts in adolescents is to ensure that these newly guaranteed reproductive health rights are realized. For youths in South Africa, access to condoms is limited. Barriers to access include substantial travel time and cost of travel to sites of condom distribution [6], the fact that government clinics distributing free condoms are usually closed when students are out of school, the judgmental and often hostile attitude of providers, and the cost of condoms in shops [7].

One way to increase condom access for adolescents is to make condoms available in schools. This is a socially divisive approach. Some believe availability of contraception will encourage sexual activity [8]. Others cite the early age of sexual debut [9,10] and the futility of HIV prevention education that emphasizes condom use without providing sexually active youth with access to condoms [11].

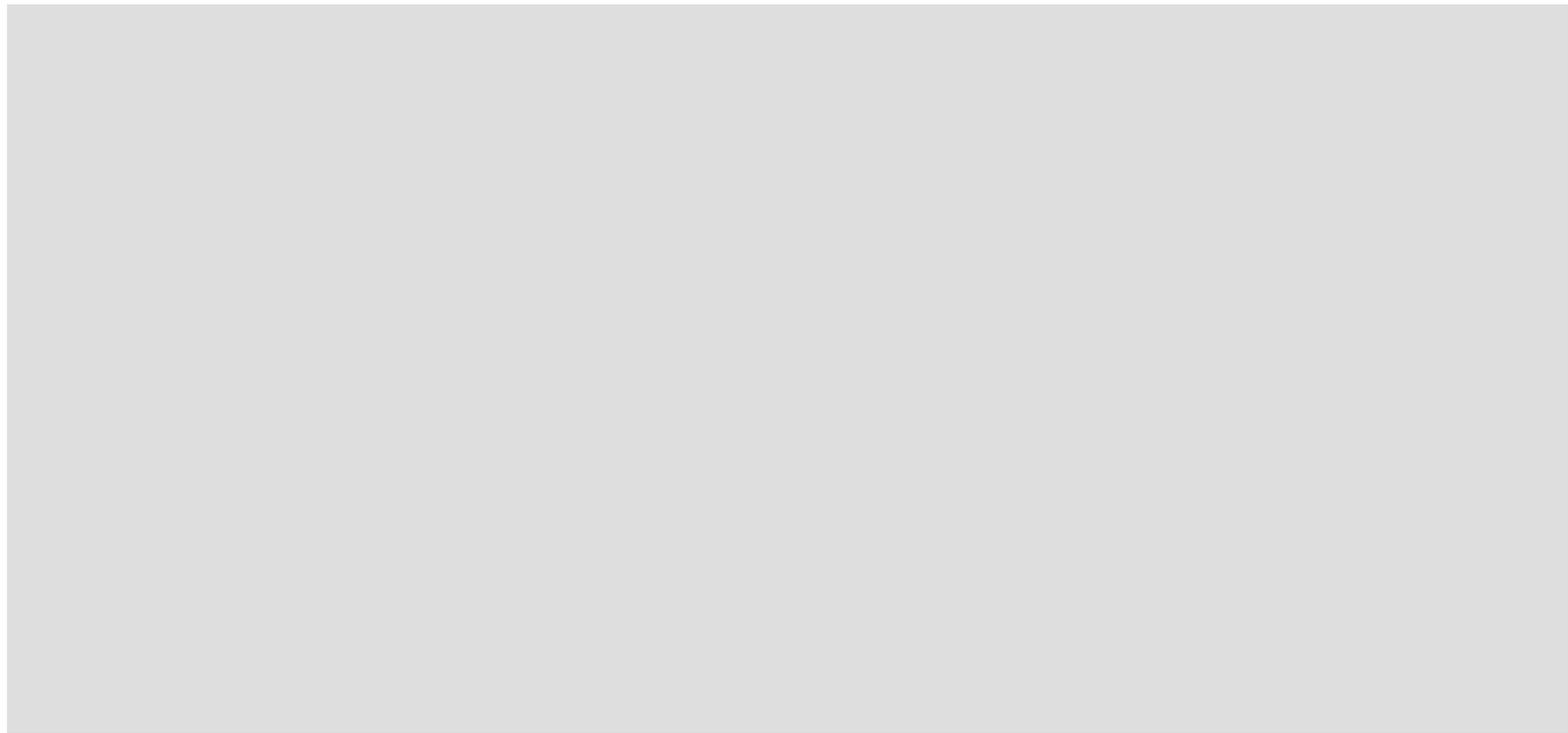
Reflecting these tensions, South African government policy is unclear, and school staff are often unsure if condom distribution in schools is permissible. As a result, most schools hesitate to distribute condoms, and those few that do distribute condoms do so discreetly [12].

Given the continuing high HIV incidence rates in youth, it is important to examine current South African laws and policies governing condom distribution in schools, policies of international donor agencies supporting HIV/AIDS prevention programs in South Africa [13], and community perceptions surrounding condom distribution in schools. We reflect on our experience in developing a policy on condom distribution for Mpilehle, a nongovernmental organization involved in HIV prevention in schools, focusing on germane South African and PEPFAR (the US President's Emergency Plan for AIDS Relief) policies and on the attitudes of students, school staff, and parents towards condom distribution in schools.

Source: Han J, Bennish ML (2009) Condom Access in South African Schools: Law, Policy, and Practice. *PLoS Med* 6(1): e1000006 doi:10.1371/journal.pmed.1000006

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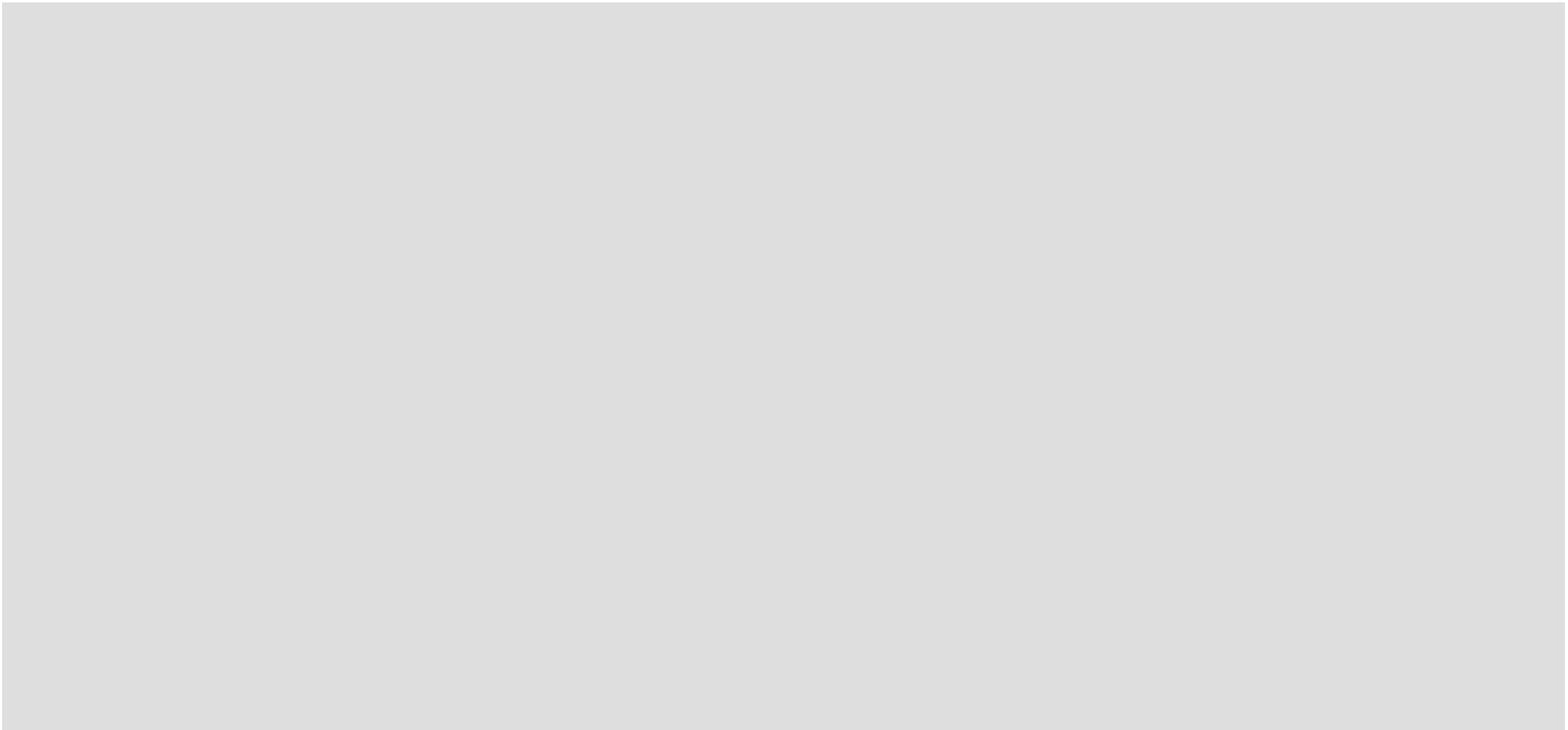
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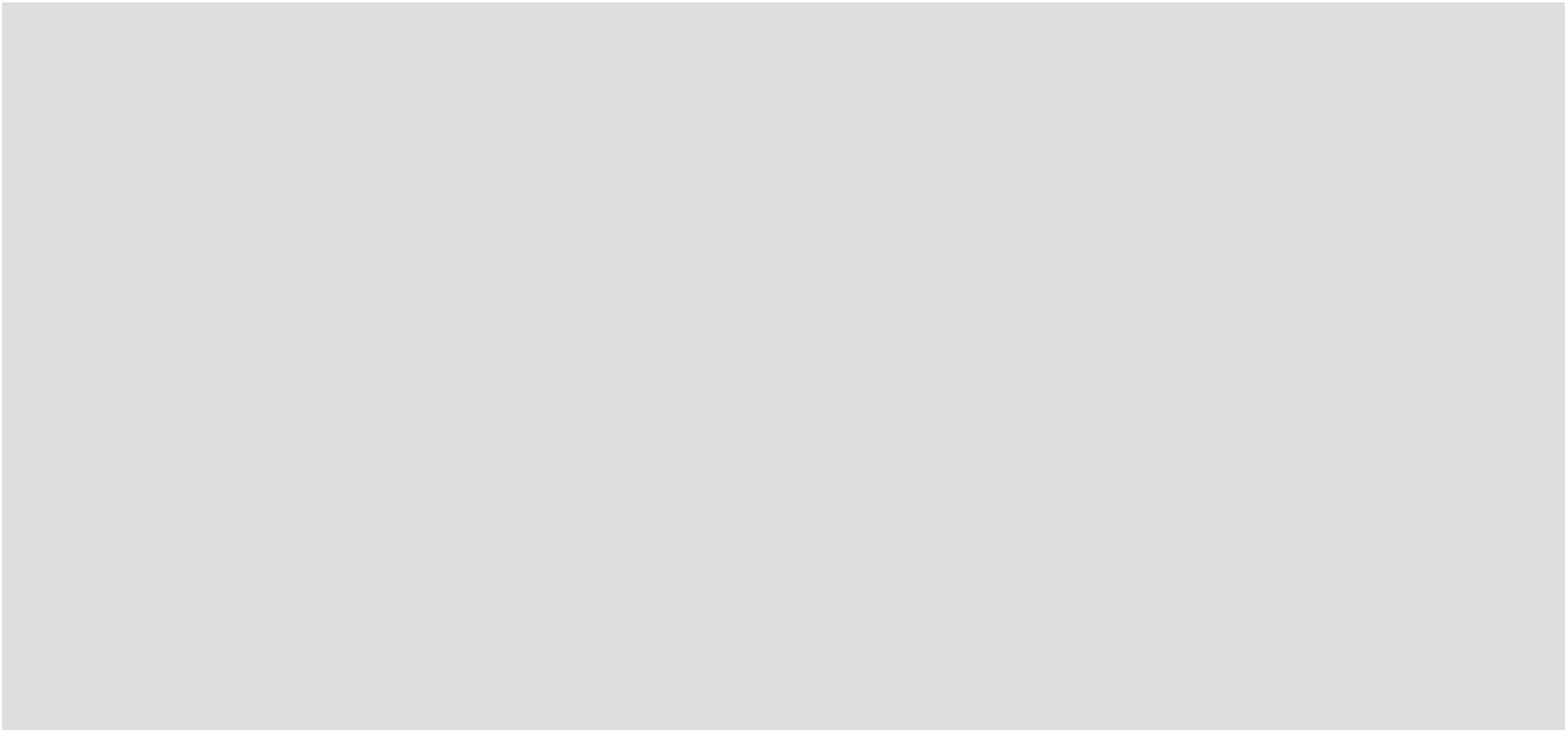
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Unsafe Abortions Rife Among Teenagers

Research conducted by Pathfinder International (PI), an international non-governmental organisation, has revealed that the proportion of women aged 15-19 who had had an unsafe abortion in Africa, was higher than for any other region in the world. The Youth Friendly Post-Abortion Care project was implemented in eight countries, including Ghana, Angola, Ethiopia, Kenya, Nigeria, Tanzania and Uganda. It was to address unsafe abortion among adolescent women and increase access to PAC services in the implementing countries.

"About 60 per cent of worldwide unsafe abortions are performed on African women under the age of 25," causing danger to their reproductive health, the research indicated.

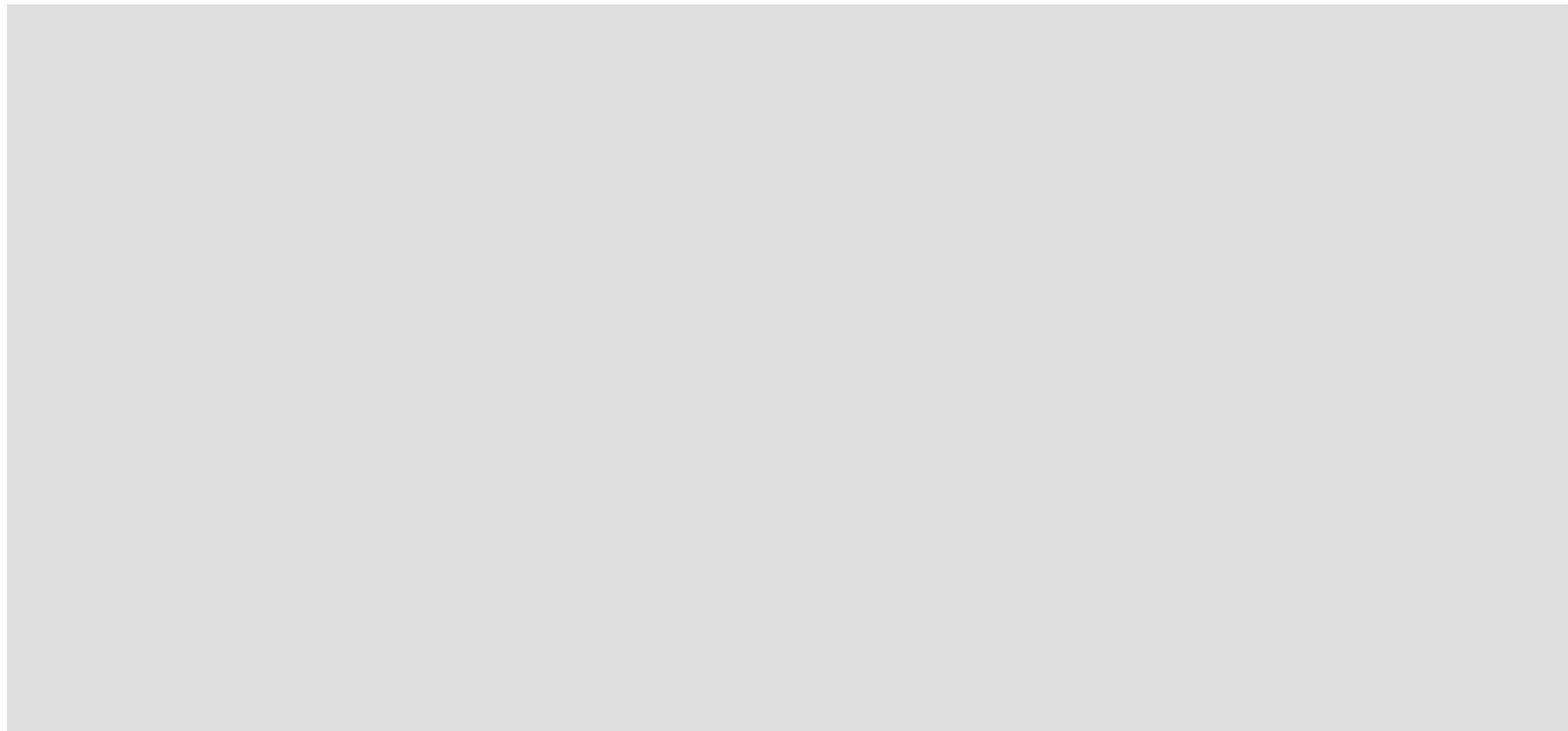
Mrs Gertrude Ananse-Baiden, Assistant Programme Officer of Pathfinder International, , who disclosed this at a dissemination of a Youth Friendly Post-Abortion Care Project in Accra recently, noted that despite the prevalence rate of unsafe abortion among young women, few programmes directly targeted youth and adolescents with Post -Abortion Care (PAC).

Reported at: <http://www.modernghana.com/newsp/189674/1/pageNum1/unsafe-abortion-rife-among-teenagers.html>

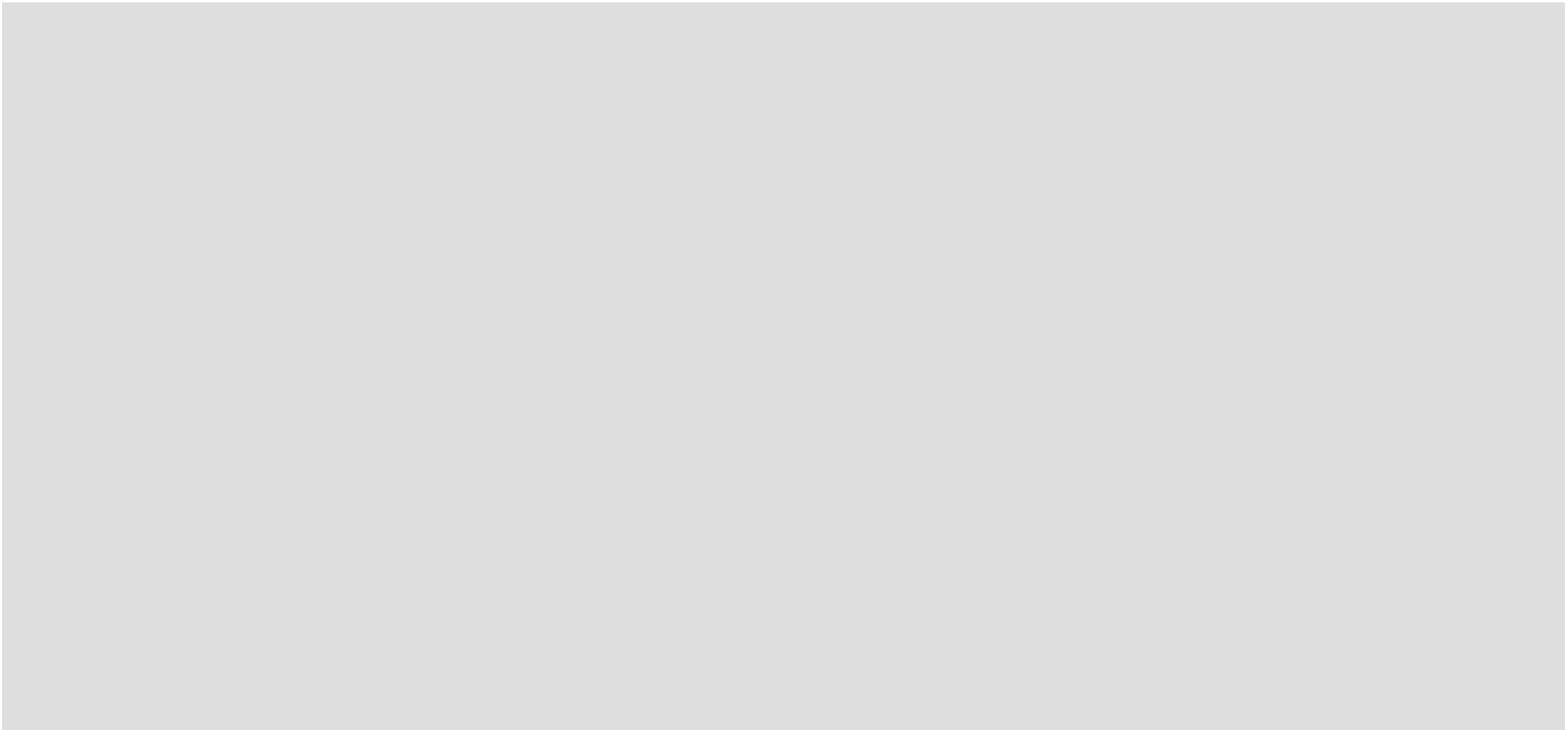
Visit [Pathfinder International](#) to access publications on the Youth Friendly Post-Abortion Care project issued in October 2008.

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Viet Nam Ministerial Plan on HIV/AIDS (2008-2012)

Having every citizen involved in HIV/AIDS control and prevention activities at community level to 2012

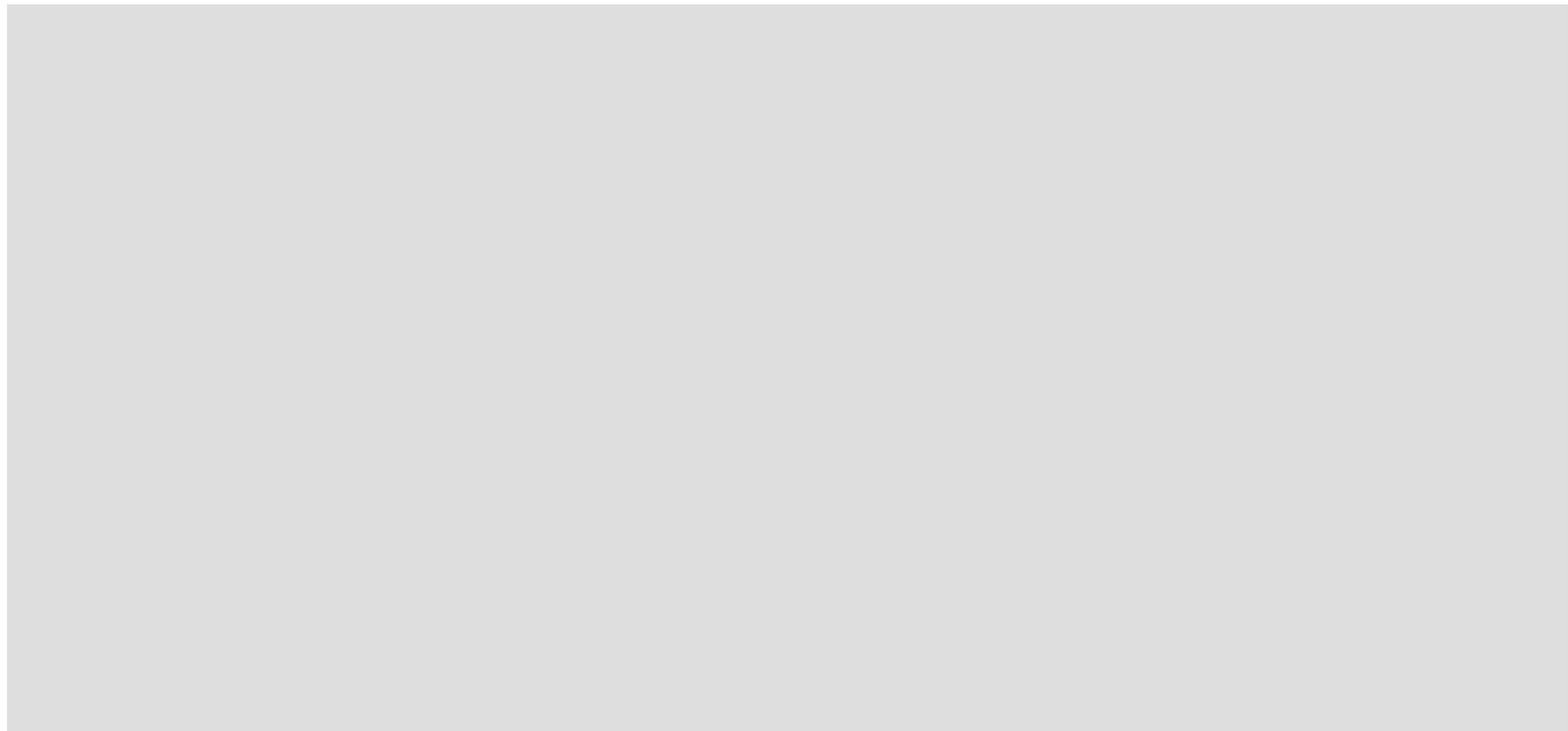
<http://vietnamnews.vnnet.vn/showarticle.php?num=02POP081008>

<http://www.vnagency.com.vn/Home/EN/tabid/119/itemid/270789/Default.aspx>

The Ministry of Health, the Ministry of Culture, Sport and Tourism and the Viet Nam Fatherland Front (VFF) Central Committee (Oct. 6, 2008) signed a ministerial plan which aims to mobilise the whole nation to be involved in the fight against the HIV/AIDS epidemic. The plan, titled Having every citizen involved in HIV/AIDS control and prevention activities at community level to 2012, aims to raise people's awareness and inspire every citizen to be consciously involved in HIV/AIDS control and prevention activities in their resident areas. It also aims to encourage and create opportunities for families of people living with HIV/AIDS, intravenous drug users, commercial sex workers and migrants to get involved in HIV/AIDS control and prevention activities. The plan also aims to push forward and enhance the involvement and role of heads of communities, village heads, heads of local branches of the VFF, the elderly, various sectors and mass organisations in HIV/AIDS control and prevention activities.

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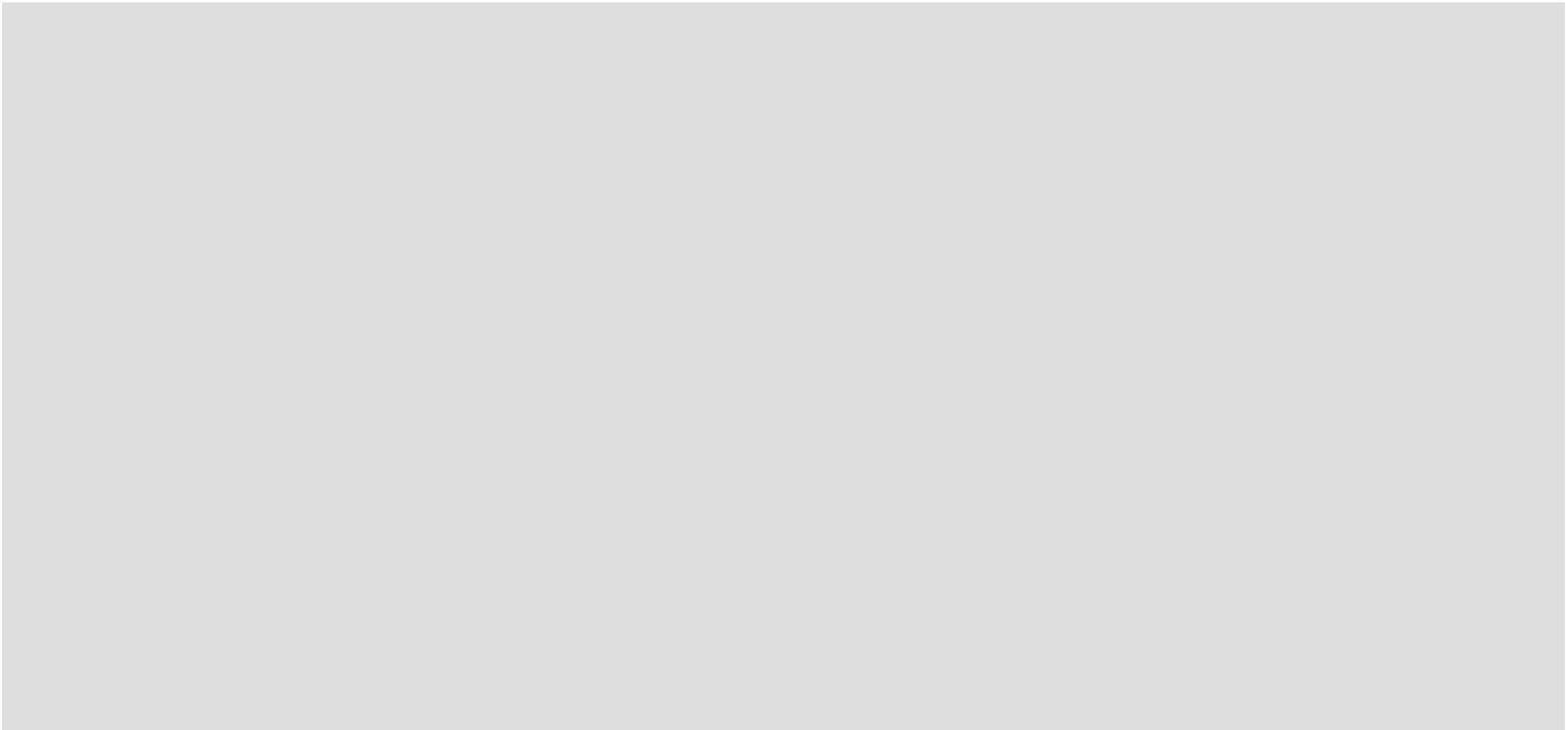




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Experts Call for Global Sex, HIV Education Programs To Expand Beyond Discussions of Safer Sex Practices

Many sex and HIV/AIDS education programs around the world focus on the risks of unsafe sex, which can leave young people unprepared to deal with their sexuality or lead sexually fulfilling lives, experts said at a satellite session on comprehensive sex education at the [XVII International AIDS Conference](#) in Mexico City on Wednesday, [IRIN News](#) reports.

Maria Alcaldes, deputy director of the [International Planned Parenthood Federation](#), said teachers often are not sufficiently trained to teach sex education in a way that allows children to make informed and responsible decisions. She said, "There is a need for sexuality education that goes beyond teaching the basic biology." Alcaldes noted that although Latin American countries have committed to comprehensive sex education programs, the number of teenage pregnancies in the region has increased. She said governments must work with communities to address these concerns.

Brian Ackerman, international policy manager for [Advocates for Youth](#), criticized the U.S. global HIV/AIDS funding mechanism, the [President's Emergency Plan for AIDS Relief](#), for limiting some HIV prevention education programs to abstinence and fidelity messages. "Society should not be afraid of young people having sex -- it is a reality," Ackerman said, adding that young people need more information about condom use.

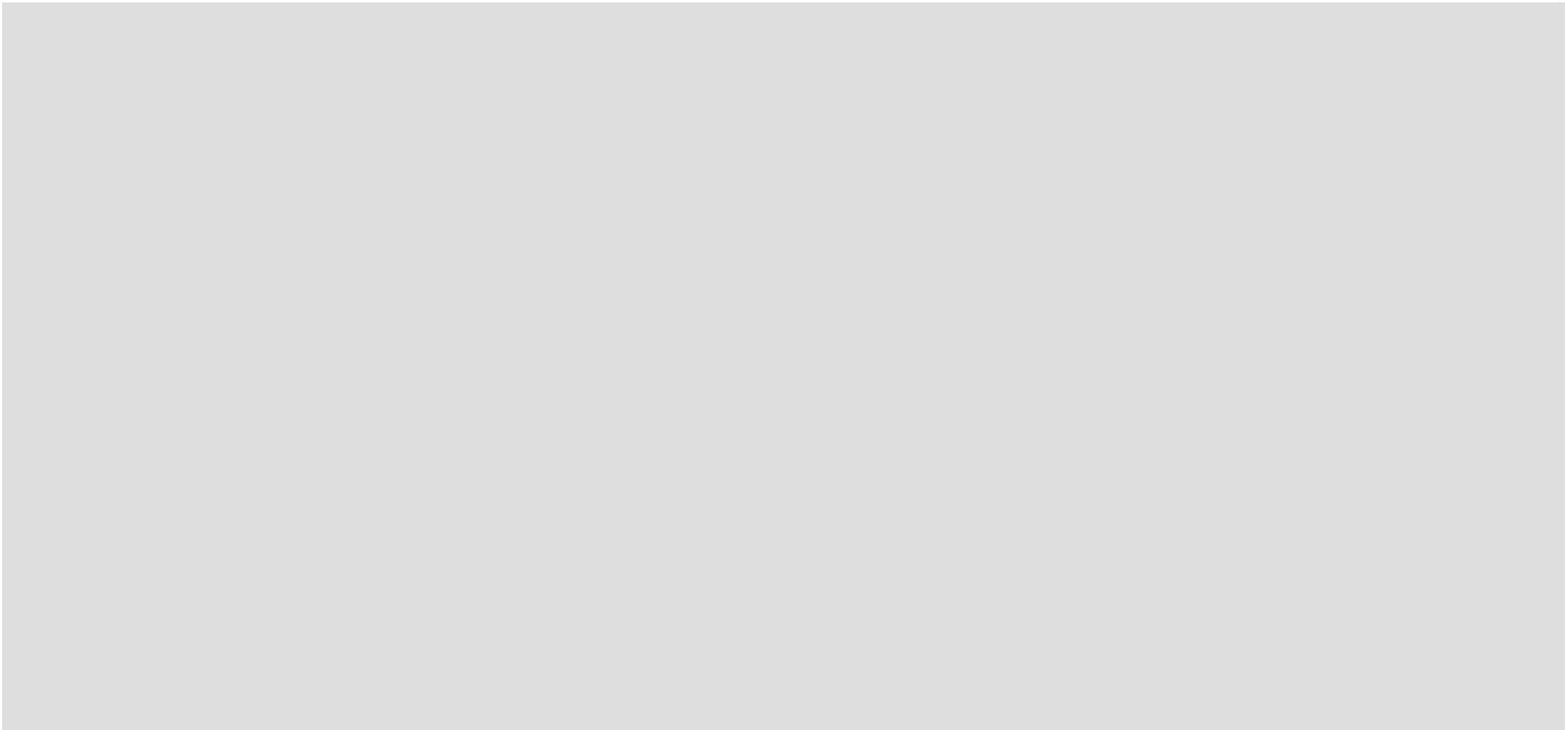
Prabha Nagarja of the Indian organization [Talking about Reproductive and Sexual Health Issues](#), which runs an anonymous help line, said the group's efforts have shown many shortcomings in India's approach to sex education. She said, "A new national curriculum on sex education tells young people what not to do sexually, without telling them why or explaining to them the most basic things, such as how intercourse happens." She added that callers to the group's help line "have no idea how to protect themselves" from HIV/AIDS. Swedish AIDS Ambassador Lennarth Hjelmaker said, "Teaching about the risk of HIV and other sexually transmitted diseases is necessary, but it must go hand in hand with teaching about healthy sexuality and communicating with young people about their experiences" ([IRIN News](#), 8/6).

Coverage in Kaiser Daily HIV/AIDS Reports: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=53838



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Mexican Officials Promote Sex Education Among Young People

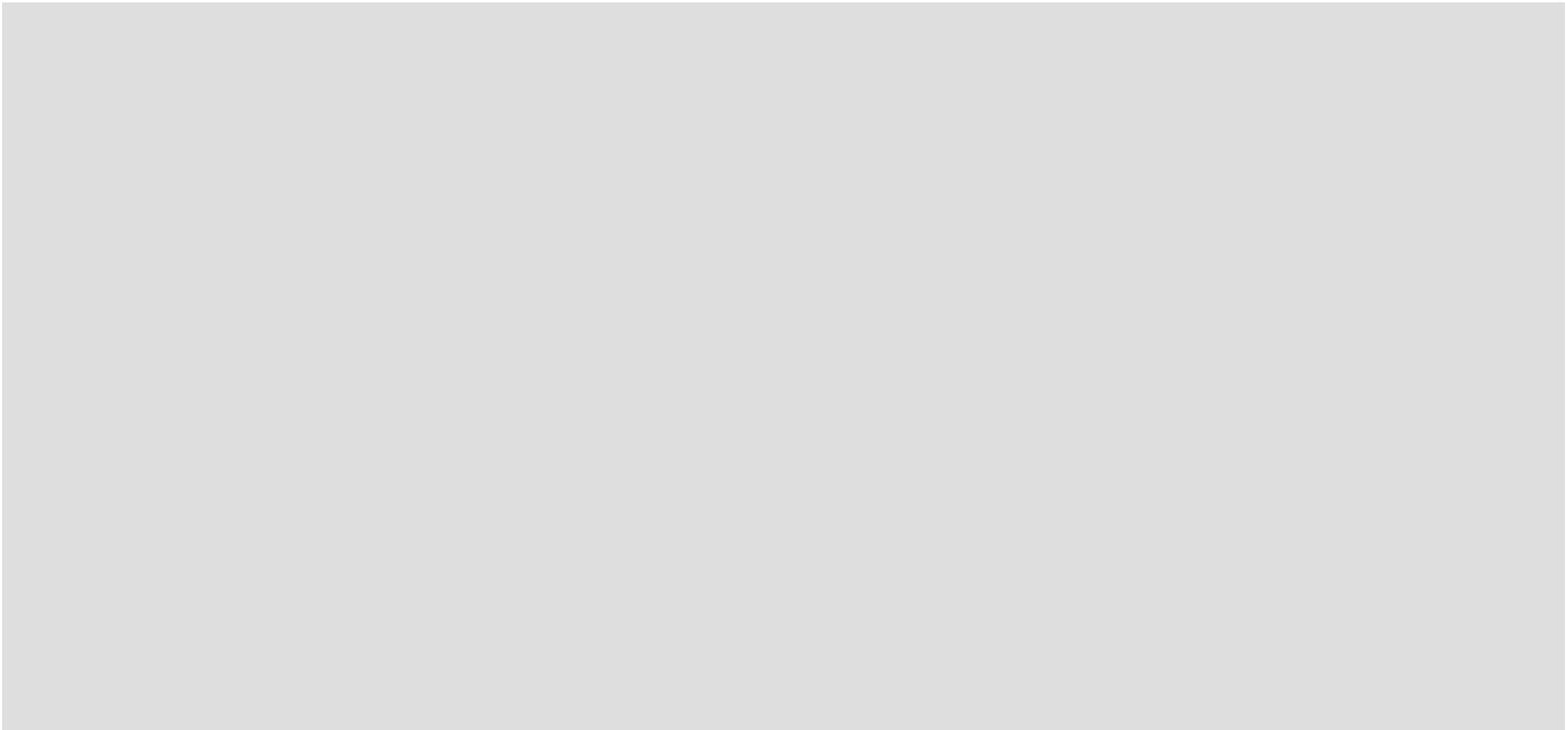
http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=53640

Mexican officials on Wednesday announced their intention to promote sex education among young people in the country in an effort to reduce the spread of HIV. Coverage in Kaiser Daily HIV/AIDS Reports:



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Online IUD Toolkit a Useful Resource

[Main Notes on YRH Policy](#)

April 11, 2008

Noted by [Jim Rosen](#)

If you are developing policy on [contraception and young people](#), the [online IUD toolkit](#) is a useful resource. Developed by the IUD Subcommittee of USAID's [Maximizing Access and Quality Initiative](#), the toolkit includes a searchable database that allows searches on terms such as youth and adolescent.

I like the [policy and guidelines](#) button that links to international and country policy documents with relevant information such as medical eligibility criteria for IUD use by young people.

WHO currently classifies IUDs as a category 2 contraceptive for women under age 20. That means that, from a medical standpoint, young women are eligible to use the IUD, albeit with careful counseling and follow-up from health workers.

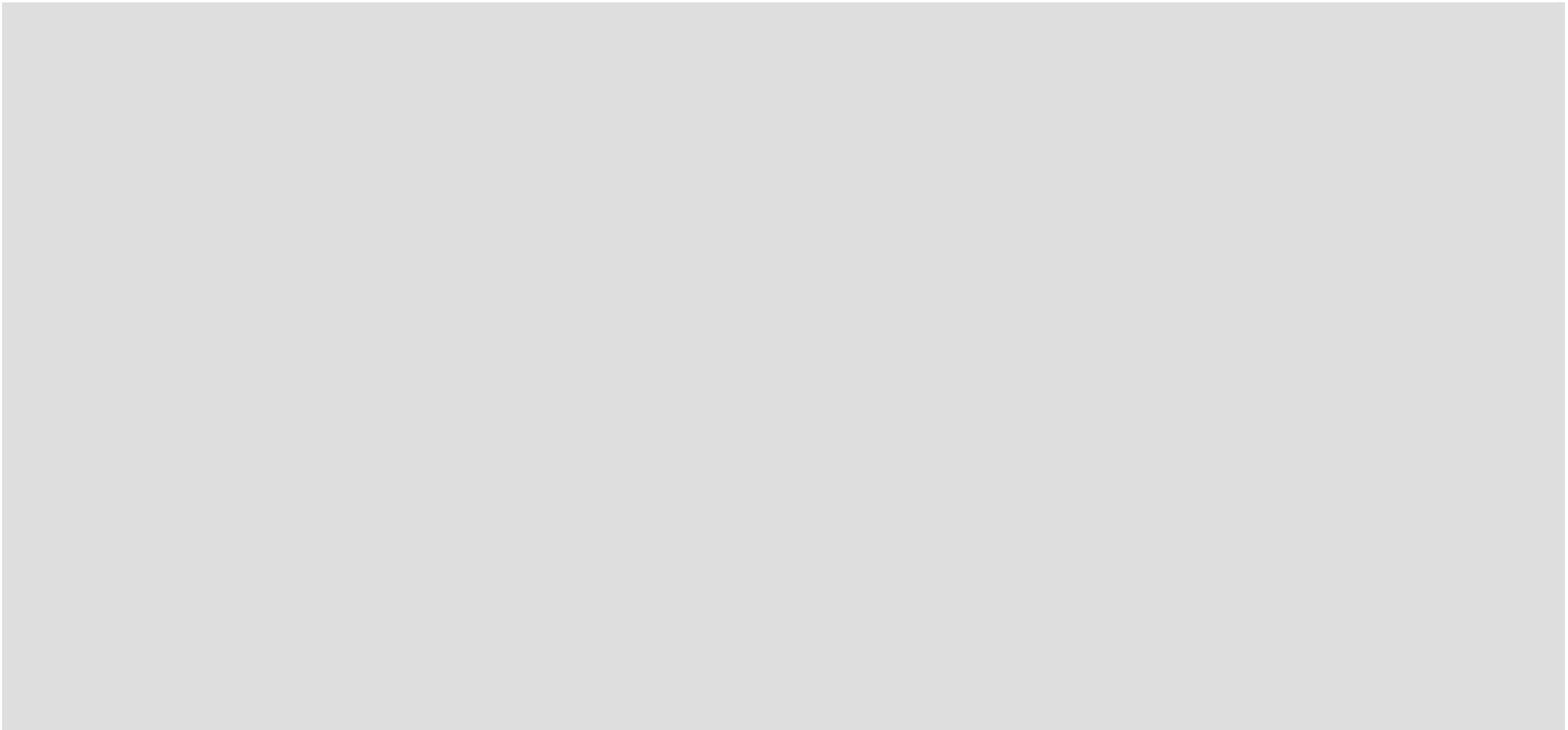
Search our [policy database](#) for examples of policies on pregnancy prevention and young people.



Last Updated: Aug 20, 2008

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PICT Guidance Mainstreams Adolescent Concerns

[Main Notes on YRH Policy](#)

November 30, 2007

Noted by [Jim Rosen](#)

As [noted previously](#), many countries are shifting national policies from a client to a provider-initiated model of HIV counseling and testing. In late May 2007, UNAIDS published [new guidelines](#) for this “PICT” approach. This latest guidance elaborates on the much briefer [2004 UNAIDS policy statement](#) on voluntary counseling and testing (VCT), which includes a call for programs to give special attention to the needs of adolescents.

Commendably, the new guidelines refer to adolescents throughout the document, and recommend that countries with generalized epidemics offer HIV testing and counseling to *all* adolescents that show up in health facilities.

The “considerations for adolescents” section focuses on a key policy area—informed consent for minors (defined generally as those under age 18), one that youth-policy.com also covers in its [VCT fact sheet](#). Rather than recommending a specific minor consent policy, the UNAIDS document exhorts countries to develop clear guidelines and to train health workers appropriately in understanding these guidelines and in working with adolescents.

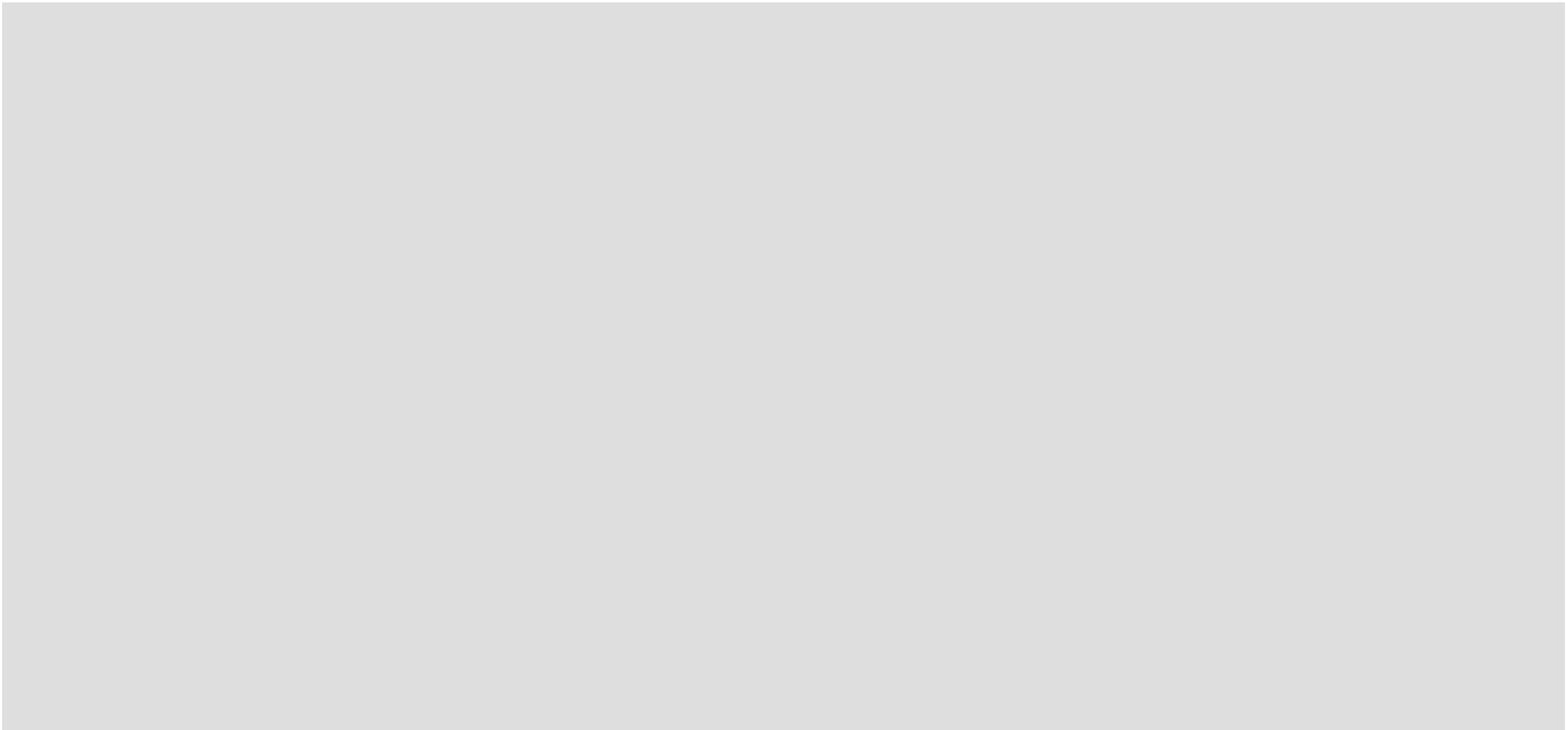
If you are working on youth HIV counseling and testing, [write](#) and let us know how your country might incorporate the new PICT guidelines.



Last Updated: Nov 30, 2007

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Ethiopia Launches Comprehensive YRH Strategy

[Main Notes on YRH Policy](#)

November 6, 2007

Noted by [Jim Rosen](#)

Ethiopia launched an eight-year [Adolescent and Youth Reproductive Health Strategy](#) in April 2007. Spearheaded by the country's Ministry of Health, the detailed strategy builds on other key national policy documents including the 2004 youth policy and the 1998 HIV/AIDS policy.

The strategy embodies many of the [guiding principles](#) of youth reproductive health (YRH) policymaking, such as [tailoring](#) programs according to age and life stage, encouraging [youth involvement](#), and reaching [marginalized](#) populations.

It also addresses a comprehensive range of the [key elements](#) of YRH policy, including pregnancy, harmful traditional practices such as early marriage and female genital cutting, the relationship between poverty and youth reproductive health, and prevention of HIV and other STIs.

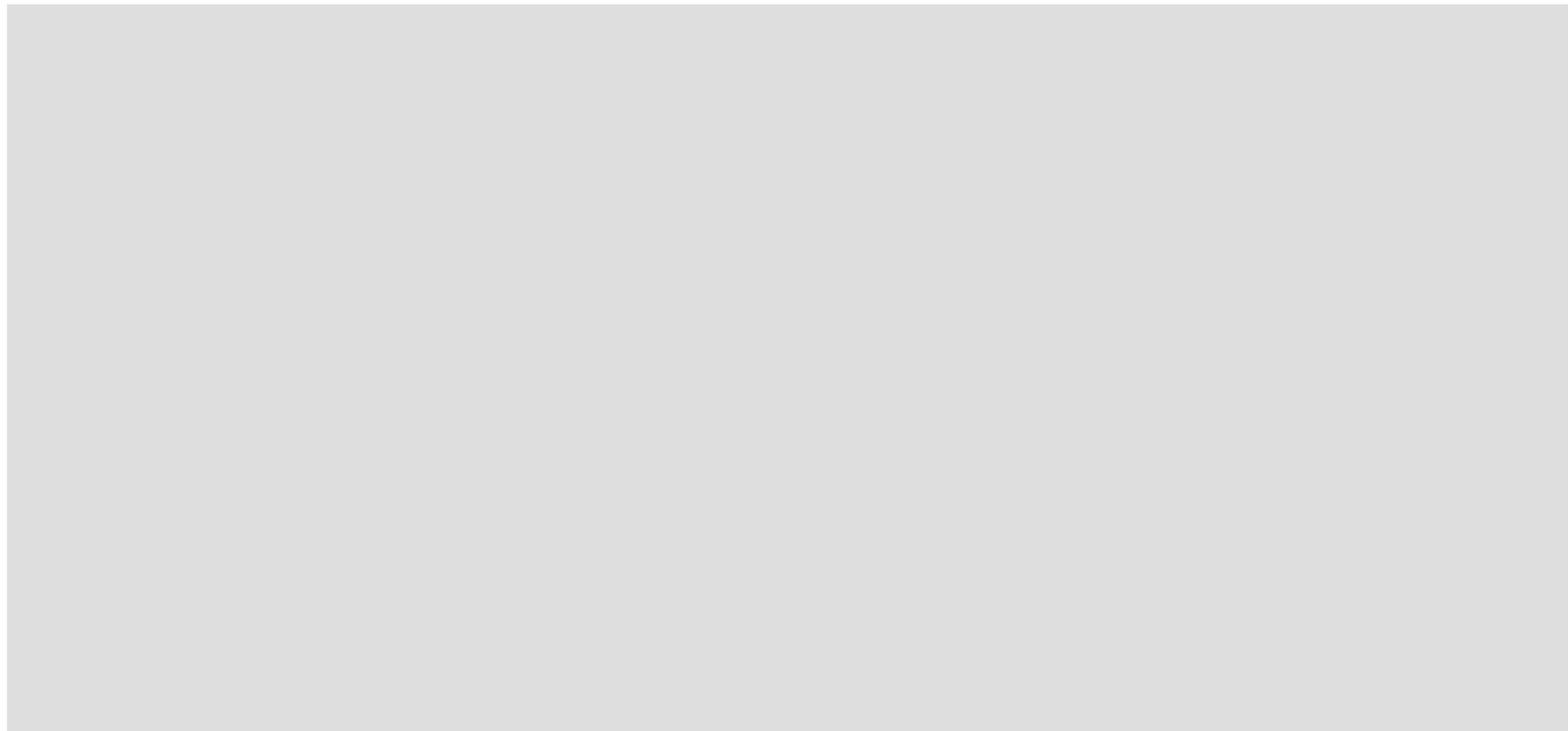
If you are working on a similar document, you will find it useful to look at this example of a solid, comprehensive national policy.



Last Updated: Nov 6, 2007

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Interagency Youth Working Group Holds First Meeting, Launches Web Site

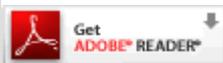
[Main Notes on YRH Policy](#)

October 17, 2007

Noted by [Jim Rosen](#)

With about 100 others, I attended the first meeting of the Interagency Youth Working Group (IYWG) held on May 7–8, 2007, in Washington, DC. USAID's Global Health Bureau spearheaded the formation of the working group, modeling it on similar groups that USAID has helped form to advance the state of knowledge on topics such as [gender](#) and [reproductive health-HIV/AIDS integration](#). Made up of donors, NGOs, and USAID cooperating agencies, the IYWG expects to meet twice a year in Washington. The next meeting is planned for December 6, 2007.

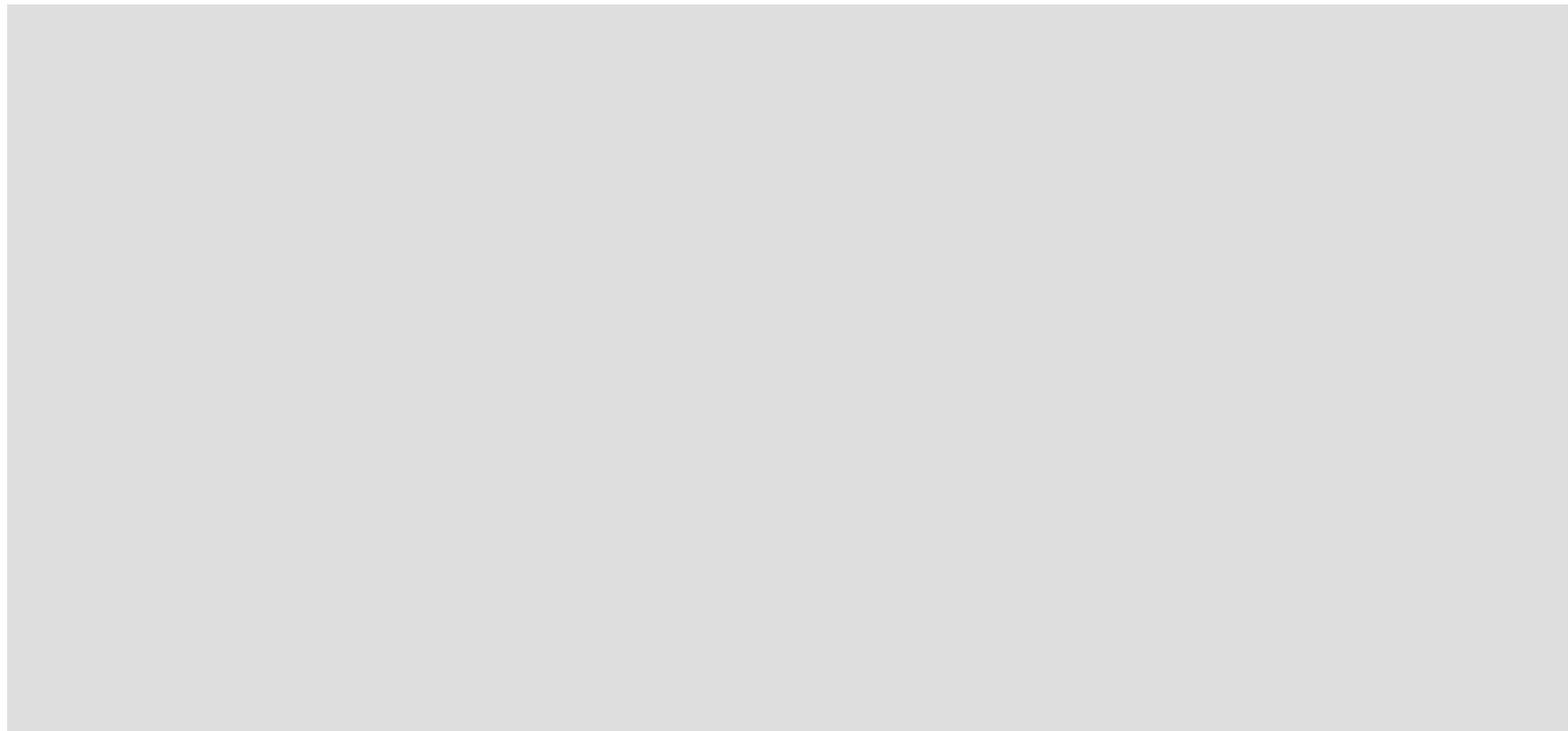
In conjunction with its first meeting, the IYWG launched a [website](#) that includes a useful [searchable database](#). An instant search on the key word "policy" brings up over 100 separate documents and websites. The site will eventually include policy as one of its roughly 20 program areas, giving it a web page of its own that will gather information, tools, and other resources. We will let you know when the policy page goes live.



Last Updated: Oct 17, 2007

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African Youth Alliance Releases Impact Evaluation

[Main Notes on YRH Policy](#)

October 2, 2007

Noted by [Jim Rosen](#)

The [African Youth Alliance](#) (AYA) impact evaluation, now available in an [end of program report](#) (693kb), is a significant addition to the body of knowledge on the effectiveness of youth reproductive health programs.

Rarely has the YRH community seen an effort of the scale of AYA, carried out in Botswana, Ghana, Tanzania, and Uganda. The \$50 million multicomponent program ran from 2000 to 2005 and was funded primarily by the Gates Foundation. Was AYA effective? As for many of the well-evaluated YRH efforts, the answer is a qualified "yes."

In addition to the impact evaluation, the AYA partners, in a separate 2006 [report](#) (353kb), assessed how the project might have influenced the policy environment in each country, for example, by fomenting positive changes in national laws and policies. A unique and detailed results framework allowed evaluators to measure progress in the policy arena.

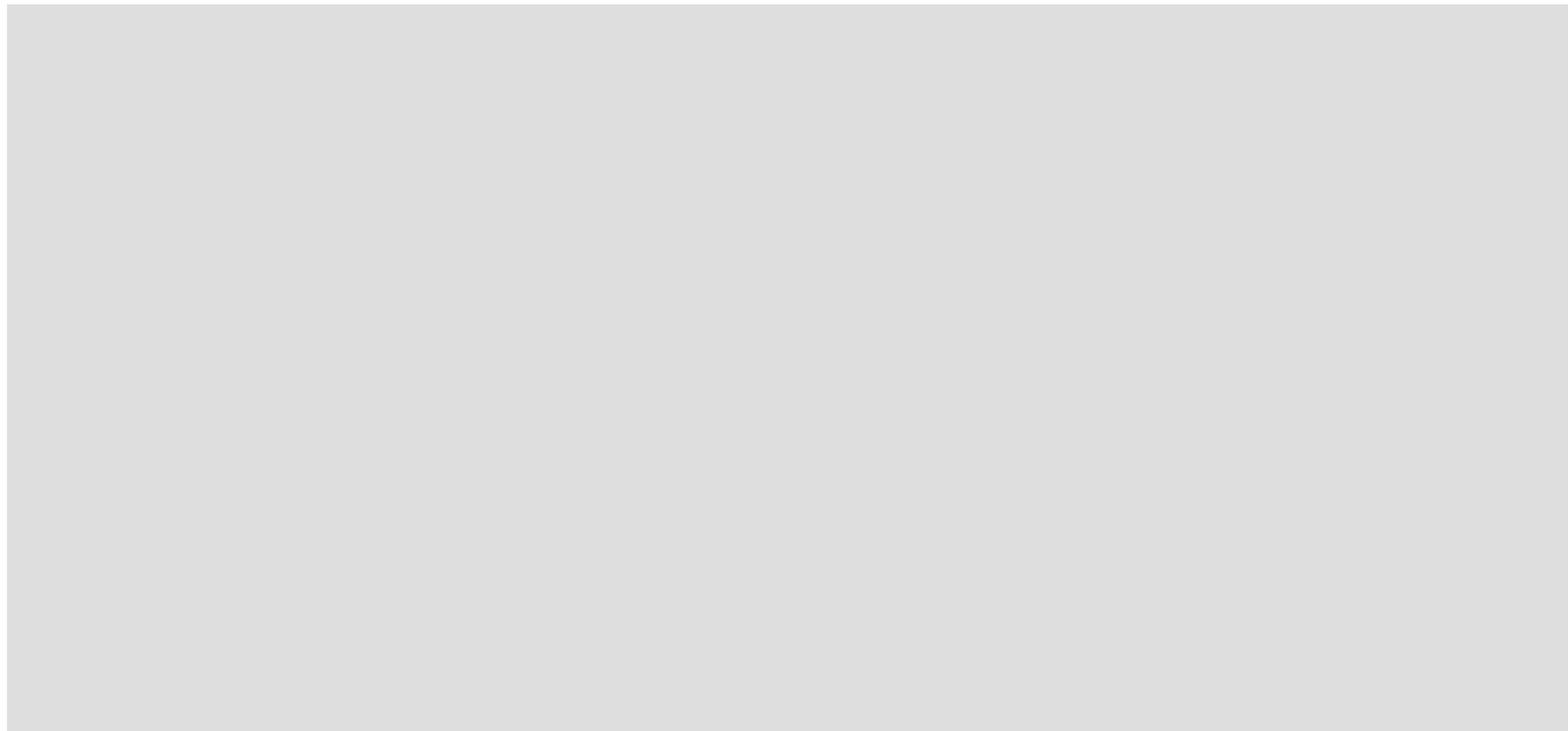
I was still disappointed, however, to see that the policy work did not undergo the same rigorous impact evaluation that other project components did (see the [previous Note](#) on evaluation of policy interventions).



Last Updated: Oct 2, 2007

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Kenya Research Highlights FGC Policy Concerns

[Main Notes on YRH Policy](#)

September 12, 2007

Noted by [Jim Rosen](#)

Take a look at two new Population Council studies on female genital cutting (FGC) in Kenya, both with important policy implications. [One](#) looked at medicalization of the [harmful traditional practice](#), finding that anti-cutting laws have driven FGC underground. Trained health workers continue to carry out the procedure, mainly for financial reasons. (These findings echo those of the November 2005 [UNICEF report](#) (1.3MB) showing the gradual medicalization of FGC in a range of countries.) On the bright side, the study found that the vast majority of health workers were willing to speak out against the practice.

A [second study](#), of the Somali community in Kenya, highlighted the need to engage on FGC with [political, religious, and cultural leaders](#). These community members act as "gatekeepers" for the practice just as they do on related matters of adolescent reproductive health.

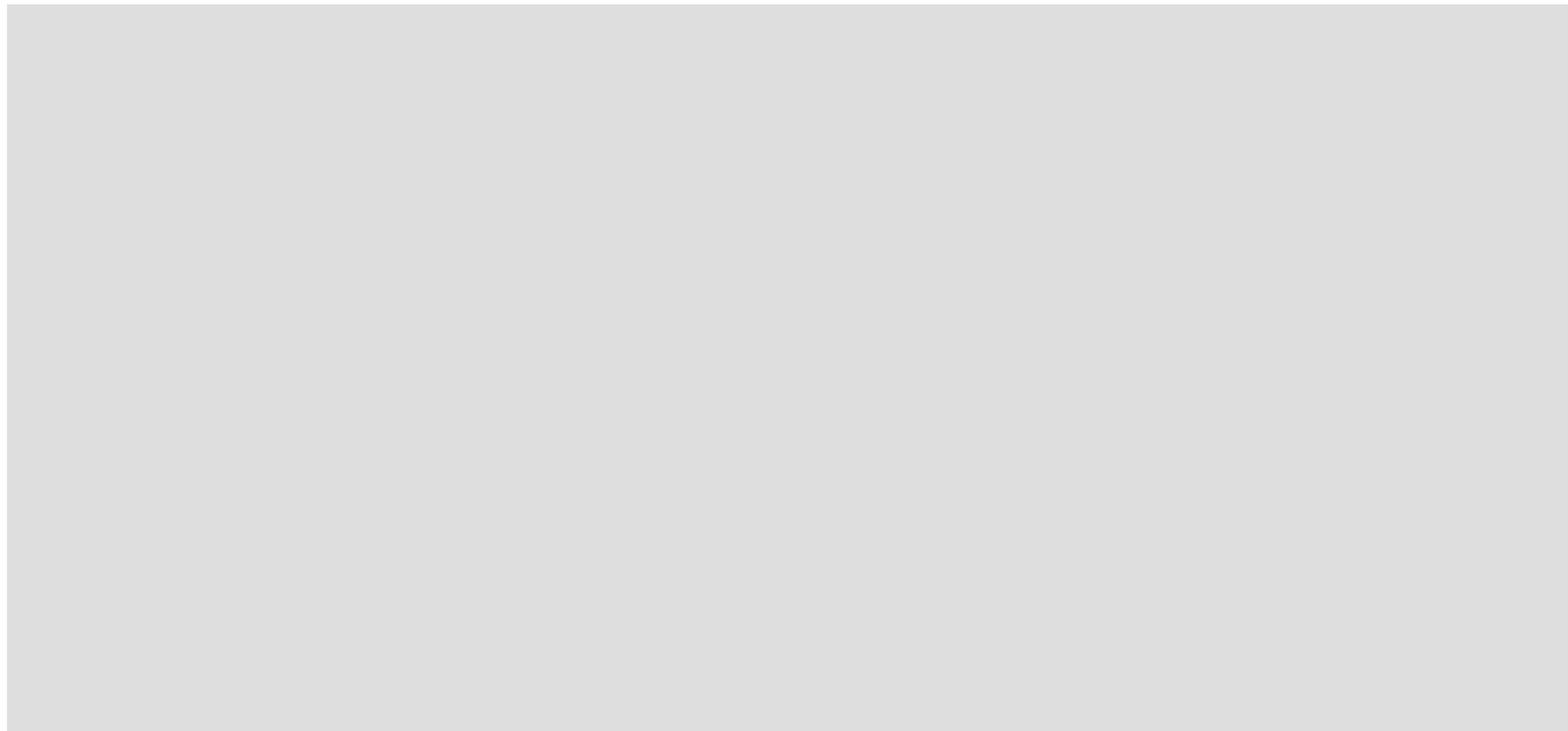
Read our [fact sheet](#) for more on FGC and YRH policy.



Last Updated: Sep 12, 2007

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When Will We Ever Learn (How to Measure Policy Impact)

[Main Notes on YRH Policy](#)

September 6, 2007

Noted by [Jim Rosen](#)

[Preventing AIDS in Young People: A Systematic Review of Evidence in Developing Countries](#) is a must read for anyone in youth RH business. An exhaustive review, this 2006 report from the UNAIDS Interagency Task Team on Youth assesses a vast array of program approaches. But, like so many other recent reviews of program effectiveness, it shies away from judging the effectiveness of interventions that target the *policy environment*. The reasons being lack of information and lack of rigorous evaluation (see pages 330-331 of the report). A similar inability to say anything concretely about such policy interventions marred the 2001 [Focus End-of-Project Report](#) (2.0MB), the [chapter on adolescent health](#) (732kb) in the 2006 second edition of Disease Control Priorities in Developing Countries, and the 2005 National Academy of Sciences report [Growing Up Global](#).

Fellow policy wonks: we don't seem to be making much progress on the evaluation front. We know policy and advocacy efforts are important, but how much do we really know about their effectiveness and cost-effectiveness? With the effort we are putting in, it's worthwhile to do more and better impact evaluation. Can we link with the Center for Global Development's [Impact Evaluation Initiative](#)? What about the new Gates Foundation-funded [Institute for Health Metrics and Evaluation](#) at the University of Washington?

I am interested in hearing whether anyone out there has tried to "rigorously" evaluate the impact of a youth RH policy initiative. [Write me.](#)



Last Updated: Sep 6, 2007

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